

AGENDA

CARROLL COUNTY BOARD OF COMMISSIONERS

Thursday, March 31, 2022

Historic Court House

4:00 p.m. – Superior Court Room

323 Newnan Street, 3rd Floor

1. Financial Recap - February 2022
-Alecia Searcy, Finance Director
2. MS4 Program Presentation
-Brian Kent, County Engineer

Documents:

[MEMO TO BOC MS4 AR.PDF](#)
[PHASE II ANNUAL REPORT FORM 12.6.21.PDF](#)

3. Review And Discussion Of Items For The April 12, 2022 Board Of Commissioners Special Called Meeting Agenda

Persons with special needs relating to handicapped accessibility, disability, or foreign language shall contact the County Clerk at (770) 830-5800 at least five days prior to the meeting. This person can be located at the Commission Office, Historic Court House at 323 Newnan Street, Room 200, Carrollton, Georgia between the hours of 8:00 AM and 5:00 PM, Monday through Friday.



Carroll County

Department of Community Development

423 College Street
Carrollton, Georgia 30117
Phone: (770) 830-5861 Ext 2053

MEMORANDUM

To: Ms. Michelle Morgan, Chairman
Board of Commissioners

From: Brian Kent, CPESC
County Engineer, Carroll County Community Development

Date: February 17, 2022

Subject: **MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) REGULATED COMMUNITY**

Enclosed is Carroll County's MS4 Annual Report for CY 2021. The National Pollutant Discharge Elimination System (NPDES) Permit will expire in December 2022. Carroll County will be required to renew the permit and Stormwater Management Plan (SWMP) for the next 5 years. I am requesting to present the MS4 program at the next available BOC work session as part of the County's SWMP Minimum Control Measure for Public Education and Outreach Best Management Practice no. 4.

B. Kent



Carroll County Phase II MS4

Annual Report

January 2022

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Phase II Municipal Separate Storm Sewer System (MS4)
Annual Report Form

Cover Page

Part 1. General Information:

1. Permittee Name: Carroll County
2. Mailing Address: Community Development, 423 College Street, Carrollton, GA 30117
3. Contact Person: Brian Kent
4. E-Mail Address: bkent@carrollcountyga.com
5. Telephone Number: (770)830-5861
6. Reporting Year (January 1–December 31): 2021

Part 2. Status of Stormwater Management Program:

1. Has your stormwater management program to comply with the 2017 NPDES Permit been approved? Yes No
2. If yes, provide the approval date: [Click here to enter text.](#)
3. If no, provide the date of the last submittal: February 2021

Part 3. Certification Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____

Printed Name: Brian Kent

Title: County Engineer, Carroll County Community Development Date: _____

Public Education and Outreach
Minimum Control Measure
(Table 4.2.1)

1. **BMP # 1**

2. **BMP Title:** School Presentation

3. **Provide the measurable goal from SWMP:** It is the goal of Carroll County to educate middle schoolchildren on the importance of our water resources by annually dispersing brochures to Middle School aged students in Carroll County and performing live workshops to student science clubs, outdoor festivals, and after school activities. Each class will receive the same brochure but the topic will be changed from year to year. The live workshop will be directly related to the annual topic on the brochure.

A. Did you comply with the measurable goal? Yes No

B. If not, explain why you did not comply with the measurable goal: The impact of COVID-19 pandemic on services and programs provided by Carroll County continues to impact access to students. Following the State of Georgia and local school board orders, access to students remain closed community events remain at a smaller scale but are improving.

4. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No

B. If not, please explain why: [Click here to enter text.](#)

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: The impact of COVID-19 pandemic on services and programs provided by Carroll County continues to impact access to students. Following the State of Georgia and local school board orders, access to students remain closed community events remain at a smaller scale but are improving.

B. Date(s) for any BMP activities completed during this reporting period: Throughout the reporting period.

C. Did you comply with the implementation schedule in the SWMP? Yes No

D. If not, please explain why:

6. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes No

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

D. If yes, please explain: [Click here to enter text.](#)

Public Education and Outreach
Minimum Control Measure
(Table 4.2.1)

1. **BMP # 2**
2. **BMP Title:**Public Brochures
3. **Provide the measurable goal from SWMP:**It is the goal of Carroll County to inform local developers, builders, and grading contractors of educational topics and ordinance requirements by distributing brochures to 100% of the persons whom receive a Land Disturbance Permit. The Brochure will be revised annually and updated when necessary.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Urbanized Area monitoring.
 - B. Date(s) for any BMP activities completed during this reporting period: During reporting period no Land Disturbance Permits were applied for or issued in the MS4 Urbanized Area.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? ContinueRevise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

Public Education and Outreach
Minimum Control Measure
(Table 4.2.1)

1. **BMP # 3**
2. **BMP Title:** Municipal Website
3. **Provide the measurable goal from SWMP:**Carroll County maintains a page which contains information on the County's Watershed Protection Districts. Information concerning potential sources of pollutants from typical residences and businesses and how those pollutants can affect water quality, as well as actions citizens can take to reduce pollution from their residence or business.

A. Did you comply with the measurable goal? Yes No

B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

4. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No <https://www.facebook.com/carrollcountyga/>

B. If not, please explain why: [Click here to enter text.](#)

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: Publish and maintain webpage.

