Stormwater
Pollution Prevention Plan
Millersville Landfill and
Resource Recovery Facility

Anne Arundel County, MD



KCI Project 17110671.04



KCI Technologies, Inc. January 2014





MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore MD 21230 410-537-3000 • 1-800-633-6101 • www.mde.maryland.gov

Martin O'Malley Governor

Anthony G. Brown Lieutenant Governor Robert M. Summers, Ph.D. Secretary

August 15, 2014

CHANDRA CHITHALURU ENVIRONMENTAL MANAGER ANNE ARUNDEL COUNTY DEPT. OF PUBLIC WORKS 389 BURNS CROSSING ROAD SEVERN, MD 21144

Re: Registration of Application Number: 12SW0298; NPDES Number: MDR000298

Dear CHANDRA CHITHALURU:

This letter will serve as notification that your NOI has been accepted for registration under the General Discharge Permit for Storm Water Associated with Industrial Activities, Permit No. 12SW for stormwater discharges into **the Baltimore Harbor-02130903**. Keep this for your records and provide it to your local jurisdiction as required by the permit. A copy of the permit and this letter should also be kept with your SWPPP onsite. The permit may be printed from MDE's website or from this link http://bit.ly/MDE_industrial_stormwater.

In signing the NOI and providing your updated SWPPP you have certified your agreement to comply with the terms of this permit for the <u>151</u> acre facility <u>Northern Recycling Center</u>, located at <u>100 Dover Rd</u>, <u>Glen Burnie</u>, <u>MD 21061</u>. Your facility's permit coverage is identified by Registration Number <u>12SW0298</u>. This coverage will continue until December 31, 2018, or as extended, under the terms of the 12-SW permit.

You should thoroughly review the permit to make sure you are always in compliance with its requirements. Those requirements include, but are not limited to, selecting and implementing the specific control measure for your industry, performing quarterly visual monitoring requirements, performing the annual Comprehensive Site Compliance Evaluations. The permit also has triggers and requirements for corrective actions

Your facility discharges into a watershed which is impaired for the following categories: Bacteria, Biological, Metals, Nutrients, PCBs, Pesticides and Sediments. Based on this status you must evaluate your control measures to ensure you are minimizing your facility discharges relating to these impairments during each annual comprehensive site compliance evaluation. See Part V.A.2 of the permit.

Your facility is subject to the required Benchmark Monitoring in the permit. You will need to report the Benchmarks for the Subsector L1 Landfill or Land Application Site industry sector(s) quarterly until the requirements of the permit are met. See Part V.B of the permit. Reporting is done on-line with NetDMR. You will need to apply for access to NetDMR within one month, and begin reporting your monitoring results as required by the permit. A brochure about NetDMR and how to register is enclosed. If you have any questions about NetDMR please contact the Department at 410-537-3514. Enclosed is also a copy of the Federal Register, Part 136-- 'Guidelines Establishing Test Procedures for Analysis of Pollutants'. The most recent version of Title 40CFR, Part 136 can be found online at www.ecfr.gpoaccess.gov. Unless otherwise

Re: Registration of Application Number: <u>12SW0298</u>; NPDES Number: <u>MDR000298</u> Page 2 of 2

specified, these guidelines are to be used for the analyses required by this permit.

Please direct all future correspondence regarding permit compliance to the following address:

Maryland Department of the Environment

1800 Washington Boulevard

Compliance Program, Suite 420

Baltimore, Maryland 21230-1708

(410) 537-3557 (410) 537-3573 FAX

If you have any questions, please do not hesitate to contact the Industrial and General Permits Division at 410-537-3323.

Sincerely,

Paul Hlavinka

Regulatory Compliance Engineer Industrial and General Permits Division Water Management Administration

PH/ba

cc: Dave Lyons, WMA, Compliance Program (Anne Arundel) Sharon Talley, WMA, Compliance Program (Anne Arundel)

Bill Lee WMA, WMA, Compliance Program (Anne Arundel)

