

**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): 2024

**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. 13 brochures were taken from a kiosk in the lobby and 402 were distributed by mail.
  - 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/media/7941>

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: The 2023 MS4 Annual Report was added to the city's storm water page.

B. Date(s) for any BMP activities completed during this reporting period: August 16, 2024

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: March 25, 2024
  - 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 tracking 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: November 6, 2024
  - 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:4  
Number removed:12
  - B. Provide the total number of outfalls on the inventory during the reporting period: 102
  - 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: Previously unmapped outfalls have been discovered during annual MS4 pipe inspections and are added to the map and inventory as they are found. Alternatively, many creek culvert pipes were initially counted in the outfall inventory and those are being actively removed. Outfall mapping is anticipated to be completed at the end of the 5-year inspection cycle that began in 2023 and will finish in 2027.
    - F. If not, provide the projected completion date: 12/31/2027
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: August 22, 2024 – August 28, 2024
- 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:

Year	Total Number of Outfalls	Number of Outfalls Screened	% Screened
2023	115	26	23%
2024	106	25	24%
2025			
2026			
2027			
<b>Total</b>	106	51	48%

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: [Click here to enter text.](#)
2. Provide the number of stream miles walked during the reporting period: 0
3. What percentage of the total number of stream miles were walked during the reporting period? 0%

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: 0

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.

B. Date(s) for any BMP activities completed during this reporting period: August 20, 2024 – August 28, 2024

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? [Click here to enter text.](#)

- 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: The E&S Ordinance was reviewed.
- B. Date(s) for any BMP activities completed during this reporting period: November 7, 2024
- 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: November 8, 2024

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: November 8, 2024
  - 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: 4
    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: 19
    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. Adding additional structures to map and inventory.
  - B. Date(s) for any BMP activities completed during this reporting period: November 2024
  - 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: [Click here to enter text.](#)
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	100%
2024	0	0	100%
2025			
2026			
2027			
<b>Total</b>	0	0	100%

**Privately-Owned Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	15	2	13%
2024	19	5	26%
2025			
2026			
2027			
<b>Total</b>	19	7	37%

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

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	0	0	100%
2024	0	0	100%
2025			

2026			
2027			
<b>Total</b>	0	0	100%

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 five private owned post construction ponds.

B. Date(s) for any BMP activities completed during this reporting period: August 20, 2024

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. Debris was removed from the retention pond on Villa Rosa Way on 9/12/2024 and the drainage pipes were cleared.
  - B. Date(s) for any BMP activities completed during this reporting period: August 20, 2024; 9/12/2024

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: November 8, 2024

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: November 2024
- 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	100%
2024	0	0	100%
2025			
2026			
2027			
<b>Total</b>	0	0	100%

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

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	0	0	100%
2024	0	0	100%
2025			
2026			
2027			
<b>Total</b>	0	0	100%

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

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	0	0	100%
2024	0	0	100%
2025			
2026			

2027			
<b>Total</b>	0	0	100%

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 0
  - 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: 0
    2. Number of ditches added (state if miles or linear feet): 6.95
    3. Number of publicly-owned detention/retention ponds and underground detention added: 4
    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: 627
    2. Total number of ditches (state if miles or linear feet): 12.58 miles
    3. Total number of publicly-owned detention/retention ponds and underground detention: 19
    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: November 2024

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**

Year	Total Number Catch Basins	Number Catch Basins Inspected	% Inspected
2023	627	0	0%
2024	627	104	17%
2025			
2026			
2027			
<b>Total</b>	627	104	17%

**Pipes**

Year	Total Pipes Number or Length (specify ft. or miles)	Number of Pipes or Length Inspected (specify ft. or miles)	% Inspected
2023	13.36 miles	0	0%
2024	13.36 miles	2.7 miles	20%
2025			
2026			
2027			
<b>Total</b>	13.36 miles	2.7 miles	20%

**Ditches**

Year	Total Ditches Number or Length (specify ft. or miles)	Number of Ditches or Length Inspected (specify ft. or miles)	% Inspected
2023	5.63 miles	0.69 miles	12%
2024	12.58 miles	6.95 miles	55%
2025			

2026			
2027			
<b>Total</b>	12.58 miles	7.64 miles	61%

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

Year	Total Number Structures	Number Structures Inspected	% Inspected
2023	0	0	0%
2024	0	0	100%
2025			
2026			
2027			
<b>Total</b>	0	0	100%

**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: Unmapped ditches were mapped and inspected, all mapped catch basins were added to the inventory and 104 were inspected, pipes were inspected in all areas in which catch basins were inspected and ditches were mapped.
- B. Date(s) for any BMP activities completed during this reporting period: August 2024
- 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): 4
  - B. The number of ditches maintained (miles or linear feet): 0
  - C. The number of detention/retention ponds and underground detention maintained: 1
  - D. The number of storm drain lines maintained (miles or linear feet): 225 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 Villa Rosa Way retention pond and 225 LF of pipes leading to it also cleared. 4 connected catch basins also cleaned.
  - B. Date(s) for any BMP activities completed during this reporting period: September 12, 2024
  - 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: 8/1/2024, 8/16/2024, 9/6/2024
  - 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: March 25, 2024
  - 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: Janus Internation, Billings Rd Remediation.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Reviewed 2 new 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**

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

5. **Documentation**

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

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

**6. Implementation Schedule**

A. BMP activities completed during this reporting period: Review of City's Municipal Facilities Inventory.

B. Date(s) for any BMP activities completed during this reporting period: November 2024

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: All field inspections, inventories, mapping, and plan reviews are performed by Turnipseed Engineers. All maintenance and brochure/restocking tracking is being performed by the City.
6. You must provide a copy of a signed written agreement. Was an agreement included with the SWMP? Yes  No

City of Temple - 2024

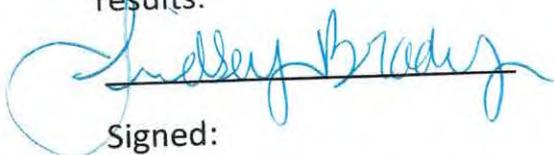
General NPDES Stormwater Permit No. GAG610000

Public Education and Outreach on Storm Water Impacts

BMP #2- Brochure Count – Appendix A

Month	Number of Brochures Placed	Number of Brochures Taken
January	20	0
February	20	0
March	20	2
April	20	0
May	20	0
June	10	0
July	20	6
August	20	1
September	20	2
October	20	0
November	20	0
December	20	2

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:

12/26/24  
Date:

Report Criteria:

Customer.Name <>"VACANT"

Customer.Connect date = 12/01/2024-12/31/2024

Customer Number	Name	Service Address	Connect Date
90.31410.02	DAVIS, CONNIE	1927 SCHOOLHOUSE LN	12/01/2024
10.00316.02	RATLIFF, CLINTON	316 MORNING STAR DR	12/01/2024
90.18910.05	PENA, LENNY	303 WEBSTER LAKE DR	12/01/2024
90.27410.02	COZART, KRISTIAN	332 WEBSTER LAKE DR	12/01/2024
90.12810.04	BRANDON, SAMANTHA	418 DAFFODIL DR	12/04/2024
9.17600.15	WALTERS, CURTIS	128 VENABLE RD APT 2	12/06/2024
90.04130.03	STOVALL, MARK	413 BRANCH LN	12/09/2024
11.05600.12	KELLY, LIAM	209 HUNT CLUB CIR	12/09/2024
14.04420.02	FRYCEK, JOHN	442 RIVER BLUFF DR	12/10/2024
90.35210.01	SDH ATLANTA, LLC.	507 LANIER WAY	12/10/2024
90.35410.01	SDH ATLANTA, LLC.	509 LANIER WAY	12/10/2024
90.35510.01	SDH ATLANTA, LLC.	510 LANIER WAY	12/10/2024
90.35310.01	SDH ATLANTA, LLC.	508 LANIER WAY	12/11/2024
11.16000.05	FAITHFULLY TANNED, LLC.	40 VILLA ROSA RD "H"	12/13/2024
5.00600.06	GILBERT, ELLA	125 CREEK CROSSING LN	12/13/2024
16.19300.07	O'BRYAN, SAMANTHA	213 DAHOON DRIVE	12/14/2024
9.18400.15	WILLIAMS, CARLEY	128 VENABLE RD APT 9	12/17/2024
90.35310.02	PAUL, TRACEY	508 LANIER WAY	12/17/2024
14.34000.02	WEST, JUSTIN	78 DRIVER ST	12/20/2024

Grand Totals:

19

Report Criteria:

Customer.Name <>"VACANT"

Customer.Connect date = 11/01/2024-11/30/2024

Customer Number	Name	Service Address	Connect Date
90.34910.01	TRADEMARK HOMES	810 TRESTLE CREEK CT	11/01/2024
90.35010.01	SDH ATLANTA, LLC.	505 LANIER WAY	11/01/2024
16.09400.05	SWENSON, KAMERON	280 WATERS EDGE PKWY	11/01/2024
90.34510.02	DODD, DAVID	503 LANIER WAY	11/01/2024
90.34410.02	PAGE, BRITTANY	502 LANIER WAY	11/01/2024
17.28100.03	MASSEY, CHASITY	167 WATERS EDGE PKWY	11/01/2024
16.08300.05	LEVENT, KEVIN	328 WATERS EDGE PKWY	11/01/2024
90.21510.06	WINSTON, SHALISE	420 REAGAN DR	11/01/2024
90.33610.02	BARRERA, EDWIN	427 NOTTELY DR	11/01/2024
90.32310.02	WILLIAMS, KAREN	414 NOTTELY DR	11/01/2024
6.05000.24	SHEPHERD, TEKOA	135 IVEY LAKE PKWY	11/01/2024
3.23400.04	ADAMS, NOAH	149 GENTLE BREEZE CT	11/01/2024
9.32600.10	TOLBERT, SHANIA	110 MONTGOMERY ST	11/01/2024
14.12000.06	WHISTLER HOLDINGS, LLC.	428 RAINEY RD	11/01/2024
1.23800.11	GLASS, REMAR	37 VILLA ROSA CT	11/01/2024
90.33710.02	WILSON, ERICA	429 NOTTELY DR	11/01/2024
6.18200.15	MEDLIN, ROBERT	404 STEADHAM CT	11/04/2024
1.24600.05	ADAMS, STACY	130 VILLA ROSA WAY	11/07/2024
90.35110.01	SDH ATLANTA, LLC.	506 LANIER WAY	11/08/2024
90.06110.02	SHIVER, KATHRYN	611 EMMA WAY	11/08/2024
11.40000.12	STONE, PHYLLIS	286 DOUBLE D RD	11/08/2024
11.15800.02	FAITHFULLY TANNED	40 VILLA ROSA RD "F"	11/08/2024
11.15900.04	FAITHFULLY TANNED	40 VILLA ROSA RD "G"	11/08/2024
2.05800.07	DILLARD, JACKIE	395 VILLA ROSA RD C9	11/13/2024
9.33600.08	WANG, JIM	211 JAMES ST	11/15/2024
1.08000.05	AVHS GA I, LLC.	167 VILLA ROSA RDG	11/15/2024
8.20000.10	SHACKELFORD, KWESI	375 AMY BLVD	11/18/2024
8.17600.10	T & H PROPERTIES, LLC.	473 AMY BLVD	11/18/2024
7.12400.21	STILL, CHRIS	18B MONTGOMERY ST	11/18/2024
90.34910.02	KEGLEY, MARIAH	810 TRESTLE CREEK CT	11/20/2024
90.35010.02	MIHELICH, JUDY	505 LANIER WAY	11/20/2024
1.01200.22	RIVERA, JOHN	461 VILLA ROSA RD	11/20/2024
90.34610.02	BATIZ, PENELOPE	500 LANIER WAY	11/21/2024
9.18600.16	HOWARD, KAYLA	128 VENABLE RD APT 4	11/22/2024

Grand Totals:

34

Report Criteria:

Customer.Name <>"VACANT"

Customer.Connect date = 10/1/2024-10/31/2024

Customer Number	Name	Service Address	Connect Date
11.40000.11	CHRISTNER, DANIEL	286 DOUBLE D RD	10/01/2024
90.05000.02	FIELDS, LEE	500 GRACE CT	10/01/2024
16.00201.02	MARTIN, MAKENZIE	208 STONE CREEK CT	10/01/2024
90.21910.05	LOMAX, THOMAS	452 CLEMATIS CT	10/01/2024
14.24000.18	JOBE, CHELSEA	32 BELL ST	10/01/2024
2.19006.05	MITCHELL, MICHAEL	395 VILLA ROSA RD M6	10/01/2024
8.05000.11	DUKE, ASHLEY	607 ANGELA DR	10/01/2024
16.11000.14	TBR SFR ATL OWNER 1 LP	518 RIPPLING CT	10/01/2024
1.24600.04	SFR JV-2 2024-2 BORROWER LLC	130 VILLA ROSA WAY	10/01/2024
2.11600.15	CORN, MADISON	395 VILLA ROSA RD G4	10/01/2024
90.34210.02	KNOWLES, ESTHELA	420 NOTTELY DR	10/01/2024
12.19800.13	MEHERG, NATHANIAL	174 CARROLLTON ST	10/01/2024
1.60300.02	COX, DAMIEN	300 SPRUCE CREEK LANE	10/01/2024
15.03000.11	LEWIS JR., DWAYNE	201 RANDA RUN	10/01/2024
16.08300.04	REEVES, DEIDRE	328 WATERS EDGE PKWY	10/01/2024
5.00400.04	DIAMOND, CHASTITY	121 CREEK CROSSING LN	10/04/2024
90.09610.03	CULPEPPER, BREANNA	429 DAFFODIL DR	10/04/2024
90.31910.02	COOK, AMARI	410 NOTTELY DR	10/07/2024
90.34010.02	BARINGER, DAVID	423 NOTTELY DR	10/09/2024
2.11000.12	DICKSON, MYRA	395 VILLA ROSA RD G1	10/10/2024
90.33910.02	BENNETT, SHAWN	421 NOTTELY DR	10/14/2024
2.08200.15	BOWMAN, BERNARD	395 VILLA ROSA RD E3	10/14/2024
16.12200.08	PHILLIPS, KIERSTON	237 WEBSTER LAKE DR	10/15/2024
90.29510.02	JOBE, SAVANNAH	100 ROME ST	10/16/2024
6.05000.23	MCH SFR PROPERTY OWNER 4 LLC	135 IVEY LAKE PKWY	10/16/2024
9.19000.09	COREA, RUTH	128 VENABLE RD APT 5	10/17/2024
90.33810.02	JAMES, CLEMENT	425 NOTTELY DR	10/17/2024
90.34110.02	ALCAREZ, MICHAEL	422 NOTTELY DR	10/18/2024
8.17800.11	PUTNAM, JACKSON	465 AMY BLVD	10/21/2024
90.34310.01	SDH ATLANTA, LLC.	653 SIMMONS DR - IRR	10/21/2024
90.34410.01	SDH ATLANTA, LLC.	502 LANIER WAY	10/21/2024
90.34510.01	SDH ATLANTA, LLC.	503 LANIER WAY	10/21/2024
90.34610.01	SDH ATLANTA, LLC.	500 LANIER WAY	10/21/2024
90.34710.01	SDH ATLANTA, LLC.	524 EARNEST LN	10/21/2024
90.34810.01	SDH ATLANTA, LLC.	528 EARNEST LN	10/21/2024
5.05800.13	LAWSON-RILEY, MONET	136 CREEK CROSSING LN	10/21/2024
1.26000.08	MOORE, SHAWANA	70 VILLA ROSA WAY	10/22/2024
8.27400.10	TEASDALE, BRIANA	112 LYDIA CT	10/22/2024
16.05330.03	CARSTENS, DANIEL	533 CLINTON DR	10/22/2024
14.28000.08	BAILEY, SCOTTY	116 CARROLL ST	10/22/2024

Grand Totals:

40

Report Criteria:

Customer.Name <>"VACANT"

