

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

Cover Page

**Part 1. General Information:**

1. Permittee Name: City of Temple, GA
2. Mailing Address: 240 Carrollton Street, Temple, GA 30179
3. Contact Person: Lisa Jacobson
4. E-Mail Address: ljacobson@templega.us
5. Telephone Number: 770-562-3369
6. Reporting Year (January 1–December 31): 2023

**Part 2. Status of Stormwater Management Program:**

1. Has your stormwater management program to comply with the 2022 NPDES Permit been approved? Yes  No
2. If yes, provide the approval date: 12/6/2022
3. If no, provide the date of the last submittal: [Click here to enter text.](#)

**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: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Public Education and Outreach**  
**Minimum Control Measure**  
**(Table 4.2.1)**

1. **BMP # 1**
2. **BMP Title:** Brochures & Fact Sheets
3. **Provide the measurable goal from SWMP:** Brochures on a kiosk at City Hall will be counted each month and logged along with the number handed out to customers.
  - 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: Stormwater brochures have been available at city hall and distributed to new water customers throughout the year.
  - B. Date(s) for any BMP activities completed during this reporting period:  
Ongoing/Monthly
  - 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.](#)



1. **BMP # 2**

A. Do you have a website? Yes  No

i. If yes, you are required to post the most updated SWMP to the website. Has the most updated SWMP been posted? Yes  No

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

2. **BMP Title:** Education Utilizing the City Web Site

3. **Provide the measurable goal from SWMP:** The City will update the storm water page at least once during each 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? Yes  No

B. If not, please explain why: The annual report can be found on the city's website at <https://www.templega.us/publicworks/page/storm-water-reports-0>

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: The 2022 MS4 Annual Report was added to the city's storm water page.

B. Date(s) for any BMP activities completed during this reporting period: March 27, 2023

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.](#)

**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:** Presentation to Mayor & City Council
3. **Provide the measurable goal from SWMP:** A minimum of 1 presentation involving storm water management activities during each reporting year will be given. A sign-in sheet will be used to note the number of individuals in attendance.
  - 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: MS4 presentation given to Mayor and City Council.
  - B. Date(s) for any BMP activities completed during this reporting period: September 25, 2023
  - 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.](#)

1. **BMP # 2**
2. **BMP Title:** Pet Waste Stations
3. **Provide the measurable goal from SWMP:** The City will track the number of times pet waste stations are restocked with bag throughout 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? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: A log was kept to track the frequency at which pet waste bags were restocked at the city's pet waste station.
  - B. Date(s) for any BMP activities completed during this reporting period: Ongoing
  - 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.](#)

**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 City will evaluate the effectiveness of the existing ordinance on an on-going basis and modify the ordinance if 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. **Ordinance Status**
  - A. Did you adopt or revise the ordinance during the reporting period? Yes  No
  - B. If yes, provide the date of adoption or revision: [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: Review and evaluation of the current IDDE ordinance.
  - B. Date(s) for any BMP activities completed during this reporting period: April 4, 2023
  - 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.](#)

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:** The City will maintain the map and inventory for the outfalls from the MS4 area. The maps will be updated annually with any additions or modifications to the MS4.
  - 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 and Map**
  - A. Provide the number of outfalls added or deleted from the inventory during the reporting period:
    - Number added:0
    - Number removed:22
  - B. Provide the total number of outfalls on the inventory during the reporting period: 137 before removal, 115 after removal.
  - C. Is the inventory attached? Yes  No
  - D. Is the map attached? Yes  No
  - E. Is the outfall mapping completed? Yes  No 
    - E. If not, explain the reason why, and provide the status of the mapping: [Click here to enter text.](#)
    - F. 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: Inspection of outfalls to determine accurate inventory, marking non-outfalls to be removed from inventory.

B. Date(s) for any BMP activities completed during this reporting period: September 25, 2023

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.](#)

1. **BMP # 3 (Table 4.2.3, BMP #3)**
2. **BMP Title: IDDE Plan**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Dry weather screening will be conducted to a minimum of 5% of the city’s outfall inventory 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. **IDDE Plan Status**

A. Provide the status of the outfall screening from 2023-2027:

<b>Year</b>	<b>Total Number of Outfalls</b>	<b>Number of Outfalls Screened</b>	<b>% Screened</b>
2023	115	26	23%
2024			
2025			
2026			
2027			
<b>Total</b>			

B. Did you conduct any stream walks as part of your IDDE program?  
Yes  No

1. If yes, provide the total number of stream miles containing or downstream of an MS4 outfall within your permitted area: 22 miles
2. Provide the number of stream miles walked during the reporting period: 4.35 miles
3. What percentage of the total number of stream miles were walked during the reporting period? 20%

C. 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:

D. Did you use an alternate method of inspecting for illicit discharges?  
Yes  No

1. If yes, provide a documentation of the activity completed during the reporting period. [Click here to enter text.](#)
  - E. If applicable, did you attach documentation of any illicit discharge detection activities and information on any eliminated discharges or on any enforcement actions taken to eliminate illicit discharges? 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: Dry weather outfall inspections and stream walks.
  - B. Date(s) for any BMP activities completed during this reporting period: September 18 – 25, 2023
  - 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.](#)

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:** Educational outreach will be done once per 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? Yes  No
  - B. If not, please explain why: The reporting program is advertised via the “Text My Gov” feature on the city’s website.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Maintaining the “Text My Gov” feature on the city’s website.
  - B. Date(s) for any BMP activities completed during this reporting period: Ongoing
  - 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.](#)

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 procedures for receiving, investigating and tracking the status of illicit discharge complaints. Reports of illicit discharges will be investigated within 72 hours of receipt. A tracking system will be utilized to record the report, the result of the investigation, and resolution as 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 report (e.g. complaint date, type, status) of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: No complaints of Illicit Discharge were reported.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: N/A
  - B. Date(s) for any BMP activities completed during this reporting period: N/A
  - 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.](#)

**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:** The City will evaluate the Soil Erosion and Sedimentation Control Ordinance and if necessary modify the ordinance 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. **Local Issuing Authority Status**
  - A. Are you a Local Issuing Authority (LIA)? Yes  No  If no, skip to #5.
  - 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: [Click here to enter text](#)
  - 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? E&S
  - C. Did you adopt or revise either the E&S ordinance or the ordinance containing the construction waste requirement during the reporting period? Yes  No
  - D. If yes, which one? Revise and adopt

E. 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

F. If yes, provide the date of adoption or revision: [Click here to enter text.](#)

G. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes  No

H. 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: Ordinance reviewed, revised to include construction waste language, and adopted by city council.

B. Date(s) for any BMP activities completed during this reporting period: November 6, 2023

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.](#)

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 approved SWMP:** The City will evaluate the existing post-construction ordinance, and if necessary, modify the ordinance 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. **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 reviewed: [Click here to enter text.](#)  
 Number of plans approved: [Click here to enter text.](#)  
 Number of plans denied: [Click here to enter text.](#)
    2. A list of the site plans received during the reporting period must be provided. Is the information attached?  
 Yes  No
    3. Provide the total number of LDA permits issued during the reporting period: [Click here to enter text.](#)
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: Post-construction ordinance was reviewed, no other activities performed.
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The post-construction ordinance was reviewed.
  - B. Date(s) for any BMP activities completed during this reporting period: April 4, 2023
  - 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.](#)

1. **BMP # 3 (Table 4.2.4, BMP #3)**
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City is not a Local Issuing Authority. EPD will implement this BMP.
  - 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. Provide a list or table of active construction sites and the number and dates of inspections conducted on each of the sites during the reporting period. Did you attach documentation of the BMP activities completed during the reporting period?  Yes  No
  - B. If not, please explain why: The City is not a Local Issuing Authority. EPD will implement this BMP.
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: [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.](#)

1. **BMP # 4 (Table 4.2.4, BMP #4)**
2. **BMP Title: Enforcement Procedures**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City is not a Local Issuing Authority. EPD will implement this BMP.
  - 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. Provide documentation of any enforcement actions taken during the reporting period, including the number, type, status, and amount of any assessed penalties. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: The City is not a Local Issuing Authority. EPD will implement this BMP.
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: [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.](#)

1. **BMP # 5 (Table 4.2.4, BMP #5)**
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City is not a Local Issuing Authority. EPD will implement this BMP.
  - 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 information of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: The City is not a Local Issuing Authority. EPD will implement this BMP.
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: [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.](#)

1. **BMP # 6 (Table 4.2.4, BMP #6)**
2. **BMP Title: Certification**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Have at least one employee obtain a GSWCC Level 1.A certification.
  - 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. Provide documentation of current certifications held by MS4 staff. 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: Ensure that at least two city employees hold current GSWCC Level 1.A certification.
  - B. Date(s) for any BMP activities completed during this reporting period: Ongoing
  - 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.](#)

**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 City will evaluate the existing post-construction ordinance, and if necessary, modify the ordinance 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. **Ordinance Status**
  - A. Did you adopt or revise the ordinance during the reporting period? Yes  No
  - B. If yes, provide the date of adoption or revision: [Click here to enter text.](#)
  - 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 latest edition of the GSMM? Yes  No
  - E. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes  No
  - F. 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: Review and evaluation of the post-construction ordinance.
  - B. Date(s) for any BMP activities completed during this reporting period: April 4, 2023
  - 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.](#)

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:** The MS4 inventory will be reviewed and updated annually with any additions.
  - 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 added to the inventory during the reporting period:
    1. Number of publicly-owned post-construction structures added: 0
    2. Number of privately-owned post-construction structures added: 0
    3. Number of publicly-owned structures owned by other entities 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: 15
    3. Total number of publicly-owned by other entities post-construction structures: 0
  - C. New permittees: Provide the status of the inventory development: [Click here to enter text.](#)
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: Confirming post-construction inventory is accurate and up to date.
  - B. Date(s) for any BMP activities completed during this reporting period: December 2023
  - 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.](#)

1. **BMP # 3 (Table 4.2.5, BMP #3)**
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** A post-construction structure inspection program is in place and post-construction structure inspections will be conducted such that 20% of the structures are inspected each year, and 100% of the post-construction controls are inspected over a 5-year period.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: Only two ponds were inspected in the reporting period. Additions ponds will be inspected in upcoming reporting periods to meet the 20% mark set in the measurable goal.
4. **Provide the status of inspections performed between 2022-2027:**

**Publicly-Owned Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	0	0	0%
2024			
2025			
2026			
2027			
<b>Total</b>			

**Privately-Owned Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	15	2	13%
2024			
2025			
2026			
2027			
<b>Total</b>			

**Publicly-Owned by Other Entities Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	0	0	0%
2024			

2025			
2026			
2027			
<b>Total</b>			

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: Inspection of two private owned post construction ponds.

B. Date(s) for any BMP activities completed during this reporting period: April 13, 2023

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.](#)

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 City will document maintenance it performs on both publicly-owned structures and documentation received from private owners for the maintenance that is performed on their structures, 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 for the following:

1. Maintenance of permittee-owned structures, including a list of structures maintained, the type of maintenance performed, and documentation: Yes  No

2. Maintenance conducted by permittee on privately-owned structures or publicly-owned by other entities, including a list of structures maintained, the type of maintenance performed, and documentation: Yes  No  NA

3. Summary list of maintenance agreements and documentation of any activities taken to ensure maintenance: Yes  No

4. If you address these in your SWMP, maintenance of privately-owned structures and other public entity-owned structures constructed prior to December 6, 2012, including a list of structures maintained, type of maintenance performed, and documentation: Yes  No

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

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: Inspection of private-owned ponds was conducted to determine if maintenance was needed. No maintenance was performed on these structures in the reporting period.

B. Date(s) for any BMP activities completed during this reporting period: April 13, 2023

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.](#)

1. **BMP # 5 (Table 4.2.5, BMP #5)**

2. **BMP Title: GI/LID Program**

3. **Provide the measurable goal from the Permit and/or approved SWMP:** For those permittees with a population less than 10,000 at the time of this permit issuance, develop a program for the inspection and maintenance of the GI/LID structures, including permittee-owned, publicly-owned structures owned by other entities, and privately-owned non-residential (e.g. who inspects, who maintains, inspection and maintenance schedule, method of documentation of inspection and maintenance activities).

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 was 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: [Click here to enter text.](#)

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: The GI/LID Program is currently in place and attached to the annual report.

B. Date(s) for any BMP activities completed during this reporting period: December 2023

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.](#)

1. **BMP # 6 (Table 4.2.5, BMP #6)**
2. **BMP Title: GI/LID Structure Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annually update an inventory of water quality related GI/LID structures located within the permitted area and at a minimum, constructed after December 6, 2012, including the total number of each type of structure (e.g. bioswales, pervious pavement, rain gardens, cisterns and green roofs). The inventory must, at a minimum, include permittee-owned GI/LID structures, those publicly-owned structures owned by other entities, and privately-owned non-residential GI/LID structures. Track the addition of new water quality-related GI/LID structures through the plan review process and ensure the structures are added to the inventory. Provide an updated inventory, including those structures added during the reporting period, in each 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. **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
  - C. New permittees: Provide the status of the inventory development: [Click here to enter text.](#)
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: There are no GI/LID structures in the city.