INSPECTION COMPLETED 11/8/17

Appendix H: Completed Annual Compliance Worksheets

NF	DE	SPE	ermit	Trac	king h	Vo.
					11	



United States Environmental Protection Agency Washington, DC 20460

Annual Reporting Form

	MIIII	uai kepon	ing Forr	n	
A. GENERAL INFORMA		•			
1. Facility Name: MILLERS	SVILLE LANDFILL & RESOURCE R	ECOVERY EACH ITY AND	D CENTRAL BEOW		168
		LOOVEN TACIENT AN	D CENTRAL RECY	DILNG CENTER	
2. NPDES Permit Tracking No.	REGISTRATION # 12SW 1304 NPDES # MDR001304				
3. Facility Physical Address: 3	89 Burns Crossing Road, Severn, M	ID 21144			
a. Street: Burns Crossing	Road				
b. City: Severn			c. State: MI	d. Zip Code: 21144	
4. Lead Inspectors Name: Ma	ark Morris		Title: Enviro	onmental Monitoring Manager	
Additional Inspectors Name(s):	Steve Krajcsik, Michael Gravatt, M Tim Richards, Jonathan Rossetti,	Michael Lunghi, Mike Zim Orlando Powell	helt,		
5. Contact Person: Mark Mor	ris		Title: Enviro	nmental Monitoring Manager	
Phone: 410-222-6108	Ext. 3715 E	E-mail: pwmorr12@aacou	unty.org		
6. Inspection Date: November	rB 2047 44 D 00				
	r 8, 2017 11 a.m. to 3:00 p.m.				
B. GENERAL INSPECTIO	CO. COLD STREET, CO.				
As part of this comprehensive X YES	site inspection, did you inspect all po	otential pollutant sources,	including areas who	ere industrial activity may be exp	oosed to stormwater?
If NO, describe why not:					
The state of the s					
NOTE: Complete Section C of the					
may be exposed to stormwater.	is form for each industrial activity are	a inspected and included	in your SWPPP or a	is newly identified in B.2 or B.3	below where pollutants
. Did this inspection identify any s	stormwater or non-stormwater outfall	s not previously identified	in your SWPPP?	TYES X NO	
ii 1ES, for each location, o	describe the sources of those sto	omwater and non-stor	mwater discharge	s and any associated contr	ol measures in place:

			NPDES Permit Tracking No
3. Did this inspection identify any sources of stormwater or n	non-stormwater discharges not previo	ously identified in your SWPPP? YES	X NO
If YES, describe these sources of stormwater or non-sto	ormwater pollutants expected to be p	resent in these discharges, and any contr	ol measures in place:
. Did you review stormwater monitoring data as part of this in	nspection to identify potential pollutar	nt hot spots? YES X NO NA	A, no monitoring performed
If YES, summarize the findings of that review and describ	be any additional inspection activities	resulting from this review:	
Describe any evidence of pollutants entering the drainage significant dissipation measures to prevent scouring:	system or discharging to surface water	ers, and the condition of and around outfa	lls, including flow
one observed and condition of and around outfalls was in go	od condition.		
Have you taken or do you plan to take any corrective actions authorization to discharge under this permit if this is your first aspection?	i, as specified in Part 3 of the permit, annual report), including any correct	since your last annual report submission tive actions identified as a result of this a	(or since you received natural comprehensive site
X YES NO See attached Fourth Quarter Inspection I	for details.		
If YES, how many conditions requiring review for correction specified in Parts 3.1 and 3.2 were addressed by these corr	action as rective actions?		
PTE: Complete the attached Corrective Action Form (Section remails inspection)		uding any conditions identified as a result	of this comprehensive

NPI	DES	Pern	nit Tr	ackir	ng No	
		11				1

principal and the second secon			
C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS			
Complete one block for each industrial activity area where pollutants	may be expo	sed to stormwater.	Copy this page for additional industrial positive
In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could co Leaks or spills from industrial equipment, drums, tanks, and oth Offsite tracking of industrial or waste materials from areas of no Tracking or blowing of raw, final, or waste materials from areas	ome into conta	ict with stormwater;	activity areas.
INDUSTRIAL ACTIVITY AREA: Recycling Center and Leachate Pretreatme	ent Areas		
1. Brief Description:			
Recycling Center allows citizens to drop off recyclables in specific container Leachate Pretreatment area consists of leachate storage tanks and pretreat	rs. Itment building).	
2. Are any control measures in need of maintenance or repair?	X YES	□ NO	
3. Have any control measures failed and require replacement?	☐ YES	(20) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
4. Are any additional/revised control measures necessary in this area?	□ YES		
If YES to any of these three questions, provide a description of the early	lama (A		Niene ehe da ha da ada ada ada ada ada ada ada ad
Corrective Action Form): See attached Fourth Quarter Inspection for de	etails.	oussary corrective at	nons should be described on the attached
W. S. Charles and Control of States and Cont			
INDUSTRIAL ACTIVITY AREA: Maintenance Shop and Warehouse			
Brief Description:			
Maintenance Shop is a typical mechanic shop. No discharges are allowed to Warehouse is a storage area. Enclosed building and no discharges.			S. Carlotter
2. Are any control measures in need of maintenance or repair?	☐ YES	X NO	
3. Have any control measures failed and require replacement?	☐ YES	X NO	
4. Are any additional/revised c necessary in this area?	☐ YES	X NO	
If YES to any of these three questions, provide a description of the proble Corrective Action Form)		essary corrective act	inns should be described as the attached
Corrective Action Form)	vicini kunganasa	- Total Control do	ons should be described on the attached
NDUCTOIAL ACTA (TV ADV.)			
NDUSTRIAL ACTIVITY AREA: Fueling Facility			
Brief Description:		*	
ueling facility consists of diesel and gasoline USTs and dispensers for use by	y county pers	onnel.	
Are any control many in			
Are any control measures in need of maintenance or repair?	☐ YES	X NO	
Have any control measures failed and require replacement?	☐ YES	X NO	
Are any additional/revised BMPs necessary in this area?	☐ YES	XNO	
If YES to any of these three questions, provide a description of the problem Corrective Action Form)	n: (Any neces	ssary corrective actio	ns should be described on the attached

