

NRC Quarterly Routine Inspection Certification

Location	In Compliance (Yes/No) *
Recycling Center	YES
Main Gate, Main Haul Road and Paved Surfaces	YES
Convenience Center Area	NO
Oil, Batteries and AntiFreeze Recycling Area	YES
Maintenance Area	YES
Operations and Maintenance Area	YES
Recycling Yard	YES
Post Closure Inspection	YES
Stormwater Management	YES

* For each item not in compliance, complete a Corrective Action Form

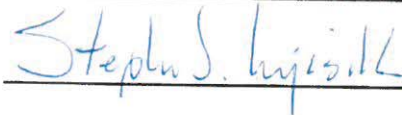
CERTIFICATION STATEMENT

"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 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."

Print Name
and Title:

Stephen J. Krajcsik, Administrator

Signature:



Date: 22-Nov-17

NRC Quarterly Routine Inspection Corrective Action Form

Complete a separate copy of this page for each specific condition identified during the inspection as not in compliance.

Date problem identified: 11/22/2017

Identify the condition(s) triggering the need for this action (Check box):

Unauthorized release or discharge

Control measures inadequate

Control measures not properly operated or maintained

Change in facility operations necessitated change in control measures

Other (describe): _____

Briefly describe the nature of the problem identified:

1. Install additional litter fencing (approx. 75 feet) along north side (along road) of Structure #6
(Lower Area of Convenience Center), which is allowing debris to blow into Structure #6.

Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Date corrective action to be completed: FY 2018

Name of person responsible: Jonathan Rossetti

Northern Recycling Center Inspection Checklist

Date of Inspection:	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Main Gate, Main Haul Road and Paved Surfaces								
Upper and Lower Area Clean								
Entrance/Exit Roads and Paved Area Clean								
Recycling Area Clean, Dry, and Orderly								
Recycling Center Area								
Attendant on Duty	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Stormdrain Inlet Grates Clean								
Signs in Place								
Spills/Leaks or Containers Leaking								
Trash Cans Empty								
HazMat Locker Secure/Clean								
Latex Paint Dumpster Organized/No Leaks								
Oil, Batteries and Antifreeze Recycling Area								
Check Fluid Levels	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Full Tanks Locked								
Screens Cleaned								
Tanks Cleaned								
Containment Basins Clean								
Sorbent Mats and Material Maintained or Disposed of Properly								
No Leaks/Spills								
Drain Valves Shut								
Batteries Stored in Metal Locker								
Pavement Clean (Powerwash Needed?)								
Trash Cans Emptied								

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.

Northern Recycling Center Significant Rainfall Event Inspection Checklist
NOT APPLICABLE FOR INSPECTION DATED 11/22/2017

Date: 11/22/2017
 Time: 9:00 a.m. to 12:00 p.m.
 Inspector(s): Stephen J. Krajcsik
Administrator

Weather: Cloudy
 Rainfall Amount: _____
 Duration: _____

Maintenance Required		Date	Date
Yes	No	Scheduled	Completed

Required Inspections

A. Final Cover Systems

1. Erosion				
2. Vegetative Cover (other than erosion)				
3. Access Roads				
4. Sediment Deposition				

B. Drainage Control Systems

1. Cover Terrace				
2. Riprap Downchutes				
3. Grassed and Riprap Swales				
4. Drainage Layer Toe Drains				
5. Riprap Slope Protection				
6. Culverts under Dover Road/Access Roads				
7. Sediment Deposition				

C. Stormwater Management Facilities (Structures #1 thru #6)

1. Erosion				
2. Vegetative Cover (other than erosion)				
3. Seepage Through Structure Embankment				
4. Trash Racks				
5. Riprap inlet and Outfall Aprons				
6. Structure (SWM) Culvert Inlet Structures				
7. Dewatering Devices				
8. Sediment Deposition				
9. Pond/Discharge Clarity				

Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):