Customer.Connect date = 09/01/2024-09/30/2024

Customer Number	Name	Service Address	Connect Date
90.33510.01	LIBERTY COMMUNITIES, LLC. ENTRANCE IRR.	56 VENABLE RD	09/01/2024
90.28610.02	BRITTAIN, DAN	108 DOUBLE D RD	09/01/2024
90.31710.02	WHITE, CRAIG	412 NOTTELY DR	09/01/2024
2.17800.16	HORN, MARISSA	395 VILLA ROSA RD K5	09/01/2024
14.04300.02	PICKETT, KENNETH	430 RIVER BLUFF DR	09/01/2024
2.06200.19	WELCH, PAUL	395 VILLA ROSA RD D1	09/01/2024
8.05000.10	SFR JV-2 2024-2 BORROWER LLC	607 ANGELA DR	09/01/2024
1.33800.15	BAGWELL, VANESSA	113 VILLA ROSA WAY	09/01/2024
15.04800.13	MORAN, HARLEY	208 RANDA RUN	09/01/2024
16.04600.09	AUGUSTIN, MOISE	408 BRANCH LN	09/01/2024
90.32910.02	SINGLEY, JOSEPH	418 NOTTELY DR	09/03/2024
90.33410.02	HALL, RAINEJA	416 NOTTELY DR	09/03/2024
1.09600.18	ARCHAMBAULT, JOHN	112 VILLA ROSA RDG	09/03/2024
90.32410.02	FOHRMAN, TROY	415 NOTTELY DR	09/06/2024
9.02800.11	HUMPHRIES, TERRI	22 CHRIS CT	09/09/2024
90.33910.01	SDH ATLANTA, LLC.	421 NOTTELY DR	09/09/2024
90.34010.01	SDH ATLANTA, LLC.	423 NOTTELY DR	09/09/2024
90.34110.01	SDH ATLANTA, LLC.	422 NOTTELY DR	09/09/2024
90.34210.01	SDH ATLANTA, LLC.	420 NOTTELY DR	09/09/2024
90.33310.02	DECKER, JESSICA	417 NOTTELY DR	09/09/2024
16.01610.04	MCLEAN SFR INVESTMENT, LLC.	161 WATERS EDGE PKWY	09/09/2024
1.35200.20	SFR XII NM ATL OWNER 1 LP	169 VILLA ROSA WAY #200	09/09/2024
90.33610.01	SDH ATLANTA, LLC.	427 NOTTELY DR	09/10/2024
90.33710.01	SDH ATLANTA, LLC.	429 NOTTELY DR	09/10/2024
90.33810.01	SDH ATLANTA, LLC.	425 NOTTELY DR	09/10/2024
12.17400.18	BASKIN, KEVIN	392 CARROLLTON ST	09/12/2024
90.33210.02	COTE, RYAN	419 NOTTELY DR	09/12/2024
9.14800.02	HUHDGINS, JOSEPH	363 VENABLE RD	09/13/2024
90.12810.03	SFR JV-3 PROPERTY, LLC.	418 DAFFODIL DR	09/13/2024
14.28800.18	COLLETT, CINDY	80 HOLDER ST	09/15/2024
14.27200.05	DEWBERRY, BRITTANY	130 DRIVER ST	09/17/2024
2.20500.05	DURDEN, PHILLIP	395 VILLA ROSA RD N5	09/20/2024

Grand Totals:

32

Report Criteria:

Customer.Name <>"VACANT"  
Customer.Connect date = 08/01/2024-08/31/2024

Customer Number	Name	Service Address	Connect Date
7.12400.20	TROW, MARK	18B MONTGOMERY ST	08/01/2024
90.31510.01	CHISEL MILL DESIGN & BUILD, LLC.	1923 SCHOOLHOUSE LN	08/01/2024
90.31410.01	CHISEL MILL DESIGN & BUILD, LLC.	1927 SCHOOLHOUSE LN	08/01/2024
90.31610.01	CHISEL MILL DESIGN & BUILD, LLC.	1928 SCHOOLHOUSE LN	08/01/2024
15.05200.13	PEACE, AMANDA	204 RANDA RUN	08/01/2024
4.19400.05	ROBINSON, WILLIAM	276 E JOHNSON ST	08/01/2024
9.36400.06	KRG ROOFING	321A SAGE ST	08/01/2024
10.03400.10	DALJIT, SINGH	349 MORNING STAR DR	08/01/2024
2.19004.05	REESE JR., LARRY	395 VILLA ROSA RD M4	08/01/2024
90.31110.02	NORMAN, TINA	400 NOTTELY DR	08/01/2024
90.31010.02	MALONEY, WANDA	404 NOTTELY DR	08/01/2024
6.18200.14	NATIONAL ERA SERVICING	404 STEADHAM CT	08/01/2024
90.30410.02	ROSS, KERANCE	405 NOTTELY DR	08/01/2024
90.30610.02	CHAMBERS, FREDRICK	406 NOTTELY DR	08/01/2024
90.30510.02	MOORE, PAMELA	407 NOTTELY DR	08/01/2024
90.30910.02	THOMPSON, CHRISTOPHER	409 NOTTELY DR	08/01/2024
90.31910.01	SDH ATLANTA, LLC.	410 NOTTELY DR	08/01/2024
90.11410.03	MCCONNELL, GUS	430 DAFFODIL DR	08/01/2024
90.08610.04	WRIGHT, ERICKA	541 CLINTON DR.	08/01/2024
90.32210.01	BELL, LON	624 RAINEY RD	08/01/2024
90.29810.02	CHASSE, JADE	643 SIMMONS DR	08/01/2024
1.26000.07	WILLIAMS, MYRA	70 VILLA ROSA WAY	08/01/2024
90.32110.01	TRADEMARK HOMES	804 TRESTLE CREEK CT	08/01/2024
90.32010.01	TRADEMARK HOMES	808 TRESTLE CREEK CT	08/02/2024
6.09000.13	WALDROP, PATRICK	221 IVEY LAKE PKWY	08/02/2024
8.02800.05	OPENDOOR LABS INC.	396 AMY BLVD	08/02/2024
90.31210.02	CADENHEAD, TIMOTHY	408 NOTTELY DR	08/05/2024
15.02200.13	RESICAP GEORGIA OWNER II LLC	106 BEDROCK PL BLDG A	08/05/2024
3.23000.09	MILLER, KRISTIN	157 GENTLE BREEZE CT	08/05/2024
90.30710.02	PEARSON, JOANA	402 NOTTELY DR	08/05/2024
90.31710.01	SDH ATLANTA, LLC.	412 NOTTELY DR	08/05/2024
90.31810.01	SDH ATLANTA, LLC.	413 NOTTELY DR	08/06/2024
90.32710.01	CHISEL MILL DESIGN & BUILD, LLC.	1912 SCHOOLHOUSE LN	08/06/2024
90.32810.01	CHISEL MILL DESIGN & BUILD, LLC.	1916 SCHOOLHOUSE LN	08/06/2024
90.32510.01	CHISEL MILL DESIGN & BUILD, LLC.	1918 SCHOOLHOUSE LNL	08/06/2024
90.32310.01	SDH ATLANTA, LLC.	414 NOTTELY DR	08/06/2024
90.32410.01	SDH ATLANTA, LLC.	415 NOTTELY DR	08/07/2024
90.32610.01	CHISEL MILL DESIGN & BULD, LLC.	1920 SCHOOLHOUSE LN	08/08/2024
90.30810.02	CORMIER, JACQUES	411 NOTTELY DR	08/09/2024
90.30110.02	HUNT, SHERYL	637 SIMMONS DR	08/12/2024
1.33800.14	ALLEN, WILLIAM	113 VILLA ROSA WAY	08/12/2024
16.18600.12	DUNSTON II, EDDIE	308 DEAN CT	08/13/2024
90.33410.01	SDH ATLANTA, LLC.	416 NOTTELY DR	08/13/2024
90.33310.01	SDH ATLANTA, LLC.	417 NOTTELY DR	08/13/2024
90.33210.01	SDH ATLANTA, LLC.	419 NOTTELY DR	08/14/2024
90.33010.01	W.T. COLLINS HOMES	136 RAINEY RD	08/14/2024
90.33110.01	W.T. COLLINS HOMES	154 RAINEY RD	08/14/2024
16.00320.04	GUZMAN, GISSELLE	320 BROOK CT	08/14/2024
90.32910.01	SDH ATLANTA, LLC.	418 NOTTELY DR	08/15/2024
5.05800.12	SFR JV-2 2024-2 BORROWER LLC	136 CREEK CROSSING LN	08/15/2024
90.21510.05	SFR JV-HD TL BORROWER C LLC	420 REAGAN DR	08/22/2024
8.19000.13	BOWLING, JOSEF	423 AMY BLVD	

Grand Totals:



Report Criteria:

Customer.Name <>"VACANT"

Customer.Connect date = 07/01/2024-07/31/2024

Customer Number	Name	Service Address	Connect Date
6.21400.06	BRIGHAM, MICHAEL	509 EARNEST LN	07/01/2024
1.05000.17	SHELLNUTT, HOPE	444 VILLA ROSA WAY	07/01/2024
2.19003.05	ALEXANDER, DESTINY	395 VILLA ROSA RD M3	07/01/2024
7.09600.06	BLEAKLEY, JOHN	116 TALLAPOOSA ST	07/01/2024
16.09179.03	SIMPSON, ADAM	179 WATERS EDGE PARKWAY	07/01/2024
8.16000.27	COCHRAN, MADISON	248 AMY BLVD	07/01/2024
2.18150.09	INOUE, KENICHI	395 VILLA ROSA RD L7	07/01/2024
7.07000.14	RICE, EMILY	39 WELLS AVE	07/01/2024
1.06200.05	TINDOL, JAMES	388 VILLA ROSA WAY	07/01/2024
15.03000.10	COG MANAGEMENT	201 RANDA RUN	07/01/2024
15.05200.12	COG MANAGEMENT	204 RANDA RUN	07/01/2024
2.11400.20	HOUSTON, ANGELINA	395 VILLA ROSA RD G3	07/01/2024
8.16600.09	STOCKTON, JOSHUA	230 AMY BLVD	07/01/2024
90.29910.02	KAZMI, SYEDA	641 SIMMONS DR	07/01/2024
2.01800.19	HICKS, BRANDON	395 VILLA ROSA RD A7	07/01/2024
9.06900.10	HOUSEN, LYNETTA	44 BRANDON LN	07/01/2024
7.02000.10	RANJR24 PROPERTIES LLC	65 SAGE ST	07/01/2024
11.09000.03	HUGHEY, SHERIDA	224 HUNT CLUB CIR	07/01/2024
2.14200.14	HEATH, KELLY	395 VILLA ROSA RD I3	07/01/2024
90.30510.01	SDH ATLANTA LLC	407 NOTTELY DR	07/01/2024
90.30710.01	SDH ATLANTA LLC	402 NOTTELY DR	07/01/2024
90.30910.01	SDH ATLANTA LLC	409 NOTTELY DR	07/01/2024
90.31110.01	SDH ATLANTA LLC	400 NOTTELY DR	07/01/2024
90.27610.02	SMITH, ELIZABETH	56 OAK RIDGE RD	07/01/2024
9.35200.03	DOWNHOME DEALS LLC	295 SAGE ST	07/01/2024
90.30310.02	JORDAN, JAMES	639 SIMMONS DR	07/02/2024
90.30610.01	SDH ATLANTA LLC	406 NOTTELY DR	07/02/2024
90.31010.01	SDH ATLANTA LLC	404 NOTTELY DR	07/02/2024
90.30810.01	SDH ATLANTA LLC	411 NOTTELY DR	07/03/2024
1.37800.17	LAWRENCE, MARCUS	289 VILLA ROSA WAY	07/05/2024
10.03400.09	SFR JV-1 2021-1 BORROWER LLC	349 MORNING STAR DR	07/08/2024
90.31210.01	SDH ATLANTA LLC	408 NOTTELY DR	07/08/2024
90.30410.01	SDH ATLANTA LLC	405 NOTTELY DR	07/09/2024
90.31310.01	TRADEMARK QUALITY HOMES	803 TRESTLE CREEK CT	07/10/2024
90.28510.02	WOOD JR., BILLY	118 RAINEY RD	07/10/2024
16.05120.02	SMITH, ROBERT	512 CLINTON DR	07/10/2024
12.05400.06	WILLIAMS, AUDIE	143 MADISON AVE	07/10/2024
4.06400.09	EVANS, GREGORY	101 MAPLEWOOD DR	07/12/2024
7.07000.15	EVANS, JUSTIN	39 WELLS AVE	07/12/2024
15.04800.12	COG MANAGEMENT	208 RANDA RUN	07/13/2024
16.18600.11	SFR JV-2 2024-2 BORROWER LLC	308 DEAN CT	07/16/2024
2.02600.16	SHORT, DUSTAN	395 VILLA ROSA RD B1	07/16/2024
9.15000.09	PERRY, BRITTANY	206-204 HARMON RD	07/26/2024

Grand Totals:

Report Criteria:

Customer.Name <>"VACANT"

Customer.Connect date = 6/1/2024-6/30/2024

Customer Number	Name	Service Address	Connect Date
2.11200.15	WOOD, JACOB	395 VILLA ROSA RD G2	06/01/2024
2.01000.21	COX, JUSTINE	395 VILLA ROSA RD A3	06/01/2024
12.22400.03	NORMAN, CANDIE	116 CARROLLTON ST	06/01/2024
16.00546.04	SHELNUTT, CALEB	546 CLINTON DR	06/01/2024
1.31800.15	CAMPBELL, PETERGAY	13 VILLA ROSA WAY	06/01/2024
14.18600.14	TUBENS, MADELINE	352 ROME ST	06/01/2024
6.17000.04	YAMASA CO., LTD.	427 STEADHAM CT	06/01/2024
13.11800.03	BORGES LOPEZ, ANABEL	83 LAKEVIEW DR	06/01/2024
90.30010.01	ROLLING RENOVATIONS, LLC.	566 CLINTON DR	06/01/2024
7.20600.16	PAYSINGER, CODY	496 SAGE ST	06/03/2024
2.14000.19	WARE III, RICHARD	395 VILLA ROSA RD I2	06/03/2024
2.15200.20	HARRISON, JOEL	395 VILLA ROSA RD I8	06/03/2024
1.37400.09	LUCAS, ENEN-TRA	253 VILLA ROSA WAY	06/03/2024
2.15800.17	COLLINS, JAMES	395 VILLA ROSA RD J3	06/04/2024
13.09600.06	POWELL, GERALD	154 ENTERPRISE DR	06/05/2024
1.12000.14	PROGRESS ATLANTA, LLC.	68 VILLA ROSA DR	06/05/2024
14.28800.17	REMBISZ, ENDRA	80 HOLDER ST	06/05/2024
1.02000.07	SFR XII OWNER 1, LP	499 VILLA ROSA RD	06/06/2024
90.21910.04	EXCALIBUR HOMES	452 CLEMATIS CT	06/06/2024
90.29810.01	SDH ATLANTA, LLC.	643 SIMMONS DR	06/06/2024
90.29910.01	SDH ATLANTA, LLC.	641 SIMMONS DR	06/06/2024
16.04560.06	CUMMINGS, CHRISTOPHER	456 CLEMATIS CT	06/07/2024
9.06900.09	WALDEN, HOWARD	44 BRANDON LN	06/10/2024
90.09110.06	BROWN, FRANKLYN	337 DAFFODIL DR	06/11/2024
9.18200.08	COLLEY, BARRY	128 VENABLE RD APT 8	06/11/2024
90.07410.04	BELL, BAILEY	437 RIVER BLUFF DR	06/11/2024
90.30110.01	SDH ATLANTA, LLC.	637 SIMMONS DR	06/12/2024
90.30210.01	SDH ATLANTA, LLC.	401 NOTTELY DR	06/12/2024
90.30310.01	SDH ATLANTA, LLC.	639 SIMMONS DR	06/12/2024
16.12600.06	PATEL, DEEP	249 WEBSTER LAKE DR	06/13/2024
6.03800.08	STEPHENS, DARCI	210 JAMES ALLEN PL	06/13/2024
8.17800.10	LAUNCHPAD REAL ESTATE INVESTMENTS	465 AMY BLVD	06/14/2024
11.06600.03	CASTRO, JOSE	247 HUNT CLUB CIR	06/18/2024
14.23600.06	TIEDMAN, LYNELLE	39 MILNER ST	06/18/2024
90.30010.02	SMITH, TARA	566 CLINTON DR	06/18/2024
1.23800.09	OPENDOOR LABS INC.	37 VILLA ROSA CT	06/20/2024

Grand Totals:

Report Criteria:

Customer.Name <>"VACANT"

