

APPENDIX I

Annual Report Template

South Carolina

Small Municipal Separate Storm Sewer Systems (SMS4s)

Annual Report (2011/2012)

Submit your Annual Report to: **South Carolina Department of Health and Environmental Control
Bureau of Water- Water Pollution Compliance Section
2600 Bull Street
Columbia, SC 29201-1708**

If you have further questions dealing with either Permitting or Compliance, please call (803) 898-4300.

Ownership Update

Permittee: CITY OF CHARLESTON

Program Name: STORMWATER MANAGEMENT PROGRAM

Check here if you are reporting for more than one Program: ☐ (Prepare copies of this page as needed for each Program and attach to report.)

Permit Coverage Approval # SC SCR030000

Responsible Official Name: LAURA S. CABINESS
Title: PUBLIC SERVICE DIRECTOR
Mailing Address: 75 CALHOUN ST., CHARLESTON, SC 29401
Telephone Number: _____
E-mail address: cabinessl@charleston-sc.gov

Program Manager Name: FOWLER DEL PORTO
Title: STORMWATER ENGINEER
Mailing Address: 75 CALHOUN ST, 3RD FLOOR, CHARLESTON, SC 29401
Telephone Number: 843-724-3757
E-mail address: delporof@charleston-sc.gov

Ordinance Information: Insert your website address if the ordinance is posted online. If your ordinance is not posted on line, please submit a hard copy of ordinance with this report.

Hard copy attached ☐ website: <http://library.municode.com/index.aspx?clientId=10245>

Authorized Signature and Certification

I certify under the penalty of law that this document and all attachments were prepared under my direction of 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 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.

Responsible Official Signature: _____ Date: _____

The responsible official may authorize another person or person occupying a specific position to sign and certify this report if the authorization is made in writing and if the written authorization is submitted to the Department. Please attach a copy of the authorization with this report, if appropriate.

Minimum Control Measures (MCMs)

The six minimum control measures that must be included in your Storm Water Management Plan

MCM #1

Public Education and Outreach on Storm Water Impacts (4.2.1) *You must implement a public education program to distribute educational materials or conduct equivalent outreach activities about the impacts of storm water discharges on water bodies and the steps that the public can take to reduce pollutants in storm water runoff. Additional information can be obtained from the SCDHEC Storm Water Education Clearinghouse Website, <http://www.scdhec.net/water/ms4/index.html>.*

- A.** Report the current stage of development of your education program. Mark one or more that most accurately reflects the current status of your education program as a whole:

This minimum control measure is being implemented through the Ashley-Cooper Stormwater Educational Consortium and the Carolina Clear Program. The Consortium and the Clemson Extension Service consider the City of Charleston's MS4 education program in the implementation phase.

- B.** Which audiences have you targeted? Explain why that particular audience was selected. *Mark all that apply:*

By checking the boxes below, the City is providing the following information: (1) the audience targeted and (2) the specific reasons why a particular audience was selected.

Residential: ☒ Improper Disposal of Household Hazardous Waste ☒ Large Pet Population
☒ Tendency for Littering ☒ Over-Fertilizing Lawns ☒ Septic Tank Maintenance
☒ Leaking Sewer Line/Sanitary Sewer Overflow Reporting Procedures
☒ Other-Describe:

Commercial: ☒ Poor Outdoor Housekeeping ☒ Parking Lot Runoff
☐ Concern Related to Specific Business Type. Describe

Industrial: ☒ Poor Outdoor Housekeeping ☒ Parking Lot Runoff
☐ Concern Related to Specific Business Type. Describe:

Institutional: ☒ Poor Outdoor Housekeeping ☒ Parking Lot Runoff
☐ Concern Related to Specific Business Type. Describe:

Additional Target Audience: Another possibility is tourists.
Why targeted?

