QUARTERLY INSPECTION CHECKLIST FOR STORMWATER DEVICES

Date: 5/1/17	
Inspector's Printed Name: SALCO DOMS	
Inspector's 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
lls & Dra	2. Is there excessive overgrowth between rock materials? *Remove if needed.*	N	
Outfa	3. Has sediment accumulated to a depth exceeding one (1) inch? Remove Silt/Sediment if needed.	Y	
nce 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	
Grass Conveyance Swales	2. Do the grounds require maintenance due to undergrowth? Reseed necessary areas, bare soil shall be properly covered.	1	
Gra	3. Are conveyance swales free of debris? Remove and position away from these areas. Water should be able to flow quickly through trench.	N	
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 MEASUREABLE RAIN General Discharge Permit No. 12-SW Appendix B: Page 3 of 3

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.
- 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.

-5	Sample Location	Maryland (City WRF (Outfall N	lo. 1 (Rip rap	adjace	ent to Mudwe	ell)	
(Quarter / Year:	05/2017	Date / Time Col	lected:		Date	/ Time Exami	ned:	
(Qualifying Storm		Yes No		Runoff Sour	ce:	Rainfall	Sno	owmelt
N	Collector's lame & Title						(4)		
	xaminer's lame & Title				200				
_	Parameter	Charles and the Control of the Contr	neter Description				ter Characte		
1.	Color	Does the sto any color? Yes	ormwater appear to		If Yes, describ	oe: Y	ellow Brown	Red	Gray
Is the stormwater clear? 2. Clarity Yes			720		If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:				
3.	Oil Sheen		a rainbow effect water surface?		Which best describes the sheen? Rainbow sheet Floating oil globules Other:			1	
4.	Odor	Does the sar	mple have an odo No	-	If Yes, describ Sewage So Other:	e: Che our Milk			ten Eggs
5.	Floating Solids	Is there anythere sample? Yes	ning on the surface		If Yes, describ Sewage W Other:		uds Oily Fi wl Excrement		Sarbage
6.	Suspended Solids	Is there anythe sample?	ning suspended in		Describe:		-		
•		**:	Leave sample u	ndisturk	ed for 30 min	utes.**	*		
7.	Is there anything settled on the		Describe: (note type, size and material after sample is not disturbed for 30 minutes)				r sample		
8.		Does foam or	material form on nple surface if you	the	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:

Stormwater Examiner's Signature and Date:

Quarterly Visual Monitoring Form Fill out a separate form for each outfall sampled.

Sample Location	Maryland (City WRF	Outfall I	No. 2 (Overland	flow	north of Sol	ide Dew	vater Ride
Quarter / Year:		*	e Collected:			Time Exam		ater. Diu
Qualifying Storm	U5/L01/	Yes	No	Runoff Source				
Collector's	Lveiiti	165	140	Rulloll Source	•	Rainfall	Sno	owmelt
Name & Title								
Examiner's						1000 1000	mar are	
Name & Title								
Parameter	Paran	neter Desc	ription	Par	ramet	er Characte	ristics	700 - 74
1. Color	Does the sto any color? Yes							Gray
2. Clarity	Is the stormwater clear?			If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque				
	Yes		No	Other:				
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface?			Which best desc Rainbow sheet			les	
	Yes		No	Other:				
⁴ Odor	Does the sar	nple have a	n odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:			ten Eggs	
5. Floating Solids	Is there anyth the sample? Yes	ning on the	surface of	If Yes, describe: Sewage Wate Other:		ds Oily Fi vl Excrement		arbage
5. Suspended Solids	Is there anyth sample? Yes	ning suspen	ded in the	Describe:				
	***	Leave sam	ple undistur	bed for 30 minute	PS ***			
. Settled Solids	Is there anyth bottom of the	ing settled	The state of the s	Describe: (note ty is not disturbed for	vpe, s	ize and mate	erial after	sample
	Yes		No					
Foam	top of the sample surface if you			Describe:	9			
	Yes		No					
If there are any any corrective ac	visible indica ctions taken.	tors of pol	lution identi	fy (1) where the	pollut	tion may co	me from	and (2)

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

-		T							
-	Sample Location	Maryland (City WRF	Outfall I	No. 3 (Overlan	nd flow	south of acc	ess roa	id)
(Quarter / Year:	05/2017	Date / Time	Collected:		Date /	Time Exami	ned:	
	Qualifying Storm	Event?	Yes	No	Runoff Source: Rainfall		Sno	owmelt	
	Collector's					- BEAUX-S			
-	Name & Title								
	Examiner's								
	Name & Title Parameter	Doron	notor Decerie	tion	1		ton Channata	i-di	
_	Parameter	Contract of the Contract of th	neter Descrip			-	ter Character		O
1	Color	any color?	ormwater appe	ear to nave	If Yes, describ	be. Ye	ellow Brown	Rea	Gray
	COIOI	Yes	No	(Clear)	Other.				
-				o (Olear)	If not clear, wh	nich of t	he following h	act des	cribes the
		Is the storm	water clear?		clarity of the s			cor aco	CIIDCS LIC
2.	Clarity			Miss	Suspended So			Opaqu	<i>ie</i>
		Yes		No	Other:				
	8H() II		a rainbow eff		Which best de	scribes	the sheen?		
3.	Oil Sheen	sheen on the water surface?			Rainbow sheet Floating oil globules				
		Yes		No	Other:				
		Does the sar	mple have an	odor?	If Yes, describ			6.0	ten Eggs
4.	Odor	Yes		No		our Milk	Oil/Petrole	um	4
		165		NO	Other:				((
5	Floating		hing on the su	ırface of	If Yes, describe		ids Oily Fil	m G	arbage
٥.	Solids	the sample?				ater Fo	wl Excrement		~
_		Yes		No	Other:				
6.	Suspended		ning suspende	ed in the	Describe:				
	Solids	sample?							
_		Yes	· Andrews	No					
					bed for 30 min				
			ning settled or	the	Describe: (note			rial afte	r sample
7.	Settled Solids	bottom of the	sample?		is not disturbed	for 30	minutes)		
		Yes		No					
			material form		Describe:				
R		top of the san	nple surface it	f you					
٠.	, vaiii	shake it?							
		Yes		No					
9	If there are any	visible indica	store of nolly	tion identi	fu (1) whore th	o nolli	tion may col	mo from	n and (2)

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:

Stormwater Examiner's Signature and Date:

Quarterly Visual Monitoring Form Fill out a separate form for each outfall sampled.

	Sample Location	Maryland (City M/DE	0.46-11	N				
-	Quarter / Year:		-		No. 4 (Grass s				er No. 3)
Г		05/2017		me Collected:			/ Time Examir	ned:	
L	Qualifying Storm Collector's	Event?	Yes	No	Runoff Source	ce:	Rainfall	Sn	owmelt
	Name & Title								
_	Examiner's								
	Name & Title								
	Parameter	Paran	neter Desc	cription	Р	aramei	ter Characteri	etice	
1	. Color			No (Clear)	If Yes, describ		ellow Brown	Red	Gray
2.	Clarity	Is the stormy	vater clear		clarity of the st	ormwat	Paragraph Company Com		
_		Yes		No	Suspended So	olias N	Milky/Cloudy	Opaqu	ie
3.	Oil Sheen	Can you see sheen on the Yes	a rainbow water surf	effect or face?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
		Does the sample have an odor?			If Yes, describe	. Cher	mical Musty	Dot	ton Fran
4.	Odor	Yes		No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
5.	Floating	Is there anyth	ing on the	surface of	If Yes, describe	: Suc	ds Oily Film	G	arbage
	Solids	the sample? Yes		No			/ Excrement		arbage
6.	Suspended Solids	Is there anythi sample?	ng susper	nded in the	Describe:				
U0000		Yes		No					
		L	eave sam	ple undisturb	ed for 30 minu	tes,			
7.	Settled Solids	Is there anything bottom of the s	ng settled	on the	Describe: (note is not disturbed	type, si	ize and materia minutes)	al after	sample
		Yes		No			*2		
	Foam	Does foam or r top of the samp shake it?	naterial foole surface	rm on the I	Describe:				
		Yes		No					
.	If there are any vany corrective ac	risible indicate tions taken.	ors of pol	llution identify	(1) where the	polluti	ion may come	• from	and (2)
					. 9				
)	(Je s			5/1/17				
	rmwater Collector'				. /				
tor	mwater Examiner	's Signature ar	nd Date:						

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Stormwater Industrial Routine Facility Inspection Report General Information **Facility Name** Maryland City WRF NPDES Tracking No. 02SW0761 Date of Inspection Start/End Time 1036 1140 Inspector's Name(s) ARLTON 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: 880F 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? The MNo 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 Control If No. In Need of Corrective Action Needed and Notes Measure Measure is Maintenance. (identify needed maintenance and repairs, Operating Repair, or or any failed control measures that need Effectively? Replacement? replacement) 1. Outfall #1 ☐Yes ☑No ☐ Maintenance UNDER CONSTRUCTION Western side of the site. ☐ Repair near Mudwell Replacement Drainage Area 2 Structural Control Control If No, In Need of Corrective Action Needed and Notes Measure Measure is Maintenance. (identify needed maintenance and repairs, Operating Repair, or or any failed control measures that need Effectively? Replacement? replacement) 2. Outfall #2 Yes No ☐ Maintenance UNDER CONSTRUCTION Northern side of the site. ☐ Repair

Replacement

Drainage Area 3

Building

near Solids Dewatering

	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

	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		effective, and	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	Yes ONO N/A	Yes ONo	
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 ONO NA	¥Yes □No	
6	Erodible areas/construction	Yes ONO NA	Yes No	SILT FOUCE IS BEING USOD. PL Also DOES ASN PR
7	Non-stormwater/illicit connections	□Yes □No ØN/A	□Yes □No	
8	Salt storage piles or pile containing salt	□Yes □No ᢂN/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. OUT FALLS ARE UNACESSABLE.

Additional Control Measures

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

PC DOEAS THEIR OWN SWPPP.
AND SUPPP CONTROL MEASURES

Notes

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: AUTON DOMS WN SYSTEM TEXT