Customer.Connect date = 05/01/2024-05/30/2024

Customer Number	Name	Service Address	Connect Date
1.19800.07	DUONG, THU	276 VILLA ROSA WAY	05/01/2024
11.22800.06	DENSON, ASHLEY	8 OAK RIDGE RD	05/01/2024
14.18600.13	VISION REALTY	352 ROME ST	05/01/2024
16.04600.08	VISION REALTY	408 BRANCH LN	05/01/2024
90.27810.03	SMITH, VICTORIA	805 TRESTLE CREEK CT	05/01/2024
1.11200.10	WATERS, LACEY	100 VILLA ROSA DR	05/01/2024
1.42000.06	AKINSUNMOYE, AKINTADE	451 VILLA ROSA WAY	05/01/2024
2.14800.20	WALTER, NOAH	395 VILLA ROSA RD I6	05/01/2024
12.22600.06	CATO, DANIELLE	108 CARROLLTON ST	05/01/2024
2.05600.12	VERHEYN, KATHRYNNE	395 VILLA ROSA RD C8	05/01/2024
16.04560.05	SFR JV-HD TL BORROWER B LLC	456 CLEMATIS CT	05/01/2024
16.00542.02	HAGANS, SHARON	542 CLINTON DR	05/01/2024
1.09600.17	ZIKI LLC.	112 VILLA ROSA RDG	05/01/2024
1.02600.07	MAIN STREET RENEWAL, LLC.	515 VILLA ROSA RD	05/01/2024
14.23500.06	MAJESTIC HOMES	49 MILNER ST APT A	05/01/2024
11.20200.07	ROWLAND, CHRISTOPHER	25 HICKORY TRL	05/01/2024
16.03940.04	FARMER, YALESA	394 DAFFODIL DR	05/02/2024
90.29310.02	EDMONDSON, SHERRY	92 ROME ST	05/03/2024
90.18410.07	CLAYTON, NIYIA	129 IVERSON PL	05/03/2024
11.37000.06	PIERRE, KEREN	135 BRECKENRIDGE PT	05/14/2024
4.07400.05	BORDELAI, SANTA	121 MAPLEWOOD DR	05/14/2024
1.42400.06	GEORGE, SABRA	105 ETHERIDGE RD	05/14/2024
15.00200.08	RESICAP GEORGIA OWNER II LLC.	101 BEDROCK PL BLDG B	05/14/2024
90.23910.03	PERKINS, BRIANNA	100 WATERS EDGE PKWY	05/16/2024
3.01800.13	RUGGIERO, CAMILLE	633 WINDY MILL XING	05/16/2024
90.06510.07	CAMPBELL, MIKAILA	805 ALI ST	05/20/2024
16.17800.09	GONZALEZ, SHANE	252 SHELTON CR	05/20/2024
8.13200.21	KIDD, CANDICE	431 HANNAH DR 0813200	05/20/2024
14.27200.04	DIAMOND, CHASTITY	130 DRIVER ST	05/20/2024
13.14000.08	EASTERWOOD, GERALDINE	198 LAKEVIEW DR	05/20/2024
2.18100.04	KENNINGTON, REBECCA	395 VILLA ROSA RD L2	05/21/2024
4.25200.06	BECKER, ZACHARIAH	72 TENNESSEE AVE	05/21/2024
16.04200.21	CLARK, SONYA	417 BRANCH LN	05/21/2024

Grand Totals:

Report Criteria:

Customer.Name <>"VACANT"

Customer.Connect date = 4/1/2024-4/30/2024

Customer Number	Name	Service Address	Connect Date
90.06510.06	SFR JV-HD TL BORROWER A, LLC	805 ALI ST	04/01/2024
90.28010.03	LAW, JONNA	809 TRESTLE CREEK CT	04/01/2024
15.03400.19	CHISM, DARAIL	205 RANDA RUN	04/01/2024
14.08800.05	STAFFORD, CHANDA	437 RAINEY RD 1408800	04/01/2024
9.22200.05	IDSINGA, ANTHONY	41 MARIE ST	04/01/2024
6.21400.05	MYND MANAGEMENT INC.	509 EARNEST LN	04/01/2024
16.00546.03	VALOY, MARLENNY	546 CLINTON DR	04/01/2024
15.05200.11	MITCHELL, LAKELSEY	204 RANDA RUN	04/01/2024
15.08600.15	COG MANAGEMENT	405 BEDROCK PL BLDG H	04/02/2024
1.37400.08	AVHS GA I LLC	253 VILLA ROSA WAY	04/05/2024
2.04800.11	ANDERSON, GAVIN	395 VILLA ROSA RD C4	04/05/2024
1.16800.07	HUYNH, ANH MINH	317 VILLA ROSA PL	04/05/2024
11.03800.08	GARNER, JENNIFER	212 VILLA ROSA RD	04/08/2024
90.29310.01	WT COLLINS HOMES	92 ROME ST	04/09/2024
90.29410.01	WT COLLINS HOMES	96 ROME ST	04/10/2024
90.29510.01	WT COLLINS HOMES	100 ROMS ST	04/10/2024
90.10610.03	GARRISON, CODY	415 ABEER ST	04/10/2024
15.08600.16	DUMAS, JASMINE	405 BEDROCK PL BLDG H	04/11/2024
90.20410.03	JONES, HANNAH	413 SPLASH PT	04/11/2024
2.09000.10	BARRENTINE, ROBERT	395 VILLA ROSA RD F1	04/16/2024
90.29610.01	LLC, SDH ATLANTA	DEER CREEK SUBDIVISION	04/19/2024
90.29710.01	LLC, SDH ATLANTA	SIMMONS DR SUBDIVISION	04/19/2024
8.09200.08	WHISPELL, JACOB	614 ANGELA DR	04/19/2024
90.28210.03	BOLTON, THERESE	813 TRESTLE CREEK CT	04/22/2024

Grand Totals:

24

Report Criteria:

Customer.Name <>"VACANT"

Customer.Connect date = 3/1/2024-3/31/2024

Customer Number	Name	Service Address	Connect Date
3.21600.12	ROMERO, LINDA	114 GENTLE BREEZE CT	03/01/2024
16.15200.16	BAUSUM, KENNETH	114 IVERSON PL	03/01/2024
4.07400.04	510 SFR GA OPERATIONS 1, LLC	121 MAPLEWOOD DR	03/01/2024
16.01450.04	OWENSBY, HEATHER	142 WATERS EDGE PKWY	03/01/2024
16.02130.06	SINGH, DANA	213 SHELTON CIR	03/01/2024
8.26200.10	SFR JV-2 NTL BORROWER, LLC	305 MADELINE WAY	03/01/2024
90.09110.05	VALENZUELA-LANORUM, TANISHA	337 DAFFODIL DR	03/01/2024
8.24000.09	LLOYD, AMANDA	348 MADELINE WAY	03/01/2024
14.23600.05	AHP EWAL ESTATE VENTURES, LLC	39 MILNER ST	03/01/2024
2.20400.03	HAYMAN, BENJAMIN P.	395 VILLA ROSA RD N4	03/01/2024
10.05400.06	SFR JV-HD TL BORROWER B, LLC	405 ROBIN HILL LN	03/01/2024
12.00900.02	MOSAIC GOLD CROWN GROUP, LLC	515 CARROLLTON ST	03/01/2024
12.00901.02	MOSAIC GOLD CROWN GROUP, LLC	515 CARROLLTON ST-IRRIGATION	03/01/2024
15.03400.18	COG MANAGEMENT	205 RANDA RUN	03/05/2024
90.27810.02	MYND MANAGEMENT, INC	805 TRESTLE CREEK CT	03/05/2024
90.18410.06	RS RENTAL III-A, LLC	129 IVERSON PL	03/06/2024
6.10600.07	GARCIA, BENITO	253 IVEY LAKE PKWY	03/06/2024
1.06600.12	MORRELL, NATHAN	111 VILLA ROSA RDG	03/08/2024
1.31400.11	SMITH, JOHNATHAN	14 VILLA ROSA LN	03/13/2024
10.05400.07	HARRIS, STEPHANIE	405 ROBIN HILL LN	03/13/2024
90.28210.02	MYND MANAGEMENT, INC	813 TRESTLE CREEK CT	03/13/2024
5.02000.05	MORCOS, JOHNATHAN	201 BUCKS TRL	03/14/2024
10.02000.12	CENTRAL GEORGIA REALTY LLC	313 MORNING STAR DR	03/15/2024
13.03400.06	NOLAN, DAVID	62 MCCLURE RD	03/15/2024
90.10810.03	YANCY, DANIEL	425 ABEER ST	03/18/2024
90.28710.02	HURST, ELIZABETH	55 HICKORY TRL	03/18/2024
90.28110.02	WILLIAMS, PAIGE	811 TRESTLE CREEK CT	03/18/2024
11.05000.07	GRIFFIN, JORDAN	140 VILLA ROSA RD	03/19/2024
8.26200.11	TURMAN, BRANDON	305 MADELINE WAY	03/19/2024
8.08600.04	ROSS, JEFF	652 ANGELA DR	03/20/2024
16.16000.06	SWAFFORD, DONALD	249 SHELTON CR	03/21/2024
2.20002.06	CALHOUN, BARBARA	395 VILLA ROSA RD N2	03/22/2024

Grand Totals:

32

Report Criteria:

Customer.Name <>"VACANT"

Customer.Connect date = 2/1/2024-2/29/2024

Customer Number	Name	Service Address	Connect Date
90.28710.01	MAJESTIC HOMES	55 HICKORY TRL	02/01/2024
9.18200.07	MARTIN JR., LARRY WAYNE	128 VENABLE RD APT 8	02/01/2024
1.01200.20	MAIN STREET RENEWAL, LLC	461 VILLA ROSA RD	02/01/2024
2.17200.11	HOPPER, AUSTIN	395 VILLA ROSA RD K2	02/02/2024
2.18150.08	NASU, TOSHINORI	395 VILLA ROSA RD L7	02/02/2024
4.04200.04	THOMAS, TYLER	27 SOUTH ST	02/02/2024
8.16600.07	OPENDOOR LABS, INC	230 AMY BLVD	02/02/2024
90.28410.02	PROPERTIES BY PBJ, INC	71 VILLA ROSA RD	02/02/2024
16.15200.15	SFR JV-1 2021-1 BORROWER, LLC	114 IVERSON PL	02/02/2024
10.06200.05	STEPHENS, EUGENIA	416 ROBIN HILL LN	02/06/2024
3.22000.05	CASH, ERNEST	181 GENTLE BREEZE CT	02/06/2024
9.21400.11	RYAN, ANDRE	55 MATTHEWS ST	02/06/2024
90.21010.03	LIPHAM, MICHAEL	407 SPLASH PT	02/06/2024
90.28010.02	MYND MANAGEMENT, INC	809 TRESTLE CREEK CT	02/07/2024
90.28810.01	PACESETTER CONSTRUCTION	557 CARROLLTON ST	02/08/2024
90.28910.01	PACESETTER CONSTRUCTION	557 CARROLLTON ST IRRG	02/08/2024
2.01400.22	BROOKSHIRE, KELAIAH	395 VILLA ROSA RD A5	02/09/2024
10.01000.06	DEMPS, DEONNA S.	133 GLENDALE BLVD	02/09/2024
16.02130.05	SFRJV-HD TL BORROWER B, LLC	213 SHELTON CIR	02/09/2024
8.13200.20	510 SFR GA OPERATIONS I LLC	431 HANNAH DR 0813200	02/14/2024
8.08000.06	VIRGIN, VIVIAN	670 ANGELA DR	02/14/2024
3.18000.07	BACKER, UWE	714 CREEKRIDGE CT	02/14/2024
12.04800.11	CASTILLO, SUSAN	107 MASON CT	02/19/2024
90.08510.03	FERNANDER, ANNA	537 CLINTON DR	02/21/2024
90.28910.02	HLC FOODS (ZAXBYS)	557 CARROLLTON ST IRRG	02/22/2024
90.28810.02	HLC FOODS (ZAXBYS) BUILDING	557 CARROLLTON ST	02/22/2024
90.06310.04	CRAIG, CHRISTOPHER	785 ALI ST	02/22/2024
5.07200.09	COCHRAN, ELLERY	112 ARBORWOOD WAY	02/22/2024
2.03400.15	WILLIAMS, COURTNEY	395 VILLA ROSA RD B5	02/23/2024
16.05800.03	CALLAHAN, DENA	508 GRACE CT	02/23/2024
8.05600.11	HOLT, CASANDRA	625 ANGELA DR	02/23/2024

Grand Totals:

31

Report Criteria:

Customer.Name <>"VACANT"

Customer.Connect date = 01/1/2024-01/31/2024

Customer Number	Name	Service Address	Connect Date
90.26410.02	SALOME, ERIC	524 RIPPLING CT	01/01/2024
9.26200.16	NORDHOLM, MIKEL	393 HWY 78 W	01/01/2024
90.23610.03	MORA, RICHARD	254 WEBSTER LAKE DR	01/01/2024
8.24000.08	GARDNER HOMES, LLC	348 MADELINE WAY	01/01/2024
8.23000.08	BRIGGS, TERAH	318 MADELINE WAY	01/01/2024
90.24710.03	CHIVERS, TANRSHIA	353 CENTER POINT RD	01/01/2024
9.17600.14	EBERENZ, GEORGE M	128 VENABLE RD APT 2	01/01/2024
9.31400.08	GILHAM, JONI	15 TALLAPOOSA ST	01/02/2024
9.37000.29	FORD, TYREK	83 CHURCH ST APT C	01/02/2024
14.33000.04	STROUD, DEBRA	135 DRIVER ST	01/02/2024
4.25400.07	BERILL, KIMBERLY	60 TENNESSEE AVE	01/02/2024
14.33400.04	CAPETILLO, LUIS	120 DRIVER ST	01/02/2024
16.00320.03	FOSSETT, MALCOLM	320 BROOK CT	01/02/2024
3.30000.14	HANNAH, JACIE	305 OVERLAND TRL	01/02/2024
16.04290.02	THOMASON, TRACIE	429 RIVER BLUFF DR	01/04/2024
1.11200.09	SECOND AVE SFR HOLDING, LLC	100 VILLA ROSA DR	01/05/2024
90.18910.03	JONES, TOMMY	303 WEBSTER LAKE DR	01/08/2024
16.11000.13	ABSTON, JE'MONICA	518 RIPPLING CT	01/10/2024
14.21000.08	POSEY, PARKER	257 ROME ST	01/15/2024
9.06400.06	MARROW, MICHAEL	43 BRANDON LN	01/18/2024
15.06400.13	RESICAP GEORGIA OWNER II, LLC	307 KAYLA CT	01/18/2024
2.06200.18	ST. CLAIR, ARREL	395 VILLA ROSA RD D1	01/18/2024
11.08200.11	BERG, TIMOTHY	240 HUNT CLUB CIR	01/19/2024
13.03400.05	REI OF GEORGIA, LLC	62 MCCLURE RD	01/22/2024
2.18160.11	BUEKS, HANNAH	395 VILLA ROSA RD L8	01/22/2024
90.28610.01	GENTRY HOMES & DEVELOPMENT, INC	108 DOUBLE D RD	01/24/2024

Grand Totals:

26

# INVOICE

**PAYMENT DUE:**  
**03-01-24**

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

**INVOICE NUMBER:** 0064498393  
**INVOICE DATE:** 01-31-24  
**SERVICE PERIOD:** JANUARY

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

**ACCOUNT #: 000073259**



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To avoid late fees and service interruption, payments must be received by due date. 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.

DATE	DESCRIPTION	QTY X UNIT PRICE	TOTAL
	Site Sub Total:		2,044.60
*** SiteID	00052 KALEIDOSCOPE HAIR PRODUCTS 580 Carrollton St		
01-01-24	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		
01-01-24	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		
01-01-24	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		
01-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00	51.96
	Sub Total Services Only:		51.96
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		51.96
*** SiteID	00059 PILOT 41700 625 Carrollton St		
01-05-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024856710	1.00 X 225.00	225.00
01-05-24	DISPOSAL AND RELATED FEES WO#0024856710	8.25 X 55.00	453.75
01-18-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024935461	1.00 X 225.00	225.00
01-18-24	DISPOSAL AND RELATED FEES WO#0024935461	6.46 X 55.00	355.30
	Sub Total Services Only:		1,259.05
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		1,259.05
*** SiteID	00061 INGLES MARKET, INC 520 Carrollton St		
01-04-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024507635	1.00 X 225.00	225.00
01-04-24	DISPOSAL AND RELATED FEES WO#0024507635	6.14 X 55.00	337.70
01-11-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024546881	1.00 X 225.00	225.00
01-11-24	DISPOSAL AND RELATED FEES WO#0024546881	6.34 X 55.00	348.70
01-18-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024594934	1.00 X 225.00	225.00
01-18-24	DISPOSAL AND RELATED FEES WO#0024594934	5.93 X 55.00	326.15
01-25-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024623014	1.00 X 225.00	225.00
01-25-24	DISPOSAL AND RELATED FEES WO#0024623014	5.66 X 55.00	311.30
	Sub Total Services Only:		2,223.85
	Sub Total Taxes, Oil/Environmental & Fees:		0.00

continued...