Northern Recycling Center Post-Closure Inspection Checklist

Date: 11/22/2017
 Time: 9:00 a.m. to 12:00 p.m.
 Weather: Cloudy

Inspector's Name(s): Stephen J. Krajcsik
 Inspector's Title(s): Administrator
 Inspector's Contact Info: 410-222-6108

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. Sediment Deposition		X		
B. Drainage Control Systems				
1. Cover Terrace		X		
2. Riprap Downchutes		X		
3. Grassed and Riprap Swales		X		
4. Drainage Layer Toe Drains		X		
5. Riprap Slope Protection		X		
6. Culverts under Dover Road/Access Roads		X		
7. Sediment Deposition		X		
C. Other Inspections				
1. Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		

Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):

Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.

Northern Recycling Center Stormwater Management Inspection Checklist

Date: 11/22/2017
 Time: 9:00 a.m. to 12:00 p.m.
 Weather: Clear

Inspector's Name(s): Stephen J. Krajcsik
 Inspector's Title(s): Administrator
 Inspector's Contact Info: 410-222-6108

	Operating Effectively	Maintenance Required	Date Scheduled	Date Completed
	Y / N	Y / N		
Structural Stormwater Management Controls				
Structure #1 Detention Pond	YES	NO		
Structure #2 Detention Pond	YES	NO		
Structure #3 Detention Pond	YES	NO		
Structure #4 Bioretention/Infiltration	YES	NO		
Structure #5 Detention Pond	YES	NO		
Structure #6 Detention Pond	YES	NO		
Describe Corrective Actions				
SWM Facility	Action Item			
_____	Note: Unwanted vegetation will be removed as part of the routine			
_____	maintenance occurring in the 4th quarter.			
_____	_____			
_____	_____			

Inspection Items	Check When Feature Is Inspected			
	Structure#1	Structure#2	Structure#3	Structure#4
Stormwater Management Ponds				
1. Erosion	X	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X	X
3. Seepage Through Pond Embankment	X	X	X	X
4. Woody Vegetation	X	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X	X
6. Trash Racks	X	X	X	X
7. Inside Riser and Barrel Structures	X	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X	X
9. Structure (SWM) Culvert Inlet Structures	X	X	X	X
10. Dewatering Devices	X	X	X	X
11. Sediment Deposition	X	X	X	X
12. Pre-Treatment Devices	X	X	X	X
13. Pond/Discharge Clarity	X	X	X	X
Stormwater Management Ponds				
	Structure#5	Structure#6		
1. Erosion	X	X		
2. Vegetative Cover (other than erosion)	X	X		
3. Seepage Through Pond Embankment	X	X		
4. Woody Vegetation	X	X		
5. Holes in Embankment (burrowing animals)	X	X		
6. Trash Racks	X	X		
7. Inside Riser and Barrel Structures	X	X		
8. Riprap Inlet and Outfall Aprons	X	X		
9. Structure (SWM) Culvert Inlet Structures	X	X		
10. Dewatering Devices	X	X		
11. Sediment Deposition	X	X		
12. Pre-Treatment Devices	X	X		
13. Cleanouts and Underdrains	X	X		

Northern Recycling Center Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

NOT APPLICABLE FOR INSPECTION DATED 11/22/2017

Sample Location _____
 Outfall ID: _____

Collector's Name and Title _____
 Examiner's Name and Title _____

Quarter / Year: _____
 Date & Time Sample Collected: _____
 Date & Time Sample Examined: _____
 Runoff Source: _____

Rainfall Snowmelt

Previous Storm Ended > 72 hours before start of this storm? * (circle)

No Yes

Qualifying Storm Event (> 1/2")?