- C.** Which pollutant sources has your public education program targeted? *Mark all that apply:*

☒ Pet Waste ☒ Human Septic Waste ☒ Litter/Improper Disposal
☒ Household Hazardous Waste ☒ Parking Lot Runoff (Petroleum) ☒ Oils/Grease

☒Sediment ☒Industrial Waste ☒Business/Commercial Waste/Byproducts
☒Other, Name: Pesticides, Herbicides, Nutrients (fertilizer and septage) – Harmful Algal Blooms and Eutrophication

D. Describe your outreach strategy. Enter the number distributed/reached in the spaces provided:

<u>Activity Type</u>	<u>Number</u>	<u>Activity Type</u>	<u>Number</u>
<i>Exhibits/ Posters</i>	71,375	<i>Utility Bill Insert</i>	116,000
<i>Website</i>	4,015	<i>Brochures/Outreach Materials</i>	2,640
<i>Television/ Video</i>	770,950	<i>Presentations/Workshops</i>	3529
<i>Radio/ Audio</i>	30,000	<i>Trainings/Certifications</i>	324
<i>Billboards*</i>	230,818	<i>Publications/Articles</i>	906,769

A complete list of activities, dates, and detailed information, will be provided by the Clemson Extension Service in the Ashley Cooper Stormwater Educational Consortium's 2011-2012 Annual Report.

E. Evaluate the success of this MCM:

Answer each question:

a. Does your plan include measurable goals for this MCM? ☒Yes ☐No

These include: (1) development of regional education strategy and implementation of annual activity plans which we use as a work plan for the year and end-of-year assessment, (2) activities performed after individual events, such as questionnaires, (3) automated counting, such as website counters and audiences, (4) increase in demand for programs can also be an indicator of program success and relevance for the time and audience, (5) telephone and field surveys to gauge the public's understanding of watersheds and their own impact on water quality were completed in the Summer of 2009 and serve as baseline data for future comparisons.

b. Did you meet the due date listed in your permit schedule for:

Full development of this MCM? ☒Yes ☐No

Full implementation of the MCM? ☒Yes ☐No

c. Did you measure the program's success against the selected goals? ☒Yes ☐No

On an annual basis, the regional education effort met or exceeded the planned goals on all levels.

d. Rank the program's success as determined by the evaluation: ☒Successful ☐Needs Improvement

e. If your evaluation found the program needs improvement, explain why by marking all that apply:

☐ No goals were established

☐ Goals were not established early enough in the program to provide guidance to staff

☐ Unclear, immeasurable, or unrealistic goals

☐ Insufficient funding

☐ Insufficient staffing

☐ 1st year report – program was under development

☐ Other: Explain

MCM #2

Public Involvement / Participation (4.2.2) *You are required to comply with State, Tribal and local public notice requirements when implementing a public involvement/ participation program. You must document the program development process and the implementation of a storm water public education and outreach program.*

A. Indicate how the public was involved in the development and submittal of your Storm Water Management Program (SWMP). *Mark all that apply:*

- ☒ Council Meetings ☐ Public Hearing ☐ Advisory Panel
☒ Public Comments ☐ Public Concerns ☐ Other: (Describe)

B. Which activities did the public participate in? *Mark all that apply:*

- ☒ Program Planning ☒ Stenciling ☒ Stream Cleanup ☒ City Sweep ☒ Monitoring
☐ Wetland Planting ☐ Re-Forestation ☒ Other: (Describe) Keep Charleston Beautiful litter sweeps and pet waste campaigns, rain garden installations, oyster habitat restoration, rain barrel workshops, summer camps, field and telephone surveys

C. Describe at least one activity, the participant, and the participant's demographic characteristics that took place during this reporting year. If none, explain why:

Participant:

Participant Demographic:

Activity:

- ☒ Residential
☒ Commercial
☐ Industrial
☒ Institutional

- ☐ Program Planning
☒ Stenciling
☒ Stream Cleanup
☒ Street Sweep
☒ Monitoring
☐ Wetland Planting
☐ Re-Forestation
☒ Other: (Describe)