# INVOICE

**PAYMENT DUE:  
UPON RECEIPT**

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

**INVOICE NUMBER:** 0064989289  
**INVOICE DATE:** 02-29-24  
**SERVICE PERIOD:** FEBRUARY

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

**ACCOUNT #: 000073259**



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DATE	DESCRIPTION	QTY	X	UNIT PRICE	TOTAL
	Site Sub Total:				2,136.45
*** SiteID	00052				
	KALEIDOSCOPE HAIR PRODUCTS				
	580 Carrollton St				
02-01-24	06 CY FRONT LOAD SVC MSW 2 times	1.00			229.00
	per week				
	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				
02-01-24	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				
02-01-24	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				
02-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00			51.96
	Sub Total Services Only:				51.96
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				51.96
*** SiteID	00059				
	PILOT 41700				
	625 Carrollton St				
02-07-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0025049002				
02-07-24	DISPOSAL AND RELATED FEES	8.59	X	55.00	472.45
	WO#0025049002				
02-27-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0025175133				
02-27-24	DISPOSAL AND RELATED FEES	0.00	X	0.00	0.00
	WO#0025175133				
02-28-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0025193663				
02-28-24	DISPOSAL AND RELATED FEES	9.84	X	55.00	541.20
	WO#0025193663				
	Sub Total Services Only:				1,688.65
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				1,688.65
*** SiteID	00061				
	INGLES MARKET, INC				
	520 Carrollton St				
02-01-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0024673448				
02-01-24	DISPOSAL AND RELATED FEES	5.61	X	55.00	308.55
	WO#0024673448				
02-08-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0024712911				
02-08-24	DISPOSAL AND RELATED FEES	5.53	X	55.00	304.15
	WO#0024712911				
02-15-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0024760297				
02-15-24	DISPOSAL AND RELATED FEES	5.20	X	55.00	286.00
	WO#0024760297				
02-22-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0024794950				

continued...

# INVOICE

**PAYMENT DUE:**  
**04-30-24**

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

**INVOICE NUMBER:** 0065382698  
**INVOICE DATE:** 03-31-24  
**SERVICE PERIOD:** MARCH

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

**ACCOUNT #: 000073259**



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DATE	DESCRIPTION	QTY X UNIT PRICE	TOTAL
03-01-24	06 CY FRONT LOAD SVC MSW 2 times per week	1.00	311.76
	Sub Total Services Only:		311.76
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		311.76
*** SiteID	00054		
	PUBLIC WORKS - TEMPLE 155 Montgomery St		
03-01-24	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		
03-01-24	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		
03-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00	51.96
	Sub Total Services Only:		51.96
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		51.96
*** SiteID	00059		
	PILOT 41700 625 Carrollton St		
03-20-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025313318	1.00 X 225.00	225.00
03-20-24	DISPOSAL AND RELATED FEES WO#0025313318	11.20 X 55.00	616.00
	Sub Total Services Only:		841.00
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		841.00
*** SiteID	00061		
	INGLES MARKET, INC 520 Carrollton St		
03-07-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024871029	1.00 X 225.00	225.00
03-07-24	DISPOSAL AND RELATED FEES WO#0024871029	5.21 X 55.00	286.55
03-14-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024920553	1.00 X 225.00	225.00
03-14-24	DISPOSAL AND RELATED FEES WO#0024920553	6.05 X 55.00	332.75
03-21-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0024953664	1.00 X 225.00	225.00
03-21-24	DISPOSAL AND RELATED FEES WO#0024953664	5.29 X 55.00	290.95
03-28-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025002636	1.00 X 225.00	225.00
03-28-24	DISPOSAL AND RELATED FEES WO#0025002636	5.62 X 55.00	309.10
	Sub Total Services Only:		2,119.35
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		2,119.35
*** SiteID	00062		
	WATER TREATMENT PLANT 574 OAK SHADE RD		
03-01-24	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

continued...

# INVOICE

PAYMENT DUE:

**05-30-24****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!**

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**INVOICE NUMBER:** 0065664198**INVOICE DATE:** 04-30-24**SERVICE PERIOD:** APRIL

DATE	DESCRIPTION	QTY X UNIT PRICE	TOTAL
04-01-24	06 CY FRONT LOAD SVC MSW 2 times per week	1.00	311.76
	Sub Total Services Only:		311.76
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		311.76
	*** SiteID 00054		
	PUBLIC WORKS - TEMPLE 155 Montgomery St		
04-01-24	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		
04-01-24	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		
04-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00	51.96
	Sub Total Services Only:		51.96
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		51.96
	*** SiteID 00059		
	PILOT 41700 625 Carrollton St		
04-08-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025414169	1.00 X 225.00	225.00
04-08-24	DISPOSAL AND RELATED FEES WO#0025414169	9.72 X 55.00	534.60
04-25-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025523499	1.00 X 225.00	225.00
04-25-24	DISPOSAL AND RELATED FEES WO#0025523499	9.03 X 55.00	496.65
	Sub Total Services Only:		1,481.25
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		1,481.25
	*** SiteID 00061		
	INGLES MARKET, INC 520 Carrollton St		
04-04-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025038808	1.00 X 225.00	225.00
04-04-24	DISPOSAL AND RELATED FEES WO#0025038808	5.61 X 55.00	308.55
04-11-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025085279	1.00 X 225.00	225.00
04-11-24	DISPOSAL AND RELATED FEES WO#0025085279	6.34 X 55.00	348.70
04-18-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025120161	1.00 X 225.00	225.00
04-18-24	DISPOSAL AND RELATED FEES WO#0025120161	4.78 X 55.00	262.90
04-25-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025165600	1.00 X 225.00	225.00
04-25-24	DISPOSAL AND RELATED FEES WO#0025165600	6.09 X 55.00	334.95
	Sub Total Services Only:		2,155.10
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		2,155.10
	*** SiteID 00062		
	WATER TREATMENT PLANT 574 OAK SHADE RD		

continued...

# INVOICE

**PAYMENT DUE:**  
**06-30-24**

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

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

**ACCOUNT #: 000073259**



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**INVOICE NUMBER:** 0066133122  
**INVOICE DATE:** 05-31-24  
**SERVICE PERIOD:** MAY

DATE	DESCRIPTION	QTY X UNIT PRICE	TOTAL
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		1,955.50
*** SiteID	00052		
	KALEIDOSCOPE HAIR PRODUCTS		
	580 Carrollton St		
05-01-24	06 CY FRONT LOAD SVC MSW 2 times per week	1.00	311.76
	Sub Total Services Only:		311.76
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		311.76
*** SiteID	00054		
	PUBLIC WORKS - TEMPLE		
	155 Montgomery St		
05-01-24	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		
05-01-24	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		
05-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00	51.96
	Sub Total Services Only:		51.96
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		51.96
*** SiteID	00059		
	PILOT 41700		
	625 Carrollton St		
05-14-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025636803	1.00 X 225.00	225.00
05-14-24	DISPOSAL AND RELATED FEES WO#0025636803	9.30 X 55.00	511.50
05-22-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025682942	1.00 X 225.00	225.00
05-22-24	DISPOSAL AND RELATED FEES WO#0025682942	4.90 X 55.00	269.50
	Sub Total Services Only:		1,231.00
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		1,231.00
*** SiteID	00061		
	INGLES MARKET, INC		
	520 Carrollton St		
05-02-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025204777	1.00 X 225.00	225.00
05-02-24	DISPOSAL AND RELATED FEES WO#0025204777	5.49 X 55.00	301.95
05-09-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025255668	1.00 X 225.00	225.00
05-09-24	DISPOSAL AND RELATED FEES WO#0025255668	5.88 X 55.00	323.40
05-16-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025293306	1.00 X 225.00	225.00
05-16-24	DISPOSAL AND RELATED FEES WO#0025293306	5.94 X 55.00	326.70
05-23-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025340815	1.00 X 225.00	225.00
05-23-24	DISPOSAL AND RELATED FEES WO#0025340815	5.48 X 55.00	301.40
05-30-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00 X 225.00	225.00

continued...

# INVOICE

**PAYMENT DUE:**  
**07-30-24**

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

**INVOICE NUMBER:** 0066470630  
**INVOICE DATE:** 06-30-24  
**SERVICE PERIOD:** JUNE

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

**ACCOUNT #: 000073259**



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DATE	DESCRIPTION	QTY	X	UNIT PRICE	TOTAL
	Site Sub Total:				1,424.15
*** SiteID	00052				
	KALEIDOSCOPE HAIR PRODUCTS				
	580 Carrollton St				
06-01-24	06 CY FRONT LOAD SVC MSW 2 times	1.00			311.76
	per week				
	Sub Total Services Only:				311.76
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				311.76
*** SiteID	00054				
	PUBLIC WORKS - TEMPLE				
	155 Montgomery St				
06-01-24	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				
06-01-24	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				
06-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00			51.96
	Sub Total Services Only:				51.96
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				51.96
*** SiteID	00059				
	PILOT 41700				
	625 Carrollton St				
06-05-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0025768434				
06-05-24	DISPOSAL AND RELATED FEES	7.53	X	55.00	414.15
	WO#0025768434				
06-20-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0025873006				
06-20-24	DISPOSAL AND RELATED FEES	7.80	X	55.00	429.00
	WO#0025873006				
	Sub Total Services Only:				1,293.15
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				1,293.15
*** SiteID	00061				
	INGLES MARKET, INC				
	520 Carrollton St				
06-06-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0025423179				
06-06-24	DISPOSAL AND RELATED FEES	5.86	X	55.00	322.30
	WO#0025423179				
06-13-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0025457737				
06-13-24	DISPOSAL AND RELATED FEES	6.05	X	55.00	332.75
	WO#0025457737				
06-20-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0025504932				
06-20-24	DISPOSAL AND RELATED FEES	6.19	X	55.00	340.45
	WO#0025504932				
06-27-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0025540593				
06-27-24	DISPOSAL AND RELATED FEES	5.99	X	55.00	329.45
	WO#0025540593				
	Sub Total Services Only:				2,224.95
	Sub Total Taxes, Oil/Environmental & Fees:				0.00

continued...

# INVOICE

**PAYMENT DUE:**  
**08-30-24**

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

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

**ACCOUNT #: 000073259**



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**INVOICE NUMBER:** 0066727531  
**INVOICE DATE:** 07-31-24  
**SERVICE PERIOD:** JULY

DATE	DESCRIPTION	QTY	X UNIT PRICE	TOTAL
	Sub Total Services Only:			1,921.40
	Sub Total Taxes, Oil/Environmental & Fees:			0.00
	Site Sub Total:			1,921.40
*** SiteID	00052			
	KALEIDOSCOPE HAIR PRODUCTS			
	580 Carrollton St			
07-01-24	06 CY FRONT LOAD SVC MSW 2 times per week	1.00		311.76
	Sub Total Services Only:			311.76
	Sub Total Taxes, Oil/Environmental & Fees:			0.00
	Site Sub Total:			311.76
*** SiteID	00054			
	PUBLIC WORKS - TEMPLE			
	155 Montgomery St			
07-01-24	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			
07-01-24	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			
07-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00		51.96
	Sub Total Services Only:			51.96
	Sub Total Taxes, Oil/Environmental & Fees:			0.00
	Site Sub Total:			51.96
*** SiteID	00059			
	PILOT 41700			
	625 Carrollton St			
07-09-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025971233	1.00	X 225.00	225.00
07-09-24	DISPOSAL AND RELATED FEES WO#0025971233	7.98	X 55.00	438.90
07-24-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026051721	1.00	X 225.00	225.00
07-24-24	DISPOSAL AND RELATED FEES WO#0026051721	2.53	X 55.00	139.15
	Sub Total Services Only:			1,028.05
	Sub Total Taxes, Oil/Environmental & Fees:			0.00
	Site Sub Total:			1,028.05
*** SiteID	00061			
	INGLES MARKET, INC			
	520 Carrollton St			
07-03-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025593764	1.00	X 225.00	225.00
07-03-24	DISPOSAL AND RELATED FEES WO#0025593764	5.26	X 55.00	289.30
07-11-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025630420	1.00	X 225.00	225.00
07-11-24	DISPOSAL AND RELATED FEES WO#0025630420	6.33	X 55.00	348.15
07-17-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025677784	1.00	X 225.00	225.00
07-17-24	DISPOSAL AND RELATED FEES WO#0025677784	4.71	X 55.00	259.05
07-25-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025716260	1.00	X 225.00	225.00
07-25-24	DISPOSAL AND RELATED FEES WO#0025716260	6.91	X 55.00	380.05

continued...

# INVOICE

**PAYMENT DUE:**

**09-30-24**

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

**INVOICE NUMBER:** 0067060998  
**INVOICE DATE:** 08-31-24  
**SERVICE PERIOD:** AUGUST

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

**ACCOUNT #: 000073259**



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DATE	DESCRIPTION	QTY X UNIT PRICE	TOTAL
08-23-24	DISPOSAL AND RELATED FEES WO#0026200902	0.00 X 0.00	0.00
08-26-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026208641	1.00 X 225.00	225.00
08-26-24	DISPOSAL AND RELATED FEES WO#0026208641	2.04 X 55.00	112.20
08-29-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025941679	1.00 X 225.00	225.00
08-29-24	DISPOSAL AND RELATED FEES WO#0025941679	0.87 X 55.00	47.85
	Sub Total Services Only:		2,378.60
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		2,378.60
*** SiteID 00052	KALEIDOSCOPE HAIR PRODUCTS 580 Carrollton St		
08-01-24	06 CY FRONT LOAD SVC MSW 2 times per week	1.00	311.76
	Sub Total Services Only:		311.76
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		311.76
*** SiteID 00054	PUBLIC WORKS - TEMPLE 155 Montgomery St		
08-01-24	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		
08-01-24	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		
08-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00	51.96
	Sub Total Services Only:		51.96
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		51.96
*** SiteID 00059	PILOT 41700 625 Carrollton St		
08-06-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026117734	1.00 X 225.00	225.00
08-06-24	DISPOSAL AND RELATED FEES WO#0026117734	4.03 X 55.00	221.65
08-22-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026196106	1.00 X 225.00	225.00
08-22-24	DISPOSAL AND RELATED FEES WO#0026196106	6.67 X 55.00	366.85
	Sub Total Services Only:		1,038.50
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		1,038.50
*** SiteID 00061	INGLES MARKET, INC 520 Carrollton St		
08-01-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025761979	1.00 X 225.00	225.00
08-01-24	DISPOSAL AND RELATED FEES WO#0025761979	5.74 X 55.00	315.70
08-08-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0025803108	1.00 X 225.00	225.00

continued...

**INVOICE****PAYMENT DUE:****10-30-24****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!**

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**INVOICE NUMBER:** 0067340331  
**INVOICE DATE:** 09-30-24  
**SERVICE PERIOD:** SEPTEMBER

DATE	DESCRIPTION	QTY	X	UNIT PRICE	TOTAL
	Site Sub Total:				1,558.35
*** SiteID	00052				
	KALEIDOSCOPE HAIR PRODUCTS				
	580 Carrollton St				
09-01-24	06 CY FRONT LOAD SVC MSW 2 times	1.00			311.76
	per week				
	Sub Total Services Only:				311.76
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				311.76
*** SiteID	00054				
	PUBLIC WORKS - TEMPLE				
	155 Montgomery St				
09-01-24	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				
09-01-24	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				
09-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00			51.96
	Sub Total Services Only:				51.96
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				51.96
*** SiteID	00059				
	PILOT 41700				
	625 Carrollton St				
09-10-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0026279139				
09-10-24	DISPOSAL AND RELATED FEES	9.35	X	55.00	514.25
	WO#0026279139				
	Sub Total Services Only:				739.25
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				739.25
*** SiteID	00061				
	INGLES MARKET, INC				
	520 Carrollton St				
09-05-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0025969439				
09-05-24	DISPOSAL AND RELATED FEES	5.23	X	55.00	287.65
	WO#0025969439				
09-12-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0026004085				
09-12-24	DISPOSAL AND RELATED FEES	5.80	X	55.00	319.00
	WO#0026004085				
09-19-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0026037871				
09-19-24	DISPOSAL AND RELATED FEES	5.31	X	55.00	292.05
	WO#0026037871				
09-26-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0026072127				
09-26-24	DISPOSAL AND RELATED FEES	5.19	X	55.00	285.45
	WO#0026072127				
	Sub Total Services Only:				2,084.15
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				2,084.15
*** SiteID	00062				
	WATER TREATMENT PLANT				
	574 OAK SHADE RD				

continued...