					nit Tracking No.
MDUSTRIAL ACTION			NOTE: Copy this	page and attach additional	pages as neces
NDUSTRIAL ACTIVITY AREA: Landfill Closed Cells and Com	posting Areas				
1. Brief Description:					
MLFRRF has four (4) closed cells, closed per 40 CFR 258 requ	irements in m	id-1990s.			
Composting area closed Cell #1 is a paved area to compost lea	ives and grass	3.			
Are any control measures in need of maintenance or repair?	X YES	□ NO			
Have any control measures failed and require replacement?	☐ YES				
Are any additional/revised BMPs necessary in this area?		2000			
	☐ YES	5			
If YES to any of these three questions, provide a description Corrective Action Form): See attached Fourth Quarter Inspet	of the probler ection for detai	m: (Any necessar ils.	y corrective actions should be	described on the attached	
DUSTRIAL ACTUATION AND ADDRESS OF THE PROPERTY ADDRESS					
DUSTRIAL ACTIVITY AREA: Landfill Active Cell #8 and New i	Active Cell #9				
Brief Description:					
Il #8 is under active construction to cap and close.					
ell #9 (Subcell 9-1) is an active solid waste disposal cell and other	ner parts of Ce	all 9 are a soil born	ow area for the capping and c	losure of Cell #8.	
#9 (Subcell 9-1) is an active solid waste disposal cell and oth	ner parts of Ce	ell 9 are a soil borr	ow area for the capping and ci	losure of Cell #8.	
en #9 (Subcell 9-1) is an active solid waste disposal cell and oth			ow area for the capping and ci	losure of Cell #8.	
Are any control measures in need of maintenance or repair?	☐ YES	X NO	ow area for the capping and ci	losure of Cell #8.	
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement?	☐ YES	X NO X NO	ow area for the capping and ci	losure of Cell #8.	
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area?	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area? If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspec	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area?	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area?	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area?	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area?	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area? If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspec	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area? If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspec	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area? If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspect	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area? If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspect	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area? If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspect	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area? If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspect	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area? If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspect	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area? If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspect	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Are any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area? If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspective Action Form: USTRIAL ACTIVITY AREA: nef Description:	☐ YES ☐ YES ☐ YES	X NO X NO X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area? If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspec	YES YES YES of the problem:	X NO X NO X NO (Any necessary			

NPDES	Perm	it Tra	cking N	0

D. CORRECTIVE ACTIONS	The second secon
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is n page for additional corrective actions or reviews.	
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to action identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been complete previous annual report.	dress problems ed at the time of your
Corrective Action #	
2. Is this corrective action:	
☐ An update on a corrective action from a previous annual report; or	
☐ A new corrective action?	
3. Identify the condition(s) triggering the need for this review:	
☐ Unauthorized release or discharge	
☐ Numeric effluent limitation exceedance	
☐ Control measures inadequate to meet applicable water quality standards	
☐ Control measures inadequate to meet non-numeric effluent limitations	
☐ Control measures not properly operated or maintained	
☐ Change in facility operations necessitated change in control measures	
☐ Average benchmark value exceedance	
Other (describe): Routine woody vegetation removal from rip rap ditches in early winter or spring.	
4. Briefly describe the nature of the problem identified:	
5. Date problem identified: 0 7 / 1 2 / 2 0 1 7	
6. How problem was identified:	
☐ Comprehensive site inspection	
☐ Quarterly visual assessment	
X Routine facility inspection	
☐ Benchmark monitoring	
☐ Notification by EPA or State or local authorities	
Other (describe):	
Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination: See attached Fourth Quarter Inspection for details.	to control
. Did/will this corrective action require modification of your SWPPP? YES X NO	
Date corrective action initiated:	
D. Date correction action completed:	
1. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe a (including timeframes associated with each step) necessary to complete corrective action: See attached Fourth Quarter Inspection for details.	ny remaining steps s.