No Yes

Inspection Parameters (circle)

Color None Yellow Brown Red Gray
 Other (describe) _____

Clarity Clear Suspended Solids Milky / Cloudy Opaque
 Other (describe) _____

Oil Sheen None Rainbow sheet Floating oil Slick
 Other (describe) _____

Odor None Chemical Musty Rotten Eggs Sewage Sour Milk
 Oil / Petroleum Other (describe) _____

Floating Solids None Suds Oily Film Garbage Sewage
 Waterfowl Excrement Other (describe) _____

Suspended Solids No Yes Describe _____

LEAVE SAMPLE UNDISTURBED FOR 30 MINUTES

Settled Solids ** No Yes Describe _____

Foam (gently shake sample) No Yes Describe _____

Other Obvious Indicators of Stormwater Pollution No Yes Describe _____

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below. (attach additional sheets as necessary)

Stormwater Collector's Signature and Date: _____

Stormwater Examiner's Signature and Date: _____

INSPECTION
COMPLETED
8/3/17

**Appendix H:
Completed Quarterly Compliance Worksheets**

NRC Quarterly Routine Inspection Certification

Location	In Compliance (Yes/No) *
Recycling Center	YES
Main Gate, Main Haul Road and Paved Surfaces	YES
Convenience Center Area	NO
Oil, Batteries and AntiFreeze Recycling Area	YES
Maintenance Area	YES
Operations and Maintenance Area	YES
Recycling Yard	YES
Post Closure Inspection	YES
Stormwater Management	YES

* For each item not in compliance, complete a Corrective Action Form

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 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."

Print Name and Title: Mark Morris, Environmental Monitoring Manager

Signature:  Date: 3-Aug-17

NRC Quarterly Routine Inspection Corrective Action Form

Complete a separate copy of this page for each specific condition identified during the inspection as not in compliance.

Date problem identified: 8/3/2017

Identify the condition(s) triggering the need for this action (Check box):

- Unauthorized release or discharge
- Control measures inadequate
- Control measures not properly operated or maintained
- Change in facility operations necessitated change in control measures
- Other (describe): _____

Briefly describe the nature of the problem identified:

1. Install additional litter fencing (approx. 75 feet) along north side (along road) of Structure #6
(Lower Area of Convenience Center), which is allowing debris to blow into Structure #6.

Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Date corrective action to be completed: FY 2018

Name of person responsible: Jonathan Rossetti

Northern Recycling Center Operations and Maintenance Area/Recycling Yard Inspection Checklist

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Date of Inspection:						8/3/2017		
Operations and Maintenance Area								
Shop Floor Clean and Free of Debris						YES		
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly						YES		
Drip Pans Under Equipment Empty						YES		
No Leaks/Spills in Maintenance Building or adjacent Parking Areas						YES		
Materials/Equipment Stored All Drums have Lids						YES		
Adjacent Parking Areas Clean						YES		
Shed Area Clean						YES		
Recycling Yard								
Organic Debris Area Clean and Orderly - Police Litter						SAT	UNSAT	SAT
Asphalt Shingles, Tires, Rubble Areas Clean and Orderly						YES		
Signs in Place						YES		
Drainage System Stable (Erosion)						YES		
Sediment Deposition in Perimeter Swales						YES		

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.

Northern Recycling Center Significant Rainfall Event Inspection Checklist
NOT APPLICABLE FOR INSPECTION DATED 8/3/2017

Date: _____
 Time: _____
 Inspector(s): _____

Weather: _____
 Rainfall Amount: _____
 Duration: _____

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		
Required Inspections				
A. Final Cover Systems				
1. Erosion				
2. Vegetative Cover (other than erosion)				
3. Access Roads				
4. Sediment Deposition				
B. Drainage Control Systems				
1. Cover Terrace				
2. Riprap Downchutes				
3. Grassed and Riprap Swales				
4. Drainage Layer Toe Drains				
5. Riprap Slope Protection				
6. Culverts under Dover Road/Access Roads				
7. Sediment Deposition				
C. Stormwater Management Facilities (Structures #1 thru #6)				
1. Erosion				
2. Vegetative Cover (other than erosion)				
3. Seepage Through Structure Embankment				
4. Trash Racks				
5. Riprap inlet and Outfall Aprons				
6. Structure (SWM) Culvert Inlet Structures				
7. Dewatering Devices				
8. Sediment Deposition				
9. Pond/Discharge Clarity				

Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):

Northern Recycling Center Post-Closure Inspection Checklist

Date: 8/3/2017
 Time: 10:00 a.m. to noon
 Weather: Clear

Inspector's Name(s): Mark Morris
 Inspector's Title(s): EMM
 Inspector's Contact Info: 443-623-0605

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. Sediment Deposition		X		
B. Drainage Control Systems				
1. Cover Terrace		X		
2. Riprap Downchutes		X		
3. Grassed and Riprap Swales		X		
4. Drainage Layer Toe Drains		X		
5. Riprap Slope Protection		X		
6. Culverts under Dover Road/Access Roads		X		
7. Sediment Deposition		X		
C. Other Inspections				
1. Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		

Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):

Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.

Northern Recycling Center Stormwater Management Inspection Checklist

Date: 8/3/2017
 Time: 10:00 a.m. to noon
 Weather: Clear

Inspector's Name(s): Mark Morris
 Inspector's Title(s): EMM
 Inspector's Contact Info: 443-623-0605

	Operating Effectively	Maintenance Required	Date Scheduled	Date Completed
	Y / N	Y / N		
Structural Stormwater Management Controls				
Structure #1 Detention Pond	YES	NO		
Structure #2 Detention Pond	YES	NO		
Structure #3 Detention Pond	YES	NO		
Structure #4 Bioretention/Infiltration	YES	NO		
Structure #5 Detention Pond	YES	NO		
Structure #6 Detention Pond	YES	NO		
Describe Corrective Actions				
SWM Facility	Action Item			
_____	Note: Unwanted vegetation will be removed as part of the routine			
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_____	_____			
_____	_____			

Inspection Items	Check When Feature Is Inspected			
	Structure#1	Structure#2	Structure#3	Structure#4
Stormwater Management Ponds				
1. Erosion	X	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X	X
3. Seepage Through Pond Embankment	X	X	X	X
4. Woody Vegetation	X	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X	X
6. Trash Racks	X	X	X	X
7. Inside Riser and Barrel Structures	X	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X	X
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	Structure#5	Structure#6		
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2. Vegetative Cover (other than erosion)	X	X		
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6. Trash Racks	X	X		
7. Inside Riser and Barrel Structures	X	X		
8. Riprap Inlet and Outfall Aprons	X	X		
9. Structure (SWM) Culvert Inlet Structures	X	X		
10. Dewatering Devices	X	X		
11. Sediment Deposition	X	X		
12. Pre-Treatment Devices	X	X		
13. Cleanouts and Underdrains	X	X		

Northern Recycling Center Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

NOT APPLICABLE FOR INSPECTION DATED 8/3/2017

Sample Location _____
Outfall ID: _____

Collector's Name and Title _____
Examiner's Name and Title _____

Quarter / Year: _____

Date & Time Sample Collected: _____

Date & Time Sample Examined: _____

Runoff Source: Rainfall _____ Snowmelt _____

Previous Storm Ended > 72 hours before
start of this storm? * (circle) No Yes
Qualifying Storm Event (> 1/2")? No Yes

Inspection Parameters (circle)

Color None Yellow Brown Red Gray
Other (describe) _____

Clarity Clear Suspended Solids Milky / Cloudy Opaque
Other (describe) _____

Oil Sheen None Rainbow sheet Floating oil Slick
Other (describe) _____

Odor None Chemical Musty Rotten Eggs Sewage Sour Milk
Oil / Petroleum Other (describe) _____

Floating Solids None Suds Oily Film Garbage Sewage
Waterfowl Excrement Other (describe) _____

Suspended Solids No Yes Describe _____

LEAVE SAMPLE UNDISTURBED FOR 30 MINUTES

Settled Solids ** No Yes Describe _____

Foam (gently shake sample) No Yes Describe _____

Other Obvious Indicators
of Stormwater Pollution No Yes Describe _____

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below.
(attach additional sheets as necessary)

Stormwater Collector's Signature and Date: _____

Stormwater Examiner's Signature and Date: _____