B. Date(s) for any BMP activities completed during this reporting period: Weekly throughout the reporting period.

C. Did you comply with the implementation schedule in the SWMP? Yes No

D. If not, please explain why: [Click here to enter text.](#)

6. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes No

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

If yes, please explain: [Click here to enter text.](#)

Public Education and Outreach
Minimum Control Measure
(Table 4.2.1)

1. **BMP # 4**
2. **BMP Title:** Presentation to Government Officials
3. **Provide the measurable goal from SWMP:** It is the goal of Carroll County to conduct one formal education session a year for 90% of county employees in Public Works and the necessary Government Officials, addressing stormwater pollution prevention at County facilities and events on topics such as: Stormwater Pollution Prevention, Picking up After Your Pet, Proper Disposal of Hazardous Waste, Septic System Maintenance, Promotion of Public Involvement Activities.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal:
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why:
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Outreach materials will be reviewed on an annual basis.
 - B. Date(s) for any BMP activities completed during this reporting period: During the reporting period as agenda allows.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

If yes, please explain: [Click here to enter text.](#)

Note: You must complete a BMP annual report page for any additional Public Education BMPs contained in your SWMP. Permittees with a population greater than 10,000 at

the time of this permit issuance must complete four (4) BMPs.

Public Involvement/ Participation
Minimum Control Measure
(Table 4.2.2)

1. **BMP # 1**
2. **BMP Title:**Storm Drain Marking
3. **Provide the measurable goal from SWMP:**It is the goal of Carroll County to utilize volunteer groups to identify and review 20% of storm water outfalls a year with a public message about pollution dumped into the storm drains. After all storm drain outfalls have been marked, the program will revert to inspecting 20% of storm drain outfalls per year and remark where necessary.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 22 outfalls were identified on 118 miles of County road in the Urbanized Area.
 - B. Date(s) for any BMP activities completed during this reporting period: Monthly through the reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? ContinueRevise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

Public Involvement/ Participation
Minimum Control Measure
(Table 4.2.2)

1. **BMP # 2**
2. **BMP Title:** Adopt-a-Road
3. **Provide the measurable goal from SWMP:** Quarterly, Carroll County will utilize Keep Carroll Beautiful appointed members to engage the citizens of Carroll County in taking responsibility for improving our community environment and further engage our citizens in programs that enable our community to devise solutions for local storm water issues.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal:
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why:
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 5,681 LBS of trash collected, 36 roads cleaned and developed 665 volunteers for Public Education and Outreach totaling 1,732 hours. Public Works removed 55,340 LBS of trash and 174 tires.
 - B. Date(s) for any BMP activities completed during this reporting period: Quarterly throughout reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

Public Involvement/ Participation
Minimum Control Measure
 (Table 4.2.2)

1. **BMP # 3**
2. **BMP Title:** Recycling Event

3. **Provide the measurable goal from SWMP:**Carroll County will co-sponsor Keep Carroll Beautiful recycling events. Each event will have drop-off locations throughout the County. Items to be collected include: tires, electronics, and hazardous materials.

A. Did you comply with the measurable goal? Yes No

B. If not, explain why you did not comply with the measurable goal:

4. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No

B. If not, please explain why:

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: 60,671 LBS of electronics, 138,520 LBS of tires, 15, 755 LBS of paint and hazardous waste, 1,658 LBS of batteries.

B. Date(s) for any BMP activities completed during this reporting period: Quarterly throughout the reporting period.

C. Did you comply with the implementation schedule in the SWMP? Yes No

D. If not, please explain why: [Click here to enter text.](#)

6. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes No

B. Do you plan to continue with implementation of this BMP or revise it from the SWMP? Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

If yes, please explain: [Click here to enter text.](#)

Public Involvement/ Participation
Minimum Control Measure
(Table 4.2.2)

1. **BMP # 4**
2. **BMP Title:**Household Hazardous Waste Event
3. **Provide the measurable goal from SWMP:**Keep Carroll Beautiful will organize an annual public education training session to educate interested parties on stormwater related topics and issues. Keep Carroll Beautiful will choose a central location to promote the event through local media and direct contact with volunteer groups.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal:
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why:
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 60,671 LBS of electronics, 138,520 LBS of tires, 15, 755 LBS of paint and hazardous waste, 1,658 LBS of batteries.
 - B. Date(s) for any BMP activities completed during this reporting period: Quarterly throughout reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it from the SWMP?ContinueRevise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

If yes, please explain: [Click here to enter text.](#)

Note: You must complete a BMP annual report page for any additional Public Involvement/Participation BMPs contained in

your SWMP. Permittees with a population greater than 10,000 at the time of this permit issuance must complete four (4) BMPs.

Illicit Discharge Detection and Elimination
Minimum Control Measure
(Table 4.2.3)

1. **BMP # 1**(Table 4.2.3, BMP #1)
2. **BMP Title:** Legal Authority
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The County will evaluate the IDDE ordinance, and if necessary, modify existing ordinance.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Ordinance Status**
 - A. Did you adopt or revise the ordinance during the reporting period? Yes No
 - B. If yes, provide the date of adoption: [Click here to enter text.](#)
 - C. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes No
 - D. If the ordinance was adopted or revised during the reporting period and a copy is not attached, explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 22 of 22 outfalls were inspected achieving 100% planned coverage for the 45 stream miles in the Urbanized Area. Approximately 9 stream miles were covered of the total 252 stream miles that Carroll County monitors with 30 NTU observation sites.
 - B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

D. If yes, please explain: [Click here to enter text.](#)

Illicit Discharge Detection and Elimination
Minimum Control Measure
(Table 4.2.3)