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: Confirming accurate inventory of GI/LID structures.
- B. Date(s) for any BMP activities completed during this reporting period: December 2023
- 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.](#)

1. **BMP # 7 (Table 4.2.5, BMP #7)**
2. **BMP Title: GI/LID Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Inspections will be conducted on public and private non-residential GI/LID structures so that each structure is inspected once every 5 years.
  - 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 2023-2027:**

**Permittee-Owned GI/LID Structures**

Year	Total Number GI/LID Structures	Number GI/LID Structures Inspected	% Inspected
2023	0	0	0
2024			
2025			
2026			
2027			
<b>Total</b>			

**Publicly-Owned By Other Entities GI/LID Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	0	0	0
2024			
2025			
2026			
2027			
<b>Total</b>			

**Privately-Owned Non-residential GI/LID Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	0	0	0
2024			
2025			
2026			

2027			
<b>Total</b>			

5. **Documentation**

- A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
- B. If not, please explain why: There are no GI/LID structures in the city.

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: N/A
- 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.](#)

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.](#)

1. **BMP # 8 (Table 4.2.5, BMP #8)**
2. **BMP Title: GI/LID Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will document maintenance performed on GI/LID structures.
  - 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 information on maintenance performed on permittee-owned GI/LID structures.**
  - A. Provide the number of GI/LID structures maintained N/A
  - B. Did you provide documentation of maintenance performed? Yes  No
5. **Provide information on maintenance for publicly-owned by other entities and privately-owned non-residential GI/LID structures**
  - A. Did you provide a summary list of maintenance agreements finalized after December 6, 2017? Yes  No
  - B. If you did not provide a summary list of maintenance agreements, explain the reason: There are no GI/LID structures in the city.
  - C. Did you provide documentation of any activities taken to ensure maintenance? Yes  No
6. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: There are no GI/LID structures in the city.
7. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: N/A
  - 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.](#)

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 permittee population is >10,000 according to Appendix B for existing permittees, or at the time of designation for new permittees)**

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

A. Existing permittees:

1. For the 2023 reporting period, the evaluation must be comprehensive:
  - i. Was the comprehensive evaluation performed? Yes  No
  - ii. If yes, is documentation of the evaluation attached? Yes  No
  - iii. If not, explain the reason the evaluation was not performed [Click here to enter text.](#)
2. For the 2024-2027 reporting period, you must either conduct an annual comprehensive evaluation or certify that the evaluation is not needed.
  - i. Is documentation of a comprehensive evaluation attached? Yes  No
  - ii. If a comprehensive evaluation was not performed this reporting period:
    - a. Date of last comprehensive evaluation: [Click here to enter text.](#)
    - b. Is a certification attached stating additional revisions to the codes and ordinances are not required? Yes  No
3. If an evaluation was completed during the reporting period
4. Did the MS4 determine that revisions to the ordinances, codes, and regulations were necessary? Yes  No  NA 
  - i. 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.](#)
  - ii. If revisions have not yet been completed, provide the status of the document revisions and a projected completion date: [Click here to enter text.](#)
  - iii. If revisions were not required this reporting period, were any codes, ordinances, and other regulations determined to need revision in a previous reporting period? Yes  No 
    - a. If yes, state which reporting period: [Click here to enter text.](#)

B. New permittees:

1. The evaluation must be completed within two years of designation.
  - i. Was an evaluation completed during the reporting period? Yes  No

- a. If not, explain when the evaluation was or will be conducted: [Click here to enter text.](#)
  - ii. Is a written report attached? Yes  No 
    - a. If not, explain why not: [Click here to enter text.](#)
2. Adopted ordinances must be submitted within four years of designation.
- i. Are the adopted ordinances attached? Yes  No 
    - a. If not, explain why they are not: [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 Structure Inventory and Map**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will update the MS4 map to reflect additions and modifications as they are needed.
  - 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: 400
    2. Number of ditches added (state if miles or linear feet): 0
    3. Number of publicly-owned detention/retention ponds and underground detention 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: 492
    2. Total number of ditches (state if miles or linear feet): 5.63 miles
    3. Total number of publicly-owned detention/retention ponds and underground detention: 15
    4. Total number of storm drain lines (state if miles or linear feet): 13.36 miles
  - C. New permittees: Provide the status of the inventory development: [Click here to enter text.](#)
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: Analyzing existing data to determine accuracy of maps and inventory. Updating both maps and inventories to reflect existing data.

B. Date(s) for any BMP activities completed during this reporting period: December 2023

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.](#)

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:** Following approval of the program, initial inspections will be conducted in conjunction with BMP#1 MS4 Control Structure Inventory and Map. After initial inspections, the City will inspect the MS4 structures (e.g. catch basins, ponds and storm drain lines) so that 100% are inspected within a 5-year period in accordance with the inspection program.

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 2023-2027:

**Catch Basins**

<b>Year</b>	<b>Total Number Catch Basins</b>	<b>Number Catch Basins Inspected</b>	<b>% Inspected</b>
2023	492	0	0%
2024			
2025			
2026			
2027			
<b>Total</b>			

**Pipes**

<b>Year</b>	<b>Total Pipes Number or Length (specify ft. or miles)</b>	<b>Number of Pipes or Length Inspected (specify ft. or miles)</b>	<b>% Inspected</b>
2023	13.36 miles	0	0%
2024			
2025			
2026			
2027			
<b>Total</b>			

**Ditches**

<b>Year</b>	<b>Total Ditches Number or Length (specify ft. or miles)</b>	<b>Number of Ditches or Length Inspected (specify ft. or miles)</b>	<b>% Inspected</b>
2023	5.63 miles	0.69 miles	12%
2024			
2025			

2026			
2027			
<b>Total</b>			

**Publicly-Owned Detention/Retention Ponds and Underground Detention**

<b>Year</b>	<b>Total Number Structures</b>	<b>Number Structures Inspected</b>	<b>% Inspected</b>
2023	0	0	0%
2024			
2025			
2026			
2027			
<b>Total</b>			

**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: Ditch inspections begun, catch basin inventory increased from 92 to 492 to account for catch basins not previously inventoried.
- B. Date(s) for any BMP activities completed during this reporting period: November/December 2023
- 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.](#)

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:** The City will document maintenance it performs on MS4 system components. The City will maintain documentation and track activities.
  - 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): 0
  - C. The number of detention/retention ponds and underground detention maintained: 0
  - D. The number of storm drain lines maintained (miles or linear feet): 20 LF
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: Debris removed from pipe and outfall on Oaken Bucket Road.
  - B. Date(s) for any BMP activities completed during this reporting period: May 16, 2023
  - 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.](#)

1. **BMP # 4 (Table 4.2.6, BMP #4)**
2. **BMP Title: Street and Parking Lot Cleaning**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will develop procedures for the removal of trash and debris. The City will remove trash and debris from the right of ways with MS4 area.
  - 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: Trash removed from MS4 area by individuals completing community service. Collected trash is disposed of in the dumpster at the city's public works facility.
  - B. Date(s) for any BMP activities completed during this reporting period: Ongoing
  - 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.](#)

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:** One educational opportunity will be provided during each 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? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Employees were presented with information on stormwater management and pollution prevention.
  - B. Date(s) for any BMP activities completed during this reporting period: September 25, 2023
  - 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.](#)

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:** The City will track landfill debris removed from the MS4, as outlined in the City's MS4 Operations and Maintenance Procedures. The City will track waste disposal, including any possible recycling by the City.
  - 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: Landfill debris removed from the MS4 was disposed of at the public works facility.
  - B. Date(s) for any BMP activities completed during this reporting period: Ongoing
  - 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.](#)

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:** Ensure proposed flood management projects (e.g., detention and retention ponds) are assessed for water quality impacts during the design phase. Provide the number of plans reviewed where flood management projects were assessed for water quality impacts during the reporting period in each 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: The flood management projects reviewed are listed: Zaxby's, Sonoco, 71 Villa Rosa Rd, Lakeshore Phase IV, Hidden Oaks, QuikTrip, and Marie Street Townhomes.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Reviewed 7 flood management projects for water quality impacts.
  - B. Date(s) for any BMP activities completed during this reporting period: Ongoing as needed
  - 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.](#)

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:** Conduct an assessment of existing permittee-owned flood management projects (e.g., detention and retention ponds) for potential retrofitting to address water quality impacts and conduct any retrofitting activities. Assess at least 1 structure annually or if the permittee has less than 5 structures, then assess 100% within a 5-year period. Provide information on any assessments and/or retrofitting activities conducted during the reporting period in each 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. **Status of previously assessed projects**

Structure	Date of Assessment	Results of Assessment	Status of Retrofitting

5. **Documentation**

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

B. If not, please explain why: The permittee owns no detention or retention ponds.

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: The permittee owns no detention or retention ponds so inspection performed.

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.](#)

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.](#)

1. **BMP # 9 (Table 4.2.6, BMP #9)**
2. **BMP Title: Municipal Facilities**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annually update an inventory of municipal facilities with the potential to cause pollution. The inventory must be submitted with each annual report. Conduct inspections on 100% of the municipal facilities within the 5-year period in accordance with procedures described in the SWMP. At a minimum, the permittee must conduct inspections on 5% of the municipal facilities annually, or if inspections are done by geographical area, then one entire area or sector must be inspected. Provide documentation of the inspections conducted during the reporting period in each 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. **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: [Click here to enter text.](#)

B. Inspection

1. Provide the status of inspections performed on municipal facilities between 2023-2027:

**Municipal Facilities**

<b>Year</b>	<b>Total Number Municipal Facilities</b>	<b>Number Inspected</b>	<b>% Inspected</b>
2023	1	0	0%
2024			
2025			
2026			
2027			
<b>Total</b>			

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: Review of City's Municipal Facilities Inventory.

B. Date(s) for any BMP activities completed during this reporting period: December 2023

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.](#)

**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: 2/1/2022
3. If no, explain the reason for the delay and provide the status of the ERP development: [Click here to enter text.](#)
4. Was the ERP updated during the reporting period? Yes  No 
  - i. If yes, is a copy attached? Yes  No

**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, including those permittees designated on March 7, 2014, you were required to submit the relevant Plan by a previous deadline date. (Note: newly designated permittees must submit a plan within 4 years of designation). Have you completed development of the Plan?

Yes  No

3. If yes, provide the date of submittal to EPD: 2/1/2022

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 a copy of the completed Plan. If the Plan has not yet been completed, provide the status and the projected date for submittal to EPD: [Click here to enter text.](#)

7. For permittees with an Impaired Waters Plan:

A. 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

B. 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

8. For permittees with a Monitoring and Implementation Plan:

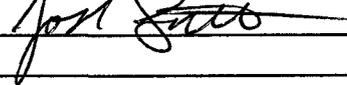


**Sharing Responsibility**  
**Section 4.5**

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: Turnipseed Engineers
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: [Click here to enter text.](#)
6. You must provide a copy of a signed written agreement. Was an agreement included with the SWMP? Yes  No

**City of Temple**  
**General NPDES Stormwater Permit No. GAG610000**  
**Public Involvement / Participation**  
**BMP #2 - Education Event Sign In - Appendix B**

Month / Year: September / 2023

Name	Signature
Greg Ashworth	
Kristin Etheredge	Kristin Etheredge
Deidra Walker	Deidra A. Walker
Noah Schroyer	
Dawn Adkins	Dawn Adkins
Josh Smith	Josh Smith
Ingrid McKinley	

I certify that the information listed above is true and accurate to the best of my ability using measuring instruments that are regularly calibrated to ensure quality results.

Signed:  Date: 9-27-2023





**CITY COUNCIL MEETING  
May 1, 2023  
6:30 PM, Temple Senior Center  
AGENDA**

**Call to Order**.....Mayor Michael Johnson

**Invocation and Pledge of Allegiance**.....Mayor Michael Johnson

**Approve the published agenda of this date’s City Council meeting, as presented**.....Mayor Michael Johnson

**Approval of Minutes:**

April 10, 2023 Council Meeting.....Mayor Michael Johnson

April 24, 2023 Special Called Meeting.....Mayor Michael Johnson

**Public Comments**

**Announcements**.....Bill Osborne

**Consent Agenda**.....Mayor Micheal Johnson

1. Approve the annual renewal of the City of Temple government’s Commercial Insurance policy with the Marsh McLennan Agency, with this new Insurance and Risk Management document providing coverage for the 12-month period starting Tuesday, May 30.