	NPDES Permit Tracking No.:
E. ANNUAL REPORT CERTIFICATION	
1. Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of your knowledge, you are in compliance with the permit? X YES NO	this inspection, to the best of
If NO, summarize why you are not in compliance with the permit:	
Annual Report Certification	
Certify under penalty of law that this document and all attacks	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imperiod that there are significant penalties for submitting false information, including the possibility of fine and imperiod to the control of	rsons who manage the
uthorized Representative rinted Name: MARK MORR S Title: ENV. MON TO	RING MANG!
ignature: Mark L Morro Date Signed: 11/9/17	

INSPECTION COMPLETED 11/21/16

Appendix H: Completed Annual Compliance Worksheets

NPD	ES P	ermit	Trac	kina	No.:



United States Environmental Protection Agency Washington, DC 20460

	Annual Rep	orting Form	n	
A. GENERAL INFORMATION		<u> </u>		
Facility Name: MILLERSVILLE LANDFILL & RE:	SOURCE RECOVERY FACILI	TY AND CENTRAL RECY	CILNG CENTER	
2. NPDES Permit Tracking No.: REGISTRATION # NPDES # MDR0013	12SW1304 304			
3. Facility Physical Address: 389 Burns Crossing Road				
a. Street: Burns Crossing Road				
b. City: Severn		c. State: MI	d. Zip Code: 21144	
Lead Inspectors Name: Chandra Chithaluru		Title: Enviro	onmental Monitoring Manag	er
Additional Inspectors Name(s): Eric Pindell, Michael L	unghi			
5. Contact Person: Mark Morris		Title: Enviro	nmental Monitoring Manage	er
Phone: 410-222-6108 Ext. <u>3715</u>	E-mail: Pwmorr12@			
6. Inspection Date: November 21, 2016 1 p.m. to 2:30				
B. GENERAL INSPECTION FINDINGS	p.m.			
As part of this comprehensive site inspection, did you in X YES NO	nspect all potential pollutant so	ources, including areas whe	ere industrial activity may be	exposed to stormwater?
If NO, describe why not:				
IOTE: Complete Seating Continue				
IOTE: Complete Section C of this form for each industrial nay be exposed to stormwater.	activity area inspected and inc	cluded in your SWPPP or a	s newly identified in B.2 or	B.3 below where pollutants
Did this inspection identify any stormwater or non-storms	water outfalls not previously ide	entified in your SWPPP?	☐ YES X NO	
If YES, for each location, describe the sources of	i those storriwater and no	n-stormwater discharge	s and any associated co	ontrol measures in place
				-

			NPDES Permit Tracking N
3. Did this inspection identify a	ny sources of stormwater or non-stormwater disch	narges not previously identified in your SWPPP?	☐ YES X NO
		expected to be present in these discharges, and a	
	pordurite	expected to be present in these discharges, and a	ny control measures in place:
. Did you review stormwater m	politoring data as part of this inspection to identify	potential pollutant hot spots? YES X NO	
			☐ NA, no monitoring performed
ii 7ES, summarize the findir	ngs of that review and describe any additional insp	pection activities resulting from this review:	
Describe any evidence of pollu	tants entering the drainage system or discharging	to surface waters, and the condition of and aroun	4 - 10 10 10 10 10 10 10 10 10 10 10 10 10
	nd around outfalls was in good condition.	and the condition of and aroun	d outrails, including flow
and condition of	ind around outfalls was in good condition.		
spection?		3 of the permit, since your last annual report subriding any corrective actions identified as a result of	nission (or since you received f this annual comprehensive site
f YES, how many conditions re	dy vegetation removal to be completed in fiscal ye quiring review for correction action as ere addressed by these corrective actions?	ear 2017,	
TE: Complete the attached Cor	rective Action Form (Section D) for each		
mwater inspection.	Gection D) for each condition	n identified, including any conditions identified as	a result of this comprehensive