# INVOICE

**PAYMENT DUE:**  
**11-30-24**

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

**INVOICE NUMBER:** 0067590590  
**INVOICE DATE:** 10-31-24  
**SERVICE PERIOD:** OCTOBER

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

**ACCOUNT #: 000073259**



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DATE	DESCRIPTION	QTY X UNIT PRICE	TOTAL
10-30-24	DISPOSAL AND RELATED FEES WO#0026248429	3.57 X 55.00	196.35
	Sub Total Services Only:		2,086.95
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		2,086.95
*** SiteID	00052 KALEIDOSCOPE HAIR PRODUCTS 580 Carrollton St		
10-01-24	06 CY FRONT LOAD SVC MSW 2 times per week	1.00	311.76
	Sub Total Services Only:		311.76
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		311.76
*** SiteID	00054 PUBLIC WORKS - TEMPLE 155 Montgomery St		
10-01-24	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		
10-01-24	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		
10-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00	51.96
	Sub Total Services Only:		51.96
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		51.96
*** SiteID	00059 PILOT 41700 625 Carrollton St		
10-02-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026379502	1.00 X 225.00	225.00
10-02-24	DISPOSAL AND RELATED FEES WO#0026379502	10.04 X 55.00	552.20
10-18-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026457103	1.00 X 225.00	225.00
10-18-24	DISPOSAL AND RELATED FEES WO#0026457103	8.25 X 55.00	453.75
10-29-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026496492	1.00 X 225.00	225.00
10-29-24	DISPOSAL AND RELATED FEES WO#0026496492	5.38 X 55.00	295.90
	Sub Total Services Only:		1,976.85
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		1,976.85
*** SiteID	00061 INGLES MARKET, INC 520 Carrollton St		
10-03-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026110830	1.00 X 225.00	225.00
10-03-24	DISPOSAL AND RELATED FEES WO#0026110830	4.47 X 55.00	245.85
10-10-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026145642	1.00 X 225.00	225.00
10-10-24	DISPOSAL AND RELATED FEES WO#0026145642	5.44 X 55.00	299.20
10-17-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026178715	1.00 X 225.00	225.00

continued...

**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!**

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**INVOICE NUMBER:** 0067928193  
**INVOICE DATE:** 11-30-24  
**SERVICE PERIOD:** NOVEMBER

DATE	DESCRIPTION	QTY X UNIT PRICE	TOTAL
11-01-24	06 CY FRONT LOAD SVC MSW 2 times per week	1.00	311.76
	Sub Total Services Only:		311.76
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		311.76
*** SiteID	00054 PUBLIC WORKS - TEMPLE 155 Montgomery St		
11-01-24	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		
11-01-24	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		
11-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00	51.96
	Sub Total Services Only:		51.96
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		51.96
*** SiteID	00059 PILOT 41700 625 Carrollton St		
11-08-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026552070	1.00 X 225.00	225.00
11-08-24	DISPOSAL AND RELATED FEES WO#0026552070	5.11 X 55.00	281.05
11-14-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026569597	1.00 X 225.00	225.00
11-14-24	DISPOSAL AND RELATED FEES WO#0026569597	3.10 X 55.00	170.50
11-23-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026615235 31726	1.00 X 225.00	225.00
11-23-24	DISPOSAL AND RELATED FEES WO#0026615235 31726	4.94 X 55.00	271.70
	Sub Total Services Only:		1,398.25
	Sub Total Taxes, Oil/Environmental & Fees:		0.00
	Site Sub Total:		1,398.25
*** SiteID	00061 INGLES MARKET, INC 520 Carrollton St		
10-31-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026246887	1.00 X 225.00	225.00
10-31-24	DISPOSAL AND RELATED FEES WO#0026246887	4.52 X 55.00	248.60
11-07-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026276964	1.00 X 225.00	225.00
11-07-24	DISPOSAL AND RELATED FEES WO#0026276964	4.91 X 55.00	270.05
11-14-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026309935	1.00 X 225.00	225.00
11-14-24	DISPOSAL AND RELATED FEES WO#0026309935	5.18 X 55.00	284.90
11-21-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026344219	1.00 X 225.00	225.00
11-21-24	DISPOSAL AND RELATED FEES WO#0026344219	4.64 X 55.00	255.20
11-27-24	HAUL 30-39 CY SC MSW RO COMPACTOR WO#0026373811	1.00 X 225.00	225.00

continued...

# INVOICE

PAYMENT DUE:  
**01-30-25**

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

**INVOICE NUMBER:** 0068199461  
**INVOICE DATE:** 12-31-24  
**SERVICE PERIOD:** DECEMBER

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

**ACCOUNT #: 000073259**



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DATE	DESCRIPTION	QTY	X	UNIT PRICE	TOTAL
	WO#0026523239				
	Sub Total Services Only:				1,622.20
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				1,622.20
*** SiteID	00052				
	KALEIDOSCOPE HAIR PRODUCTS				
	580 Carrollton St				
12-01-24	06 CY FRONT LOAD SVC MSW 2 times per week	1.00			311.76
	Sub Total Services Only:				311.76
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				311.76
*** SiteID	00054				
	PUBLIC WORKS - TEMPLE				
	155 Montgomery St				
12-01-24	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				
12-01-24	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				
12-01-24	02 CY FRONT LOAD SVC MSW Weekly	1.00			51.96
	Sub Total Services Only:				51.96
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				51.96
*** SiteID	00059				
	PILOT 41700				
	625 Carrollton St				
12-10-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0026677645				
12-10-24	DISPOSAL AND RELATED FEES	8.29	X	55.00	455.95
	WO#0026677645				
12-30-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0026750706				
12-30-24	DISPOSAL AND RELATED FEES	9.29	X	55.00	510.95
	WO#0026750706				
	Sub Total Services Only:				1,416.90
	Sub Total Taxes, Oil/Environmental & Fees:				0.00
	Site Sub Total:				1,416.90
*** SiteID	00061				
	INGLES MARKET, INC				
	520 Carrollton St				
12-05-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0026405645				
12-05-24	DISPOSAL AND RELATED FEES	6.39	X	55.00	351.45
	WO#0026405645				
12-12-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0026438321				
12-12-24	DISPOSAL AND RELATED FEES	5.15	X	55.00	283.25
	WO#0026438321				
12-19-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0026468481				
12-19-24	DISPOSAL AND RELATED FEES	5.23	X	55.00	287.65
	WO#0026468481				
12-26-24	HAUL 30-39 CY SC MSW RO COMPACTOR	1.00	X	225.00	225.00
	WO#0026499839				
12-26-24	DISPOSAL AND RELATED FEES	5.38	X	55.00	295.90

continued...

**City of Temple**  
**General NPDES Stormwater Permit No. GAG610000**  
**Pollution Prevention / Good Housekeeping for Municipal Operations**  
**BMP #4 - Litter Pickup (Street Sweeping or Trash Pick Up from Street)**  
**Appendix F**

Year: 2024

Month	Name of Streets cleaned	Number of bags picked up
January		
February		
March		
April		
May		
June		
July		
August	811 - Rome St, 8116 - E Johnson St, 8116 - Villa Rosa Rd	4 - Rome St, 6 - E Johnson, 2 - Villa Rosa Rd
September	916 - Sage St	4 - Sage St
October		
November		
December		

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 Moody

Date: 1/7/2025

**City of Temple**  
**General NPDES Stormwater Permit No. GAG610000**  
**Pollution Prevention / Good Housekeeping for Municipal Operations**  
**BMP #3 - MS4 Maintenance**  
**Appendix F-3**

Month/Year: 9/2024

Description of Storm Sewer System Cleaned	Bags of trash
Villa Rosen way Retention Pond	2
4 Catch Basins leading to VRW Pond	2
Pipes leading to VRW Pond	1

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.

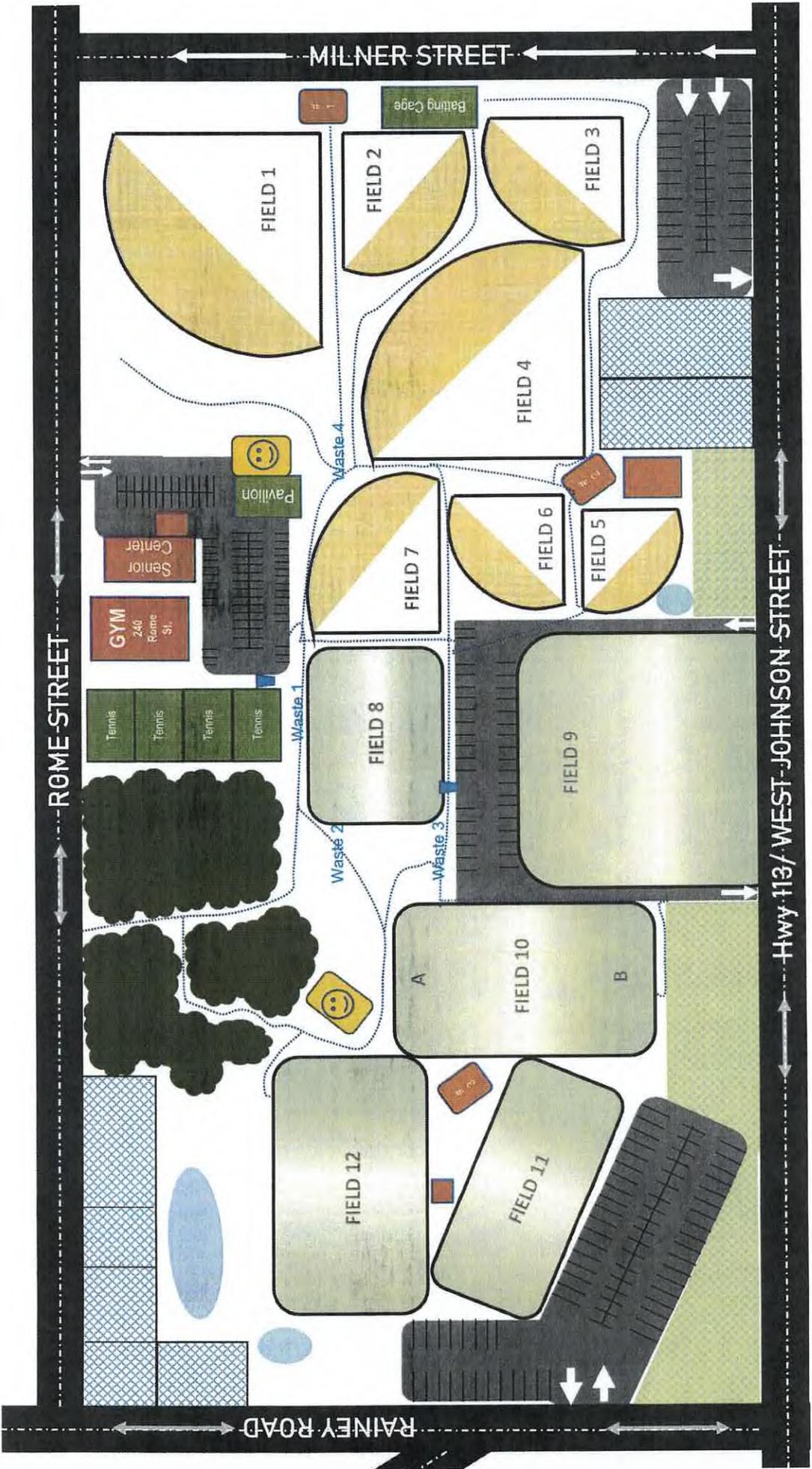
Signed: Robert Moody

Date: 9/12/24

City of Temple, GA Pet Waste Station Restocking Log

2024

<b>Restocking Date</b>	<b>Restocked Materials</b>	<b>Waste Station Location</b>
February 2024	Trash bags, Pet waste bags	1 - 4
May 2024	Trash bags, Pet waste bags	1 - 4
August 2024	Trash bags, Pet waste bags	1 - 4
November 2024	Trash bags, Pet waste bags	1 - 4



Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/20/24</u>	Time of screening: <u>3:20 PM</u>
Weather conditions: <u>Sunny, Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location:	Outfall I.D. Number: <u>54</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>15"</u>
Receiving stream and watershed name: <u>Trestle Creek Tributary</u>	
Land use/industries in drainage area: <u>Residential</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 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
Floatables: <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:	

<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.

Outfall 40% filled with sediment

Dry Weather Outfall Screening Form	
Name of City or County: Temple, GA	Data Sheet Number:
Date of screening (MM/DD/YY): 08/20/14	Time of screening: 3:00 PM
Weather conditions: Sunny, Dry	
Sampling performed by: Robert Mooby	

Outfall Description	
Outfall Location: 123 Ivory Lake Pkwy	Outfall I.D. Number: 57
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: 12"
Receiving stream and watershed name: Treble Creek Tributary	
Land use/industries in drainage area: Residential	
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 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
--

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.

Sediment buildup @ outfall should be cleared.

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/22/24</u>	Time of screening: <u>10:15 AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Mochly</u>	

Outfall Description	
Outfall Location: <u>Glendale Blvd</u>	Outfall I.D. Number: <u>113</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP CMP PVC <b>HDPE</b> Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>24"</u>
Receiving stream and watershed name: <u>Bethel Creek</u>	
Land use/industries in drainage area: <u>Residential</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 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
Floatables: <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:	

<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.

Drains to wetlands, some water in pipe, no flow

Dry Weather Outfall Screening Form	
Name of City or County: Temple, GA	Data Sheet Number:
Date of screening (MM/DD/YY): 08/22/29	Time of screening: 10:30 AM
Weather conditions: Dry	
Sampling performed by: Robert McCoy	

Outfall Description	
Outfall Location: End of Aber	Outfall I.D. Number: 121
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <b>(CMP)</b> PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: 15"
Receiving stream and watershed name: Bethel Creeks	
Land use/industries in drainage area: Residential	
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 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
Floatables: <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:	

<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>Tombler GA</u>	Data Sheet Number:
Date of screening (MM/DD/YYYY): <u>08/22/24</u>	Time of screening: <u>10:40A</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Nicks</u>	

Outfall Description	
Outfall Location: <u>Allstar Rd (cul de sac)</u>	Outfall I.D. Number: <u>120</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>Belhel Creek</u>	
Land use/industries in drainage area: <u>Residential</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 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
Floatables: <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:

<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>Tonoloway, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/22/24</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>All Star Rd</u>	Outfall I.D. Number: <u>112</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>Bethel Creek</u>	
Land use/industries in drainage area: <u>Residential</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 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
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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.