2. In response to a request from Majestic Homes and Renovations, LLC, and Tyken Properties & Investments, approve a resolution providing for abandonment and closure of the City of Temple-owned right of way of the unused portion of Hickory Trail leading into this street’s cul-de-sac and authorize the Mayor and City Clerk to execute a Quit Claim deed for the property to said applicants who are the only adjoining property owners.

3. Adopt an Ordinance to amend the 2008-enacted Temple City Code Chapter 36 - Utilities, Article II – Water Service in Section 36 -20 Tampering with, Damage to or Destruction of Meters; Violations and Penalties for the purpose of increasing the replacement fees charged to the water customer for a meter or certain related components located in the meter box.

4. Authorize Change Order #3 for the AMI Water Meter project to provide \$50,535.50 for the purchase of additional meters required to complete the meter installations in the City of Temple’s water meter replacement project in accordance with City Council action on April 10 to transfer \$120,000 to this project from the adopted FY2023 Capital Fund Budget.

5. Notify the Georgia Department of Transportation that the City of Temple wants the route of Georgia Highway 113 through this municipality to remain unchanged, with an exception that one-block long

Carrollton Avenue located between Carrollton Street and Sage Street would become a north-bound one-way street.

6. Select the low bidder Southern Valve and Pump in Gainesville to provide and install the new HCP 80AFC23.7A Cutter Pump 460V PH at the City of Temple's Sewer Treatment Plant for a total cost of \$8,836.20, with funding from the Treatment Plant's FY2023 operating budget.

7. Change the date for the monthly series of City Council committee meetings from Monday, May 29, to Tuesday, May 30, due to the Memorial Day holiday.

**New Business**

1. Status report on the City Hall Expansion Project.....Mayor Michael Johnson
2. Opportunity for the nomination of a Candidate or Candidates to fill the current vacant Ward 3 City Council seat and to complete the term of former Council member Hiley Miller, which extends through December 31, 2023. -- If one or more nominations are made: Decision to be made by the City Council, and then the Oath of Office administered to the selected nominee.....Mayor Michael Johnson
3. In accordance with the resolution promoted by the Georgia Municipal Association and adopted by the Temple City Council on April 10, a brief presentation pertaining to the first "resolve" pledge in this resolution: To practice and promote civility within the governing body as a means of conducting legislative duties and responsibilities.....Bill Osborne
4. Hold a public hearing and then consider taking action on the request to the City of Temple from Leigh Shirley for approval of the rezoning of a 2.87-acre tract of land at 265 Carrollton Street, being Parcel #T04 0070006, and approval of the rezoning of an adjacent 0.49-acre tract of land at 275 Carrollton Street, being Parcel #T04 0070048 for a total of 3.36 acres in Land Lot 149, District 6, from O-I (Office Institutional) to CG (General Commercial).....Mayor Michael Johnson
5. Hold a public hearing and then consider taking action on the request to the City of Temple from Mike Meshkaty of Blue River Development for approval of the rezoning of a 48.03-acre tract of land adjacent to the north side of U. S. Highway 78 in Haralson County adjacent to Carroll County and the corporate limits of the City of Temple, being Parcel #01170039B in Land Lot 175, District 6, from A5 (Agricultural) in unincorporated Haralson County to R-4 (Single-Family Detached Residential) in the City of Temple, contingent upon said property's annexation into the City of Temple.....Mayor Michael Johnson
6. Consider approval of the request from Mike Meshkaty of Blue River Development for the annexation into the City of Temple of a 48.03-acre tract of land adjacent to the north side of U. S. Highway 78 in Haralson County adjacent to Carroll County and adjacent to the corporate limits of the City of Temple, being Parcel #01170039B in Land Lot 175, District 6, with the zoning classification within the City of Temple to be R-4 (Single-Family Detached Residential).....Carey Pilgrim
7. Hold a public hearing and then consider taking action on the request to the City of Temple from Donald Swafford for approval of a Special Use Permit at 102 East Johnson Street, being Parcel #T03 0080008 in Land Lot 172, District 6, for the zoning to remain R-2 (Single-Family Residential), with the resident to have an antique store within the historic structure.....Mayor Michael Johnson

8. Adopt a resolution to make a tentative contract award to the low bidder, F. S. Scarbrough, LLC, of Peachtree City for the upgrade of the Villa Rosa Sewer Lift Station in accordance with plans prepared by Turnipseed Engineers, with the total bid amount being \$1,549,933.38.....Bill Osborne

9. Adopt a resolution identifying the funding source to pay the bid amount of \$1,549,933.38 to F. S. Scarbrough, LLC, for the upgrade of the Villa Rosa Sewer Lift Station to be from the City's Water Sewer Fund (Casselle Account # 505-11.1110) and directing staff to include this project in the amended F.Y. Capital Fund Budget to be adopted by the City Council not later than its regular monthly meeting on Monday, June 5.....Bill Osborne

10. Announce that Recreation Director Ingrid McKinley will prepare and then present to the City Council at its next monthly series of committee meetings a Request for Proposals for increased park security, in order to improve the City of Temple's ability to monitor and then respond as needed to vandalism and inappropriate behavior problems in the City Park.....Richard Bracknell

11. Staff report concerning the additional modifications made to the draft new Ward Boundary Map for the City of Temple, followed by a review and discussion by the City Council and the scheduling of a public hearing on the draft Ward Boundary Map on the date of the City Council's monthly series of committee meetings at the end of May, with the anticipation adoption of this new Ward Boundary Map during the City Council's regular monthly meeting on Monday, June 5..... Lisa Jacobson

12. Consider approving the nominated officers for the Georgia Municipal Association's District 4 for 2023 – 2024, including Mayor Michael Johnson as the GMA District 4 Third Vice President.....Richard Bracknell

13. Appoint to the City of Temple's 2023 - 2028 Comprehensive Plan Steering Committee: Terron Bivins, Phyllis Cash, and any other citizen as determined by the City Council.....Mayor Michael Johnson

14. Brief reports concerning: (a) the public hearing on the updating of the City of Temple's Comprehensive Plan, held immediately prior to this City Council meeting, and (b) the next meeting of the Comp Plan's Steering Committee at 5:30 p.m. Thursday, May 11.....Bill Osborne

15. Updated reports concerning the Sage Street railroad crossing and concerning the recent lengthy blockage of the other two grade level crossings within the City by Norfolk Southern.....Chief Creig Lee

16. Report on MS-4 by the City's consulting engineering firm, Turnipseed Engineers.

17. Updated staff report regarding the City of Temple's use of the Positive Pay check verification service provided by Synovus Bank, followed by possible action by the City Council regarding the use of this process in the future.....Lisa Jacobson

18. Report by consultant Rick Hartley concerning City of Temple budget and finance topics.

**Closing Comments**

**Executive Session, if needed**

**Adjournment**

- 4. Discussion on authorizing Recreation Director to issue a Request for Proposal (RFP) on the Museum Master Plan, funded in the FY23 Capital Budget.....Ingrid McKinley
- 5. Request made by the Temple Optimist Club to use the Senior Center, at no cost, for its monthly meetings, which take place the 3<sup>rd</sup> Monday of each month.....Bill Osborne
- 6. Monthly report by Recreation Director Ingrid McKinley.

**PUBLIC WORKS COMMITTEE**

- 1. Turnipseed to present the required MS4 bi-annual presentation.....Turnipseed Representative
- 2. Discussion with Greg Ashworth of Turnipseed Engineering on the Williams Mill Creek Sewer Interceptor RFP and the E. Johnson/Sage Street water line replacement projects. (odor issues - Eagles - Sage + Carrollton)
- 3. An update on the Water Meter Replacement project, including a wrapup report on this loan.....Lisa Jacobson, Rick Hartley
- 4. A series of brief updates on current ongoing water, sewer, and road projects.....Joshua Smith, Jimmy Jenkins
- 5. Status reports on planning for the startup of additional water, sewer, and road projects...Lisa Jacobson
- 6. Status report on the sewer plant generator needing repair.....Jimmy Jenkins
- 7. Monthly report by Public Works Director Joshua Smith.
- 8. Monthly report by Sewer Treatment Plant Director Jimmy Jenkins.

**PUBLIC SAFETY COMMITTEE**

- 1. Announce that the first item on the agenda for the City Council’s regular monthly meeting at 6:30 p.m. Monday, October 2, will be special recognition of the City of Temple’s Municipal Court and its staff by the State’s Standing Committee on Judicial Workload Assessment, as a result of this local court receiving a “Clearance Rate Excellence Award” for being among the top 10 percent of such courts in Georgia.....Mayor Micheal Johnson
- 2. Discussion on the Traffic Intersection Studies completed by the traffic engineering firm Lumin8.....Lisa Jacobson
- 3. Report by Chief Lee on the placement of railroad signage and I-20 signage that is needed.....Chief Creig Lee
- 4. Monthly report by Police Chief Creig Lee.
- 5. Monthly reports concerning City of Temple Code Enforcement activities.....Bill Osborne, Lisa Jacobson

**Closing Comments**

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/20/23</u>	Time of screening: <u>9:45 AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Angela Dr</u>	Outfall I.D. Number: <u>39</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>24"</u>
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>39</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance	
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow	
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque	
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy	
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
--

NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <i>Temple</i>	Data Sheet Number:
Date of screening (MM/DD/YY): <i>09/10/13</i>	Time of screening: <i>11:20 AM</i>
Weather conditions: <i>Dry</i>	
Sampling performed by: <i>Robert Moody</i>	

Outfall Description	
Outfall Location: <i>River Bluff Dr.</i>	Outfall I.D. Number: <i>81</i>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <i>18"</i>
Receiving stream and watershed name: <i>Trestle Creek</i>	
Land use/industries in drainage area: <i>Residential</i>	
GPS Coordinates:	Photo numbers: <i>81</i>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <i>No flow, poor drainage, water present</i>
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance	
Color: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow	
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque	
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy	
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling	
Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
--

NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/20/23</u>	Time of screening: <u>12:00 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Mooby</u>	

Outfall Description	
Outfall Location: <u>Deer Crossing Rd</u>	Outfall I.D. Number: <u>GC</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <u>CMP</u> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Treble Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>GC</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> <b>Unlikely - or- No Flow</b> <input type="checkbox"/> <b>Possible (presence of two or more indicators)</b> <input type="checkbox"/> <b>Suspect (one or more indicators with severity of 2 or 3)</b> <input type="checkbox"/> <b>Obvious - or- Confirmed</b>
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Tempe</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/20/23</u>	Time of screening: <u>3:23 pm</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Lakeside Trail</u>	Outfall I.D. Number: <u>85</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Trestle Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>85</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YYYY): <u>09/20/23</u>	Time of screening: <u>11:10 AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>River Bluff Dr.</u>	Outfall I.D. Number: <u>82</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Trestle Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>82</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow _____
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling	
Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/20/23</u>	Time of screening: <u>10:00 AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Victoria Dr</u>	Outfall I.D. Number: <u>133</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>133</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/20/23</u>	Time of screening: <u>10:50pm</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Lake side Trail</u>	Outfall I.D. Number: <u>83</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>36"</u>
Receiving stream and watershed name: <u>Trestle Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>83</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow _____
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling	
Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Tempe</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/20/23</u>	Time of screening: <u>12:25 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Creek crossing Ln</u>	Outfall I.D. Number: <u>128</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <u>CMP</u> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>24"</u>
Receiving stream and watershed name: <u>Trestle creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>128</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or - No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or - Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/20/23</u>	Time of screening: <u>12:40 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Creek Crossing LN</u>	Outfall I.D. Number: <u>69</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <u>(CMP)</u> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>24"</u>
Receiving stream and watershed name: <u>Trestle Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>67</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling	
Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/20/13</u>	Time of screening: <u>3:00 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert McCreary</u>	

Outfall Description	
Outfall Location: <u>Simmons St</u>	Outfall I.D. Number: <u>80</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <u>CMP</u> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>74"</u>
Receiving stream and watershed name: <u>Trestle Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>80</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or - No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or - Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Tempe</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/22/23</u>	Time of screening: <u>3:00 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Maddy</u>	

Outfall Description	
Outfall Location: <u>Stedham Ct.</u>	Outfall I.D. Number: <u>63</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> CMP PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Tressee Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>63</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling	
Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/22/23</u>	Time of screening: <u>3:01 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Ivey Lake Phly</u>	Outfall I.D. Number: <u>61</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Trestle Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>61</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/22/23</u>	Time of screening: <u>2:55 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Mochy</u>	

Outfall Description	
Outfall Location: <u>Ida Pl</u>	Outfall I.D. Number: <u>59</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Trestle Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>59</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/22/23</u>	Time of screening: <u>2:47 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Mackay</u>	