1. **BMP # 2**(Table 4.2.3, BMP #2)
2. **BMP Title: Outfall Map and Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** This BMP will allow for quick acquisition of outfalls and other information about the MS4 that is important in determining illicit discharges and illegal connections and other information such as pollution hotspots, listed waters, and other asset management needs.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Outfall Inventory**
 - A. Provide the number of outfalls added or deleted from the inventory during the reporting period: 22
Number added: [Click here to enter text.](#)
Number deleted: [Click here to enter text.](#)
 - B. Provide the total number of outfalls identified to date: 22
 - C. Is the outfall mapping completed? Yes No
 - D. If not, explain the reason why, and provide the status of the mapping: [Click here to enter text.](#)
 - E. If not, provide the projected completion date: [Click here to enter a date.](#)
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Outfall monitoring.
 - B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes No

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

D. If yes, please explain: [Click here to enter text.](#)

Illicit Discharge Detection and Elimination
Minimum Control Measure
(Table 4.2.3)

1. **BMP # 3**(Table 4.2.3, BMP #3)

2. **BMP Title: IDDE Dry Weather Screening**

3. **Provide the measurable goal from the Permit and/or approved SWMP:**The County’s goal, in the Urbanized Area, is conduct dry weather screening (DWS) 5% of the County outfalls per year. The County agrees that identifying and eliminating illicit discharges of pollutants will reduce the pollutant loading of the County’s streams and rivers.

A. Did you comply with the measurable goal? Yes No

B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

4. **IDDE Plan Status**

A. Provide the number of outfalls inspected during the reporting period: 22 of 22 Outfalls.

B. What percentage of the total number of outfalls were inspected during the reporting period? 60%

C. Provide the status of the outfall screening from 2018-2022:

Year	Total Number of Outfalls	Number of Outfalls Screened	% Screened
2018	22	13	60
2019	22	22	100
2020	22	22	100
2021	22	22	100
2022			
Total			

D. Did you conduct any stream walks as part of your IDDE program?

Yes No

1. If yes, provide the total number of stream miles within your jurisdiction: Carroll County monitors 30 NTU sites covering approximately 252 stream miles.

2. Provide the number of stream miles walked during the reporting period: Approximately 20 stream miles.

3. What percentage of the total number of stream miles were walked during the reporting period? 8%

E. Did you conduct stream walks for a reason other than IDDE? Yes No

1. If yes, explain the reason: [Click here to enter text.](#)

2. Provide the number of stream miles walked during the reporting period: Approximately 9 miles.

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No

B. If not, please explain why: [Click here to enter text.](#)

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: Urbanized Area outfalls and streams monitored including 252 MI of rights-of-way and 30 NTU sites.

B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout reporting period.

C. Did you comply with the implementation schedule in the SWMP? Yes No

D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes No

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

D. If yes, please explain: [Click here to enter text.](#)

Illicit Discharge Detection and Elimination
Minimum Control Measure
(Table 4.2.3)

1. **BMP # 4**(Table 4.2.3, BMP #4)

2. **BMP Title:** Education

3. **Provide the measurable goal from the Permit and/or approved SWMP:** It is the goal of Carroll County to inform local developers, builders, and grading contractors of educational topics and ordinance requirements by distributing brochures to 100% of the persons whom receive a Land Disturbance Permit. The Brochure will be revised annually and updated when necessary. Government Employees will be briefed annually concerning MS4 requirements.

A. Did you comply with the measurable goal? Yes No

B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

4. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No

B. If not, please explain why: [Click here to enter text.](#)

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: No Land Disturbance Permits issued in County Urbanized Area for 2021. 7 County Officials briefed on MS4 Urbanized Area requirements.

B. Date(s) for any BMP activities completed during this reporting period: August 2021

C. Did you comply with the implementation schedule in the SWMP? Yes No

D. If not, please explain why: [Click here to enter text.](#)

6. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes No

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

D. If yes, please explain: [Click here to enter text.](#)

Illicit Discharge Detection and Elimination
Minimum Control Measure
(Table 4.2.3)

1. **BMP # 5**(Table 4.2.3, BMP #5)
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:**Continue to track and respond to citizen complaints in the MS4 Urbanized Area within 24 hours .
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Carroll County received 19 complaints; Environmental Health Department received 135 complaints with 353 repairs. Complaints were resolved on average 2 weeks.
 - B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout the reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? ContinueRevise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

Note:You must complete a BMP annual report page for any additional Illicit Discharge Detection and Elimination BMPs contained in your SWMP.

Construction Site Storm Water Runoff Control
Minimum Control Measure
(Table 4.2.4)

1. **BMP # 1**(Table 4.2.4, BMP #1)
2. **BMP Title: Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:**Carroll County will evaluate its ES&PC ordinance, and if necessary, modify the ordinance during the course of the permit. If revisions are required, the County will submit a copy of the revised ordinance to EPD to be included in the SWMP.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Local Issuing Authority Status**
 - A. Are you A Local Issuing Authority (LIA)? Yes No
 - B. As an LIA, you are required to submit semi-annual reports to the Georgia Soil and Water Conservation Commission (GSWCC). Did you provide the required reports to GSWCC? Yes No
 - C. Provide the dates that the semi-annual reports were submitted to the GSWCC: FY 21 01 Jan - 30 Jun submitted 09 Jun 2021; FY 22 01 Jul - 31 Dec submitted 09 Jan 2022.
 - D. Provide copies of the semi-annual GSWCC reports. Are the GSWCC reports attached? Yes No
5. **Ordinance Status**
 - A. Is the construction waste requirement addressed in either your E&S or litter ordinance? Yes No
 - B. If yes, which one? Litter
 - C. Did you adopt or revise the ordinance during the reporting period?
Yes No
 - D. If you are a Local Issuing Authority, you must revise your E&S Ordinance to comply with the latest revisions to the E&S Act (2015).The ordinance revision was to be completed by December 31, 2016. Have you completed the ordinance revisions?
Yes No
 - E. If yes, provide the date of adoption: May 2, 2017