These activities include:

<i>Participant</i>	<i>Participant Demographic</i>	<i>Activity</i>
General Public	Residential	Stream Cleanup: SC Beach Sweep and River Sweep
General Public/Youth	Residential	Storm Drain Marking Program
General Public/Homeowners	Residential/Institutional	Rain Garden Installations
General Public/Youth	Residential	ACE Basin, SC Sea Grant Consortium and SC DNR SCORE (SC Oyster Restoration and Enhancement Program)
Marinas	Commercial	Clean Marina Program
General Public	Residential/Institutional	Street Sweep: Adopt-a-Highway

D. Evaluate the success of this MCM:

Answer each question:

- a. Does your plan include measurable goals for this MCM? ☒ Yes ☐ No

<i>Activity</i>	<i>Measureable Goal</i>
Storm Drain Marking	Expand the program, advertising, and recording procedures.
4-H2O Summer Camps	Implement and expand the program, evaluate and modify based on survey responses
Oyster Habitat Restoration	Promote program in the region, including participation and providing necessary equipment.
Community Sweep	Expand program in the region, including individual participation and geographic area.

- b. Did you meet the due date listed in your permit schedule for:

Full development of this MCM? ☒ Yes ☐ No

Full implementation of the MCM? ☒ Yes ☐ No

- c. Did you measure the program's success against the selected goals? ☒ Yes ☐ No

- d. Rank the program's success as determined by the evaluation: ☒ Successful ☐ Needs Improvement

- e. If your evaluation found the program needs improvement, explain why by marking all that apply:

☐ No goals were established

☐ Goals were not established early enough in the program to provide guidance to staff

☐ Unclear, immeasurable, or unrealistic goals

☐ Insufficient funding

☐ Insufficient staffing

☐ 1st year report – program under development

☐ Other: Explain

MCM #3

Illicit Discharge Detection and Elimination (4.2.3) *The permit requires each MS4 to develop, implement, and enforce a program to detect and eliminate illicit discharges as defined in South Carolina Water Pollution Control Permits Regulation 61-9 122.26(b)(2).*

A. Have you developed a program to detect and eliminate illicit discharge?

☒ Yes ☐ No If "No" what is your target date?

Have you implemented a program to detect and eliminate illicit discharge?

☒ Yes ☐ No If "No" what is your target date?

Have you enforced a program to detect and eliminate illicit discharge)?

☒ Yes ☐ No If "No" what is your target date?

B. Provide your most up-to-date storm sewer map. Hard copy attached: ☐ Yes ☒ No (Why) Electronic version (CD) included.

C. Do you have a mechanism that prohibits illicit discharges? ☒ Yes ☐ No **Stormwater Management Ordinance and Design Manual.**

D. Describe your procedures for locating priority areas. Rank all applicable procedures according to your prioritization schedule. Evaluations of: *(Click to the left of N/A and Press F1 for help.)*

- 3 Areas with older sanitary sewer lines. Name an area as an example: Peninsula
- 5 Business concerns. Describe a concern as an example: restaurant waste management
- N/A Commercial concerns. Describe a concern as an example:
- N/A Industrial concerns. Describe a concern as an example.
- N/A TMDL Evaluation. Result:
- 1 Impaired Water Body. Name water body: Ashley River
- 2 Citizen complaints. Give an example: Flooding or Pollution Issue
- 4 Wetlands/Critical Area, Public Beaches, Shellfish Beds, or other coastal concerns.
- N/A Other. Describe and/or give example:

E. Describe your procedures for tracing the source of illicit discharges.

*** An illicit discharge elimination and detection manual has been developed.**

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Areas with sanitary sewer lines: | <input checked="" type="checkbox"/> Dry weather outfall screenings | <input checked="" type="checkbox"/> Site visit | <input type="checkbox"/> Questionnaire |
| <input type="checkbox"/> Areas with septic tanks: | <input type="checkbox"/> Dry weather outfall screenings | <input type="checkbox"/> Site visit | <input type="checkbox"/> Questionnaire |
| <input checked="" type="checkbox"/> Business concerns: | <input checked="" type="checkbox"/> Dry weather outfall screenings | <input checked="" type="checkbox"/> Site visit | <input type="checkbox"/> Questionnaire |
| <input type="checkbox"/> Commercial concerns: | <input type="checkbox"/> Dry weather outfall screenings | <input type="checkbox"/> Site visit | <input type="checkbox"/> Questionnaire |
| <input type="checkbox"/> Industrial concerns: | <input type="checkbox"/> Dry weather outfall screenings | <input type="checkbox"/> Site visit | <input type="checkbox"/> Questionnaire |
| <input checked="" type="checkbox"/> Citizen complaints: Give an example: Respond to citizen complaints related to illegal dumping. | | | |
| <input type="checkbox"/> Other: Describe and/or give example: | | | |

F. Describe your enforcement procedures for removing the source of the illicit discharge. *Mark all that apply:*

- ☒ Site inspections
- ☒ Record of Findings
- ☒ Notice of Findings to Responsible Party
- ☒ Notice to Eliminate Discharge
- ☒ Notice to Eliminate Pollutant Source
- ☒ Written Due Date for Elimination
- ☐ Stop Work Order

- ☒ Follow-up Site Visit
- ☐ Notice to Appear Before Judicial Authority
- ☒ Fees/Penalties Maximum Amount: \$1000
- ☒ Corrective Action/Charge to Responsible Party
- ☐ Other: Describe.

G. What method have you used to inform public employees, businesses, and the general public of hazards associated with illegal discharges and improper disposal of waste? *Mark all that apply*

Public Employees

Businesses

General Public

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Training Class | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> Paystub Inserts | <input checked="" type="checkbox"/> Bill Inserts | <input checked="" type="checkbox"/> Bill Inserts |
| <input checked="" type="checkbox"/> Staff Meeting | <input checked="" type="checkbox"/> Site Visits | <input type="checkbox"/> Public Meetings |
| <input checked="" type="checkbox"/> On the Job Training | <input type="checkbox"/> Phone Calls | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Other: Describe | <input type="checkbox"/> Seminars | <input type="checkbox"/> TV |
| | <input checked="" type="checkbox"/> Other: Describe Ashley-Cooper Stormwater Educational Consortium and Carolina Clear Program | <input checked="" type="checkbox"/> Other: Describe Ashley-Cooper Stormwater Educational Consortium and Carolina Clear Program |

H. Evaluate the success of this MCM:

Answer each question:

a. Does your plan include measurable goals for this MCM? ☒ Yes ☐ No

b. Did you meet the due date listed in your permit schedule for:

Full development of this MCM? ☒ Yes ☐ No

Full implementation of the MCM? ☒ Yes ☐ No (Full Implementation of all goals will be achieved through the term of the Permit)

Enforcement of the MCM? ☒ Yes ☐ No

c. Did you measure the program's success against the selected goals? ☒ Yes ☐ No

d. Rank the program's success as determined by the evaluation: ☒ Successful ☐ Needs Improvement

e. If your evaluation found the program needs improvement, explain why by marking all that apply:

- ☐ No goals were established
- ☐ Goals were not established early enough in the program to provide guidance to staff
- ☐ Unclear, immeasurable, or unrealistic goals
- ☐ Insufficient funding
- ☐ Insufficient staffing
- ☐ 1st year reporting – program under development
- ☐ Insufficient regulatory mechanism (ordinance)
- ☐ Other: Explain

MCM #4

Construction Site Storm Water Runoff Control (4.2.4) *The permit requires each MS4 to develop, implement, and enforce a program to reduce pollutants in any storm water runoff to your regulated SMS4 from construction activities that result in a land disturbance of greater than or equal to one acre. Reduction of pollutants in storm water discharges from construction activity disturbing less than one acre must be included in your program if that construction activity is part of a larger common plan of development or sale that would disturb one acre or more.*