Outfall Description	
Outfall Location: <u>Jung Lake Pkwy</u>	Outfall I.D. Number: <u>60</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Trestle Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>60</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	
Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance	
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	
Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow _____	
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	
Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque	
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	
Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy	
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling	
Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/21/23</u>	Time of screening: <u>7:38am</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert McCoy</u>	

Outfall Description	
Outfall Location: <u>Stedham Ct</u>	Outfall I.D. Number: <u>62</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Trestle Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>62</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling	
Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor, physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Tempe</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/21/23</u>	Time of screening: <u>11:19 AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Creek crossing Ln</u>	Outfall I.D. Number: <u>73</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Trestle Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>73</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow _____
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling	
Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/12/23</u>	Time of screening: <u>3:40pm</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Old Branch</u>	Outfall I.D. Number: <u>40</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP CMP PVC HDPE Other: <u>CPP</u> <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>15"</u>
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>40</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <i>Temple</i>	Data Sheet Number:
Date of screening (MM/DD/YY): <i>09/12/23</i>	Time of screening: <i>2:50pm</i>
Weather conditions: <i>Dry</i>	
Sampling performed by: <i>Robert ready</i>	

Outfall Description	
Outfall Location: <i>Ang Blvd</i>	Outfall I.D. Number: <i>46</i>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <i>5' x 3' Elliptical</i>
Receiving stream and watershed name: <i>Webster Creek</i>	
Land use/industries in drainage area: <i>Residential</i>	
GPS Coordinates:	Photo numbers: <i>46</i>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/12/23</u>	Time of screening: <u>2:40 pm</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Lakewood Dr.</u>	Outfall I.D. Number: <u>41</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>41</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow _____
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling	
Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Tempe</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/12/23</u>	Time of screening: <u>2:10 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moaly</u>	

Outfall Description	
Outfall Location: <u>Iverson Place</u>	Outfall I.D. Number: <u>52</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>52</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or - No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or - Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/12/23</u>	Time of screening: <u>1:50 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Iversen Place</u>	Outfall I.D. Number: <u>43</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions:
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>43</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/12/23</u>	Time of screening: <u>17:20 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Mealy</u>	

Outfall Description	
Outfall Location: <u>Webster Lake Drive</u>	Outfall I.D. Number: <u>51</u>
Outfall Type/Material: <input type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> CMP PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>54</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/12/23</u>	Time of screening: <u>12:00 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Webster Lane Drive</u>	Outfall I.D. Number: <u>132</u>
Outfall Type/Material: <input type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions:
Receiving stream and watershed name:	
Land use/industries in drainage area:	
GPS Coordinates:	Photo numbers: <u>132</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Foatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/12/23</u>	Time of screening: <u>10:50 AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Webster Lake Dr</u>	Outfall I.D. Number: <u>49</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>18"</u>
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers: <u>49</u>

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance	
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	
Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow	
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	
Relative severity: <input checked="" type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque	
Floatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	
Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy	
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling	
Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
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NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

NOT FOUND Likely buried — Storm Pipe @ Road Dry

Dry Weather Outfall Screening Form	
Name of City or County: <u>TEMPLE</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/12/23</u>	Time of screening: <u>10:30</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>248 Webster Lake Dr</u>	Outfall I.D. Number: <u>131</u>
Outfall Type/Material: <input type="checkbox"/> Closed Pipe (circle): RCP CMP PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions:
Receiving stream and watershed name: <u>Webster Lake</u>	
Land use/industries in drainage area:	
GPS Coordinates:	Photo numbers:

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Foatables: <input type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Water Quality Sampling	
Field Test Kit Manufacturer:	Model:
Fluoride (mg/L):	Fecal Coliform (MPN/100ml):
Surfactants (mg/L):	Analysis Comments:
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No
Grab Sample ID:	Bacteria Grab Sample ID:

Outfall Potential for Illicit Discharge: <input type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
--

NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.

Dry Weather Outfall Screening Form	
Name of City or County: <u>TEMPLE, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>09/12/03</u>	Time of screening: <u>10:16AM</u>
Weather conditions: <u>Dry, sunny</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>112 WEBSTER LAKE DR</u>	Outfall I.D. Number: <u>130</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <input checked="" type="checkbox"/> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>36"</u>
Receiving stream and watershed name: <u>WEBSTER CREEK</u>	
Land use/industries in drainage area: <u>N/A</u>	
GPS Coordinates:	Photo numbers:

Field Observations and Measurements	
Flow from outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Description: <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Sulfide (rotten eggs) <input type="checkbox"/> Petroleum/gas <input type="checkbox"/> Rancid/sour <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Easily Detected <input type="checkbox"/> 3-Noticable from a distance
Color: <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Orange/Rust <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Brown/Black <input checked="" type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Faint <input type="checkbox"/> 2-Clearly visible in bottle <input type="checkbox"/> 3-Clearly visible in flow
Turbidity: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cloudy <input type="checkbox"/> Opaque <input type="checkbox"/> Silty <input type="checkbox"/> Muddy <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Slight cloudiness <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Opaque
Foatables: <input checked="" type="checkbox"/> None <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum (oil sheen) <input type="checkbox"/> Suds <input type="checkbox"/> Other _____	Relative severity: <input type="checkbox"/> 0-None <input type="checkbox"/> 1-Few/slight <input type="checkbox"/> 2-Some <input type="checkbox"/> 3-Heavy
Flow Temperature (°C):	
Flow pH:	pH meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow Conductivity (µmho/cm):	Conductivity meter calibrated? <input type="checkbox"/> Yes <input type="checkbox"/> No

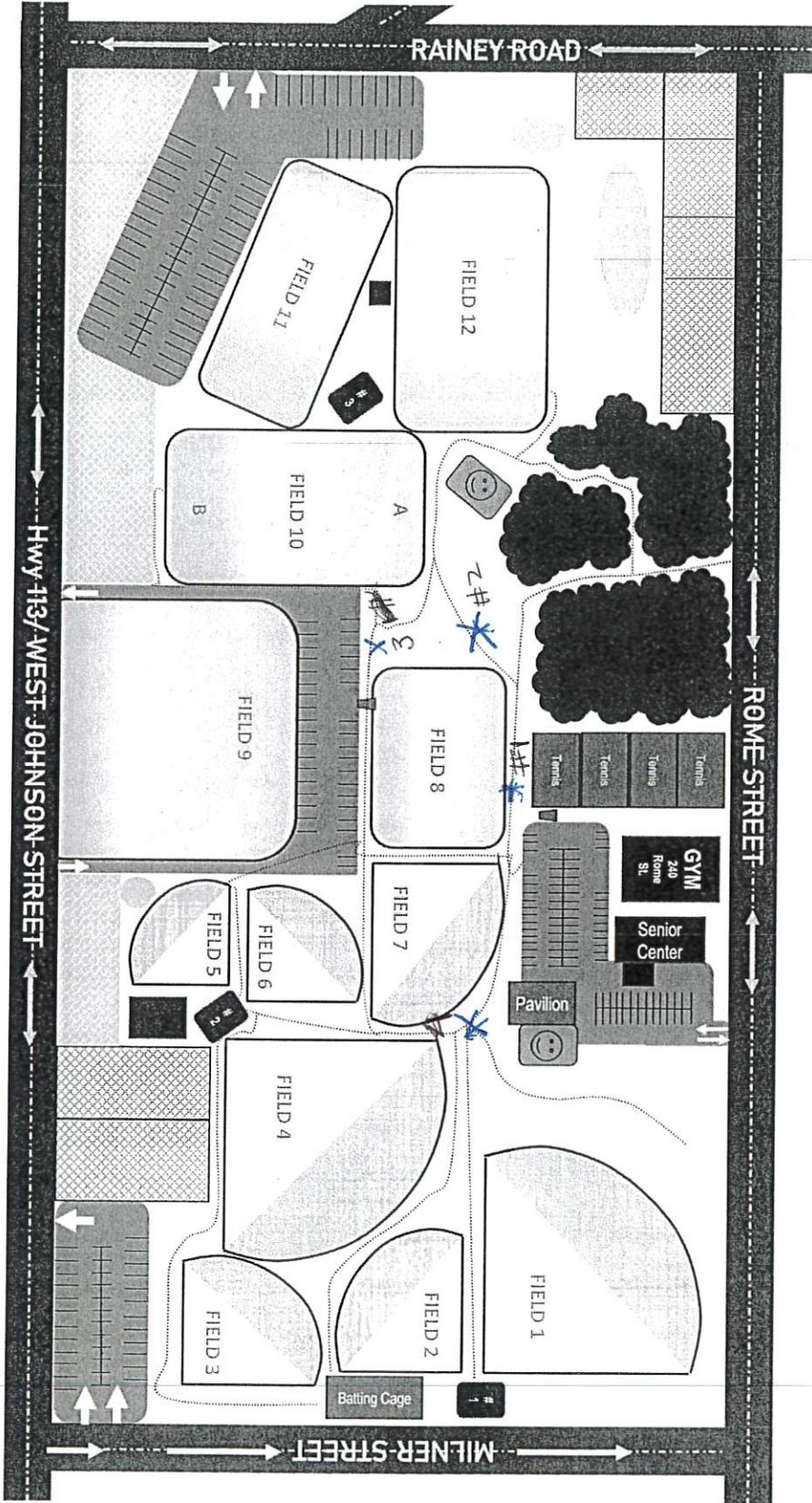
Water Quality Sampling			
Field Test Kit Manufacturer:		Model:	
Fluoride (mg/L):		Fecal Coliform (MPN/100ml):	
Surfactants (mg/L):		Analysis Comments:	
Grab sample for lab? (fluoride/surfactants) <input type="checkbox"/> Yes <input type="checkbox"/> No		Bacteria Grab sample for lab? (fecal coliform) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab Sample ID:		Bacteria Grab Sample ID:	

<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed
--

NOTE: Water quality sampling (using a field test kit and/or grab samples) is required for a dry weather flow that meets any of the following criteria: Visible sewage or sewage odor; physical indicator of potential illicit discharge (color, odor, turbidity or floatables); pH lower than 6.5 or higher than 7.5; or specific conductivity greater than 300 µmho/cm.



Dog waste Station



4 Stations -

Set stock schedule: Feb,  
May,  
Aug.

**City of Temple**  
**General NPDES Stormwater Permit No. GAG610000**  
**Pollution Prevention / Good Housekeeping for Municipal Operations**  
**BMP #2 - Ms4 Inspection**  
**Appendix F**

Month/Year: November 2023

Structure Inspected	Comments

Pipe Segment Location	Comments

Ditch Location	Comments
Old Branch Rd West of Johnson's Lake	Ditches clear, 90% vegetative cover

I certify that the information listed above is true and accurate to the best of my ability using measuring instruments that are regularly calibrated to ensure quality results.

Signed: Robert Mochly

Date: 11/6/23

**City of Temple**  
**General NPDES Stormwater Permit No. GAG610000**  
**Post Construction Storm Water Management in New Development and**  
**Redevelopment**  
**BMP #3 - Detention Pond Inspection Sheet**  
**Appendix E**

Month/Year: April 2023

	1	2	3	4	5	6	7	8	9	10	11
Pond #						✓	✓				
Map Grid #						N/A	NA				
Inspection Date						4/13	4/13				
Person Inspecting						RDm	RDm				
Inspection Time						11:40am	12:15pm				
Retrofit Needed Yes/No						NO	NO				
Excessive Silt build up						No	NO				
Signs of Pollution						No	NO				
Areas of Erosion						No	NO				
Trash						Yes	Yes				
Functioning Outlet						Yes	Yes				
Grass Needs Cutting						No	NO				

**Comments:**

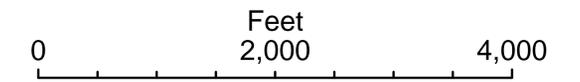
I certify that the information listed above is true

Signed: Robert Moody

Date: 4/13/23

# Temple Outfall Map

- ⊕ Outfall
- State Waters
- ▭ Carroll/Haralson County Line
- ▭ Temple City Limit



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### OUTFALL INVENTORY

OBJECTID *	Lat	Long
1	33.730869	-85.024904
2	33.728443	-85.022512
3	33.735873	-85.029816
4	33.722402	-85.014864
5	33.722398	-85.014883
6	33.722448	-85.01463
8	33.722291	-85.015654
9	33.721902	-85.017484
10	33.721555	-85.019181
11	33.721635	-85.019423
12	33.72209	-85.020504
13	33.722159	-85.020628
14	33.723012	-85.02494
15	33.724905	-85.026491
16	33.717085	-85.035359
17	33.717095	-85.035321
18	33.717104	-85.035289
19	33.717114	-85.035258
20	33.721305	-85.033939
21	33.721298	-85.033903
22	33.721287	-85.033869
23	33.721883	-85.03217
31	33.720965	-85.039141
32	33.725929	-85.038209
33	33.729468	-85.038032
34	33.729478	-85.037973
35	33.729488	-85.037915
36	33.72949	-85.037875
37	33.731514	-85.039432
39	33.740389	-85.051212
40	33.739834	-85.03978
41	33.74132	-85.044149
43	33.743024	-85.04413
46	33.742081	-85.045035
49	33.745436	-85.046375

