Stormwater Pollution Prevention Plan Northern Recycling Center Anne Arundel County, MD



KCI Project 17110671.04



KCI Technologies, Inc. January 2014



MARYLAND DEPARTMENT OF THE ENVIRONMENT
1800 Washington Boulevard & Baltimore MD, 21220

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

Martin O'Malley Governor

Robert M. Summers, Ph.D. Secretary

Anthony G. Brown Lieutenant Governor

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: 12SW0298; NPDES Number: MDR000298 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)

NRC INSPECTION 11/22/17

Appendix H: Completed Annual Compliance Worksheets

NPDE	SPE	ermit	Track	king N	lo.:
					11



United States Environmental Protection Agency Washington, DC 20460

	Annual Repo	rting Form	
A. GENERAL INFORMATION			
Facility Name: NORTHERN RECYCILNG CENTER	iR .		
2. NPDES Permit Tracking No.: REGISTRATION # 17 NPDES # MDR00029			
3. Facility Physical Address: 100 Dover Road, Glen Burn	nie, Maryland 21600		
a. Street: Dover Road			
b. City: Glen Burnie		c. State: MD d. Zip Code: 21600	
4. Lead Inspectors Name: Stephen J. Krajcsik		Title: Administrator	
Additional Inspectors Name(s): Timothy Richards, Mike Travis Fare	e Gravatt, Mike Lunghi, Jonatha	n Rossetti,	
5. Contact Person: Stephen J. Krajcsik		Title: Administrator	
Phone: 410-222-6108 Ext. 3719	E-mail: pwkrajoo@aa	county.org	
6. Inspection Date: November 22, 2017 9:00 a.m. to 12	2:00 p.m.		
B. GENERAL INSPECTION FINDINGS			
As part of this comprehensive site inspection, did you in: X YES □ NO	spect all potential pollutant sour	ces, including areas where industrial activity may be ex	sposed to stormwater?
If NO, describe why not:			
NOTE: Complete Section C of this form for each industrial amay be exposed to stormwater.	activity area inspected and inclu	ded in your SWPPP or as newly identified in B.2 or B.3	3 below where pollutants
2. Did this inspection identify any stormwater or non-stormw	rater outfalls not previously ident	ified in your SWPPP? YES X NO	
If YES, for each location, describe the sources of	f those stormwater and non-	stormwater discharges and any associated cont	rol massuras is alexa-
		and any associated cont	ror measures in place:

	NPDES Permit Tracking No.:
3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP?	XNO
If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any contr	ol measures in place:
4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? YES X NO NA	A, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:	
Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfat dissipation measures to prevent scouring:	alls, including flow
None observed and condition of and around outfalls was in good condition.	
Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this a inspection? YES X NO	(or since you received annual comprehensive site
If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?	(4)
IOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result tormwater inspection.	It of this comprehensive

NPDES	Permit Tracking No.:	

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS			
Complete one block for each industrial activity area where pollutants m	ay be expo	sed to stormwater.	Copy this page for additional industrial activity areas.
In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could com			
Leans of spills from industrial equipment drums tanks and other	r containage		
Offsite tracking of industrial or waste materials from areas of no e Tracking or blowing of raw, final, or waste materials from areas of	vnocum to	ovnoond areas	
INDUSTRIAL ACTIVITY AREA: Recycling Center	no exposu	re to exposed areas.	
Brief Description: Recycling Center allows citizens to drop off recyclables			
Tecyclables allows cluzens to drop off recyclables	in specific c	ontainers.	
2. Are any control measures in need of maintenance or repair?	X YES	□ NO	
3. Have any control measures failed and require replacement?	☐ YES	XNO	
4. Are any additional/revised control measures necessary in this area?	☐ YES	0 (************************************	
If YES to any of these three questions, provide a description of the problem	m: /Anune		Minns should be described on the
Corrective Action Form): See attached Fourth Quarter Inspection for deta	ils.	occurry confective at	strong arroad be described on the attached
INDUSTRIAL ACTIVITY AREA: Operations and Maintenance Area			
1. Brief Description: Operations and maintenance area is a typical administration	ive office ar	id machanic chon A	lo discharges II
		a meeriame shop. It	to discharges are allowed to leave this area.
2. Are any control measures in need of maintenance or repair?	☐ YES	XNO	
3. Have any control measures failed and require replacement?	☐ YES	XNO	
4. Are any additional/revised c necessary in this area?	☐ YES	XNO	
If YES to any of these three questions, provide a description of the problem			lions should be despited as the state of
Corrective Action Form)	i (i iii) iicc	costily corrective act	nois should be described on the attached
NDUSTRIAL ACTIVITY AREA: Landfill Closed Cells			
drief Description: NRC has two (2) closed cells, as per the consent agreement	with MDE c	uring the late 1990's	
THE CONTRACT PROPERTY OF THE CONTRACT PROPERTY PROPERTY OF THE CONTRACT PROPERTY PROPERTY OF THE CONTRACT PROPERTY P		aring the late 1550 S	
Are any control measures in need of maintenance or repair?	☐ YES	XNO	
Have any control measures failed and require replacement?	☐ YES	XNO	
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)	(Any nece	ssary corrective action	ons should be described on the attached