A. Does your plan include the following elements? *Mark all that apply:*

- ☒ Ordinance or other mechanism to regulate construction site runoff
- ☒ Sediment and erosion control Best Management Practices (BMP) requirements
- ☒ Record keeping for rainfall and inspections
- ☒ Waste controls for discarded building materials
- ☒ Waste controls for concrete truck washout
- ☒ Waste controls for chemicals
- ☒ Waste controls for litter
- ☒ Waste controls for sanitary waste
- ☒ Procedures for site plan review
- ☒ Verification plan includes consideration of potential water quality impacts
- ☒ Quantitative & qualitative assessment for Pollutant of Concern for projects >25 acres at 303D waters
- ☒ Procedures for receipt and consideration of information submitted by the public

B. Does your regulatory mechanism have sanctions to ensure compliance, including an enforcement component?

☒ Yes ☐ No If “Yes”, which of the following does your MS4 use? *Mark all that apply:*

- ☒ Verbal warnings
- ☒ Written warnings
- ☒ Stop-work orders
- ☒ Fines/Penalties Maximum amount \$1000
- ☐ Performance bonds/forfeiture procedures
- ☒ Withholding Certificate of Occupancy
- ☒ Permit Denial
- ☐ Fee, Explain:
- ☐ Other:

C. Does your plan include a procedure that describes when specific sanctions listed in Question “B” above are to be used to ensure compliance? ☒ Yes ☐ No

D. Describe your procedures for site inspections. *Mark all that apply:*

- ☒ Prioritize sites for inspection
- ☒ Give notice upon arrival at site
- ☒ Verify correct paperwork is on site
- ☒ Examine construction entrance
- ☒ Check perimeter controls
- ☒ Verify temporary vegetation established by due date
- ☒ Look for eroded areas
- ☒ Verify sediment and erosion control devices installed per plan
- ☒ Inspect ponds
- ☒ Look for sediment leaving site
- ☒ Look for sediment in waters of the state
- ☒ Verify land disturbance ends at permit boundaries

E. Describe your plan for prioritizing sites for inspection. Mark all that apply by ranking them according to your prioritization plan. *(Click to the left of N/A and Press F1 for help.)*

- 7 TMDL consistency
- 5 Impaired waters concern
- 4 Water quality concern
- 8 Roads/drainage adoption
- 3 Citizen complaints
- 2 Geographical location
- 1 Size of project
- 10 Past performance of Responsible Party
- 9 Project Closeout
- 6 Request from Responsible Party

F. Evaluate the success of this MCM.

Answer each question:

- a. Does your plan include measurable goals for this MCM? ☒Yes ☐No
- b. Did you meet the due date listed in your permit schedule for:
 - Full development of this MCM? ☒Yes ☐No
 - Full implementation of the MCM? ☒Yes ☐No (Full Implementation of all goals will be achieved through the term of the Permit)
 - Enforcement of the MCM? ☒Yes ☐No
- c. Did you measure the program's success against the selected goals? ☒Yes ☐No
- d. Rank the program's success as determined by the evaluation: ☒Successful ☐Needs Improvement
- e. If your evaluation found the program needs improvement, explain why by prioritizing all that apply:
(Click to the left of N/A and Press F1 for help.)
 - N/A No goals were established
 - N/A Goals were not established early enough in the program to provide guidance to staff
 - N/A Unclear, immeasurable, or unrealistic goals
 - N/A Insufficient funding
 - N/A Insufficient staffing
 - N/A No construction projects took place in the MS4 area to provide an opportunity to evaluate success
 - N/A Insufficient regulatory mechanism (ordinance)
 - N/A Other: Explain