Drains to wetlands, water in pipe, no flow

Dry Weather Outfall Screening Form	
Name of City or County: <u>Temple, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/22/24</u>	Time of screening: <u>11:05 AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Meeley</u>	

Outfall Description	
Outfall Location: <u>710 Ali St.</u>	Outfall I.D. Number: <u>111</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>Belhel Creek</u>	
Land use/industries in drainage area: <u>Residential</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 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
Floatables: <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:**

Unlikely - or- No Flow     Possible (presence of two or more indicators)

Suspect (one or more indicators with severity of 2 or 3)     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>Tenille, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/22/24</u>	Time of screening: <u>11:25 AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Mochly</u>	

Outfall Description	
Outfall Location: <u>Morning Star Dr</u>	Outfall I.D. Number: <u>118</u>
Outfall Type/Material: <input type="checkbox"/> Closed Pipe (circle): <u>RCP</u> CMP PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>15"</u>
Receiving stream and watershed name: <u>Bellevue Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers:

Field Observations and Measurements	
Flow from outfall? <input checked="" type="checkbox"/> Yes <input 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 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	
Floatables: <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:

<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, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/22/24</u>	Time of screening: <u>11:45 AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Robin Hill Dr</u>	Outfall I.D. Number: <u>114</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>15"</u>
Receiving stream and watershed name: <u>Bethel Creek</u>	
Land use/industries in drainage area: <u>Residential</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 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
Floatables: <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:	

<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: Temple, GA	Data Sheet Number:
Date of screening (MM/DD/YY): 08/22/24	Time of screening: 12:00 pm
Weather conditions: Dry	
Sampling performed by: Robert Morley	

Outfall Description	
Outfall Location: Morningstar Dr Cal Deco	Outfall I.D. Number: 115
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: 12"
Receiving stream and watershed name: Belhol Creek	
Land use/industries in drainage area: Residential	
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 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
Floatables: <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:

<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: Temple, GA	Data Sheet Number:
Date of screening (MM/DD/YY): 08/22/24	Time of screening: 12:15 PM
Weather conditions: Dry	
Sampling performed by: Robert Mochly	

Outfall Description	
Outfall Location: 358 Morning Star Dr	Outfall I.D. Number: 117
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: 12"
Receiving stream and watershed name: Bethel Creek	
Land use/industries in drainage area: Residential	
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 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	
Floatables: <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:	

<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, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/22/24</u>	Time of screening: <u>12:40 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Mochly</u>	

Outfall Description	
Outfall Location: <u>Piedmont Ct</u>	Outfall I.D. Number: <u>129</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP <u>CMB</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>Bethel Creek</u>	
Land use/industries in drainage area: <u>Residential</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 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"/> <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: Temple, GA	Data Sheet Number:
Date of screening (MM/DD/YY): 08/22/24	Time of screening: 2:15 pm
Weather conditions: Dry	
Sampling performed by: Robert Moody	

Outfall Description	
Outfall Location: Walden Way / Center rd	Outfall I.D. Number: 32
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: 36"
Receiving stream and watershed name: Chance Creek	
Land use/industries in drainage area: Residential	
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 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
Floatables: <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:	

<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>Tenton GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/22/24</u>	Time of screening: <u>2:45 pm</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Sunwood Ln</u>	Outfall I.D. Number: <u>36</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>12"</u>
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</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 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	
Floatables: <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:	

<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: Temple, GA	Data Sheet Number:
Date of screening (MM/DD/YY): 08/22/24	Time of screening: 3:10 PM
Weather conditions: Dry	
Sampling performed by: Robert Mochly	

Outfall Description	
Outfall Location: Dahoon Dr.	Outfall I.D. Number: 137
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: 12"
Receiving stream and watershed name: Webster Creek	
Land use/industries in drainage area: Residential	
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 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:	

<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, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/22/24</u>	Time of screening: <u>3:30 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Sourwood Ln</u>	Outfall I.D. Number: <u>138</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>12"</u>
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</u>	
GPS Coordinates:	Photo numbers:

Field Observations and Measurements	
Flow from outfall? <input checked="" type="checkbox"/> Yes <input 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 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	
Floatables: <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:

<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, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/26/24</u>	Time of screening: <u>10:15 AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Michy</u>	

Outfall Description	
Outfall Location: <u>Duffell Dr</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>15"</u>
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</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 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
Floatables: <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:	

<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.

Outfall located inside creek culvert pipe.

Dry Weather Outfall Screening Form	
Name of City or County: Temple, GA	Data Sheet Number:
Date of screening (MM/DD/YY): 08/26/14	Time of screening: 10:20A
Weather conditions: Dry	
Sampling performed by: Robert Mackey	

Outfall Description	
Outfall Location: Clematis Ct	Outfall I.D. Number: 22
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: 12"
Receiving stream and watershed name: Webster Creek	
Land use/industries in drainage area: Residential	
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 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
Floatables: <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:	

<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>Tenille, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/26/24</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>429 Daffodil Dr</u>	Outfall I.D. Number: <u>143</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: <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:

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 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
Floatables: <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:	

<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, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>08/26/24</u>	Time of screening: <u>11:00AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robt Crady</u>	

Outfall Description	
Outfall Location: <u>438 Daffodil Dr</u>	Outfall I.D. Number: <u>114</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): <u>RCP</u> CMP PVC HDPE Other: _____ <input type="checkbox"/> Open Channel (circle): Concrete Earthen Grassy Other: _____	Outfall Diameter/Dimensions: <u>15"</u>
Receiving stream and watershed name: <u>Wilson Creek</u>	
Land use/industries in drainage area: <u>Residential</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 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
Floatables: <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:	

<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: Temple, GA	Data Sheet Number:
Date of screening (MM/DD/YYYY): 08/26/24	Time of screening: 11:15 AM
Weather conditions: Dry	
Sampling performed by: Robert Moody	

Outfall Description	
Outfall Location: 413 Daffodil Dr	Outfall I.D. Number: 142
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: 12"
Receiving stream and watershed name: Webster Creek	
Land use/industries in drainage area: Residential	
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 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:	

<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: Temple, GA	Data Sheet Number:
Date of screening (MM/DD/YYYY): 08/28/14	Time of screening: 2:12 PM
Weather conditions: Dry	
Sampling performed by: Robert Moody	

Outfall Description	
Outfall Location: Madison Ave	Outfall I.D. Number: 150
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: 18"
Receiving stream and watershed name: Webster Creek	
Land use/industries in drainage area: Residential	
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 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
Floatables: <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:

<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, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>8/16/24</u>	Time of screening: <u>2:05 PM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Mason Ct</u>	Outfall I.D. Number: <u>149</u>
Outfall Type/Material: <input checked="" type="checkbox"/> Closed Pipe (circle): RCP 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:

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 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
Floatables: <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 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, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>8/26/24</u>	Time of screening: <u>9:45 AM</u>
Weather conditions: <u>Over</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Lilly Ln</u>	Outfall I.D. Number: <u>153</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:

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 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
Floatables: <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:	

<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>Tenck, GA</u>	Data Sheet Number:
Date of screening (MM/DD/YY): <u>05/26/24</u>	Time of screening: <u>9:30 AM</u>
Weather conditions: <u>Dry</u>	
Sampling performed by: <u>Robert Moody</u>	

Outfall Description	
Outfall Location: <u>Lilly Ln</u>	Outfall I.D. Number: <u>152</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>12"</u>
Receiving stream and watershed name: <u>Webster Creek</u>	
Land use/industries in drainage area: <u>Residential</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 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	
Floatables: <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:	

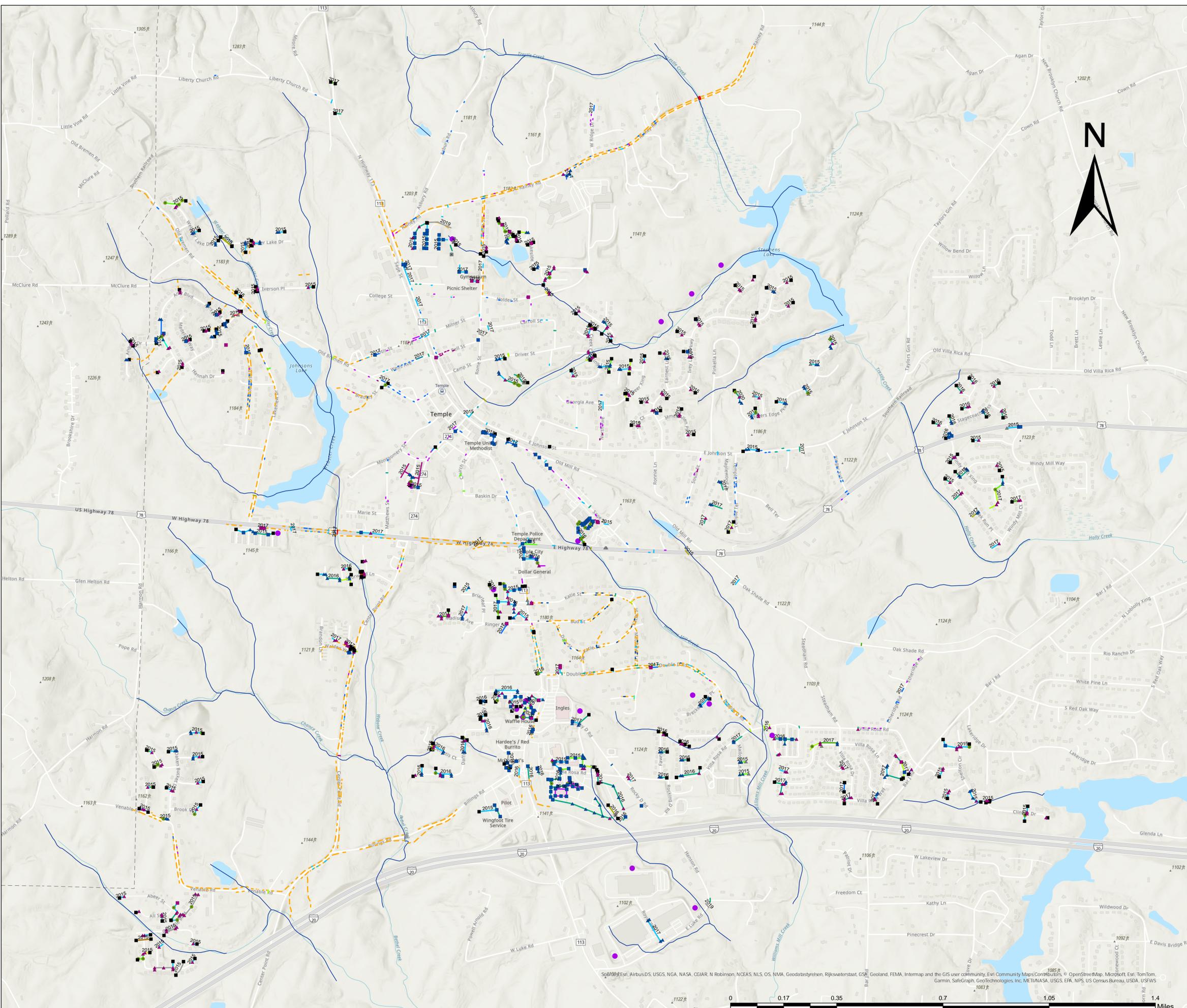
<b>Outfall Potential for Illicit Discharge:</b> <input checked="" type="checkbox"/> Unlikely - or- No Flow <input type="checkbox"/> Possible (presence of two or more indicators) <input type="checkbox"/> Suspect (one or more indicators with severity of 2 or 3) <input type="checkbox"/> Obvious - or- Confirmed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

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.

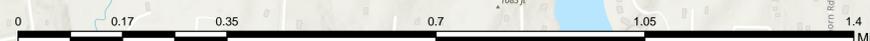
# MS4 Control Structures



- Post Construction Structures
- State Waters
- - - Ditch
- ▲ SWCB
- ▲ DWCB
- YI
- DI
- OCS
- HW
- ▲ FES
- JB
- PIPE END
- Unknown
- 8"
- 10"
- 12"
- 14"
- 15"
- 16"
- 18"
- 20"
- 21"
- 24"
- 30"
- 32"
- 36"
- 42"
- 48"
- 54"
- 60"
- 72"
- 78"



Source: Esri, Airbus DS, USGS, NGA, NASA, CIGAR, N Robinson, NCEAS, NLS, OS, NIMA, Geodatasystemen, Rijkswaterstaat, GSB, Geoland, FEMA, Intermap and the GIS User community, Esri Community Maps Contributors, OpenStreetMap, MicrodotL, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA, USFWS



NOVEMBER 2024



COMMUNITY DEVELOPMENT

**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: August 20, 2024

Bedrock	1	2	3	4	5	6	7	8	9	10	11
Pond #	2										
Map Grid #											
Inspection Date	8/20/24										
Person Inspecting	RM										
Inspection Time	9:45 AM										
Retrofit Needed Yes/No	NO										
Excessive Silt build up	NO										
Signs of Pollution	Some trash NO immediate concerns										
Areas of Erosion	NONE										
Trash	minimal										
Functioning Outlet	yes										
Grass Needs Cutting	yes										

**Comments:**

Debris in & around outlet pipe, grass high, some trash around edges  
near inlet @ road. Related outfall fine of little distance / no flow

I certify that the information listed above is true

Signed: Robt Moody

Date: 8/20/24

**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: August 2024

Schoolhouse Trail	1	2	3	4	5	6	7	8	9	10	11
Pond #	1										
Map Grid #											
Inspection Date	8/10/24										
Person Inspecting	RM										
Inspection Time	10:45am										
Retrofit Needed Yes/No	NO										
Excessive Silt build up	Silt present, not excessive.										
Signs of Pollution	NO										
Areas of Erosion	minimal, grass/vegetation present to prevent										
Trash	minimal										
Functioning Outlet	Yes										
Grass Needs Cutting	NO										

**Comments:**

Pond looks good, water in bottom, signs of silt from construction nearby.  
Grassing & hwy added to prevent along w/ silt fence.

I certify that the information listed above is true

Signed: Robert May

Date: 8/20/24

**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: August 2024

<i>Grace City Church</i>	1	2	3	4	5	6	7	8	9	10	11
Pond #	6										
Map Grid #											
Inspection Date	8/20/24										
Person Inspecting	RM										
Inspection Time	11:50 AM										
Retrofit Needed Yes/No	NO										
Excessive Silt build up	NO										
Signs of Pollution	Trash										
Areas of Erosion	NO										
Trash	Yes										
Functioning Outlet	Yes										
Grass Needs Cutting	NO										

**Comments:**

Trash mostly concentrated near outlet, some silt present but mostly settled

I certify that the information listed above is true

Signed: Roba Macky

Date: 8/20/24

**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: August 2024

<u>Janus West</u>	1	2	3	4	5	6	7	8	9	10	11
Pond #	9										
Map Grid #											
Inspection Date	8/20/24										
Person Inspecting	RM										
Inspection Time	2:00pm										
Retrofit Needed Yes/No	NO										
Excessive Silt build up	NO										
Signs of Pollution	NO										
Areas of Erosion	NO										
Trash	minimal										
Functioning Outlet	Yes										
Grass Needs Cutting	NO										

**Comments:**

Pond well maintained, nearby free of trash.