			NPDES Permit Tracking No.;
NIDUOTOM ADVINE		NOTE: Copy this pag	ge and attach additional pages as necessa
INDUSTRIAL ACTIVITY AREA:			
Brief Description:			
2. Are any control measures in need of maintenance or repair?	☐ YES	□NO	
Have any control measures failed and require replacement?	□ YES	- X-2	
4. Are any additional/revised BMPs necessary in this area?			
	☐ YES		
If YES to any of these three questions, provide a description Corrective Action Form)	of the probler	n: (Any necessary corrective actions should be de	escribed on the attached
NDUSTRIAL ACTIVITY AREA			
NDUSTRIAL ACTIVITY AREA:			
1. Brief Description:			
. Are any control measures in need of maintenance or repair?	☐ YES	□NO	
. 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)	n the problem	: (Any necessary corrective actions should be des	scribed on the attached
DUSTRIAL ACTIVITY AREA:			
Brief Description:			
and description.			
Are any control measures in need of maintenance or repair?	☐ YES	□NO	
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)	347 m 370 255		cribed on the attached
general control of the state of			

NPDES	Perm	it Trac	king N	10.:	

D. CORRECTIVE ACTIONS
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this 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 address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 1 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?
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):
5. Date problem identified: 1 1 / 0 8 / 2 0 1 7 6. How problem was identified: Comprehensive site inspection Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
Other (describe): 7. 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; Litter fence needs to be extended to prevent blowing debris into Structure #6.
. Did/will this corrective action require modification of your SWPPP?
Date corrective action initiated: 1 1 / 2 2 / 2 0 1 7
0. Date correction action completed:
If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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 this inspection, to the best of your knowledge, you are in compliance with the permit? X YES NO If NO, summarize why you are not in compliance with the permit:
2. Annual Report Certification 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
Authorized Representative STEPHEN U. KRAUCSIK Title: A DIMINISTRATOR Date Signature:



Christopher J. Phipps, P.E., Director

MEMORANDUM

TO:

File OR-O-434

FROM:

Timothy Richards, Landfill Manager

SUBJECT:

2016 NPDES SWP3 Annual Report: Northern Recycling Center & Glen Burnie

Landfill

DATE:

November 28, 2017

This memorandum documents that an Annual Comprehensive SWP3 Compliance Inspection was performed on November 14, 2016 for Northern Recycling Center & Glen Burnie Landfill. However, the inspection was not documented on the SWP3 inspection forms due to changes in staff.

Appendix E: Schedule of Employee Training

Appendix E Northern 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. Review and discuss record keeping and reporting, tracking, and follow-up program.	777777777	

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: 11/20/2007, End: 11/20/2017, Course: 12-Solid Waste Permit-SWPPP Training (CRS0001191)

0		area. 12-30ild Waste Fermit-SWPPP Training	ng (CRSC	1001191)	
Course Title:	12-Solid Waste Permit-SW	PPP Training Course	Number	: CRS000	1101
Trained Date	Personnel Name	Group	Score	Credits	Hours
11/7/2016	Cugle, Bradley W	4323 - Northern Recycling Center	00010	Credits	nours
11/7/2016	Diggs, Dion D	4323 - Northern Recycling Center			1
11/7/2016	Foca, Dominic A	4323 - Northern Recycling Center			1
11/7/2016	Jones, Marcus	4324 - Central Recycling Center			1
11/7/2016	Queen, Michael F	4312 - Disposal & Maintenance			1
11/7/2016	Rossetti, Jonathan	4323 - Northern Recycling Center			1
11/7/2016	Russell, Andrew L	4323 - Northern Recycling Center			1
1/7/2016	Woodworth, Clint A	4323 - Northern Recycling Center			1
Group Record (Count: 8	Group Summary:			8
Report Record (Count: 8	Report Summary:			8