MCM #5

Post-Construction Storm Water Management in New Development and Re-development (4.2.5) *Within 18 months from the effective date of this permit, you must develop, implement, and enforce a program to address storm water run-off from new development and redevelopment projects within your jurisdiction that disturb one acre or greater, including projects less than one acre that are part of a larger common plan of development or sale that discharge into your small MS4. Your program must ensure that controls are in place that would prevent or reduce water quality impacts. You must also select and implement a program of appropriate BMPs and measurable goals for this minimum control measure.*

- A. Is there an ordinance or other regulatory mechanism in place to control post construction runoff from new development or redevelopment? ☒ Yes ☐ No If “No”, target date for passage:
- B. Is your program designed to address the needs of your local community? *Answer all questions:*
- ☒ Yes ☐ No Does your program address runoff from new Development?
- ☒ Yes ☐ No Does your program address runoff from Redevelopment?
- ☒ Yes ☐ No Does your plan include any specific priority areas for this program?
- ☒ Yes ☐ No Does your plan describe how your program is specifically tailored for your local community?
- ☒ Yes ☐ No Does your program minimize water quality impacts?
- ☒ Yes ☐ No Does your program attempt to maintain pre-development runoff conditions?
- C. Which BMPs are used in your community? *Mark all that apply:*
- ☒ Policies or ordinance to direct growth to identified areas.
- ☒ Policies or ordinance to protect wetlands and riparian areas.
- ☒ Policies or ordinance to maintain or increase open space.
- ☒ Funding source to acquire open space.
- ☒ Policies or ordinance to provide buffers along sensitive water bodies.
- ☒ Policies or ordinance to minimize impervious surfaces.
- ☒ Policies or ordinance to minimize disturbance of soils and vegetation.
- ☒ Policies or ordinance that encourage infill development in higher density urban areas.
- ☒ Policies or ordinance that encourage development in areas with existing storm sewer systems.
- ☒ Education programs for developers about project designs that minimize water quality impacts.
- ☒ Education programs for the public about project designs that minimize water quality impacts.
- ☐ Measures to minimize percentage of impervious area after development.
- ☐ Measures to minimize directly connected impervious areas.
- ☒ Good housekeeping measures.
- ☒ Preventative maintenance measures.
- ☐ Spill prevention measures.
- ☒ Storage practices such as wet ponds or extended detention outlet structures.
- ☒ Filtration practices such as grassed swales, bio-retention cells, sand filters, or filter strips.
- ☒ Infiltration practices such as infiltration basins and infiltration trenches.
- ☐ Other: Describe
- D. Describe your plan to ensure long-term operation and maintenance of post construction BMPs. *Mark all that apply:*
- ☒ Maintenance agreement between structure owner and MS4 governmental entity.
- ☐ Maintenance agreement between (new) structure owner and developer.
- ☐ MS4 enforces agreements between (new) structure owner and developer.
- ☐ MS4 assumes maintenance.
- ☐ MS4 assumes maintenance and bills owner.
- ☐ MS4 conducts maintenance and bills owner only if owner fails to maintain.
- ☐ Other: Describe

E. Evaluate the success of this MCM.

Answer each question:

- a. Does your plan include measurable goals for this MCM? ☒ Yes ☐ No
- b. Did you meet the due date listed in your permit schedule for:
Full development of this MCM? ☒ Yes ☐ No
For full implementation of the MCM? ☒ Yes ☐ No (Full Implementation of all goals will be achieved through the term of the Permit)
Enforcement of the MCM? ☒ Yes ☐ No
- c. Did you measure the program's success against the selected goals? ☒ Yes ☐ No
- c. Rank the program's success as determined by the evaluation: ☒ Successful ☐ Needs Improvement
- d. If your evaluation found the program needs improvement, explain why by prioritizing all that apply:
☐ No goals were established
☐ Goals were not established early enough in the program to provide guidance to staff
☐ Unclear, immeasurable, or unrealistic goals
☐ Insufficient funding
☐ Insufficient staffing
☐ No redevelopment projects took place in the MS4 area to provide an opportunity to evaluate success
☐ No new development projects took place in MS4 area to provide an opportunity to evaluate success
☐ Insufficient regulatory mechanism (ordinance)
☐ Other: Explain