- F. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes No
- G. If the ordinance was adopted or revised during the reporting period and a copy is not attached, explain why: [Click here to enter text.](#)

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: 97 ES&PC Plans reviewed with over 219 AC of Land Disturbance Permits issued.
- B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout the reporting period.
- C. Did you comply with the implementation schedule in the SWMP? Yes No
- D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes No
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
- D. If yes, please explain: [Click here to enter text.](#)

Construction Site Storm Water Runoff Control
Minimum Control Measure
(Table 4.2.4)

1. **BMP # 2(Table 4.2.4, BMP #2)**

2. **BMP Title: Site Plan Review Procedures**

3. **Provide the measurable goal from the Permit and/or approvedSWMP:**Carroll County is currently reviewing all land disturbing activity applications for compliance with the Erosion Sedimentation and Pollution Control Ordinance and water quality impacts as required by the Municipal Phase II Stormwater Regulations. The review is being performed by Community Development as part of the review for grading and hydrology. After approval of the plans, the site is authorized to receive permits for site preparation and land disturbing activities.The GSWCC checklist is used during the plan review process.

A. Did you comply with the measurable goal? Yes No

B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

4. **Site Plan Review Status**

A. Are you a Local Issuing Authority? Yes No

1. If yes, provide the following information for the reporting period:

Number of plans received: 102

Number of plans reviewed: 102

Number of plans approved: 99

Number of plans denied: 3

2. A list or table of the site plans received, reviewed, approved, and/or denied during the reporting period should be provided. Is the information attached?

Yes No

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No

B. If not, please explain why: [Click here to enter text.](#)

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: 102 ES&PC plans reviewed.

B. Date(s) for any BMP activities completed during this reporting period: Weekly throughout the reporting period.

C. Did you comply with the implementation schedule in the SWMP? Yes No

D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes No

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

D. If yes, please explain: [Click here to enter text.](#)

Construction Site Storm Water Runoff Control
Minimum Control Measure
(Table 4.2.4)

1. **BMP # 3(Table 4.2.4, BMP #3)**
2. **BMP Title:Inspection Program**
3. **Provide the measurable goal from the Permit and/or approvedSWMP:**It is the goal of Carroll County to perform ES&PC site preparation inspections of all sites with land disturbance greater than 1 acre and inspect land disturbing activities for all sites greater than 1 acre at least 1 time every 2 weeks. In addition, all land disturbing sites with an outstanding correction notice or repeated history of non-compliance will be inspected within 72 hours of a 1” rain event.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Carroll County completed 3,895 ES&PC inspections on permitted activities.
 - B. Date(s) for any BMP activities completed during this reporting period: Weekly throughout the reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

Construction Site Storm Water Runoff Control
Minimum Control Measure

(Table 4.2.4)

1. **BMP # 4(Table 4.2.4, BMP #4)**
2. **BMP Title: Enforcement Procedures**
3. **Provide the measurable goal from the Permit and/or approvedSWMP:**Follow enforcement procedures outlined in the County's ES&PC ordinance and ERP.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Carroll County had 14 inspections requiring Notice of Violations and 10 Stop Work Orders.
 - B. Date(s) for any BMP activities completed during this reporting period: Daily throughout the reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? ContinueRevise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

Construction Site Storm Water Runoff Control
Minimum Control Measure
(Table 4.2.4)

1. **BMP # 5(Table 4.2.4, BMP #5)**
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approvedSWMP:**It is the goal of Carroll County to publish an “MS4 website” on the County’s web site. All complaints received from this hot-line or email will be documented and inspected within 3 days. The results of the inspections will also be documented.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Website update: <http://www.carrollcountyyga.com/177/Submit-a-complaint>. and <https://www.facebook.com/carrollcountyyga/> with 3,176 views. Carroll County received 2 complaints; Environmental Health Department received 135 complaints. Complaints were resolved on average 2 weeks.
 - B. Date(s) for any BMP activities completed during this reporting period: ES&PC and MS4 Complaint submissions are available through Carroll County’s website daily throughout reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

Construction Site Storm Water Runoff Control
Minimum Control Measure

(Table 4.2.4)

1. **BMP # 6(Table 4.2.4, BMP #6)**
2. **BMP Title: Certification**
3. **Provide the measurable goal from the Permit and/or approvedSWMP:**Ensure all County employees involved in activities subject to the Construction General Permits are trained and certified in accordance with the rules adopted by the GSWCC.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: .
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why:
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 25 County employees completed ES&PC Training.
 - B. Date(s) for any BMP activities completed during this reporting period: February 2021.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why:
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
ContinueRevise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

Note:You must complete a BMP annual report page for any additional Construction Site Management BMPs contained in your SWMP.