					NPDES Permit Trackin
C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS			NAME OF THE PARTY		
Complete one block for each in					
Complete one block for each industrial activity area where pollutal In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or coul Leaks or spills from industrial equipment, drums, tanks, and Offsite tracking of industrial or waste materials from areas of Tracking or blowing of raw, final, or waste materials from ar	d come into con d other container	tact with stor	mwater;	y this page for add	ditional industrial activity are
INDUSTRIAL ACTIVITY AREA: Recycling Center and Leachate Pretree		ure to exposi	ed areas.		
Brief Description: Recycling Center allows citizens to drop off recyclables in specific contact Leachate Pretreatment area consists of leachate storage tanks and pretreatment area consists.		ng.			
Are any control mass					
2. Are any control measures in need of maintenance or repair?	☐ YE	S XNO			
B. Have any control measures failed and require replacement?	☐ YE	S X NO			
I. Are any additional/revised control measures necessary in this area?	☐ YES	S X NO			
If YES to any of these three questions, provide a description of the p Corrective Action Form)	roblem: (Any ne	ecessary con	ective actions s	hould be described	on the attacked
and the second s				or a de described	on the attached
Binlenance Shop is a tunical					
aintenance Shop is a typical mechanic shop. No discharges are allower arehouse is a storage area. Enclosed building and no discharges.	d to leave the sh	op. Shop is e	equipped with o	il water separator.	
aintenance Shop is a typical mechanic shop. No discharges are allower arehouse is a storage area. Enclosed building and no discharges.	d to leave the sh	op. Shop is e	equipped with o	il water separator.	
aintenance Shop is a typical mechanic shop. No discharges are allower arehouse is a storage area. Enclosed building and no discharges.	d to leave the sh	op. Shop is e	equipped with o	il water separator.	
			equipped with o	il water separator.	
Are any control measures in need of maintenance or repair?	☐ YES	X NO	equipped with o	il water separator.	
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area?	□ YES	X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area?	□ YES	X NO			
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement?	□ YES	X NO			n the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area?	□ YES	X NO			in the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area?	□ YES	X NO			in the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area?	□ YES	X NO			n the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area? If YES to any of these three questions, provide a description of the pro Corrective Action Form)	□ YES	X NO			in the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area? If YES to any of these three questions, provide a description of the pro Corrective Action Form) USTRIAL ACTIVITY AREA: Fueling Facility	□ YES	X NO			n the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area? If YES to any of these three questions, provide a description of the pro Corrective Action Form) USTRIAL ACTIVITY AREA: Fueling Facility If Description:	☐ YES☐ YES☐ YES☐ YES	X NO X NO X NO essary correct			n the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area? If YES to any of these three questions, provide a description of the pro Corrective Action Form) USTRIAL ACTIVITY AREA: Fueling Facility	☐ YES☐ YES☐ YES☐ YES	X NO X NO X NO essary correct			n the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area? If YES to any of these three questions, provide a description of the pro Corrective Action Form) USTRIAL ACTIVITY AREA: Fueling Facility If Description:	☐ YES☐ YES☐ YES☐ YES	X NO X NO X NO essary correct			n the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area? If YES to any of these three questions, provide a description of the pro Corrective Action Form) USTRIAL ACTIVITY AREA: Fueling Facility If Description:	☐ YES☐ YES☐ YES☐ YES	X NO X NO X NO essary correct			n the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area? If YES to any of these three questions, provide a description of the pro Corrective Action Form) USTRIAL ACTIVITY AREA: Fueling Facility If Description: In gracility consists of diesel and gasoline USTs and dispensers for use	☐ YES☐ YES☐ YES☐ YES☐ blem: (Any neco	X NO X NO X NO essary correct			n the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area? If YES to any of these three questions, provide a description of the pro Corrective Action Form) USTRIAL ACTIVITY AREA: Fueling Facility If Description: Ing facility consists of diesel and gasoline USTs and dispensers for use e any control measures in need of maintenance or repair?	☐ YES ☐ YES ☐ YES blem: (Any nec	X NO X NO X NO essary correct			n the attached
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? Are any additional/revised c necessary in this area? If YES to any of these three questions, provide a description of the pro Corrective Action Form) USTRIAL ACTIVITY AREA: Fueling Facility If Description: In gracility consists of diesel and gasoline USTs and dispensers for use	☐ YES☐ YES☐ YES☐ YES☐ blem: (Any neco	X NO X NO X NO essary correct			in the attached

					NPDES Permit Tracking No
			NO1	E: Conv this nage and	d attach additional pages as nece
INDUSTRIAL ACTIVITY AREA: Landfill Closed Cells and Cor	mposting Area	IS		2. copy this page and	allacti additional pages as nece.
1. Brief Description:					
MLFRRF has four (4) closed cells, closed per 40 CFR 258 rec Composting area closed Cell #1 is a paved area to compost le	quirements in reaves and gra-	mid-1990s. ss.			
Are any control measures in need of maintenance or repair?					
Have any control measures failed and require replacement?					
Are any additional/revised BMPs necessary in this area?					
	☐ YE				
If YES to any of these three questions, provide a description Corrective Action Form)	on of the proble	em: (Any ned	essary corrective actio	ns should be describe	d on the attached
NDUSTRIAL ACTIVITY AREA: Landfill Active Cell #8 and New					
Brief Description: 1. Brief Description:	Active Cell #9	9			
Cell #8 is an active solid waste disposal and					
Cell #9 (Subcell 9-1) is an active solid waste disposal cell and s	construction to oil borrow area	to cap and clo a for the can	ise.	#0	
			g and closure of Cell	#0.	
. Are any control measures in need of maintenance or repair?	☐ YES	XNO			
. Have any control measures falled and require replacement?	☐ YES	X NO			
Are any additional/revised BMPs necessary in this area?	☐ YES	X NO			
If YES to any of these three questions, provide a description Corrective Action Form)	of the problem		ssary corrective action	s should be described	on the attached
Control State (State of State)					
DUSTRIAL ACTIVITY AREA:					
Brief Description:					
Are any control measures in need of maintenance or repair?	Dyse				
Have any control measures failed and require replacement?	☐ YES	□ NO			
are any additional/revised BMPs necessary in this area?	☐ YES	□ NO			
If YES to any of these three questions, provide a description of Corrective Action Form)	YES f the problem:	☐ NO (Any necess	ary corrective actions	should be described or	n the attached
					attached