MCM #6

Pollution Prevention / Good Housekeeping for Municipal Operations (4.2.6) *The permit requires each MS4 to develop and implement an operation and maintenance program that includes a training component and has the ultimate goal of preventing or reducing pollutant runoff from municipal operations. Your program must include employee training to prevent and reduce storm water pollution from activities such as park and open space maintenance, fleet and building maintenance, new construction and land disturbances, and storm water maintenance.*

A. Do you have an operation and maintenance program currently in place?

☐ No If "No" what is your target date?

☒ Yes If "Yes" name the municipal operations that are included in this O&M program. *Mark all that apply:*

☒ Parks and recreation area maintenance

☒ Fleet maintenance

☐ Building maintenance

☒ New construction/land disturbance (municipal projects)

☒ Storm water system maintenance

☐ Other: Describe:

B. Do you have procedures/controls to reduce floatables and other pollutants to your storm sewer system?

Mark all that apply:

☒ Maintenance activities

☒ Maintenance schedules

☒ Long-term inspection plans

☒ Street, road, highway maintenance

☒ Waste transfer station maintenance

☒ Fleet or maintenance area controls

☒ Salt/sand storage area maintenance

☐ Snow disposal area maintenance

☒ Proper disposal of waste removed from the storm sewer system: dredge spoil, sediments, and debris

☒ Water quality assessments for new flood management projects

☒ Assessment of existing flood management projects to determine additional needed controls

C. Does your plan contain an employee-training component? *Answer each question.*

☒ Yes ☐ No Public employee training designed to reduce polluted runoff from municipal operations.

☒ Yes ☐ No Employee training record retention.

D. Does your governmental entity own any industrial facilities that discharge to your storm sewer system?

☐ Yes ☒ No If "**Yes**" give the name of the facility and list its SCDHEC NPDES permit number, or include a copy of the Notice of Intent (NOI).

Facility Name

Permit Number

Notice of Intent Attached

SCR00

SCR00

SCR00

SCR00

SCR00

SCR00

E. Evaluate the success of this MCM.

Answer each question:

- a. Does your plan include measurable goals for this MCM? ☒ Yes ☐ No
- b. Did you meet the due date listed in your permit schedule for:
Full development of this MCM? ☒ Yes ☐ No
Full implementation of the MCM? ☒ Yes ☐ No (Full Implementation of all
goals will be achieved through the term of the Permit)
- c. Did you measure the program's success against the selected goals? ☒ Yes ☐ No
- d. Rank the program's success as determined by the evaluation: ☒ Successful ☐ Needs Improvement
- e. If your evaluation found the program needs improvement, explain why by marking all that apply:
- ☐ No goals were established
 - ☐ Goals were not established early enough in the program to provide guidance to staff
 - ☐ Unclear, immeasurable, unrealistic goals
 - ☐ Insufficient funding
 - ☐ Insufficient staffing
 - ☐ 1st year reporting – program under development
 - ☐ Other, explain

Special Conditions

1. Discharges to Impaired Water Bodies

Section 3.1 of the permit requires that you describe how implementation of your Storm Water Management Program will provide Reasonable Assurance that discharges will not cause or contribute to violations of water quality standards in Impaired Water Bodies. Answer each question below.

☒ Yes ☐ No Have you determined whether your storm sewer system discharges to an Impaired Water Body? If "No", what is your target date for completing the determination?

☒ Yes ☐ No If the determination has been done: does your storm sewer discharge to an Impaired Water Body?

If yes, list the name(s) of the Impaired Water Bodies and the pollutant of concern for each Water Body.