51	33.745205	-85.044452
52	33.743271	-85.040906
53	33.741031	-85.011326
54	33.738382	-85.018998
55	33.737602	-85.019772
56	33.738101	-85.020632
57	33.737518	-85.020979
58	33.7364	-85.019067
59	33.742711	-85.013443
60	33.743782	-85.01357
61	33.743419	-85.014985
62	33.743937	-85.01568
63	33.743511	-85.016766
64	33.741895	-85.019021
65	33.741293	-85.020067
66	33.740117	-85.02192
70	33.740119	-85.024784
71	33.740816	-85.023864
72	33.741152	-85.024382
73	33.741372	-85.024789
76	33.739382	-85.026124
77	33.742106	-85.025877
78	33.742974	-85.027392
81	33.743452	-85.027758
82	33.7442	-85.028302
83	33.745357	-85.028669
85	33.745013	-85.031025
91	33.731101	-85.001949
92	33.726518	-85.00937
93	33.732586	-85.003089
94	33.733403	-85.004111
95	33.734384	-85.004667
96	33.73473	-85.004089
97	33.735168	-85.004378
98	33.737057	-85.005369
99	33.738831	-85.004065
100	33.739185	-85.003321
101	33.719085	-85.001952
102	33.719042	-85.001986
103	33.719026	-85.001981
104	33.719018	-85.002469

105	33.719172	-85.004387
106	33.718087	-85.023237
107	33.718015	-85.022932
108	33.718133	-85.02355
109	33.719755	-85.024368
110	33.714386	-85.043218
111	33.713052	-85.048743
112	33.713015	-85.04926
113	33.712336	-85.049151
114	33.711914	-85.049206
115	33.711252	-85.047368
116	33.711092	-85.048015
117	33.7111	-85.048628
118	33.712155	-85.04989
119	33.712362	-85.049924
120	33.713417	-85.050768
121	33.7141	-85.051709
122	33.730687	-85.019297
123	33.737907	-85.030982
124	33.738659	-85.028964
125	33.7388	-85.028608
128	33.739973	-85.023813
129	33.711934	-85.04726
130	33.747313	-85.048261
131	33.745918	-85.047471
132	33.744887	-85.044808
133	33.738966	-85.050151
137	33.730211	-85.037969
138	33.729988	-85.038537
139	33.731117	-85.025267
140	33.728789	-85.023462
141	33.729052	-85.017209
142	33.720689	-85.034008
143	33.720524	-85.034464
144	33.72001	-85.034973
145	33.713882	-85.017982
146	33.719253	-84.999736
147	33.719872	-85.014286
148	33.720539	-85.014272

# Temple Storm Drainage System

## Stormwater Pipes

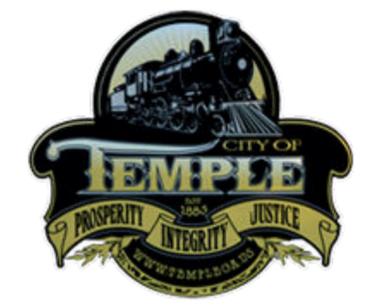
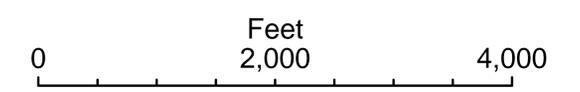
- 8"
- 10"
- 12"
- 14"
- 15"
- 16"
- 18"
- 20"
- 21"
- 24"
- 30"
- 32"
- 36"
- 40"
- 42"
- 48"
- 54"
- 60"
- 66"
- 72"
- 78"
- Unknown

## Boundaries

- Carroll/Haralson County Line
- Temple City Limit

## Stormwater Structures

- Ditch
- SWCB
- DWCB
- DI
- YI
- JB
- DH



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**GFL ENVIRONMENTAL**  
 2699 COCHRAN INDUSTRIAL BLVD  
 DOUGLASVILLE, GA 30134

# INVOICE

**PAYMENT DUE:**  
**UPON RECEIPT**

**SERVICE ADDRESS:**  
 RAPHA CLINIC  
 253 E HIGHWAY 78  
 TEMPLE, GA 30179-4348

**BILLING CONTACT #:**  
 (770) 562-3369

**ACCOUNT #: 000073259**

**GFL Environmental Offers Pay-By-Phone!**  
 Call 1-800-647-9946. Choices. Checking, Visa, Discover, American Express and Mastercard are accepted.

For Customer Service and Account Inquiries. Please call (770) 577-3545

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To avoid late fees and service interruption, payments must be received by the due date. Except as may be otherwise provided by written contract, all past due balances will be assessed a 1.5% late fee with a minimum charge of \$5.00. By payment of this invoice, you are expressly confirming your consent to be contacted, with respect to this account, at the Billing Contact # reflected above.

**INVOICE NUMBER:** 0064187375  
**INVOICE DATE:** 12-31-23  
**SERVICE PERIOD:** DECEMBER

DATE	DESCRIPTION	QTY X UNIT PRICE	TOTAL
*** SiteID 00048 - MORTENSEN VENTURES, LLC 40 Villa Rosa Rd			
12-01-23	08 CY FRONT LOAD SVC MSW 3 times per week	3.00	1,870.56
Sub Total Services Only:			1,870.56
Sub Total Taxes, Oil/Environmental & Fees:			0.00
Site Sub Total:			1,870.56
*** SiteID 00051 - FLYING J-PILOT TRAVEL CENTERS 650 Carrollton St # B			
12-05-23	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024310354	1.00 X 225.00	225.00
12-05-23	DISPOSAL AND RELATED FEES WO#0024310354	3.01 X 55.00	165.55
12-07-23	30 CY DELIVERY WO#0024692767	1.00 X 150.00	150.00
12-11-23	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024356906	1.00 X 225.00	225.00
12-11-23	DISPOSAL AND RELATED FEES WO#0024356906	3.02 X 55.00	166.10
12-11-23	30 CY HAUL MSW ROLL OFF WO#0024707255	1.00 X 225.00	225.00
12-11-23	DISPOSAL AND RELATED FEES WO#0024707255	2.48 X 55.00	136.40
12-19-23	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024399431	1.00 X 225.00	225.00
12-19-23	DISPOSAL AND RELATED FEES WO#0024399431	3.71 X 55.00	204.05
Sub Total Services Only:			1,722.10
Sub Total Taxes, Oil/Environmental & Fees:			0.00
Site Sub Total:			1,722.10
*** SiteID 00052 - KALEIDOSCOPE HAIR PRODUCTS 580 Carrollton St			
12-01-23	06 CY FRONT LOAD SVC MSW 2 times per week	1.00	229.00
Sub Total Services Only:			229.00
Sub Total Taxes, Oil/Environmental & Fees:			0.00
Site Sub Total:			229.00
*** SiteID 00054 - PUBLIC WORKS - TEMPLE 155 Montgomery St			
12-01-23	08 CY FRONT LOAD SVC MSW Weekly	1.00	0.00
Sub Total Services Only:			0.00
Sub Total Taxes, Oil/Environmental & Fees:			0.00
Site Sub Total:			0.00
*** SiteID 00056 - CITY HALL - TEMPLE 240 Carrollton St			
12-01-23	04 CY FRONT LOAD SVC MSW Weekly	1.00	0.00
Sub Total Services Only:			0.00
Sub Total Taxes, Oil/Environmental & Fees:			0.00
Site Sub Total:			0.00
*** SiteID 00058 - Bethany's Florist 18 Tallapoosa St			
12-01-23	02 CY FRONT LOAD SVC MSW Weekly	1.00	51.96
Sub Total Services Only:			51.96

continued...

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## ARTICLE III. - EROSION AND SEDIMENTATION CONTROL

## Sec. 16-97. - Definitions.

The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

*Best management practices (BMPs)* means a collection of structural practices and vegetative measures which, when properly designed, installed and maintained, will provide effective erosion and sedimentation control. The term "properly designed" means designed in accordance with the hydraulic design specifications contained in the Manual for Erosion and Sediment Control in Georgia specified in O.C.G.A. § 12-7-6(b).

*Board* means the board of natural resources.

*Buffer* means the area of land immediately adjacent to the banks of state waters in its natural state of vegetation, which facilitates the protection of water quality and aquatic habitat.

*Commission* means the state soil and water conservation commission.

*Cut, excavation* mean a portion of land surface or area from which earth has been removed or will be removed by excavation; the depth below original ground surface to excavated surface.

*Department* means the department of natural resources.

*Director* means the director of the environmental protection division of the department of natural resources.

*District* means the West Georgia Soil and Water Conservation District.

*Division* means the environmental protection division of the department of natural resources.

*Drainage structure* means a device composed of a virtually nonerodible material such as concrete, steel, plastic or other such material that conveys water from one place to another by intercepting the flow and carrying it to a release point for stormwater management, drainage control, or flood control purposes.

*Erosion* means the process by which land surface is worn away by the action of wind, water, ice or gravity.

*Erosion and sedimentation control plan, plan* mean a plan for the control of soil erosion and sedimentation resulting from a land disturbing activity.

*Fill* means a portion of land surface to which soil or other solid material has been added; the depth above the original ground.

*Finished grade* means the final elevation and contour of the ground after cutting or filling and conforming to the proposed design.

*Grading* means altering the shape of ground surfaces to a predetermined condition; this includes stripping, cutting, filling, stockpiling and shaping or any combination thereof and shall include the land in its cut or filled condition.

*Ground elevation* means the original elevation of the ground surface prior to cutting or filling.

*Land disturbing activity* means any activity which may result in soil erosion from water or wind and the movement of sediments into state waters or onto lands within the state including, but not limited to, clearing, dredging, grading, excavating, transporting, and filling of land, but not including agricultural practices as described in section 16-99(5).

*Larger common plan of development or sale* means a contiguous area where multiple separate and distinct construction activities are occurring under one plan of development or sale. For the purposes of this definition, the term "plan" means:

- (1) An announcement;
- (2) Piece of documentation such as a sign, public notice or hearing;
- (3) Sales pitch;
- (4) Advertisement;
- (5) Drawing;
- (6) Permit application;
- (7) Zoning request;
- (8) Computer design; or
- (9) Physical demarcations, such as boundary signs, lot stakes, or surveyor markings, indicating that construction activities may occur on a specific plot.

*Local issuing authority* means the governing authority of any county or municipality which is certified pursuant to O.C.G.A. § 12-7-8(a).

*Metropolitan River Protection Act (MRPA)* means a state law, referenced as O.C.G.A. § 12-5-440 et seq., which addresses environmental and developmental matters in certain metropolitan river corridors and their drainage basins.

*Natural ground surface* means the ground surface in its original state before any grading, excavation or filling.

*Nephelometric turbidity units (NTUs)* means numerical units of measure based upon photometric analytical techniques for measuring the light scattered by finely divided particles of a substance in suspension. This technique is used to estimate the extent of turbidity in water in which colloiddally dispersed particles are present.

*Operator* means the party that has:

- (1) Operational control of construction project plans and specifications, including the ability to make modifications to those plans and specifications; or
- (2) Day-to-day operational control of those activities that are necessary to ensure compliance with a stormwater pollution prevention plan for the site or other permit conditions, such as a person authorized to direct workers at a site to carry out activities required by the stormwater pollution prevention plan or to comply with other permit conditions.

*Permit* means the authorization necessary to conduct a land disturbing activity under the provisions of this article.

*Person* means any individual, partnership, firm, association, joint venture, public or private corporation, trust, estate, commission, board, public or private institution, utility, cooperative, state agency, municipality or other political subdivision of this state, any interstate body or any other legal entity.

*Project* means the entire proposed development project regardless of the size of the area of land to be disturbed.

*Qualified personnel* means any person who meets or exceeds the education and training requirements of O.C.G.A. § 12-7-19.

*Roadway drainage structure* means a device such as a bridge, culvert, or ditch, composed of a virtually nonerodible material such as concrete, steel, plastic, or other such material that conveys water under a roadway by intercepting the flow on one side of a traveled way consisting of one or more defined lanes, with or without shoulder areas, and carrying water to a release point on the other side.

*Sediment* means solid material, both organic and inorganic, that is in suspension, is being transported, or has been moved from its site of origin by air, water, ice, or gravity as a product of erosion.

*Sedimentation* means the process by which eroded material is transported and deposited by the action of water, wind, ice or gravity.

*Soil and water conservation district approved plan* means an erosion and sedimentation control plan approved in writing by the West Georgia Soil and Water Conservation District.

