

**STATE OF GEORGIA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION**

Storm Water Management Program (SWMP)

General NPDES Permit No. GAG610000 for
Small Municipal Separate Storm Sewer Systems (MS4)

1. General Information

- A. Name of small MS4: City of Cartersville
- B. Name of responsible official: Matt Santini
Title: Mayor
Mailing Address: P.O. Box 1390
City: Cartersville State: GA Zip Code: 30120
Telephone Number: (770) 387-5617
Email Address: msantini@cityofcartersville.org
- C. Designated stormwater management program contact:
Name: Wade Wilson, PE, CFM
Title: City Engineer
Mailing Address: P.O. Box 1390
City: Cartersville State: GA Zip Code: 30120
Telephone Number: (770) 387-5602
Email Address: wwilson@cityofcartersville.org

2. Sharing Responsibility

- A. Has another entity agreed to implement a control measure or BMP on your behalf? Yes _____ No X (If no, skip to Part 3)

Control Measure #1:

1. Name of entity: _____
2. Control measure or component of control measure to be implemented by entity on your behalf:

- B. Attach an additional page if necessary to list additional shared responsibilities. It is mandatory that you submit a copy of a written agreement between your MS4 and the other entity demonstrating written acceptance of responsibility.

3. Minimum Control Measures* and Appendices

- A. Public Education and Outreach
- B. Public Involvement/Participation
- C. Illicit Discharge Detection and Elimination
- D. Construction Site Stormwater Runoff Control
- E. Post-Construction Stormwater Management in New Development and Redevelopment
- F. Pollution Prevention/Good Housekeeping
- G. Appendix A – Enforcement Response Plan
- H. Appendix B – Impaired Waters

* A minimum of four BMP's each are required for control measures A and B, while a minimum of two BMPs are required for each control measure C through H.

4. 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 gathered and evaluated the information submitted. Based upon 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.

Printed Name: _____ Date: _____

Signature: _____ Title: _____