I certify that the information listed above is true

Signed: Robt Macy

Date: 8/20/24

**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: August 2024

<u>Janus East</u>	1	2	3	4	5	6	7	8	9	10	11
Pond #	11										
Map Grid #											
Inspection Date	8/20/24										
Person Inspecting	RM										
Inspection Time	2:15PM										
Retrofit Needed Yes/No	NO										
Excessive Silt build up	NO										
Signs of Pollution	NO										
Areas of Erosion	Yes										
Trash	Yes										
Functioning Outlet	Yes										
Grass Needs Cutting	NO										

**Comments:**

Trash & erosion concentrated near inlet nearest to Janus Intl. Grass high in middle of pond but does not require cutting at this time

I certify that the information listed above is true

Signed:

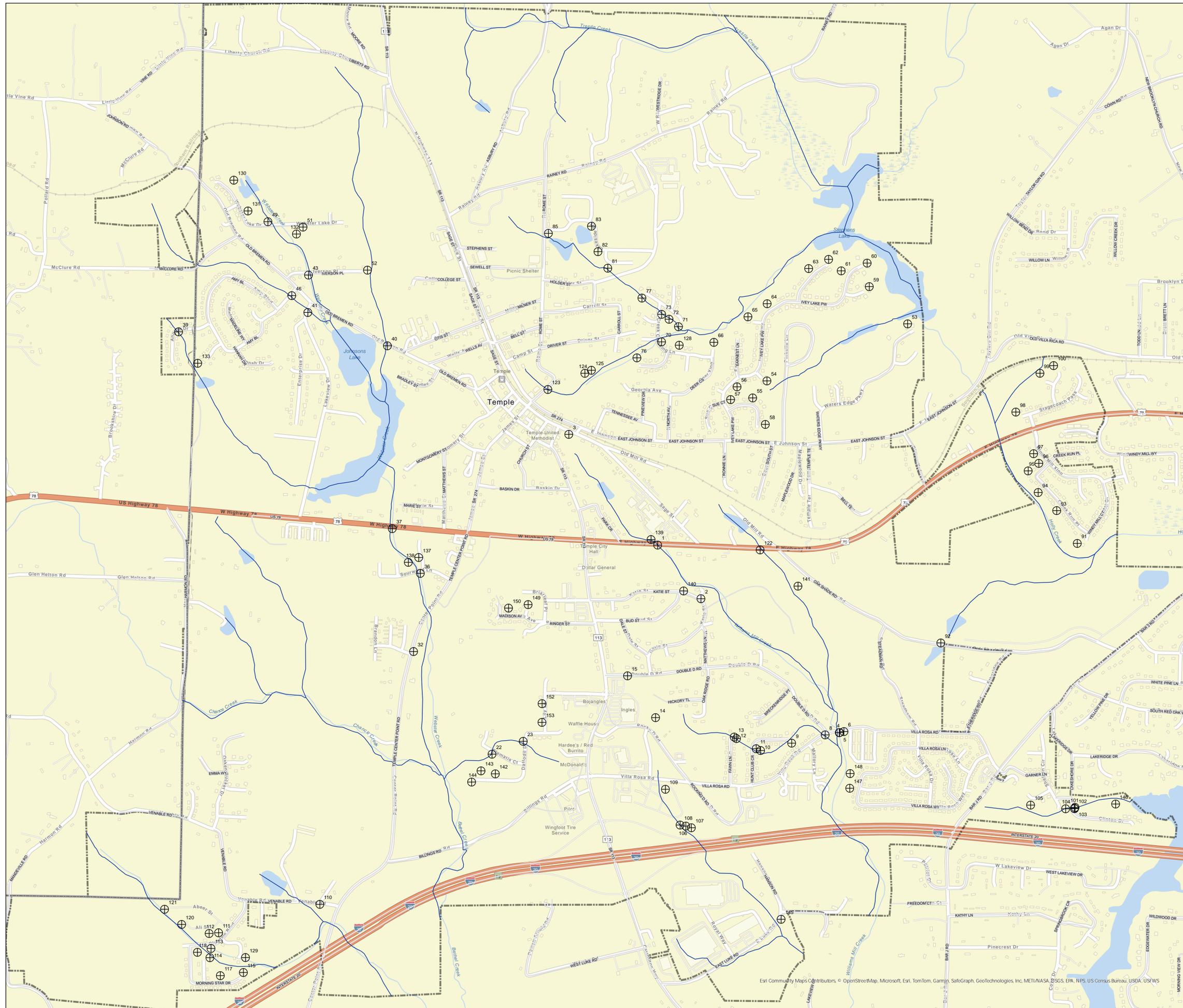
RoboA medy

Date:

8/20/24

# Temple Outfall Map

- ⊕ Outfall (106)
- State Waters
- ▭ Carroll/Haralson County Line
- ⊞ Temple City Limit



November 2024



Eri Community Maps Contributors, © OpenStreetMap, Microsoft, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc. METI/ANSA, BGS, EPA, NPS, US Census Bureau, USDA, USFSWS

### 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
22	33.721287	-85.033869
23	33.721883	-85.03217
32	33.725929	-85.038209
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

\*Last update Nov. 7, 2024

Total # of Outfalls: 106

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
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
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
117	33.7111	-85.048628
118	33.712155	-85.04989
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
149	33.728109	-85.031964
150	33.727943	-85.033033

152	33.723606	-85.031155
153	33.722754	-85.031152
154	33.742966	-85.027437

# **Green Infrastructure / Low Impact Development (GI/LID) Program**

**Prepared For:  
The  
City of Temple,  
Georgia**

**July 2020**

Prepared to Meet the Requirements of:  
General NPDES Permit #GAG610000

## Table of Contents

<b>Background and Purpose.....</b>	<b>3</b>
<b>Temple Code of Ordinances and Development Code Review .....</b>	<b>4</b>
<b>GI/LID Program.....</b>	<b>4</b>
Definition of GI/LID .....	4
GI/LID BMPs in the City of Temple.....	4
<b>GI/LID Structure Inspection and Maintenance.....</b>	<b>5</b>
Permit Requirements.....	5
GI/LID Inspection and Maintenance Responsibilities.....	5
GI/LID Inspection Program.....	6
GI/LID Maintenance Program .....	7
<b>GI/LID Program Implementation Schedule.....</b>	<b>8</b>
Appendix A – Example GI/LID Structure Inspection Forms	

## Background and Purpose

The City of Temple, Georgia, encompasses 6.9 square miles and had a population of 4,228 people in 2010 based on the U.S. Census. Temple is not a Local Issuing Authority (LIA), therefore Temple along with the Georgia Department of Natural Resources – Environmental Protection Division (EPD) share responsibilities for regulating land disturbance permits, performing erosion control inspections, enforcing erosion control measures, and enforcing litter control. In compliance with the 2017 General NPDES Stormwater Permit No. GAG610000 for Phase II MS4s effective December 6, 2017, permittees with a population of less than 10,000 people are required to develop a Green Infrastructure / Low Impact Development (GI/LID) Program for the inspection and maintenance of GI/LID structures.

Bethel, Chance, Webster, Williams Mill, Holly, and Trestle Creek run through the City of Temple. The City of Temple consists of soils with Hydrologic Soil Group (HSG) B, C, and D. HSG B soils have moderately high rates of infiltration, while HSG C soils have lower rates of infiltration. HSG D soils have very low rates of infiltration and possess the highest chance to produce runoff. The greatest potential for the use of infiltration based GI/LID structures exists within the City in areas with HSG B soils.

As outlined in the General Permit for Phase II MS4s, the GI/LID Program for MS4s with a population of less than 10,000 people includes a GI/LID Inspection and Maintenance Program.

This document serves to further encourage the use of and provide information regarding the inspection and maintenance of GI/LID best management practices (BMPs) in the City of Temple. The objective of this document is to identify the most effective approach for integrating GI/LID into the City of Temple's current stormwater and development programs, including developing an inspection and maintenance program

The City of Temple encourages the use of GI/LID BMPs. The ultimate intent of establishing a City of Temple GI/LID Program is to ensure GI/LID practices and structures are implemented and maintained by their respective owners for improved watershed protection.

## Temple Code of Ordinances and Development Code Review

The City of Temple will conduct a general review of local ordinances and development regulations to ensure the use of GI/LID techniques are not prohibited or impeded. If the City's local ordinances and/or development regulations prohibit or impede the use of GI/LID techniques, they will be revised or replaced to support the use of GI/LID techniques.

### GI/LID Program

#### Definition of GI/LID

GI/LID refers to a broad range of stormwater practices and structures for a variety of purposes including water quality improvements and watershed protection. It includes a diverse set of site planning techniques, site design techniques, and GI/LID structures. See the most recent Georgia-based guidance on GI/LID within the 2016 Georgia Stormwater Management Manual (GSMM) for information.

The following are some examples of GI/LID (per the GSMM):

- Better Site Planning Techniques (e.g. protection of conservation areas, utilization of natural features for stormwater management, avoiding developing in floodplains, avoiding developing on steep slopes, etc.)
- Better Site Design Techniques (e.g. reducing roadway lengths and widths, reducing parking lot footprints, reducing building footprints, utilizing open space development, using vegetated swales instead of curb and gutter, etc.)
- Low Impact Development Structures (e.g. green roofs, permeable pavement, vegetated filter strips, rain gardens, etc.)

The GSMM serves as a reference to support the selection of practices and structures that would be appropriate for implementation in the City of Temple.

#### GI/LID BMPs in the City of Temple

In an effort to promote the use of GI/LID where it is feasible, the City of Temple will allow the use of all GI/LID structures, better site planning techniques, and better site design techniques that are included in the 2016 GSMM.

Information related to the design criteria, advantages/disadvantages, maintenance needs, pollutant removal calculations, stormwater management suitability, implementation considerations, runoff reduction credits, and other useful information pertaining to each GI/LID structure are found in Volume 2 of the GSMM.

The City of Temple understands that the feasibility and successful implementation of individual structures and techniques is site-dependent and therefore the GSMM will be used to determine specific procedures that may be included on a development or re-development site.

# GI/LID Structure Inspection and Maintenance

## Permit Requirements

Although the City of Temple’s population is less than 10,000 people, the GI/LID Inspection and Maintenance Program requirements for populations larger than 10,000 people from the General Permit for Phase II MS4s are included below for reference:

- Beginning in 2020, conduct inspections and/or ensure inspections are conducted on 100% of the GI/LID structures within a 5-year period. The inspections must be completed in accordance with the schedule submitted in the GI/LID Program. Provide documentation of the inspections conducted during the reporting period in each annual report.
- Conduct maintenance on the permittee owned GI/LID structures, as needed. Provide the number of structures and percentage of the total structures maintained during the reporting period in each annual report.
- Implement the maintenance procedures in accordance with the GI/LID program for ensuring publicly-owned structures owned by other entities and privately owned non-residential GI/LID structures are maintained as needed. Provide documentation of these activities in each annual report.

## GI/LID Inspection and Maintenance Responsibilities

Table 1 summarizes the GI/LID inspection and maintenance responsibilities that are incorporated into the City of Temple SWMP, by nature of approval of this document. Details are provided following the table.

Table 1

### GI/LID Inspection and Maintenance Responsibilities – City of Temple

Green Infrastructure / Low Impact Development Program

Location	Inspection Responsibility	Maintenance Responsibility
Within the MS4 and public right-of-way	City of Temple	City of Temple
Publicly Owned, Georgia Department of Transportation Structures within the MS4	Georgia Department of Transportation	Georgia Department of Transportation
Private non-residential	City of Temple	Property Owner
Private residential	Property Owner	Property Owner
City of Temple government facilities	City of Temple	City of Temple

## **GI/LID Inspection Program**

As directed by EPD, 100% of the GI/LID structures will be inspected within a 5-year period upon the construction and identification of GI/LID structures within the City of Temple.

### **Privately Owned Non-Residential Structures**

Privately owned non-residential structures are required to be maintained by individual property owners. Private non-residential property owners will be required to complete, sign, and notarize a maintenance agreement with the City of Temple. The maintenance agreement will require the property owner to submit an inspection form once every five years to the City to verify inspection and maintenance needs. If the City identifies non-compliance with the maintenance agreement, the first step to bring the site into compliance will be for a City staff member to conduct a site visit or phone call to the property owner. Property owners who fail to maintain their stormwater systems will be notified of the violation. If within thirty (30) days (or twenty-four (24) hours if there is an immediate danger to public safety), no actions are taken, the City of Temple may enter the property and correct the failure. The cost for the repair work may be a charge on the customer's water, sewer, and stormwater bill, or a lien on the property that may be placed on the tax bill.

Additionally, failure to maintain stormwater controls in accordance with maintenance agreements may be subject to enforcement actions. If the City of Temple determines that a responsible person has failed to comply with such provisions, the City will issue a written notice of violation, and if the responsible parties do not address the violations, they may be subject to penalties such as stop work orders, revocation of permit, civil penalties or criminal penalties for intentional and flagrant violations. Non-residential structures are subject to future inspections by city personnel to verify maintenance activities were performed. The City will document all maintenance agreements, inspection forms, property owner communication, and if applicable, documentation of any enforcement actions, and will provide this information to EPD with each annual report. Appendix A contains GI/LID structure inspection forms from the GSMM.

## Publicly Owned Structures

For publicly owned GI/LID structures, the City of Temple will prioritize inspections based on proximity to any documented complaints received. Inspections will be completed by City staff, and during each inspection, conditions will be documented on an inspection form. Forms provided in the GSMM for each GI/LID structure will be used to complete inspections (see Appendix A). Inspections will be prioritized based on structure location, subdivision age, accessibility, or concern. Once inspections are completed for any documented complaints received, City staff will conduct inspections on the remaining GI/LID structures to ensure that all publicly owned GI/LID structures are inspected at least once within a 5-year period. This approach will allow staff to respond efficiently to known problems, while documenting the condition of other structures in adjacent areas.

Inspections of applicable GI/LID BMPs will be documented on an inspection form and, at a minimum, attempt to identify the following information:

- Adequate access to GI/LID BMPs via drainage easements and berms;
- Stormwater facilities that require sediment removal, grassing, outlet control structure repair, and erosion control;
- Accumulation of sediment or debris at the discharge of outfall structures;
- Stormwater collection and transfer structures that are not properly maintained or damaged.

Emergency situations will be addressed immediately while routine inspections are prioritized based upon the assessed conditions. Once the City of Temple is able to reduce any inspection/maintenance backlog, areas will be identified to prioritize inspections based on structure condition, frequency of failure, and age.

## GI/LID Maintenance Program

As directed by EPD, the City of Temple will conduct maintenance on publicly-owned GI/LID structures on an as-needed basis. The City will ensure the maintenance of privately-owned non-residential GI/LID structures. With regard to responsibility:

- **Publicly-owned structures:** The City of Temple is responsible for maintenance associated with GI/LID structures at municipal facilities in their jurisdictions (e.g., the Wastewater Treatment Plant (WWTP), administration buildings, maintenance facilities, etc.).
- **Privately-owned non-residential structures:** The property owner is responsible for maintenance of the GI/LID structures. The City ensures that proper maintenance is performed by the owner through a notarized maintenance agreement signed by both the private property owners and the City of Temple.

Maintenance needs will vary for each GI/LID structure and may include such actions as proper drainage, replacing mulch and plants, removing sediment, sweeping/vacuuming, dewatering, invasive species removal, planting, and removing trash/debris. The City of Temple will utilize the GSMM to identify maintenance needs for GI/LID structures.

Maintenance activities will follow the same pattern as the inspections, since most structures needing to be repaired or maintained will be included as a work order as the result of an inspection. Once maintenance has been conducted, information will be documented regarding the efforts, final condition, and follow-up needs of the structure. The City of Temple will provide the number and/or percentage of public GI/LID structures maintained during the reporting period in each annual report.

## GI/LID Program Implementation Schedule

The GI/LID program outlined above will be implemented according to the following schedule:

- The City of Temple will conduct the following:
  - Conduct inspections on public and private non-residential GI/LID structures so that each structure is inspected once every 5 years
  - Conduct maintenance, as needed, on City-owned GI/LID structures
  - Coordinate with private non-residential property owners to ensure that needed maintenance is conducted on GI/LID structures

## Appendix A: Example GI/LID Structure Inspection Forms\*

**\*See the GSMM Appendix E Best Management Practice Operations & Maintenance Guidance Document for all GI/LID Structure Inspection Forms**

Bioretention Area					
Maintenance Item	Condition				Comment
	Good	Marginal	Poor	N/A*	
<b>General Inspection</b>					
Access to the site is adequately maintained for inspection and maintenance.					
Area is clean (trash, debris, grass clippings, etc. removed).					
<b>Inlet Structure</b>					
Drainage ways (overland flow or pipes) to the practice are free of trash, debris, large branches, etc.					
Area around the inlet structure is mowed and grass clippings are removed.					
No evidence of gullies, rills, or excessive erosion around the inlet structure.					
Water is going through structure (i.e. no evidence of water going around the structure).					
Diversion structure (high flow bypass structure or other) is free of trash, debris, or sediment. Comment on overall condition of diversion structure and list type.					
<b>Pretreatment (choose one)</b>					
Forebay – area is free of trash, debris, and sediment.					
Weir – area is free of trash, debris, and sediment is less than 25% of the total depth of the weir.					
Filter Strip or Grass Channels – area is free of trash debris and sediment. Area has been mowed and grass clippings are removed. No evidence of erosion.					
Rock Lined Plunge Pools – area is free of trash debris and sediment. Rock thickness in pool is adequate.					
<b>Main Treatment</b>					
Main treatment area is free of trash, debris, and sediment.					
Erosion protection is present on site (i.e. turf reinforcement mats). Comment on types of erosion protection and evaluate condition.					

Bioretention Area					
Maintenance Item	Condition				Comment
	Good	Marginal	Poor	N/A*	
No evidence of long-term ponding or standing water in the ponding area of the practice (examples include: stains, odors, mosquito larvae, etc).					
Structure seems to be working properly. No settling around the structure. Comment on overall condition of structure.					
Vegetation within and around practice is maintained per landscaping plan. Grass clippings are removed.					
Mulching depth of 3-4 inches is maintained. Comment on mulch depth.					
Native plants were used in the practice according to the planting plan.					
No evidence of use of fertilizer on plants (fertilizer crusting on the surface of the soil, tips of leaves turning brown or yellow, blackened roots, etc.).					
Plants seem to be healthy and in good condition. Comment on condition of plants.					
Emergency Overflow					
Emergency overflow is free of trash, debris, and sediment.					
No evidence of erosion, scour, or flooding around the structure.					
Outlet Structure					
Outlet structure is free of trash, debris, and sediment.					
No evidence of erosion, scour, or flooding around the structure.					
Results					
Overall condition of Bioretention Area:					
Additional Comments					
<b>Notes:</b> * If a specific maintenance item was not checked, please check N/A and explain why in the appropriate comment box.					

