QUARTERLY INSPECTION CHECKLIST FOR STORMWATER DEVICES

Date: 5/1/17

Inspector's Printed Name: CARLTON DOOMS

Inspector's Signature: [signature]

Date Signed: 5/1/17

DEVICE	ITEM	YES/NO	COMMENTS
Outfalls & Drainage Areas	1. Are any of the areas bare, are rocks out of position, are objects blocking the flow path of the water? *Any bare spots, burned out areas, or eroded areas must be recovered.*	Y	UNDER CONSTRUCTION
	2. Is there excessive overgrowth between rock materials? *Remove if needed.*	N	
	3. Has sediment accumulated to a depth exceeding one (1) inch? *Remove Silt/Sediment if needed.*	Y	
Grass Conveyance Swales	*1.* Do the grounds require maintenance due to overgrowth? *Mow grounds, care should be taken to ensure that the grounds are not mowed too short. Baggers should be used to prevent clippings from reaching trenches.*	N	
	2. Do the grounds require maintenance due to undergrowth? *Reseed necessary areas, bare soil shall be properly covered.*	Y	
	3. Are conveyance swales free of debris? *Remove and position away from these areas. Water should be able to flow quickly through trench.*	N	
Roof Drain Leaders	1. Are all roof drain leaders and gutters free of debris and able to convey stormwater? *Clear debris to allow for proper roof drainage.*	N	

* NO MEASURABLE RAIN DURING OPERATING HRS.

Instructions for Completing the Visual Monitoring Form

Per PART V. INSPECTIONS, MONITORING, AND REPORTING, you must collect a stormwater sample from each outfall once each quarter for the entire permit term and conduct a visual assessment of each sample. You must follow the monitoring procedures outlined in Part V.C. These samples should be collected in such a manner that they are representative of the stormwater discharge from that outfall. Each assessment must be kept onsite with your SWPPP and available for inspection and review by the Department at anytime.

First, fill out all information on the top of the visual monitoring form. A qualifying storm event is any storm where there is a measurable discharge. Then, take a grab sample in a clear container. Evaluate the sample in a well-lit area for the following parameters:

1. **Color:** Record the best description of the sample color in the appropriate space on the form.
2. **Clarity**: This parameter refers to how cloudy the sample is. It is *usually* an indication of fewer pollutants in the water if the sample is clear or transparent. If the clarity has changed since the last sample, try to identify what might have caused this to happen.
   - **Clear** – Sample doesn't block any light; can be seen through regardless of color.
   - **Cloudy** – Sample blocks some light; objects not clear but can be identified looking through the sample.
   - **Very Cloudy** – Sample blocks most light; objects cannot be identified looking through the sample.
   - **Opaque** – Sample blocks all light; objects cannot be seen when looking through the sample.
3. **Oil Sheen:** Record whether or not an oil sheen is present. If a film of iridescent color is noted on the surface of the sample or a rainbow effect appears to be floating on the surface of the water, this usually indicates oil is present.
4. **Odor:** If sample has no odor other than natural rainwater or snowmelt, write "NO" on the visual monitoring form. Note the presence of any of the following odors if detected, such as gasoline, diesel, oil, solvents (WD-40, other petroleum products, etc.), garbage, fishy, sweet/sugary, any other unusual odors not normally present in clean runoff from the area sampled.
5. **Floating Solids:** A contaminated flow may contain solids or liquids floating on the surface. Identifying floatables can aid in finding the source of the contamination. Examples of floatables are spoiled food products, oils, plant parts, solvents, sawdust, foams and fuel. Give a general description of the type of floating solids present (wood chips, leaf debris, algae, etc) in the general comments section for each sample. Identify amount of floating solids as described below.
   - **High** – More than 20% of the surface of the sample is covered with floating solids.
   - **Moderate** – Less than 20% of the surface of the sample is covered with floating solids.
   - **Slight** – Only a few floating particles observed on the surface of the sample.
   - **None** – No floating solids present on the surface of the sample.
6. **Suspended solids:** Record whether or not suspended solids are present in the sample. Suspended solids are particles floating inside the column of water, not on top, and may contribute to changes in water color or clarity. Cracked or deteriorated concrete or peeling surface paint at an outfall usually indicates the presence of severely contaminated discharges. Contaminants causing this type of damage are usually very acidic or basic.

---------- **WAIT 30 MINUTES** ----------

Leave the sample undisturbed for 30 minutes to allow the water and anything in it to settle.

7. **Settled Solids:** After 30 minutes has passed, give a general description of the type of settled solids present (sand, decayed plant matter, rust particles, etc.) in the general comments section.
8. **Foam:** After completing #7, shake the bottle gently. Record foam results on the form as they most closely match one of the descriptions listed below.
   - **None** – Most bubbles break down within ten (10) seconds of shaking; only a few large bubbles persist longer than ten (10) seconds.
   - **Moderate** – Many small bubbles are present but these bubbles persist for less than two (minutes) after shaking.
   - **High** – Many small bubbles are present and they persist longer than two (2) minutes after shaking.
9. Detail any concerns, corrective actions taken and any other indicators of pollution present in the sample. This should include the identified source if there are visible indicators present in the sample. The person performing test must sign and date each form.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Maryland City WRF Outfall No. 1 (Rip rap adjacent to Mudwell)				
Quarter / Year:	05/2017	**Date / Time Collected:**		**Date / Time Examined:**	
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title					
Examiner's Name & Title					

Parameter	Parameter Description	Parameter Characteristics
1. **Color**	Does the stormwater appear to have any color? **Yes** **No (Clear)**	If Yes, describe: *Yellow Brown Red Gray Other:*
2. **Clarity**	Is the stormwater clear? **Yes** **No**	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. **Oil Sheen**	Can you see a rainbow effect or sheen on the water surface? **Yes** **No**	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. **Odor**	Does the sample have an odor? **Yes** **No**	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. **Floating Solids**	Is there anything on the surface of the sample? **Yes** **No**	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. **Suspended Solids**	Is there anything suspended in the sample? **Yes** **No**	Describe:
	******Leave sample undisturbed for 30 minutes.******	
7. **Settled Solids**	Is there anything settled on the bottom of the sample? **Yes** **No**	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. **Foam**	Does foam or material form on the top of the sample surface if you shake it? **Yes** **No**	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: 5/1/17

Stormwater Examiner's Signature and Date:

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Maryland City WRF Outfall No. 2 (Overland flow north of Solids Dewater. Bldg.)				
Quarter / Year:	05/2017	**Date / Time Collected:**		**Date / Time Examined:**	
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title					
Examiner's Name & Title					

Parameter	Parameter Description	Parameter Characteristics
1. **Color**	Does the stormwater appear to have any color? **Yes** **No (Clear)**	If Yes, describe: *Yellow Brown Red Gray Other:*
2. **Clarity**	Is the stormwater clear? **Yes** **No**	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. **Oil Sheen**	Can you see a rainbow effect or sheen on the water surface? **Yes** **No**	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. **Odor**	Does the sample have an odor? **Yes** **No**	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. **Floating Solids**	Is there anything on the surface of the sample? **Yes** **No**	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. **Suspended Solids**	Is there anything suspended in the sample? **Yes** **No**	Describe:
******Leave sample undisturbed for 30 minutes.******		
7. **Settled Solids**	Is there anything settled on the bottom of the sample? **Yes** **No**	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. **Foam**	Does foam or material form on the top of the sample surface if you shake it? **Yes** **No**	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

5/1/17

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Maryland City WRF Outfall No. 3 (Overland flow south of access road)				
Quarter / Year:	05/2017	**Date / Time Collected:**		**Date / Time Examined:**	
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title					
Examiner's Name & Title					

Parameter	Parameter Description	Parameter Characteristics
1. **Color**	Does the stormwater appear to have any color? **Yes** **No (Clear)**	If Yes, describe: *Yellow Brown Red Gray Other:*
2. **Clarity**	Is the stormwater clear? **Yes** **No**	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. **Oil Sheen**	Can you see a rainbow effect or sheen on the water surface? **Yes** **No**	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. **Odor**	Does the sample have an odor? **Yes** **No**	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. **Floating Solids**	Is there anything on the surface of the sample? **Yes** **No**	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. **Suspended Solids**	Is there anything suspended in the sample? **Yes** **No**	Describe:
******Leave sample undisturbed for 30 minutes.******		
7. **Settled Solids**	Is there anything settled on the bottom of the sample? **Yes** **No**	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. **Foam**	Does foam or material form on the top of the sample surface if you shake it? **Yes** **No**	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

5/1/17

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Maryland City WRF Outfall No. 4 (Grass swale south of Sec. Clarifier No. 3)				
Quarter / Year:	05/2017	**Date / Time Collected:**		**Date / Time Examined:**	
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title					
Examiner's Name & Title					

Parameter	Parameter Description	Parameter Characteristics
1. **Color**	Does the stormwater appear to have any color? **Yes** **No (Clear)**	If Yes, describe: *Yellow Brown Red Gray Other:*
2. **Clarity**	Is the stormwater clear? **Yes** **No**	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. **Oil Sheen**	Can you see a rainbow effect or sheen on the water surface? **Yes** **No**	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. **Odor**	Does the sample have an odor? **Yes** **No**	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. **Floating Solids**	Is there anything on the surface of the sample? **Yes** **No**	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. **Suspended Solids**	Is there anything suspended in the sample? **Yes** **No**	Describe:
	******Leave sample undisturbed for 30 minutes.******	
7. **Settled Solids**	Is there anything settled on the bottom of the sample? **Yes** **No**	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. **Foam**	Does foam or material form on the top of the sample surface if you shake it? **Yes** **No**	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

5/1/17

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Maryland City WRF		
NPDES Tracking No.	02SW0761		
Date of Inspection	5/1/17	**Start/End Time**	1036 / 1140
Inspector's Name(s)	CARLTON DOOMS		
Inspector's Title(s)	WASTEWATER SYSTEMS TECH II.		
Inspector's Contact Information	410-222-8190		
Inspector's Qualifications			

Weather Information

Weather at time of this inspection?
☐ Clear ☒ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ Snow ☐ High Winds
☐ Other: Temperature: 80°F

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐ Yes ☒ No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐ Yes ☒ No
If yes, describe:

Control Measures

- *Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.*
- *Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.*

Drainage Area 1

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1.	Outfall #1 Western side of the site, near Mudwell	☐ Yes ☒ No	☐ Maintenance ☐ Repair ☒ Replacement	UNDER CONSTRUCTION

Drainage Area 2

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
2.	Outfall #2 Northern side of the site, near Solids Dewatering Building	☐ Yes ☒ No	☐ Maintenance ☐ Repair ☒ Replacement	UNDER CONSTRUCTION

Drainage Area 3

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
3.	**Outfall #3** Western side of the site, south of road	☐Yes ☒No	☐ Maintenance ☐ Repair ☒ Replacement	UNDER CONSTRUCTION

Drainage Area 4

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
4.	**Outfall #4** Western side of the site, south of Secondary Clarifier No. 2	☐Yes ☒No	☐ Maintenance ☐ Repair ☒ Replacement	UNDER CONSTRUCTION

Areas of Industrial Materials or Activities exposed to stormwater

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	**Material loading/unloading and storage areas**	☒Yes ☐No ☐ N/A	☒Yes ☐No	
2	**Equipment operations and maintenance areas**	☐Yes ☐No ☒N/A	☐Yes ☐No	
3	**Fueling areas**	☐Yes ☐No ☒N/A	☐Yes ☐No	
4	**Outdoor vehicle and equipment washing areas**	☐Yes ☐No ☒N/A	☐Yes ☐No	
5	**Waste handling and disposal areas**	☒Yes ☐No ☐ N/A	☒Yes ☐No	
6	**Erodible areas/construction**	☒Yes ☐No ☐ N/A	☒Yes ☐No	SILT FENCE IS BEING USED. PC ALSO DOES A SWPPP
7	**Non-stormwater/ illicit connections**	☐Yes ☐No ☒N/A	☐Yes ☐No	
8	**Salt storage piles or pile containing salt**	☐Yes ☐No ☒N/A	☐Yes ☐No	
9	**Dust generation and vehicle tracking**	☐Yes ☐No ☒N/A	☐Yes ☐No	
10	**(Other)**	☐Yes ☐No ☒N/A	☐Yes ☐No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
11	**(Other)**	❑Yes ❑No ☒N/A	❑Yes ❑No	
12	**(Other)**	❑Yes ❑No ☒N/A	❑Yes ❑No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

MD CITY WRF IS UNDER A MAJOR EXPANSION CONSTRUCTION PROJECT. OUTFALLS ARE UNACESSABLE.

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

PC DOES THEIR OWN SWPPP. AND SWPPP CONTROL MEASURES

Notes

Use this space for any additional notes or observations from the inspection:

UNDER CONSTRUCTION

OUT FALLS ARE UNACESSABLE

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: CARLSON DOOMS WW SYSTEM TECH II

Signature: _____ **Date:** 5/1/17