NPDES	Permit	Trackin	g No.:	
				11

D. CORRECTIVE ACTIONS		
Complete this page for each specific condition requiring a corrective action page for additional corrective actions or reviews.	n or a review determining that no corrective a	action is needed. Copy this
Include both corrective actions that have been initiated or completed since the lat identified in this comprehensive stormwater inspection. Include an update on any previous annual report.		
Corrective Action # of for this reporting period.		
2. Is this corrective action:		
☐ An update on a corrective action from a previous annual report; or		
☐ A new corrective action?		
Identify the condition(s) triggering the need for this review:		
☐ Unauthorized release or discharge		
☐ Numeric effluent limitation exceedance		
Control measures inadequate to meet applicable water quality standards		
Control measures inadequate to meet non-numeric effluent limitations		
☐ Control measures not properly operated or maintained		
☐ Change in facility operations necessitated change in control measures		
☐ Average benchmark value exceedance		
☐ Other (describe): Routine woody vegetation removal from rip rap ditches in		
Briefly describe the nature of the problem identified:	reany winter or spring.	
parameter.		
Date problem identified: 1 1 / 2 1 / 2 0 1 6		
. How problem was identified:		
X Comprehensive site inspection		
☐ Quarterly visual assessment		
X Routine facility inspection	26	
☐ Benchmark monitoring		
☐ Notification by EPA or State or local authorities		
Other (describe):		
Description of corrective action(s) taken or to be taken at the		
Description of corrective action(s) taken or to be taken to eliminate or further investi- measures, analyses to be conducted, etc.) or if no modifications are needed, basis	igate the problem (e.g., describe modifications of for that determination:	r repairs to control
butine woody vegetation removal from rip rap ditches in early winter or spring.		
Did/will this corrective action require modification of your SWPPP? YES X N	10	
Date corrective action initiated:		
Date correction action completed: 1 1 / 2 1 / 2 0 1 6 or expected to completed:	0 4 / 0 1 / 2 0 1 7	
If corrective action not yet completed, provide the status of corrective action at the t noluding timeframes associated with each step) necessary to complete corrective a	time of the comprehensive site inspection and de action;	escribe any remaining steps

	NPDES Permit Tracking No.:
E. ANNUAL REPORT CERTIFICATION	
1. Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results your knowledge, you are in compliance with the permit? X YES \square NO	of this inspection, to the best of
If NO, summarize why you are not in compliance with the permit:	
	· ·
Annual Report Certification	
Annual Report Certification certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or paysetem, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and im	e with a system designed to ersons who manage the e and belief, true, accurate, prisonment for knowing



Bureau of Waste Management Services 389 Burns Crossing Road Severn, MD 21144

August 25, 2017

Ms. Tammy Roberson, Acting District Manager Water Management Administration Compliance Program Maryland Department of the Environment 1800 Washington Blvd., Suite 420 Baltimore, MD 21230-1718

RE: Maryland Department of the Environment Stormwater Inspection for Millersville Landfill and Resource Recovery Facility (NPDES Permit No. 12SW1304)

Dear Ms. Roberson:

We would like to thank you for the professional manner in which you conducted the stormwater inspection at our Millersville Landfill and Resource Recovery Facility (MLFRRF) on August 16, 2017. I want to personally assure you and the senior management at the Maryland Department of the Environment (MDE) that we will make every effort to ensure full compliance with our stormwater permit and continue to operate the MLFRRF as the model facility that it has come to represent in the Mid-Atlantic Region. We have provided a response to each of the issues identified in your inspection report (AI ID: 19044) as areas of noncompliance, and offer the steps that we are taking to remedy them in the remainder of this letter.

Stormwater Pollution Prevention Plan (SWPPP)

We acknowledge that the SWPPP for the MLFRRF has not been updated in over two years. Mark Morris, our new Environmental Monitoring Manager, has reviewed the document several times since coming aboard in mid-June but had not officially revised it. Because the revised SWPPP is currently moving through our signature chain we have enclosed a draft of the revised copy for your records (See Exhibit 1).

Comprehensive Site Compliance Evaluation

Unfortunately electronic and other records from our previous Environmental Monitoring Manager (Mr. Chandra Chithaluru) are not as well organized as we would hope. Mr.