Dry Enhanced Swale/Wet Enhanced Swale					
Maintenance Item	Condition				Comment
	Good	Marginal	Poor	N/A*	
<b>General Inspection</b>					
Access to the site is adequately maintained for inspection and maintenance.					
Area is clean (trash, debris, grass clippings, etc. removed).					
<b>Inlet Structure</b>					
Drainage ways (overland flow or pipes) to the practice are free of trash, debris, large branches, etc.					
Area around the inlet structure is mowed and grass clippings are removed (for dry enhanced swale).					
No evidence of gullies, rills, or excessive erosion around the inlet structure.					
Water is going through structure (i.e. no evidence of water going around the structure).					
<b>Pretreatment (choose one)</b>					
Forebay – area is free of trash, debris, and sediment.					
Weir – area is free of trash, debris, and sediment is less than 25% of the total depth of the weir.					
Filter Strip or Grass Channels – area is free of trash debris and sediment. Area has been mowed and grass clippings are removed. No evidence of erosion.					
Rock Lined Plunge Pools – area is free of trash debris and sediment. Rock thickness in pool is adequate.					
<b>Main Treatment</b>					
Main treatment area is free of trash, debris, and sediment.					
Erosion protection is present on site (i.e. turf reinforcement mats). Comment on types of erosion protection and evaluate condition.					
For dry enhanced swale, no evidence of long-term ponding or standing water in the ponding area of the practice (examples include: stains, odors, mosquito larvae, etc).					
Plants were used in the practice according to the planting plan.					

Dry Enhanced Swale/Wet Enhanced Swale					
Maintenance Item	Condition				Comment
	Good	Marginal	Poor	N/A <sup>+</sup>	
Vegetation within and around practice is maintained per landscaping plan. Grass clippings are removed.					
Structure seems to be working properly. No settling around the structure. Comment on overall condition of structure.					
No evidence of undesirable vegetation.					
No evidence of use of fertilizer on plants (fertilizer crusting on the surface of the soil, tips of leaves turning brown or yellow, blackened roots, etc.).					
Plants seem to be healthy and in good condition. Comment on condition of plants.					
No evidence of erosion around the sides of the check dam.					
Cleanout caps are in place and in good condition (for dry enhanced swale).					
The underdrain appears to be unclogged evidenced by water exiting the practice freely (for dry enhanced swale).					
Pea gravel diaphragm or other flow spreader is clean and working properly.					
<b>Emergency Overflow</b>					
Emergency overflow is free of trash, debris, and sediment.					
No evidence of erosion, scour, or flooding around the structure.					
<b>Outlet Structure</b>					
Outlet structure is free of trash, debris, and sediment.					
No evidence of erosion, scour, or flooding around the structure.					
<b>Results</b>					
Overall condition of Enhanced Swale:					
<b>Additional Comments</b>					
<b>Notes:</b> * If a specific maintenance item was not checked, please explain why in the appropriate comment box.					

Grass Channel					
Maintenance Item	Condition				Comment
	Good	Marginal	Poor	N/A*	
<b>General Inspection</b>					
Access to the site is adequately maintained for inspection and maintenance.					
Area is clean (trash, debris, grass clippings, etc. removed).					
<b>Inlet</b>					
Drainage ways (overland flow or pipes) to the practice are free of trash, debris, large branches, etc.					
Area around the inlet is mowed and grass clippings are removed.					
No evidence of gullies, rills, or excessive erosion around the inlet.					
No signs of clogging or damage around the inlet.					
<b>Pretreatment (choose one)</b>					
Forebay – area is free of trash, debris, and sediment.					
Filter Strip or Grass Channels – area is free of trash debris and sediment. Area has been mowed and grass clippings are removed. No evidence of erosion.					
<b>Main Treatment</b>					
Main treatment area is free of trash, debris, and sediment.					
No evidence of erosion in the practice.					
No evidence of long-term ponding or standing water in the ponding area of the practice (examples include: stains, odors, mosquito larvae, etc).					
No undesirable vegetation located within the practice.					
No evidence of use of fertilizer on plants (fertilizer crusting on the surface of the soil, blackened roots, etc.).					
Grass within and around practice is maintained at the proper height (3-4 inches). Grass clippings are removed.					
Grass cover seems healthy with no bare spots or dying grass.					

Grass Channel					
Maintenance Item	Condition				Comment
	Good	Marginal	Poor	N/A*	
No accumulating sediment within the grass channel.					
<b>Outlet</b>					
Outlet is free of trash, debris, and sediment.					
No evidence of erosion, scour, or flooding.					
<b>Results</b>					
Overall condition of Grass Channel:					
<b>Additional Comments</b>					
<p><b>Notes:</b> * If a specific maintenance item was not checked, please check N/A and explain why in the appropriate comment box.</p>					

Infiltration Practice					
Maintenance Item	Condition				Comment
	Good	Marginal	Poor	N/A <sup>1</sup>	
<b>General Inspection</b>					
Access to the site is adequately maintained for inspection and maintenance.					
Area is clean (trash, debris, grass clippings, etc. removed).					
<b>Inlet</b>					
Drainage ways (overland flow or pipes) to the practice are free of trash, debris, large branches, etc. Drainage ways are in good condition.					
Area around the inlet structure is mowed and grass clippings are removed.					
No evidence of gullies, rills, or excessive erosion around the inlet structure.					
Water is going through structure (i.e. no evidence of water going around the structure).					
Diversion structure (high flow bypass structure or underdrain) is free of trash, debris, or sediment. Comment on overall condition of diversion structure and list type.					
<b>Pretreatment (choose one)</b>					
Forebay – area is free of trash, debris, and sediment.					
Forebay – No undesirable vegetation.					
Forebay – No signs of erosion, rills, or gullies. Erosion protection is present on site.					
Forebay – No signs of standing water.					
Filter Strip– area is free of trash debris and sediment. Area has been mowed and grass clippings are removed. No evidence of erosion or sediment accumulation.					
Filter Strip – No signs of unhealthy grass, bare or dying grass. Grass height is maintained to a height of 6 – 15 inches.					
Filter Strip– No signs of erosion, rills, or gullies. Erosion protection is present on site.					
Filter Strip – No undesirable vegetation.					
Filter Strip – No signs of standing water (examples include: stains, odors, mosquito larvae, etc).					

Infiltration Practice					
Maintenance Item	Condition				Comment
	Good	Marginal	Poor	N/A*	
<b>Main Treatment</b>					
Main treatment area is free of trash, debris, and sediment.					
Erosion protection is present on site (i.e. turf reinforcement mats). Comment on types of erosion protection and evaluate condition.					
Structure seems to be working properly. No settling around the structure. Comment on overall condition of structure.					
No signs of ponding water more than 48 hours after a rain storm event (examples include: stains, odors, mosquito larvae, etc).					
No undesirable vegetation growing within the practice.					
Native plants were used in the practice according to the landscaping plan.					
Observation well is capped and locked when not in use					
Flow testing has been performed on infiltration practice to determine if underdrain is clogged.					
<b>Emergency Overflow and Outlet Structure</b>					
Area is free of trash, debris, and sediment.					
No evidence of erosion, scour, or flooding around the structure.					
No signs of sediment accumulation.					
Grass height of 6 – 15 inches is maintained.					
<b>Results</b>					
Overall condition of Infiltration Practice:					
<b>Additional Comments</b>					
<p><b>Notes:</b> * If a specific maintenance item was not checked, please check N/A and explain why in the appropriate comment box.</p>					

Permeable Bricks/Blocks					
Maintenance Item	Condition				Comment
	Good	Marginal	Poor	N/A*	
<b>General Inspection</b>					
Access to the site is adequately maintained for inspection and maintenance.					
Area is clean (trash, debris, grass clippings, leaves, etc. removed).					
Area around the practice is mowed and grass clippings are removed. No signs of bare or dead grass.					
No evidence of gullies, rills, or erosion around the practice.					
Water is permeating the bricks/blocks (i.e. no evidence of water going around the practice).					
Bricks/blocks are structurally sound. No signs of cracks or splitting.					
Aggregate between the bricks/blocks is reasonable.					
No evidence of long-term ponding or standing water in the practice.					
Grass in the concrete grid is healthy, no dead grass or bare spots.					
Grass in the concrete grid is mowed and grass clippings are removed.					
Structure seems to be working properly. No signs of the bricks/blocks settling. Comment on overall condition of bricks/blocks.					
Vegetation within and around practice is maintained. Grass clippings are removed.					
No exposed soil near the bricks/blocks that could cause sediment accumulation within the practice.					
Cleanout caps are present and not missing (if applicable).					
The underdrain system has been flushed properly and there is no sign of clogging (if applicable).					
<b>Results</b>					
Overall condition of Permeable Bricks/Blocks:					

Permeable Bricks/Blocks					
Maintenance Item	Condition				Comment
	Good	Marginal	Poor	N/A*	
Additional Comments					
<p><b>Notes:</b> * If a specific maintenance item was not checked, please check N/A and explain why in the appropriate comment box.</p>					

**City of Temple**  
**General NPDES Stormwater Permit No. GAG610000**  
**Pollution Prevention / Good Housekeeping for Municipal Operations**  
**BMP #9 - Municipal Facility Inventory**  
**Appendix F**

<b>Site Number</b>	<b>Location of Potential Pollutant</b>
1	Water Pollution Control Plant

4

5



GEORGIA SOIL AND WATER  
CONSERVATION COMMISSION

Deidra A Walker

Level IB Certified Inspector

CERTIFICATION NUMBER

0000098050

ISSUED: 04/20/2022

EXPIRES: 04/20/2025

Soil @ 10  
D6



GEORGIA SOIL AND WATER  
CONSERVATION COMMISSION

**Robert C McGaha**

**Level IB Certified Inspector**

CERTIFICATION NUMBER

**0000098049**

ISSUED: **04/20/2022**

EXPIRES: **04/20/2025**

**City of Temple**

**General NPDES Stormwater Permit No. GAG610000**

**Pollution Prevention / Good Housekeeping for Municipal Operations**

**BMP #1 - MS4 Structure Inventory - Catch Basin (CB)**

**Appendix F**

Structure Type	Structure Number	Location	Condition
DWCB	1618	Glendale Blvd	Good
DWCB	1617	Glendale Blvd	Good
DWCB	1616	Glendale Blvd	Good
DWCB	1615	Glendale Blvd	Good
DWCB	1610	Glendale Blvd	Good
DWCB	1609	Glendale Blvd	Good
DWCB	1614	Abeer St	Good
DWCB	1613	Abeer St	Good
DWCB	8	Abeer St	Good
DWCB	7	Abeer St	Good
YI	10	Abeer St	Good
DWCB	1597	Abeer St	Good
DWCB	1594	Ali St	Good
DWCB	1595	Ali St	Good
DWCB	1596	Ali St	Good
DWCB	1612	Piedmont Ct	Good
DWCB	1611	Piedmont Ct	Good
DWCB	1598	Piedmont Ct	Good
DWCB	1319	Robin Hill Ln	Good

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 Mochy

Date: 8/22/24

**City of Temple**

**General NPDES Stormwater Permit No. GAG610000**

**Pollution Prevention / Good Housekeeping for Municipal Operations**

**BMP #1 - MS4 Structure Inventory - Catch Basin (CB)**

**Appendix F**

Structure Type	Structure Number	Location	Condition	
DWCB	1599	Morningstar Dr	Good	
DWCB	1600	Morningstar Dr	Good	
DWCB	1601		Good	
DWCB	1602		Good	
DWCB	1603		Good	
DWCB	1604		Good	
DWCB	1605		Good	
DWCB	1606		Good	
DWCB	1607		Good	
DWCB	1608		Good	
DWCB	680		Walden Way	Good
DI	677		Walden Way	Good
SWCB	678	Walden Way	Good	
DWCB	688	Brian Cir	Good	
DWCB	689	Brian Cir	Good	
VI	690	Brian Cir	Good	
DWCB	692	Chels Ct	Good	
DWCB	691	Chels Ct	Good	
DWCB	1053	Yanpan Ct	Good	

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: 8/22/24

**City of Temple**

**General NPDES Stormwater Permit No. GAG610000**

**Pollution Prevention / Good Housekeeping for Municipal Operations**

**BMP #1 - MS4 Structure Inventory - Catch Basin (CB)**

**Appendix F**

Structure Type	Structure Number	Location	Condition
DWCB	1195	Daboon Dr	Good
DWCB	1196	Daboon Dr	Good
DWCB	1188	Sonwood Ln	Good
DWCB	1189	Sonwood Ln	Good
SWCB	1186	Sonwood Ln	Good
SWCB	1187	Sonwood Ln	Good
SWCB	1191	Sonwood Ln	Good
SWCB	1192	Sonwood Ln	Good
SWCB	1190	Sonwood Ln	Good
SWCB	1193	Sappling Ct	Good
SWCB	1194	Sappling Ct	Good
DI	1589	Bedrock Pl	Good
DI	1590	Bedrock Pl	Good/Debris
SWCB	1591	Bedrock Pl	Loose lid/Debris
SWCB	1592	Bedrock Pl	Good/Debris
DI	1593	Bedrock Pl	Good
YI	852	Bedrock Pl	Good
YI	853	Bedrock Pl	Good
DWCB	1040	Dabool Dr	Good

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: Roba Mandy

Date: 8/26/24

City of Temple

General NPDES Stormwater Permit No. GAG610000

Pollution Prevention / Good Housekeeping for Municipal Operations

BMP #1 - MS4 Structure Inventory - Catch Basin (CB)

Appendix F

Structure Type	Structure Number	Location	Condition
SWCB	1042	Daffodil Dr	Good
SWCB	1041	Daffodil Dr	Good
DWCB	1169	Daffodil Dr	Good
DWCB	1170	Daffodil Dr	Good
DI	1029	Daffodil Dr	Good
SWCB	1171	Daffodil Dr	Good
SWCB	1172	Daffodil Dr	Good
DWCB	1038	Clematis Ct	Good
DWCB	1039	Clematis Ct	Good
SWCB	1043	Clematis Ct	Good
SWCB	1044	Clematis Ct	Good
SWCB	1173	Daffodil Dr	Good
SWCB	1174	Daffodil Dr	Good
DWCB	1175	Daffodil Dr	Good
DWCB	1178	Daffodil Dr	Good
SWCB	1177	Daffodil Dr	Good
SWCB	1176	Daffodil Dr	Good
DWCB	1179	Lilly Ln	Good
DWCB	1180	Lilly Ln	Good

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 Mackey

Date: 8/26/24

**City of Temple**

**General NPDES Stormwater Permit No. GAG610000**

**Pollution Prevention / Good Housekeeping for Municipal Operations**

**BMP #1 - MS4 Structure Inventory - Catch Basin (CB)**

**Appendix F**

Structure Type	Structure Number	Location	Condition
SWCB	1048	Lilly Ln	Good
SWCB	1049	Lilly Ln	Good
DWCB	1723	Grace City Church	Good
DWCB	1725	Grace City Church	Good
DWCB	1726	Grace City Church	Good
DI	1722	Grace City Church	Good
DI	1724	Little Tiger Academy	Lib missing, Replaced by City.
DWCB	1780	Schoolhouse Ln	Good
DWCB -	1781	Schoolhouse Ln	Good
SWCB	1782		Good
SWCB	1783		Good
SWCB	1784		Good
SWCB	1785		Good
DWCB	646	Mason Ct	Good
SWCB	647	Madison Ave	Good
SWCB	648	Madison Ave	Good
DWCB	650		Good
DWCB	651		Good
DWCB	652		Good

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 Macky

Date: 8/26/24



Employee Training

March 25, 2024 Public Works MSU Training

Sign-in Sheet

1. Greg Ashworth Turnipseed Engineers
2. Justin Meyers City of Temple
3. ASHTON JOHNSON CITY OF TEMPLE
4. Jacob Purvis City of Temple
5. Bobby Couch City of Temple
6. Trey Brooks City of Temple
7. Josh Smith City of Temple