**Post- Construction Storm Water Management
in New Development and Redevelopment
Minimum Control Measure
(Table 4.2.5)**

1. **BMP # 1**(Table 4.2.5, BMP #1)
2. **BMP Title:** Legal Authority
3. **Provide the measurable goal from the Permit and/or approved SWMP:**The County will evaluate its post-construction ordinance, and if necessary, modify the existing ordinance.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Ordinance Status**
 - A. Did you adopt or revise the ordinance during the reporting period? Yes No
 - B. If yes, provide the date of adoption: CH 38 February 2022.
 - C. Does the ordinance require development in accordance with the Georgia Stormwater Management Manual (GSMM), a local design manual, and/or the Coastal Stormwater Supplement? Yes No
 - D. Does the ordinance adopt the performance standards in the 2016 GSMM? Yes No
 - E. Is the MS4 located within the Metropolitan North Georgia Water Planning District (MNGWPD)? Yes No

If yes, then have you completed adoption of the MNGWPD 2019 Post-Construction ordinance? Yes No NA

If the MNGWPD 2019 Post-Construction ordinance has not yet been adopted, explain the reason: [Click here to enter text.](#)
 - F. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes No
 - G. If the ordinance was adopted or revised during the reporting period and a copy is not attached, explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: [Click here to enter text.](#)
 - B. Date(s) for any BMP activities completed during this reporting period: February 2022

C. Did you comply with the implementation schedule in the SWMP? Yes No

D. If not, please explain why: [Click here to enter text.](#)

6. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes No

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

D. If yes, please explain: [Click here to enter text.](#)

Post- Construction Storm Water Management
in New Development and Redevelopment
Minimum Control Measure
(Table 4.2.5)

1. **BMP # 2**(Table 4.2.5, BMP #2)

2. **BMP Title:** Inventory

3. **Provide the measurable goal from the Permit and/or approved SWMP:** Maintain and update the current inventory and map of all post construction MS4 structures in Urbanized Area to better maintain the systems. To include number, type and ownership.

A. Did you comply with the measurable goal? Yes No

B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

4. **Inventory Status**

A. Provide information on the number of structures inventoried during the reporting period:

1. Number of publicly-owned post-construction structures added: 0
2. Number of privately-owned post-construction structures added: 0

B. Provide information on the number of structures identified to date:

1. Total number of publicly-owned post-construction structures: 0
2. Total number of privately-owned post-construction structures: 0

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No

B. If not, please explain why: [Click here to enter text.](#)

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: No County maintained MS4 structures in the Urbanized Area for the reporting period.

B. Date(s) for any BMP activities completed during this reporting period: throughout reporting period.

C. Did you comply with the implementation schedule in the SWMP? Yes No

D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes No
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
- D. If yes, please explain: [Click here to enter text.](#)

**Post- Construction Storm Water Management
in New Development and Redevelopment
Minimum Control Measure**

(Table 4.2.5)

1. **BMP # 3**(Table 4.2.5, BMP #3)
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approvedSWMP:** The County will inspect a minimum of 5% of stormwater ponds during the permit.

A. Did you comply with the measurable goal? Yes No

B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

4. **Provide the status of inspections performed between 2018-2022:**

Publicly-Owned Post-Construction Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2018	0	0	0
2019	0	0	0
2020	0	0	0
2021	0	0	0
2022			
Total			

Privately-Owned Post-Construction Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2018	0	0	0
2019	0	0	0
2020	0	0	0
2021	0	0	0
2022			
Total			

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No

B. If not, please explain why: [Click here to enter text.](#)

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: Urbanized Area review.No County or privately maintained MS4 structures are in the Urbanized Area during the reporting period.
- B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout reporting period.
- C. Did you comply with the implementation schedule in the SWMP?Yes No
- D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes No
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
- D. If yes, please explain: [Click here to enter text.](#)

Post- Construction Storm Water Management
in New Development and Redevelopment
Minimum Control Measure

(Table 4.2.5)

1. **BMP # 4**(Table 4.2.5, BMP #4)
2. **BMP Title:** Maintenance Program
3. **Provide the measurable goal from the Permit and/or approved SWMP:**The County will provide a list of structures maintained and the type of maintenance performed during the reporting period.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period?:
 1. Maintenance of permittee-owned structures: Yes No
 2. Maintenance conducted by permittee on privately-owned structures or publicly-owned by other entities: Yes No NA
 3. Summary list of maintenance agreements: Yes No
 - B. If not, please explain why: No County MS4 or privately owned MS4 structures are in the Urbanized Area during the reporting period.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: No County MS4 or privately owned MS4 structures are in the Urbanized Area during the reporting period.
 - B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

**Post- Construction Storm Water Management
in New Development and Redevelopment
Minimum Control Measure**

(Table 4.2.5)

1. **BMP # 5**(Table 4.2.5, BMP #5)
2. **BMP Title: GI/LID Structure Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Develop a GI/LID Inventory in the Urbanized Area. By inventorying all GI/LID structures and not limiting, through ordinance, GI/LID development.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory Status**
 - A. Provide information on the number of structures inventoried during the reporting period:
 1. Number of permittee-owned GI/LID structures added: 0
 2. Number of publicly-owned GI/LID structures owned by other entities added: 0
 3. Number of privately-owned non-residential GI/LID structures added: 0
 - B. Provide information on the number of structures identified to date:
 1. Total number of permittee-owned GI/LID structures: 0
 2. Total number of publicly-owned GI/LID structures owned by other entities: 0
 3. Total number of privately-owned non-residential GI/LID structures: 0
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: No GI/LID structures in the MS4 Urbanized Area of Carroll County.
 - B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout the reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No