*Stabilization* means the process of establishing an enduring soil cover of vegetation by the installation of temporary or permanent structures for the purpose of reducing to a minimum the erosion process and the resultant transport of sediment by wind, water, ice or gravity.

*State general permit* means the national pollution discharge elimination system general permit for stormwater runoff from construction activities as is now in effect or as may be amended or reissued in the future pursuant to the state's authority to implement the same through federal delegation under the Federal Water Pollution Control Act, as amended, 33 USC 1251 et seq., and O.C.G.A. § 12-5-30(f).

*State waters* means any and all rivers, streams, creeks, branches, lakes, reservoirs, ponds, drainage systems, springs, wells, and other bodies of surface or subsurface water, natural or artificial, lying within or forming a part of the boundaries of the state which are not entirely confined and retained completely upon the property of a single person.

*Structural erosion and sedimentation control practices* means practices for the stabilization of erodible or sediment-producing areas by utilizing the mechanical properties of matter for the purpose of either changing the surface of the land or storing, regulating or disposing of runoff to prevent excessive sediment loss. Examples of structural erosion and sediment control practices are riprap, sediment basins, dikes, level spreaders, waterways or outlets, diversions, grade stabilization structures, sediment traps and land grading, etc. Such practices can be found in the publication Manual for Erosion and Sediment Control in Georgia.

*Trout streams* means all streams or portions of streams within the watershed, as designated by the wildlife resources division of the state department of natural resources under the provisions of the state Water Quality Control Act, O.C.G.A. § 12-5-20 et seq., and includes:

- (1) *Primary trout waters.* Streams designated as primary trout waters are waters supporting a self-sustaining population of rainbow, brown or brook trout.
- (2) *Secondary trout waters.* Streams designated as secondary trout waters are those in which there is no evidence of natural trout reproduction, but which are capable of supporting trout throughout the year.
- (3) *First order trout waters.* First order trout waters are streams into which no other streams flow except

springs.

*Vegetative erosion and sedimentation control measures*, which can be found in the publication Manual for Erosion and Sediment Control in Georgia, means measures for the stabilization of erodible or sediment-producing areas by covering the soil with:

- (1) Permanent seeding, sprigging or planting, producing longterm vegetative cover;
- (2) Temporary seeding, producing shortterm vegetative cover; or
- (3) Sodding, covering areas with a turf of perennial sod-forming grass.

*Watercourse* means any natural or artificial watercourse, stream, river, creek, channel, ditch, canal, conduit, culvert, drain, waterway, gully, ravine, or wash in which water flows either continuously or intermittently and which has a definite channel, bed and banks, and including any area adjacent thereto subject to inundation by reason of overflow or floodwater.

*Wetlands* means those areas that are inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and that under normal circumstances do support, a prevalence of vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamps, marshes, bogs, and similar areas.

*(Ord. of 4-2-2007(03), § II)*

Sec. 16-98. - Penalties; stop work orders; bond forfeitures.

- (a) *Failure to obtain a permit for land disturbing activity.* If any person commences any land disturbing activity requiring a land disturbing permit as prescribed in this article without first obtaining such permit, the person shall be subject to revocation of his business license, work permit or other authorization for the conduct of a business and associated work activities within the jurisdictional boundaries of the local issuing authority.
- (b) *Stop work orders.*
  - (1) For the first and second violations of the provisions of this article, the director or the local issuing authority shall issue a written warning to the violator. The violator shall have five days to correct the violation. If the violation is not corrected within five days, the director or the local issuing authority shall issue a stop work order requiring that land disturbing activities be stopped until necessary corrective action or mitigation has occurred; provided, however, that if the violation presents an imminent threat to public health or waters of the state or if the land disturbing activities are conducted without obtaining the necessary permit, the director or the local issuing authority shall issue an immediate stop work order in lieu of a warning.
  - (2) For a third and each subsequent violation, the director or the local issuing authority shall issue an immediate stop work order.
  - (3) All stop work orders shall be effective immediately upon issuance and shall be in effect until the necessary corrective action or mitigation has occurred.
  - (4) When a violation in the form of taking action without a permit, failure to maintain a stream buffer, or significant amounts of sediment, as determined by the local issuing authority or by the director or his designee, have been or are being discharged into state waters and where best management practices have not been properly designed, installed, and maintained, a stop work order shall be issued by the local

issuing authority or by the director or his designee. All such stop work orders shall be effective immediately upon issuance and shall be in effect until the necessary corrective action or mitigation has occurred. Such stop work orders shall apply to all land disturbing activity on the site with the exception of the installation and maintenance of temporary or permanent erosion and sediment controls.

- (c) *Bond forfeiture.* If, through inspection, it is determined that a person engaged in land disturbing activities has failed to comply with the approved plan, a written notice to comply shall be served upon that person. The notice shall set forth the measures necessary to achieve compliance with the plan and shall state the time within which such measures must be completed. If the person engaged in the land disturbing activity fails to comply within the time specified, he shall be deemed in violation of this article and, in addition to other penalties, shall be deemed to have forfeited his performance bond, if required to post one under the provisions of section 16-101(b)(8). The issuing authority may call the bond or any part thereof to be forfeited and may use the proceeds to hire a contractor to stabilize the site of the land disturbing activity and bring it into compliance.
- (d) *Monetary penalties.* Any person who violates any provisions of this article, or any permit condition or limitation established pursuant to this article, or who negligently or intentionally fails or refuses to comply with any final or emergency order of the director issued as provided in this article, shall be liable for a civil penalty not to exceed \$2,500.00 per day. For the purpose of enforcing the provisions of this article, notwithstanding any provisions in any city Charter to the contrary, municipal courts shall be authorized to impose a penalty not to exceed \$2,500.00 for each violation. Notwithstanding any limitation of law as to penalties which can be assessed for violations of county ordinances, any magistrate court or any other court of competent jurisdiction trying cases brought as violations of this article under county ordinances approved under this article shall be authorized to impose penalties for such violations not to exceed \$2,500.00 for each violation. Each day during which a violation or failure or refusal to comply continues shall be a separate violation.

(Ord. of 4-2-2007(03), § VII)

#### Sec. 16-99. - Exemptions.

This article shall apply to any land disturbing activity undertaken by any person on any land except for the following:

- (1) Surface mining, as the same is defined in O.C.G.A. § 12-4-72, Mineral Resources and Caves Act;
- (2) Granite quarrying and land clearing for such quarrying;
- (3) Such minor land disturbing activities as home gardens and individual home landscaping, repairs, maintenance work, fences, and other related activities which result in minor soil erosion;
- (4) The construction of single-family residences, when such construction disturbs less than one acre and is not a part of a larger common plan of development, or sale with a planned disturbance of equal to or greater than one acre and not otherwise exempted under this subsection; provided, however, that construction of any such residence shall conform to the minimum requirements as set forth in section 16-100(b) and this subsection. For single-family residence construction covered by the provisions of this subsection, there shall be a buffer zone between the residence and any state waters classified as trout streams pursuant to O.C.G.A. § 12-5-20 et seq. In any such buffer zone, no land disturbing activity shall be constructed between the residence and the point where vegetation has been wrested by normal stream

flow or wave action from the banks of the trout waters. For primary trout waters, the buffer zone shall be at least 50 horizontal feet, and no variance to a smaller buffer shall be granted. For secondary trout waters, the buffer zone shall be at least 50 horizontal feet, but the director may grant variances to no less than 25 feet. Regardless of whether a trout stream is primary or secondary, for first order trout waters, which are streams into which no other streams flow except for springs, the buffer shall be at least 25 horizontal feet, and no variance to a smaller buffer shall be granted. The minimum requirements of section 16-100(b) and the buffer zones provided by this section shall be enforced by the issuing authority;

- (5) Agricultural operations as defined in O.C.G.A. § 1-3-3, to include raising, harvesting or storing of products of the field or orchard; feeding, breeding or managing livestock or poultry; producing or storing feed for use in the production of livestock including, but not limited to, cattle, calves, swine, hogs, goats, sheep, and rabbits, or for use in the production of poultry including, but not limited to, chickens, hens and turkeys; producing plants, trees, fowl, or animals; the production of aqua culture, horticultural, dairy, livestock, poultry, eggs and apiarian products; farm buildings and farm ponds;
- (6) Forestry land management practices, including harvesting; provided, however, that when such exempt forestry practices cause or result in land disturbing or other activities otherwise prohibited in a buffer, as established in section 16-100(b)(4) o and p, no other land disturbing activities, except for normal forest management practices, shall be allowed on the entire property upon which the forestry practices were conducted for a period of three years after completion of such forestry practices;
- (7) Any project carried out under the technical supervision of the Natural Resources Conservation Service (NRCS) of the United States Department of Agriculture;
- (8) Any project involving less than one acre of disturbed area; provided, however, that this exemption shall not apply to any land disturbing activity within a larger common plan of development or sale with a planned disturbance of equal to or greater than one acre or within 200 feet of the bank of any state waters, and for the purposes of this subsection, the term "state waters" excludes channels and drainageways which have water in them only during and immediately after rainfall events and intermittent streams which do not have water in them yearround; provided, however, that any person responsible for a project which involves less than one acre, which involves land disturbing activity, and which is within 200 feet of any such excluded channel or drainageway, must prevent sediment from moving beyond the boundaries of the property on which such project is located and provided, further, that nothing contained herein shall prevent the local issuing authority from regulating any such project which is not specifically exempted by subsections (1), (2), (3), (4), (5), (6), (7), (9) or (10) of this section;
- (9) Construction or maintenance projects, or both, undertaken or financed in whole or in part, or both, by the department of transportation, the state highway authority, or the state tollway authority; or any road construction or maintenance project, or both, undertaken by any county or municipality; provided, however, that construction or maintenance projects of the department of transportation or the state tollway authority which disturb one or more contiguous acres of land shall be subject to the provisions of O.C.G.A. § 12-7-7.1, except where the department of transportation, the state highway authority, or the state road and tollway authority is a secondary permittee for a project located within a larger common plan of development or sale under the state general permit, in which case a copy of a notice of intent

under the state general permit shall be submitted to the local issuing authority, the local issuing authority shall enforce compliance with the minimum requirements set forth in O.C.G.A. § 12-7-6 as if a permit had been issued, and violations shall be subject to the same penalties as violations by permit holders;

- (10) Any land disturbing activities conducted by any electric membership corporation or municipal electrical system or any public utility under the regulatory jurisdiction of the Public Service Commission, any utility under the regulatory jurisdiction of the Federal Energy Regulatory Commission, any cable television system as defined in O.C.G.A. § 36-18-1, or any agency or instrumentality of the United States engaged in the generation, transmission, or distribution of power; except where an electric membership corporation or municipal electrical system or any public utility under the regulatory jurisdiction of the Public Service Commission, any utility under the regulatory jurisdiction of the Federal Energy Regulatory Commission, any cable television system as defined in O.C.G.A. § 36-18-1, or any agency or instrumentality of the United States engaged in the generation, transmission, or distribution of power is a secondary permittee for a project located within a larger common plan of development or sale under the state general permit, in which case the local issuing authority shall enforce compliance with the minimum requirements set forth in O.C.G.A. § 12-7-6 as if a permit had been issued, and violations shall be subject to the same penalties as violations by permit holders; and
- (11) Any public water system reservoir.

*(Ord. of 4-2-2007(03), § III)*

Sec. 16-100. - Minimum requirements for erosion and sedimentation control using best management practices.

- (a) *General provisions.* Excessive soil erosion and resulting sedimentation can take place during land disturbing activities. Therefore, plans for those land disturbing activities which are not exempted by this article shall contain provisions for application of soil erosion and sedimentation control measures and practices. The provisions shall be incorporated into the erosion and sedimentation control plans. Soil erosion and sedimentation control measures and practices shall conform to the minimum requirements of subsection (b) of this section and section 16-101(c). The application of measures and practices shall apply to all features of the site, including street and utility installations, drainage facilities and other temporary and permanent improvements. Measures shall be installed to prevent or control erosion and sedimentation pollution during all stages of any land disturbing activity.
- (b) *Minimum requirements/BMPs.*
- (1) Best management practices as set forth in subsection (b) of this section and section 16-101(c) shall be required for all land disturbing activities. Proper design, installation, and maintenance of best management practices shall constitute a complete defense to any action by the director or to any other allegation of noncompliance with subsection (b)(2) of this section or any substantially similar terms contained in a permit for the discharge of stormwater issued pursuant to O.C.G.A. § 12-5-30(f), the state Water Quality Control Act. As used in this subsection the terms "proper design" and "properly designed" mean designed in accordance with the hydraulic design specifications contained in the Manual for Erosion and Sediment Control in Georgia specified in O.C.G.A. § 12-7-6(b).
- (2) A discharge of stormwater runoff from disturbed areas where best management practices have not been properly designed, installed, and maintained shall constitute a separate violation of any land disturbing

permit issued by a local issuing authority or of any state general permit issued by the division pursuant to O.C.G.A. § 12-5-30(f), the state Water Quality Control Act, for each day on which such discharge results in the turbidity of receiving waters being increased by more than 25 nephelometric turbidity units for waters supporting warm water fisheries or by more than ten nephelometric turbidity units for waters classified as trout waters. The turbidity of the receiving waters shall be measured in accordance with guidelines to be issued by the director. This subsection shall not apply to any land disturbance associated with the construction of single-family homes which are not part of a larger common plan of development or sale, unless the planned disturbance for such construction is equal to or greater than five acres.