Page 2 Ms. Tammy Roberson Stormwater Inspection August 25, 2017

Chithaluru left County service during 2017. As such, we were unable to provide documentation for the annual comprehensive site compliance evaluation that was conducted in November 2016. Upon further review, we were able to find records showing that Mr. Chithaluru had conducted monthly compliance inspections at each of our facilities including the MLFRRF for the entire 2016 calendar year and that he had prepared written reports documenting his inspections. In addition, a review of the calendars for the SWPPP Team members showed that an annual comprehensive site compliance evaluation for the MLFRRF was held on Monday, November 21, 2016, but regrettably, we have been unable to find the report at this time. As a result, Mr. Morris has reviewed each of the monthly site inspection reports, has spoken with Mr. Chithaluru to confirm the annual comprehensive site compliance inspection was completed on November 21, 2016, and has interviewed the SWPPP Team members that were present at the annual inspection. Based on his review, Mark has prepared and signed the annual comprehensive site compliance evaluation for the November 21, 2016, inspection. A copy of this report and the records supporting it are enclosed for your review (See Exhibit 2). In addition, the SWPPP Team members will be conducting the 2017 annual comprehensive site compliance evaluation for each of our facilities before the end of the calendar year.

Quarterly Visual Inspections

The form that we have used for our Quarterly Visual Inspections has been in place since January of 2003 (last revision 2008) (See Exhibit 3). As such, we have logged over 14 years of visual inspections that were contained in the notebook that we provided to you the day of your inspection. You informed us that the form was not acceptable for this purpose and the correct form must be taken from Appendix B of the permit. Even as recently as October 28, 2014, when MDE conducted a stormwater investigation that consisted of a records review and a site inspection, it was determined "that no violations were present and the site is considered satisfactory and compliant", and no mention was made concerning this form. Nevertheless, from this point forward we will be using the Quarterly Visual Inspection form from our approved SWPPP. A copy of this new form is already being used by our environmental technicians and is attached for your review (See Exhibit 4).

Industry Specific Benchmarks Monitoring Requirements

Since his arrival, Mr. Morris has been actively working towards the goal of conducting benchmark monitoring for our facilities. He has been given signatory authority under the County Executive's amended Executive Order 4 to enter the data into NetDMR for the Bureau of Waste Management Services, and has registered with NetDMR as the signatory for our facilities. In addition, he has tasked our contractor (Environmental Monitoring and Assessment, LLC) to instruct our environmental technicians on proper sampling procedures and laboratory protocols for benchmark sampling and analysis. As of this

Page 3 Ms. Tammy Roberson Stormwater Inspection August 25, 2017

letter, our environmental technicians have collected stormwater samples for benchmark parameter analysis from our ponds. Once we receive the laboratory results, Mr. Morris will enter the data into NetDMR.

Enhanced BMPs Addressing Stormwater Discharges from Ponds 8 and 9

During most of the year, many of our ponds have not been discharging stormwater and the best management practices (BMPs) currently implemented remain adequate as evidenced by the October 28, 2014, site investigation performed by MDE. However, due to the active construction around Ponds 8 and 9 related to the closure of Cell 8 following the approved closure plan, along with the heavy rain events in late July and early August (greater than 9.5 inches of rain over the past 30 days) we agree that additional housekeeping and BMPs are needed as part of the ongoing construction project. Housekeeping items being implemented since the last rain event include:

- 1. Scrape and remove loose sediment deposits from perimeter haul roads around Cell 8 and the Cell 9 borrow area, and mechanically sweep roads.
- 2. Scrape accumulated sediment from perimeter access road around the Cell 9 borrow area down to asphalt millings or rubble base. Add additional asphalt millings where needed.
- 3. Extend silt fence at northeast corner of Cell 9 borrow area.
- 4. Reduce the amount of heavy equipment entrances to Cell 9 borrow area.
- 5. Remove accumulated sediment from the Cell 8 perimeter stormwater channel and Cell 9 borrow area stormwater channels. This sandy soil material with a clayey fraction, the result of recent severe storms impacting the 18 inch soil cover layer in the composite capping system, is a significant contributor of sediment to Pond 8.
- 6. Stabilize all completed Cell 9 borrow area side slopes (grade areas, place topsoil, apply
- 7. Continue to stabilize completed areas of the Cell 8 capping system in accordance with the approved closure plan.
- 8. Continue to stabilize completed areas of Cell 8 landfilling operation as the closure cap construction proceeds from east to west in the 54-acre Cell 8 footprint.

In addition to housekeeping, we are pursuing the following enhanced BMPs to address stormwater discharges:

- 1. Add additional sediment floc logs to the perimeter stormwater channels around Cell 8 and
- 2. Review Cell 8 closure sequence of construction and complete perimeter berm areas, as
- 3. Evaluate undisturbed sections of the southern perimeter stormwater channel around Cell 8 for use in "recirculating" stormwater across a series of floc logs to promote
- 4. Investigate sediment buildup in Pond 8 to determine if it needs to be dredged to garner

Page 4 Ms. Tammy Roberson Stormwater Inspection August 25, 2017

storage capacity.

- 5. Repair small breach in Pond 8 cross dike.
- 6. Remove accumulated sediment from Pond 8 cross dike geotextile.
- 7. Replace geotextile around Pond 8 draw-down devices.
- 8. Employ a mobile commercial on-site treatment system (e.g., Rain For Rent) to treat stormwater in Pond 8 (and Pond 9, if necessary) to benchmark limits before discharging to Wells Branch. We will be sending you additional engineering and design specifications concerning this item in a follow-up letter.

Again, I want to thank you for your help in this process and the collaborative manner in which you have been operating as we work to address these issues. Should you have any questions regarding the information covered in this letter or require additional information, please contact me or Mark Morris on (410) 222-6108.

Sincerely,

Stephen J. Krajcsik, P.E.

Solid Waste Operations Administrator

Enclosures

cc: Paul Hlvinka Jennifer Nitsch Mark Morris Thomas Reilly Appendix E: Schedule of Employee Training

Appendix E Central Recycling Center Employee Training

Туре	Topic	Proposed Date	Actual Date
Hazardous Waste Operations (Response)	Review handling, storage, and transportation of hazardous materials, manifesting and reporting, and spill response procedures.		
Good Housekeeping and Spill Prevention	Review the use of absorbent materials. Review good housekeeping practices.		
Preventive Maintenance for Sediment and Erosion Control (stabilized areas)	Discuss and review preventive maintenance measures, case reviews, and practices and procedures.		
Loading and Unloading Procedures	Discuss fuel transfer and material handling procuedures		
Stormwater Runoff Control	Discuss maintenance of existing controls and review pollution prevention measures. Discuss composting operations.		
Other SWP3 Topics	Review and discuss components and goals of SWPP plan.		THE RELEASE OF THE PARTY OF THE
	Review and discuss record keeping and reporting, tracking, and follow-up program.		

ATTENDEES:

Attendees include PPT Members, Facility Operations and Maintenance Staff, as appropriate

Completed attendance sheets covering each training session listed above are to be inserted behind this summary sheet.

Completed Training (Grouped by Course)



Filter: Begin: 6/1/2017, End: 8/27/2017, Course: 12-Solid Waste Permit-SWPPP Training (CRS0001191)

Course Title:	12-Solid Waste Permit-SWPPF	Training		350	
Trained Date	Personnel Name	Group		: CRS000	
6/26/2017	Boehm, Robert	4310 - Equipment Maintenance	Score	Credits	Hours
6/26/2017	Cluney, Timothy	4337 - Special Collections			1
6/26/2017	Gravatt, Michael	4312 - Disposal & Maintenance			1
6/26/2017	Grayson-Evans, Anita	4337 - Special Collections			1
6/26/2017	Krajcsik, Stephen	4303 - Administration Division			1
6/26/2017	Lunghi, Michael	4312 - Disposal & Maintenance			1
6/26/2017	Morris, Mark	4312 - Disposal & Maintenance			1
6/26/2017	Richards, Timothy	4312 - Disposal & Maintenance			1
Group Record C	Count: 8	Group Summary:			8
Report Record (Count: 8	Report Summary:			8

Training Transcript

Filter: Begin: 1/1/2017, End: 10/19/2017, Group: 4312 - Disposal & Maintenance + Subgroups

Name: Lunghi, Michael (16950)
Supervisor: Zirnhelt, Michael
Group: 4312 - Disposal & Maintenance

Job Role(s): Environmental Technician

0				2/16/2017	Enrolled	_	CR30001286	
Ho	Score Credits Hours	Score	Trained Date	Begin Date	Status	Version	Course Number	4312 - Millersville Landfill
					led	Enrolled		Course Title
20	į.	Total:						
0			1/10/2017	1/10/2017	Completed	_	CRS0001270	Gird
0.5			1/25/2017	1/25/2017	Completed	_	CRS0001222	Google Drive Training
0.5			2/15/2017	2/15/2017	Completed	1	CRS0001222	High Winds
_			3/21/2017	3/21/2017	Completed	2	CRS0001069	Spoiler Safety
0			4/26/2017	4/26/2017	Completed	_	CRS0001361	Cust Collido
0.5			5/24/2017	5/24/2017	Completed	-	CRS0001179	Pust Control
∞			6/13/2017	6/13/2017	Completed	-	CRS0001323	B&B DBW/D of Day Of the Bastewater
0.5			6/14/2017	6/14/2017	Completed	_	CRS0001262	MOET Basis Conditions
_			7/19/2017	7/19/2017	Completed	_	CRS0001383	Let Work - O E:
_∞			9/15/2017	9/15/2017	Completed	_	CRS0001167	Proventing I and Still Inc.
0			10/18/2017	10/18/2017	Completed	2	CRS0001069	Harwood Defeator of the
s Hours	Credits	Score	Trained Date	Begin Date	Status	Version	Course Number	Spotter Safety

Page 9/18

Anne Arundel County - For Internal Use Only

Thursday, October 19, 2017