D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes No

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

D. If yes, please explain: [Click here to enter text.](#)

**Post- Construction Storm Water Management
in New Development and Redevelopment
Minimum Control Measure**

(Table 4.2.5)

1. **BMP # 6**(Table 4.2.5, BMP #6)
2. **BMP Title: GI/LID Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:**Carroll County will review the Zoning Ordinance to include the Innovative Development Plan per the current Zoning overlay which promotes GI/LID.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Program Development**
 - A. Has the GI/LID Program development been completed? Yes No

Note: For existing permittees, the deadline is February 15, 2020. For new permittees, the deadline is within 3 years of designation.
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: Carroll County reviewed the Zoning Ordinance to include the proposed Plan per the current Zoning overlay which promotes innovative development and GI/LID no actions were directed. No GI/LID structures in the MS4 Urbanized Area of Carroll County.
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Carroll County reviewed the Zoning Ordinance to include the proposed GI/LID ordinance.
 - B. Date(s) for any BMP activities completed during this reporting period: January 2021.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
7. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

D. If yes, please explain: [Click here to enter text.](#)

**Post- Construction Storm Water Management
in New Development and Redevelopment
Minimum Control Measure**

(Table 4.2.5)

1. **BMP # 7**(Table 4.2.5, BMP #7)
2. **BMP Title: GI/LID Inspection and Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:**Conduct maintenance on the permittee-owned GI/LID structures, as needed. Provide the number of structures and percentage of the total structures maintained during the reporting period in each annual report. Implement the maintenance procedures with the GI/LID program submitted in BMP 6.

A. Did you comply with the measurable goal? Yes No

B. If not, explain why you did not comply with the measurable goal: Beginning in 2020, conduct inspections and/or ensure inspections are conducted on 100% of the GI/LID structures.

4. **Provide the status of inspections performed between 2020-2022:**

Permittee-Owned GI/LID Structures

Year	Total Number GI/LID Structures	Number GI/LID Structures Inspected	% Inspected
2020	0	0	0
2021	0	0	0
2022			
Total			

Publicly-OwnedBy Other Entities GI/LID Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2020	0	0	0
2021	0	0	0
2022			
Total			

Privately-Owned Non-residential GI/LID Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2020	0	0	0
2021	0	0	0
2022			
Total			

5. **Provide information on maintenance performed on permittee-owned GI/LID structures.**
- A. Provide the total number of permittee-owned GI/LID structures: 0
 - B. Provide the number of GI/LID structures maintained 0
 - C. Provide the percentage of GI/LID structures maintained 0
6. **Documentation**
- A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
7. **Implementation Schedule**
- A. BMP activities completed during this reporting period: No GI/LID structures in the MS4 Urbanized Area of Carroll County.
 - B. Date(s) for any BMP activities completed during this reporting period: Monthly January through December 2020.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
8. **BMP Effectiveness**
- A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

GI/LID Ordinance Review (Section 4.2.5.3)

(Only complete this section if the MS4 population >10,000 on December 6, 2017)

1. You are required to continue to review and revise, where necessary, building codes, ordinances, and other regulations to ensure they do not prohibit or impede the use of GI/LID practices. Was an evaluation of the MS4's ordinances, codes, and regulations conducted during the reporting period? Yes No

2. If an evaluation was completed during the reporting period, is documentation of the activity attached to this annual report? Yes No NA

3. Based on the results of the evaluation, did the MS4 determine that revisions to the ordinances, codes, and regulations were necessary? Yes No NA

4. If revisions to the document(s) were required, provide the name of the document(s) and the date(s) of adoption: [Click here to enter text.](#)

5. If revisions have not yet been completed, provide the status of the document revisions and a projected completion date: [Click here to enter text.](#)

**Pollution Prevention/ Good Housekeeping
for Municipal Operations
Minimum Control Measure
(Table 4.2.6)**

1. **BMP # 1**(Table 4.2.6, BMP #1)
2. **BMP Title:** MS4 Control Structure Inventory and Map
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Maintain and update the current inventory and map of all MS4 structures in Urbanized Area after September 3, 2014 to better maintain the systems.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory and Map Status**
 - A. Provide the number of structures inventoried and mapped during the reporting period:
 1. Number of catch basins added: 0
 2. Number of ditches added (state if miles or linear feet): 118 miles
 3. Number of publicly-owned detention/retention ponds added: 0
 4. Number of storm drain lines added (state if miles or linear feet): 0
 - B. Provide the number of structures inventoried and mapped to date:
 1. Total number of catch basins: 0
 2. Total number of ditches (state if miles or linear feet): 118 miles
 3. Total number of publicly-owned detention/retention ponds: 0
 4. Total number of storm drain lines (state if miles or linear feet): 0
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: No MS4 infrastructure in the Urbanized Area during reporting period.
 - B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout the reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No

D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes No

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

D. If yes, please explain: [Click here to enter text.](#)

**Pollution Prevention/ Good Housekeeping
for Municipal Operations
Minimum Control Measure**
(Table 4.2.6)

1. **BMP # 2**(Table 4.2.6, BMP #2)
2. **BMP Title:** MS4 Inspection Program
3. **Provide the measurable goal from the Permit and/or approved SWMP:** It is the goal of Carroll County to inspect and clean, if needed, all publicly owned storm drain inlets, culverts, pipes, and ditches in the Urbanized Area at least bi-annually.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. Provide the status of inspections performed between 2018-2022:

Catch Basins

Year	Total Number Catch Basins	Number Catch Basins Inspected	% Inspected
2018	0	0	0
2019	0	0	0
2020	0	0	0
2021	0	0	0
2022			
Total			

Pipes

Year	Total Pipes Number or Length (specify ft. or miles)	Number of Pipes or Length Inspected (specify ft. or miles)	% Inspected
2018	0	0	0
2019	0	0	0
2020	0	0	0
2021	0	0	0
2022			
Total			

Ditches

Year	Total Ditches Number or Length (specify ft. or miles)	Number of Ditches or Length Inspected (specify ft. or miles)	% Inspected
2018	0	0	0
2019	0	0	0
2020	0	0	0
2021	0	0	0
2022			
Total			

Publicly-Owned Detention/Retention Ponds

Year	Total Number Structures	Number Structures Inspected	% Inspected
2018	0	0	0
2019	0	0	0
2020	0	0	0
2021	0	0	0
2022			
Total			

5. Documentation

- A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
- B. If not, please explain why: [Click here to enter text.](#)

6. Implementation Schedule

- A. BMP activities completed during this reporting period: The County completed inspections and necessary maintenance on storm drains, culverts, pipes and ditches in the Urbanized Area during the reporting period. Carroll County Inspected and maintained MS4 throughout the reporting period, 55,340 LBS of liter and 174 tires were removed from the MS4 Urbanized Area.
- B. Date(s) for any BMP activities completed during this reporting period: Weekly throughout the reporting period.
- C. Did you comply with the implementation schedule in the SWMP? Yes No
- D. If not, please explain why: [Click here to enter text.](#)

7. BMP Effectiveness

- A. Do you consider this BMP to be effective? Yes No

- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
- D. If yes, please explain: [Click here to enter text.](#)

**Pollution Prevention/ Good Housekeeping
for Municipal Operations
Minimum Control Measure**
(Table 4.2.6)

1. **BMP # 3**(Table 4.2.6, BMP #3)
2. **BMP Title:** MS4 Maintenance Program
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Carroll County will implement a MS4 maintenance program and report the number of structures maintained each year.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Provide the status of maintenance performed on MS4 structures during the reporting period:**
 - A. The number of catch basins maintained (including cleaning): 0
 - B. The number of ditches maintained (miles or linear feet): 12
 - C. The number of detention/retention ponds maintained: 0
 - D. The number of storm drain lines maintained (miles or linear feet): 1
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Public Works completed 32 work orders for driveway pipe replacement, shoulder work, and routine maintenance in the County MS4 Urbanized Area.
 - B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
7. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes No
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
- D. If yes, please explain: [Click here to enter text.](#)

**Pollution Prevention/ Good Housekeeping
for Municipal Operations
Minimum Control Measure**
(Table 4.2.6)

1. **BMP # 4(Table 4.2.6, BMP #4)**
2. **BMP Title: Road and Parking Lot Cleaning**
3. **Provide the measurable goal from the Permit and/or approvedSWMP:**It is the goal of the Carroll County to utilize Keep Carroll Beautiful and volunteers, under direction of the Executive Director, to implement litter control programs which protect water quality in the Urbanized Area.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal:
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why:
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 36 Adopt-a-Road groups removed 5,681LBS of liter from the MS4 Urbanized Area
 - B. Date(s) for any BMP activities completed during this reporting period: [Click here to enter text.](#)
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

**Pollution Prevention/ Good Housekeeping
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Minimum Control Measure**
(Table 4.2.6)

1. **BMP # 5**(Table 4.2.6, BMP #5)
2. **BMP Title:** Employee Training
3. **Provide the measurable goal from the Permit and/or approved SWMP:** It is the goal of Carroll County to conduct at least one formal education session a year for County employees in Public Works. All new hires must complete the training session within 9 months of their hire date.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal:
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why:
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Carroll County Government Officials received training.
 - B. Date(s) for any BMP activities completed during this reporting period: August 2021.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

**Pollution Prevention/ Good Housekeeping
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Minimum Control Measure**

(Table 4.2.6)

1. **BMP # 6**(Table 4.2.6, BMP #6)
2. **BMP Title: Waste Disposal**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Properly contain and dispose of all trash and debris in the Urbanized Area and document with weigh tickets and/or bag counts.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Carroll County removed 2,767 bags weighing 55,340 LBS and 174 tires from the County MS4 Urbanized Area.
 - B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout the reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

Pollution Prevention/ Good Housekeeping
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(Table 4.2.6)

1. **BMP # 7**(Table 4.2.6, BMP #7)
2. **BMP Title: New Flood Management Projects**
3. **Provide the measurable goal from the Permit and/or approved SWMP:**Review all proposed flood management projects for water quality impacts and submit with the annual report.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: No proposed floodplain projects during the reporting period.
 - B. Date(s) for any BMP activities completed during this reporting period: Annually throughout the reporting period.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

**Pollution Prevention/ Good Housekeeping
for Municipal Operations
Minimum Control Measure**

(Table 4.2.6)

1. **BMP # 8**(Table 4.2.6, BMP #8)

2. **BMP Title: Existing Flood Management Projects**

3. **Provide the measurable goal from the Permit and/or approved SWMP:** NRCS review existing flood management projects for water quality impacts in the Urbanized Area. Carroll County will access at least one structure annually in the Urbanized Area and submit with the annual report.
 - A. Did you comply with the measurable goal? Yes No

 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No

 - B. If not, please explain why: [Click here to enter text.](#)

5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: NRCS completed their 5-year flood control inspections on existing structures documenting necessary maintenance for Carroll County. Three structures are in Carroll County's Urbanized Area LTR 29; LTR 30; and LTR 31.

 - B. Date(s) for any BMP activities completed during this reporting period: Annually in reporting period.

 - C. Did you comply with the implementation schedule in the SWMP? Yes No

 - D. If not, please explain why: [Click here to enter text.](#)

6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No

 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise

 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

 - D. If yes, please explain: Existing Flood Management Projects can include West Georgia Soil and Water Conservation District Flood Control Structures which NRCS routinely monitor but Carroll County is the responsible entity for structure maintenance. May include NRCS in this BMP to provide added technical assistance.

**Pollution Prevention/ Good Housekeeping
for Municipal Operations
Minimum Control Measure**
(Table 4.2.6)

1. **BMP # 9**(Table 4.2.6, BMP #9)
2. **BMP Title:** County Facilities
3. **Provide the measurable goal from the Permit and/or approvedSWMP:** Maintain and update the current inventory and map of County facilities in the Urbanized Area or the Public Works Facility after September 3, 2014 to better maintain the facilities.

A. Did you comply with the measurable goal? Yes No

B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

4. **Inventory and Inspection**

A. Inventory

1. Was an inventory of municipal facilities with the potential to cause pollution updated during the reporting period? Yes No
2. A copy of the inventory must be submitted with the annual report. Is the inventory attached? Yes No
3. If the inventory is not attached, explain why: No permitted County facilities in the MS4 Urbanized Area.

B. Inspection

1. Provide the status of inspections performed on municipal facilities between 2018-2022:

Municipal Facilities

Year	Total Number Municipal Facilities	Number Inspected	% Inspected
2018	0	0	0
2019	0	0	0
2020	0	0	0
2021	0	0	0
2022			
Total			

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No

B. If not, please explain why: [Click here to enter text.](#)

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: No permitted County facilities in the MS4 Urbanized Area.

B. Date(s) for any BMP activities completed during this reporting period: Monthly January through December.

C. Did you comply with the implementation schedule in the SWMP? Yes No

D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes No

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No

D. If yes, please explain: **Carroll County Public Works Facility located at 34 Horsley Mill Road is over 10 miles from the Urbanized Area and will begin reporting maintenance on facility for CY2022.**

Note: You must complete a BMP annual report page for any additional Pollution Prevention/Good Housekeeping BMPs contained in your SWMP.

Enforcement Response Plan
Section 4.3

1. You were required to develop an Enforcement Response Plan (ERP) and submit the document to EPD. Have you completed ERP development? Yes No
2. If yes, provide the date of submittal to EPD: 1/7/2020
3. If no, explain the reason for the delay and provide the status of the ERP development: [Click here to enter text.](#)

Impaired Waters
Section 4.4

1. You are required to develop either an Impaired Waters Plan (population <10,000) or a Monitoring and Implementation Plan (population >10,000). Check which one you are required to develop:

- Impaired Waters Plan
- Monitoring and Implementation Plan

2. For existing permittees, you were required to submit the relevant Plan to EPD by February 15, 2015. For new permittees (designated on March 7, 2014), you were required to submit the relevant Plan by February 15, 2018. Have you completed development of the Plan?
Yes No

3. If yes, provide the date of submittal to EPD: 2/7/2020

4. If no, provide the status of the Plan development: [Click here to enter text.](#)

5. You are required to check the latest 305(b)/303(d) list to determine if newly listed waters are within your jurisdiction. Have you reviewed this list? Yes No

6. If newly listed waters have been identified, you must revise your Plan. If a Plan revision is required, provide the status and the projected date for submittal to EPD: Newly listed waters have not been identified.

7. For permittees with an Impaired Waters Plan, provide the following for each impaired water located within the MS4 jurisdictional area that are located on the latest 303(d) list:

Name of Water	Pollutant of Concern
N/A	

8. For permittees with a Monitoring and Implementation Plan:

A. Provide the following information for each impaired water located within the MS4 jurisdictional area that are included on the latest 305(b)/303(d) list:

Name of Water	Pollutant of Concern	Sampling Frequency
N/A		

- B. You are required to provide monitoring data obtained for each pollutant of concern. Is the monitoring data attached? Yes No NA
- C. You are required to provide an assessment of the data trends over time for each pollutant of concern regarding the status of the water quality. Is the assessment attached? Yes No NA
- D. You are required to provide an assessment of the effectiveness of the best management practices chosen to address each pollutant of concern. Is the assessment attached? Yes No NA

Sharing Responsibility
Section 4.5

1. Are you sharing responsibility for implementation of any part of the SWMP with another entity? Yes No
2. If yes, provide the name of the entity: Natural Resource and Conservation Service, Department of Environmental Health, Keep Carroll Beautiful and UGA County Extension.
3. Are you performing tasks for another entity? Yes No
4. Is another entity is performing tasks on your behalf? Yes No
5. If you answered “Yes” to either question #3 or #4, describe what tasks are being performed by which entity: Shared Responsibility letters are included.
6. You must provide a copy of a signed intergovernmental agreement. Was an agreement included with the SWMP? Yes No