- (3) Failure to properly design, install, or maintain best management practices shall constitute a violation of any land disturbing permit issued by a local issuing authority or of any state general permit issued by the division pursuant to O.C.G.A. § 12-5-30(f), the state Water Quality Control Act, for each day on which such failure occurs.
- (4) The director may require, in accordance with regulations adopted by the board, reasonable and prudent monitoring of the turbidity level of receiving waters into which discharges from land disturbing activities occur. The rules and regulations, ordinances, or resolutions adopted pursuant to this chapter for the purpose of governing land disturbing activities shall require, as a minimum, protections at least as stringent as the state general permit, and best management practices, including sound conservation and engineering practices to prevent and minimize erosion and resultant sedimentation, which are consistent with, and no less stringent than, those practices contained in the Manual for Erosion and Sediment Control in Georgia published by the Georgia Soil and Water Conservation Commission as of January 1 of the year in which the land disturbing activity was permitted, as well as the following:
  - a. Stripping of vegetation, regarding and other development activities shall be conducted in a manner so as to minimize erosion;
  - b. Cut-fill operations must be kept to a minimum;
  - c. Development plans must conform to topography and soil type so as to create the lowest practical erosion potential;
  - d. Whenever feasible, natural vegetation shall be retained, protected and supplemented;
  - e. The disturbed area and the duration of exposure to erosive elements shall be kept to a practicable minimum;
  - f. Disturbed soil shall be stabilized as quickly as practicable;
  - g. Temporary vegetation or mulching shall be employed to protect exposed critical areas during development;
  - h. Permanent vegetation and structural erosion control practices shall be installed as soon as practicable;
  - i. To the extent necessary, sediment in runoff must be trapped by the use of debris basins, sediment basins, silt traps, or similar measures until the disturbed area is stabilized. As used in this subsection, a disturbed area is stabilized when it is brought to a condition of continuous compliance with the requirements of O.C.G.A. § 12-7-1 et seq.;
  - j. Adequate provisions must be provided to minimize damage from surface water to the cut face of

- excavations or the sloping of fills;
- k. Cuts and fills may not endanger adjoining property;
  - l. Fills may not encroach upon natural watercourses or constructed channels in a manner so as to adversely affect other property owners;
  - m. Grading equipment must cross flowing streams by means of bridges or culverts except when such methods are not feasible; provided, in any case, that such crossings are kept to a minimum;
  - n. Land disturbing activity plans for erosion and sedimentation control shall include provisions for treatment or control of any source of sediments and adequate sedimentation control facilities to retain sediments on site or preclude sedimentation of adjacent waters beyond the levels specified in subsection (b)(2) of this section;
  - o. Except as provided in subsection (b)(4)p of this section, there is established a 25-foot buffer along the banks of all state waters, as measured horizontally from the point where vegetation has been wrested by normal stream flow or wave action, except where the director determines to allow a variance that is at least as protective of natural resources and the environment, where otherwise allowed by the director pursuant to O.C.G.A. § 12-2-8, or where a drainage structure or a roadway drainage structure must be constructed, provided that adequate erosion control measures are incorporated in the project plans and specifications and are implemented; provided, however, the buffers of at least 25 feet established pursuant to O.C.G.A. § 12-5-20 et seq., the Georgia Water Quality Control Act, shall remain in force unless a variance is granted by the director as provided in this subsection. The following requirements shall apply to any such buffer:
    - 1. No land disturbing activities shall be conducted within a buffer and a buffer shall remain in its natural, undisturbed state of vegetation until all land disturbing activities on the construction site are completed. Once the final stabilization of the site is achieved, a buffer may be thinned or trimmed of vegetation as long as a protective vegetative cover remains to protect water quality and aquatic habitat and a natural canopy is left in sufficient quantity to keep shade on the stream bed; provided, however, that any person constructing a single-family residence, when such residence is constructed by or under contract with the owner for his own occupancy, may thin or trim vegetation in a buffer at any time as long as protective vegetative cover remains to protect water quality and aquatic habitat and a natural canopy is left in sufficient quantity to keep shade on the stream bed;
    - 2. The buffer shall not apply to the following land disturbing activities, provided that they occur at an angle, as measured from the point of crossing, within 25 degrees of perpendicular to the stream; cause a width of disturbance of not more than 50 feet within the buffer; and adequate erosion control measures are incorporated into the project plans and specifications and are implemented:
      - (i) Stream crossings for water lines; or
      - (ii) Stream crossings for sewer lines;
  - p. There is established a 50-foot buffer as measured horizontally from the point where vegetation has been wrested by normal stream flow or wave action, along the banks of any state waters classified as "trout streams" pursuant to O.C.G.A. § 12-5-20 et seq., the Georgia Water Quality Control Act, except where a roadway drainage structure must be constructed; provided, however, that small springs and

streams classified as trout streams, which discharge an average annual flow of 25 gallons per minute or less, shall have a 25-foot buffer or they may be piped, at the discretion of the landowner, pursuant to the terms of a rule providing for a general variance promulgated by the board, so long as any such pipe stops short of the downstream landowner's property and the landowner complies with the buffer requirement for any adjacent trout streams. The director may grant a variance from such buffer to allow land disturbing activity, provided that adequate erosion control measures are incorporated in the project plans and specifications and are implemented. The following requirements shall apply to such buffer:

1. No land disturbing activities shall be conducted within a buffer and a buffer shall remain in its natural, undisturbed state of vegetation until all land disturbing activities on the construction site are completed. Once the final stabilization of the site is achieved, a buffer may be thinned or trimmed of vegetation as long as a protective vegetative cover remains to protect water quality and aquatic habitat and a natural canopy is left in sufficient quantity to keep shade on the stream bed; provided, however, that any person constructing a single-family residence, when such residence is constructed by or under contract with the owner for his own occupancy, may thin or trim vegetation in a buffer at any time as long as protective vegetative cover remains to protect water quality and aquatic habitat and a natural canopy is left in sufficient quantity to keep shade on the stream bed; and
2. The buffer shall not apply to the following land disturbing activities, provided that they occur at an angle, as measured from the point of crossing, within 25 degrees of perpendicular to the stream, and cause a width of disturbance of not more than 50 feet within the buffer, and provided adequate erosion control measures are incorporated into the project plans and specifications and are implemented:
  - (i) Stream crossings for water lines; or
  - (ii) Stream crossings for sewer lines;
- q. Nothing contained in this article shall prevent any local issuing authority from adopting rules and regulations, ordinances, or resolutions which contain stream buffer requirements that exceed the minimum requirements in subsections (b)(4)o and p of this section;
- r. The fact that land disturbing activity for which a permit has been issued results in injury to the property of another shall neither constitute proof of nor create a presumption of a violation of the standards provided for in this article or the terms of the permit.

*(Ord. of 4-2-2007(03), § IV)*

Sec. 16-101. - Application and plan requirements; permit process.

- (a) *General.* The property owner, developer and designated planners and engineers shall review the general development plans and detailed plans of the local issuing authority that affect the tract to be developed and the area surrounding it. They shall review the zoning, stormwater management, subdivision, and flood damage prevention regulations, this article, and ordinances which regulate the development of land within the jurisdictional boundaries of the local issuing authority. However, the operator is the only party who may obtain a permit.

(b) *Application requirements.*

- (1) No person shall conduct any land disturbing activity within the jurisdictional city boundaries without first obtaining a permit from the city to perform such activity.
- (2) The application for a permit shall be submitted to the city and must include the applicant's erosion and sedimentation control plan with supporting data, as necessary. Such plans shall include, as a minimum, the data specified in subsection (c) of this section. Soil erosion and sedimentation control plans shall conform to the provisions of section 16-100(b)(4)o and p. Applications for a permit will not be accepted unless accompanied by six copies of the applicant's soil erosion and sedimentation control plans. All applications shall contain a certification stating that the plan preparer or the designee thereof visited the site prior to creation of the plan, or that such a visit was not required in accordance with the rules and regulations established by the board.
- (3) A land disturbance fee in the amount of \$100.00 plus \$25.00 for each acre or fraction thereof in the project area shall be paid to the city prior to land disturbance for clearing and grubbing activities.
- (4) A land disturbance fee in the amount of \$100.00 plus \$25.00 for each acre or fraction thereof in the project area (commercial/industrial land use), or \$100.00 plus \$25.00 for each lot (residential land use) in the project area (for commercial/industrial land use), shall be paid to the city prior to land disturbance for grading and construction activities.
- (5) In addition to the local permitting fees, fees will also be assessed pursuant to O.C.G.A. § 12-5-23(a)(5), provided that such fees shall not exceed \$80.00 per acre of land disturbing activity, and these fees shall be calculated and paid by the primary permittee as defined in the state general permit for each acre of land disturbing activity included in the planned development or each phase of development. All applicable fees shall be paid prior to issuance of the land disturbance permit. In a jurisdiction that is certified pursuant to O.C.G.A. § 12-7-8(a), one-half of such fees levied shall be submitted to the jurisdiction, except that any and all fees due from an entity which is required to give notice pursuant to O.C.G.A. § 12-7-17(9) or (10) shall be submitted in full to the division, regardless of the existence of a local issuing authority in the jurisdiction.
- (6) Immediately upon receipt of an application and plan for a permit, the local issuing authority shall refer the application and plan to the district for its review and approval or disapproval concerning the adequacy of the erosion and sedimentation control plan. A district shall approve or disapprove a plan within 35 days of receipt. Failure of a district to act within 35 days shall be considered an approval of the pending plan. The results of the district review shall be forwarded to the local issuing authority. No permit will be issued unless the plan has been approved by the district and any variances required by section 16-100(b)(4)o and p and bonding, if required per subsection (b)(8) of this section, have been obtained. Such review will not be required if the local issuing authority and the district have entered into an agreement which allows the local issuing authority to conduct such review and approval of the plan without referring the application and plan to the district.
- (7) If a permit applicant has had two or more violations of previous permits, this Code section, or the Erosion and Sedimentation Act, as amended, within three years prior to the date of filing of the application under consideration, the local issuing authority may deny the permit application.
- (8) The local issuing authority may require the permit applicant to post a bond in the form of government

security, cash, irrevocable letter of credit, or any combination thereof, up to but not exceeding \$3,000.00 per acre or fraction thereof of the proposed land disturbing activity, prior to issuing the permit. If the applicant does not comply with this article or with the conditions of the permit after issuance, the local issuing authority may call the bond or any part thereof to be forfeited and may use the proceeds to hire a contractor to stabilize the site of the land disturbing activity and bring it into compliance. These provisions shall not apply unless there is in effect an ordinance or statute specifically providing for a hearing and judicial review of any determination or order of the local issuing authority with respect to alleged permit violations.

(c) *Plan requirements.*

- (1) Plans must be prepared to meet the minimum requirements as contained in section 16-100(b) and this subsection, as well as any additional requirements set forth by the city (e.g., 50-foot undisturbed vegetation requirement in the stream buffer article) and NRCS. Conformance with the minimum requirements may be attained through the use of design criteria in the current issue of the Manual for Erosion and Sediment Control in Georgia, published by the State Soil and Water Conservation Commission as a guide, or through the use of more stringent, alternate design criteria which conform to sound conservation and engineering practices. The Manual for Erosion and Sediment Control in Georgia is hereby incorporated by reference into this article. The plan for the land disturbing activity shall consider the interrelationship of the soil types, geological and hydrological characteristics, topography, watershed, vegetation, proposed permanent structures including roadways, constructed waterways, sediment control and stormwater management facilities, local ordinances and state laws.
- (2) Data required for site plan.
  - a. Notes or narrative to be located on the site plan in general notes or in erosion and sediment control notes.
  - b. Description of existing land use at project site and description of proposed project.
  - c. Name, address, and phone number of the property owner.
  - d. Name and phone number of 24-hour local contact who is responsible for erosion and sedimentation controls.
  - e. Size of project, or phase under construction, in acres.
  - f. Activity schedule showing anticipated starting and completion dates for the project. Include the statement, in bold letters, that "the installation of erosion and sedimentation control measures and practices shall occur prior to or concurrent with land disturbing activities."
  - g. Stormwater and sedimentation management systems storage capacity, hydrologic study, and calculations, including off-site drainage areas.
  - h. Vegetative plan for all temporary and permanent vegetative measures, including species, planting dates, and seeding, fertilizer, lime, and mulching rates. The vegetative plan should show options for yearround seeding.
  - i. Detailed drawings for all structural practices. Specifications may follow guidelines set forth in the Manual for Erosion and Sediment Control in Georgia.
  - j. Maintenance statement: "Erosion and sedimentation control measures will be maintained at all times.

