

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 Valdosta
- B. Name of responsible official: Mark Barber  
Title: City Manager  
Mailing Address: P.O. Box 1125  
City: Valdosta State: GA Zip Code: 31603-1125  
Telephone Number: 229-259-3500  
Email Address: mbarber@valdostacity.com
- C. Designated stormwater management program contact:  
Name: Angela K. Bray  
Title: Stormwater Manager  
Mailing Address: 300 N Lee St.  
City: Valdosta State: GA Zip Code: 31601  
Telephone Number: 229-259-3530  
Email Address: akbray@valdostacity.com

2. Sharing Responsibility

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

Control Measure or BMP:

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.**

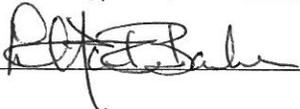
3. **Minimum Control Measures and Appendices**

- 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 – Enforcement Response Plan
- H. Appendix – Impaired Waters

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: L. Mark Barber Date: June 7, 2018

Signature:  Title: City Manager