Ashley River at Magnolia Gargens (FC, Turbidity), Church Creek (FC, DO), Stono River (DO, CU, FC), Charleston Harbor (CU, NH3N), and Wando River (NH3N).

If yes: Provide a brief summary of the measures and BMPs that provide Reasonable Assurance that your discharges will not cause or contribute to violations of water quality standards in Impaired Water Bodies. **The Stormwater Ordinance and Stormwater Program Permitting Standards and Procedures Manual include regulations and BMPs to assure discharges will not cause or contribute to violations of water quality standards.**

2. Consistency with Total Maximum Daily Load Allocations (TMDL)

Section 3.1 of the permit requires that you incorporate any limitations, conditions and requirements contained in the TMDL applicable to your discharges, if any, including monitoring frequency and reporting required, in order to be eligible for permit coverage. Answer each question.

☒ Yes ☐ No Have you determined whether your storm sewer system discharges to a water body with an established TMDL?

If No, what is your target date for completing the determination?

☒ Yes ☐ No If the determination has been done: Does your storm sewer discharge to a water body with an established TMDL?

a. If **Yes**, list the name(s) of the Water Body and the pollutant of concern listed in the TMDL for each Water Body. Charleston Harbor - DO

b. If **Yes**, list applicable limitations, conditions, and requirements contained in the TMDL implementation plan attributed specifically to your MS4.

None

c. If **Yes**, explain how your plan incorporates those limitations, conditions, and requirements.

The Stormwater Ordinance and Stormwater Program Permitting Standards and Procedures Manual include regulations and BMPs to assure discharges will not cause or contribute to violations of water quality standards.

3. Pollutant Reduction Success Assessment

Section 5.3.2 of the permit requires that you submit the results of monitoring data, if you conducted monitoring. If you conducted monitoring, the results must be submitted on a Discharge Monitoring Report (DMR). Attach any DMRs for Year 1 to this Questionnaire.

☒ Yes ☐ No Did you conduct any monitoring during the reporting year?

If no, do not answer the question below.

☐ Yes ☒ No Have you attached your DMRs to this report?

2010 Peninsular Bacterial Study Provided (Electronic - Previously Submitted).

Year 1 Questionnaire

Sharing Responsibility

Section 4.4 of the permit states that one or more of the minimum measures may be shared with another entity or the entity may fully take over the measure. Please answer the questions below to explain whether responsibility was shared with another entity.

Answer each question that applies:

a. Did you share responsibility for any minimum measure with another entity?

☐ Yes ☒ No If “**Yes**,” indicate the name of the entity that shared responsibility beside the measure that entity helped with. NOTE: Copy this page as needed to answer the questions for additional entity that shares responsibility.

MCM 1	
MCM 2	
MCM 3	
MCM 4	
MCM 5	
MCM 6	

b. ☐ Yes ☐ No Did the other entity implement the measure (for year 1 reporting if the requirement was to develop a program, did the other entity develop it?)

c. ☐ Yes ☐ No Is the control measure (or the other entity’s component) as stringent as the permit requires?

d. ☐ Yes ☐ No Did the other entity agree in writing to implement the measure on your behalf?

e. ☐ Yes ☐ No Did you maintain the written agreement as a part of your plan?

f. ☐ Yes ☐ No Did the other entity agree to report on the measure on your behalf?

g. ☐ Yes ☐ No If the other entity agreed to report on the measure, did you supply that entity with reporting information such as: your compliance with permit conditions; BMP assessments; measurable goals; results of information collected and analyzed; monitoring data (if any); progress toward reducing discharge of pollutants to the Maximum Extent Practicable; upcoming year activity plan; proposed changes to your plan; changes to any BMPs; or identified measurable goals?

h. ☐ Yes ☐ No Notice to the Department that you relying on another entity.

i. ☐ Yes ☐ No Have you dissolved any agreements with other entities this year?

Submit a copy of any agreements that have not previously been sent to the Department.