If full implementation of the approved plan does not provide for effective erosion and sediment control, additional erosion and sediment control measures shall be implemented to control or treat the sediment source."

- (3) Maps, drawings, and supportive computations shall bear the signature/seal of a registered or certified professional in engineering, architecture, landscape architecture, land surveying, or erosion and sedimentation control. All persons involved in land development design, review, permitting, construction, monitoring, or inspection or any land disturbing activity shall meet the education and training certification requirements as developed by the commission pursuant to O.C.G.A. § 12-7-20. The certified plans shall contain:
  - a. Graphic scale and north point or arrow indicating magnetic north.
  - b. Vicinity maps showing location of project and existing streets.
  - c. Boundary line survey.
  - d. Delineation of disturbed areas within project boundary.
  - e. Existing and planned contours, with an interval in accordance with the following:

Map Scale	Ground Slope	Contour Interval (in feet)
1 inch = 100 feet or larger scale	Flat: 0—2 percent	0.5 or 1
	Rolling: 2—8 percent	1 or 2
	Steep: 8 percent plus	2, 5 or 10

- f. Adjacent areas and feature areas such as streams, lakes, residential areas, etc., which might be affected and should be indicated on the plan.
- g. Proposed structures or additions to existing structures and paved areas.
- h. Delineate the 50-foot and 75-foot horizontal buffer adjacent to state waters and the specified width in MRPA areas.
- i. Delineate the specified horizontal buffer along designated trout streams, where applicable.

- j. Location of erosion and sedimentation control measures and practices using coding symbols from the Manual for Erosion and Sediment Control in Georgia, Chapter 6
- (4) Maintenance of all soil erosion and sedimentation control practices, whether temporary or permanent, shall be at all times the responsibility of the property owner.
- (d) Permits.
- (1) Permits shall be issued or denied as soon as practicable but in any event not later than 45 days after receipt by the local issuing authority of a completed application, providing variances and bonding are obtained, where necessary.
- (2) No permit shall be issued by the local issuing authority unless the erosion and sedimentation control plan has been approved by the district and the local issuing authority has affirmatively determined that the plan is in compliance with this article, any variances required by section 16-100(b)(4) o and p are obtained, bonding requirements, if necessary, per subsection (b)(8) of this section, are met, and all ordinances and rules and regulations in effect within the jurisdictional boundaries of the local issuing authority are met. If the permit is denied, the reason for denial shall be furnished to the applicant.
- (3) If the tract is to be developed in phases, then a separate permit shall be required for each phase.
- (4) The permit may be suspended, revoked, or modified by the local issuing authority, as to all or any portion of the land affected by the plan, upon finding that the holder or his successor in the title is not in compliance with the approved erosion and sedimentation control plan, or that the holder or his successor in title is in violation of this article. A holder of a permit shall notify any successor in title to him as to all or any portion of the land affected by the approved plan of the conditions contained in the permit.

*(Ord. of 4-2-2007(03), § V)*

#### Sec. 16-102. - Inspection and enforcement.

- (a) The city will periodically inspect the sites of land disturbing activities for which permits have been issued to determine if the activities are being conducted in accordance with the plan and if the measures required in the plan are effective in controlling erosion and sedimentation. Also, the local issuing authority shall regulate both primary and secondary permittees as such terms are defined in the state general permit. Primary permittees shall be responsible for installation and maintenance of best management practices where the primary permittee is conducting land disturbing activities. Secondary permittees shall be responsible for installation and maintenance of best management practices where the secondary permittee is conducting land disturbing activities. If, through inspection, it is deemed that a person engaged in land disturbing activities as defined in section 16-97 has failed to comply with the approved plan, permit conditions, or provisions of this article, a written notice to comply shall be served upon that person. The notice shall set forth the measures necessary to achieve compliance and shall state the time within which such measures must be completed. If the person engaged in the land disturbing activity fails to comply within the time specified, he shall be deemed in violation of this article.
- (b) The city shall have the power to conduct such investigations as it may reasonably deem necessary to carry out duties as prescribed in this article, and for this purpose to enter at reasonable times upon any property, public or private, for the purpose of investigation and inspecting the sites of land disturbing activities.

- (c) No person shall refuse entry or access to any authorized representative or agent of the local issuing authority, commission, district, or division who requests entry for the purposes of inspection and who presents appropriate credentials, nor shall any person obstruct, hamper or interfere with any such representative while in the process of carrying out his official duties.
- (d) The districts or the commission or both shall periodically review the actions of counties and municipalities which have been certified as local issuing authorities pursuant to O.C.G.A. § 12-7-8(a). The districts or the commission or both may provide technical assistance to any county or municipality for the purpose of improving the effectiveness of the county's or municipality's erosion and sedimentation control program. The districts or the commission shall notify the division and request investigation by the division if any deficient or ineffective local program is found.
- (e) The board shall promulgate rules and regulations setting forth the requirements and standards for certification and the procedures for decertification of a local issuing authority. The division may periodically review the actions of counties and municipalities which have been certified as local issuing authorities pursuant to O.C.G.A. § 12-7-8(a). Such review may include, but shall not be limited to, review of the administration and enforcement of a governing authority's ordinances and review of conformance with an agreement, if any, between the district and the governing authority. If such review indicates that the governing authority of any county or municipality certified pursuant to O.C.G.A. § 12-7-8(a) has not administered or enforced its ordinances or has not conducted the program in accordance with any agreement entered into pursuant to O.C.G.A. § 12-7-7(e), the division shall notify the governing authority of the county or municipality in writing. The governing authority of any county or municipality so notified shall have 30 days within which to take the necessary corrective action to retain certification as a local issuing authority. If the county or municipality does not take necessary corrective action within 30 days after notification by the division, the division may revoke the certification of the county or municipality as a local issuing authority.

*(Ord. of 4-2-2007(03), § VI)*

#### Sec. 16-103. - Education and certification.

All persons involved in land development design, review, permitting, construction, monitoring, or inspection of any land disturbing activity shall meet the education and training certification requirements, dependent on their level of involvement with the process, as developed by the commission in consultation with the division and the stakeholder advisory board created pursuant to O.C.G.A. § 12-7-20.

*(Ord. of 4-2-2007(03), § VIII)*

#### Sec. 16-104. - Administrative remedies; judicial review.

- (a) *Administrative remedies.* The suspension, revocation, modification or grant with condition of a permit by the local issuing authority, upon finding that the holder is not in compliance with the approved erosion and sediment control plan, or is in violation of permit conditions or any regulation, shall entitle the person submitting the plan or holding the permit to a hearing before the city council within 30 days after receipt by the local issuing authority of a written notice of appeal.
- (b) *Judicial review.* Any person, aggrieved by a decision or order of the local issuing authority, after exhausting

his administrative remedies, shall have the right to appeal de novo to the city court.

*(Ord. of 4-2-2007(03), § IX)*

Sec. 16-105. - Liability.

- (a) Neither the approval of a plan under the provisions of this article, nor compliance with the provisions of this article, shall relieve any person from the responsibility for damage to any person or property otherwise imposed by law nor impose any liability upon the local issuing authority or district for damage to any person or property.
- (b) The fact that a land disturbing activity for which a permit has been issued results in injury to the property of another shall neither constitute proof of nor create a presumption of a violation of the standards provided for in this article or the terms of the permit.
- (c) No provision of this article shall permit any person to violate the Georgia Erosion and Sedimentation Act of 1975, the state Water Quality Control Act or the rules and regulations promulgated and approved thereunder or to pollute any waters of the state as defined thereby.

*(Ord. of 4-2-2007(03), § X(C))*

Secs. 16-106—16-128. - Reserved.

ARTICLE IV. - EROSION, SEDIMENTATION AND POLLUTION CONTROL INSPECTIONS AND ENFORCEMENT POLICY

Sec. 16-129. - Mandatory requirements.

- (a) All developers, contractors and builders are required to have the following items on the site of any development at all times:
  - (1) Posted copy of the city's development permit;
  - (2) City-approved erosion, sedimentation and pollution control (ESPC) plans and a full set of approved development plans; and
  - (3) Copies of the NPDES notice of intent permit application for primary and secondary permittees, inspection reports (daily, weekly and monthly) and all monitoring results.
- (b) Any development must have a stream buffer of a minimum of 50 feet of undisturbed vegetation from the top of the stream bank with an additional 25 feet of no impervious surface or septic tanks on both sides of all perennial and intermittent streams.

*(Res. of 8-4-2008(03))*

Sec. 16-130. - Enforcement.

- (a) All development is subject to environmental inspection. If, upon inspection, the developer/contractor/builder is found not to have the mandatory items available for on-site inspection, the project will be deemed in noncompliance and an immediate stop work order will be issued.
- (b) If any part of the approved plans is not installed on site as required, a stream buffer has been disturbed and/or there is mud in state waters, the project will be deemed in noncompliance and an immediate stop

work order will be issued.

- (c) Once a stop work order has been issued, only installation and maintenance of erosion and sediment controls BMPs will be permitted.

*(Res. of 8-4-2008(03))*

Sec. 16-131. - Plan revisions.

It is the responsibility of the developer/contractor/builder to ensure his state certified design engineer of record resubmits revised plans for approval to the city's engineer if any modifications or revisions to the approved erosion and sediment control plan are made. The city's codes enforcement officer may not design or approve modifications to the approved erosion and sediment control plan.

*(Res. of 8-4-2008(03))*

Secs. 16-132—16-154. - Reserved.

**AN ORDINANCE BY THE MAYOR AND COUNCIL  
OF THE CITY OF TEMPLE**

WHEREAS, the Mayor and Council of the City of Temple have the authority to pass reasonable environmental regulations for the benefit of the citizens of the City; and

WHEREAS, the City is required by law to have an ordinance concerning the proper control and regulation of erosion and sedimentation; and

WHEREAS, the City desires to indicate and clarify that certain activities fall within the City's regulation of the same;

NOW, THEREFORE, be it ordained and established by, and it is hereby ordained and established by the Mayor and Council of the City of Temple as follows:

**Section 1:**

The City of Temple Code of ordinances shall stand amended as to Section 16-100 thereof by adding the following language to the end of subsection (a) of said code section: "Measures shall also be taken to appropriately control and/or dispose of waste at the construction site, such as discarded building materials, concrete truck washout, chemicals, litter, and sanitary waste."

**Section 2:**

All laws and parts of law in conflict herewith are specifically repealed.

**Section 3:**

It is hereby declared to be the intention of the City Council that the sections, paragraphs, sentences, clauses and phrases of this enactment are severable, and if any phrase, clause, sentence, paragraph or section hereof shall be declared unconstitutional by the valid judgment or decree of any court of competent jurisdiction, such unconstitutionality shall not affect any of the remaining phrases, clauses, sentences, paragraphs and sections of this enactment, since the same would have

been enacted by the City Council without the incorporation herein of any such unconstitutional phrase, clause, sentence paragraph or section.

ADOPTED AND APPROVED by the City Council of the City of Temple after a public hearing and at a regularly scheduled meeting on this the 6 day of November 2023, Council members Bricknell, Boles, Russon, Walden, Wallas voting "Aye" and N/A voting "No".

BY: Michael C Johnson  
MAYOR, CITY OF TEMPLE

ATTEST: Krista Ethridge  
CLERK, TEMPLE  
CITY COUNCIL

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GEORGIA SOIL AND WATER  
CONSERVATION COMMISSION

Deidra A Walker

Level IB Certified Inspector

CERTIFICATION NUMBER

0000098050

ISSUED: 04/20/2022

EXPIRES: 04/20/2025

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GEORGIA SOIL AND WATER  
CONSERVATION COMMISSION

**Robert C McGaha**

**Level IB Certified Inspector**

CERTIFICATION NUMBER

**00000098049**

ISSUED: **04/20/2022**

EXPIRES: **04/20/2025**

**City of Temple**  
**General NPDES Stormwater Permit No. GAG610000**  
**Public Education and Outreach on Storm Water Impacts**  
**BMP #1 - Brochure Count - Appendix A**

Brochure Name	Number of Brochures handed out	Number of Brochures taken from lobby
What you need to know about stormwater and related infrastructure	378	9

I certify that the information listed above is true and accurate to the best of my ability using measuring instruments that are regularly calibrated to ensure quality results.

Robert Moody  
 Signed:

2/6/2024  
 Date: