

ANNE ARUNDEL COUNTY Department of Public Works

Inter-Office Correspondence

DATE:

January 31, 2018

TO:

File

FROM:

Jerome Napora

RE:

SWPPP Team Review (Annual Report and Quarterly Inspection)

The following Cox Creek Stormwater Prevention Team Members listed below met and reviewed Annual Report Wet Weather and Routine Inspection Reports.

- 1) Ronald Clark WW Tech II
- 2) Mark Bois WW Tech II
- 3) Marcus Allen WW Tech I
- 4) Bernard Williams Team Manager
- 5) Jerome Napora Team Manager
- 6) Tony Poleski WW Tech I
- 7) Maurice Mack WW Tech I

Listed below is Summary of Discussion and Comments related to Annual Report and Review of Quarterly SWPPP Inspection Report.

Annual Report:

A. General Inspection:

- Plant's under major construction ENR Phase II and non ENR contracts. The contractor "PC Construction" has installed silt fence stone and filter cloth bags in catch basins for stormwater protection.
- 2) No new outfall identified. New SWPPP will be developed after completion of ENR Phase II upgrade.
- 3) No new source of stormwater discharged identify in Annual Inspection.
- 4) Describe pollutants entering drainage system: Dust and sand entering catch basin due to construction at site all roads are in poor condition. The contractor has installed filter cloth bags with witch caps in catch basins. Filter cloth bags are routinely inspected by contractor and clean or replaced as needed.

5) No action being taken since last annual report.

B. Industrial Activity Area Specific Findings:

- Bio-Solids Building Team review One Line Spill Policy action plan. The catch basin located outside building drains to County system and does not discharge to an outfall.
- 2) Generators Four (4) new generators on site and in service. All four (4) have Belly are operational.
- 3) Electrical Transformers No issues. At the end of ENR Phase II contract transform behind Admin. Building will be removed. (Only Admin & Secondary building).

4) Poylmer Building – Building demoed under ENR Phase II contract.

5) Ferric Chloride Storage Tanks – Containment area clean and tank in fair shape/no leakage. Under ENR Phase II storage tanks have been replaced.

6) Headworks Building - Control measures in place.

- 7) Maintenance Building New location at lower end of facility. Two (2) new rain gardens were installed for site. Add rain garden to quarterly inspection.
- 8) Administration Building Area under construction storm water prevention measures in place.

9) Chemical Storage Area – All control measure in place.

- 10) Scum Construction Area Entire area under construction, contractors has stormwater devices in place.
- 11) Gravity, Thickeners Entire area under construction, old digester #2 has been converted to thickener #4.

12) Sodium Hydroxide – All control measures in place.

- 13) Clarifier(s) All equipment operational and in service. No problems or maintenance required. (Three (3) primaries out of service for Process Control)
- 14) Aeration Tank Aeration basin 3 & 4 out of service for ENR upgrade. Entire area under construction, contractor has installed stormwater control measures.
- 15) Septage No issues or problems. Septage is a contained area; any spill on black top is captured and drained back to County system for processing.
- 16) Grease Receiving System demoed ENR Phase II to make room for new scum equipment.
- 17) Post Chlorinator Cylinder Area No issues to report. Cylinder and equipment stored in Lock Building. New Hypo Building under construction.
- 18) Digester Building No issue digester out of service, building is used for storage of equipment.
- 19) Grit Receiving Station Demoed to make room for new membrane facility.

20) Grease and Scum Station - Demoed.

- 21) Sludge Pump Station System out of service. Circular Primary, demoed to make room for membrane facility.
- D. Corrective Actions: No corrective action performed or problem addressed.
- E. Annual Report Certification: Permit in compliance.

SWPPP: Team Members Reviewed and Discussed each Section of Plan

A. Routine Inspection Reports:

Once a quarter perform site assessment performed. When filling out check list, note present condition. Example: Rain Garden behind headworks demoed ENR Phase II so new underground electrical conduit can be installed. The facility is under major construction and to note change to Inspection Report.

B. Wet Weather:

Once a quarter perform site assessment of outfalls for facility. Collect sample in glass becker and follow instruction. Note: Several out-fall demo to make room for new tanks/equipment ENR Phase II.

C. Storm Waste Devices:

Once a quarter perform inspection of Rain Garden(s). Note infiltration trench demoed as part of ENR Phase II upgrades. Trench will be reinstalled at a later date.

D. Annual Report Form:

Annual complete EPA annual report.

NPDES	Pe	rmit	Track	king	No.:	



United States Environmental Protection Agency Washington, DC, 20460

Annual Reporting Form
A. GENERAL INFORMATION
1. Facility Name: Cox Creek WRF
2. NPDES Permit Tracking No.: MD • 00 2 1661
3. Facility Physical Address:
a. Street: 8866 Wagner Station Road
b. City: Curtis Bay
4. Lead Inspectors Name: JEROME NAPORA Title: TEAM MANAGER
Additional Inspectors Name(s):
5. Contact Person: TEROMENARORA TITLE: TERM MANAGER
Phone: 410-422-6060 Ext. E-mail: PWNapo2200000000000000000000000000000000000
6. Inspection Date: 0 / 1 0 5 / 2 0 / 8
B. GENERAL INSPECTION FINDINGS
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater? VES NO
If NO, describe why not: Facility MADER CONSTRUCT CO
constitution for the improvements.
Confronts: 0
If NO, describe why not: Facility under Construction For ENR improvements. Contracts: A) ENR phose II B) Non ENR upgrades
B) NOW ENR. (4500000
STORY OF THE STORY
NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants
may be exposed to stormwater.
Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? YES NO
If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:
The follow outfalls were Eliminated under ENR phose II
A) POND (BIOTHER) NEAR "OID" Monthering BIDG NOTE:
Maintenance Building MISO REMOVED
A) POND (BIOTHER) NEAR "OID" Maintenance BIDG. NOTE: Maintenance Building MISO Remove) B) CB-3.1 NEAR influent side of Afration Basin 7. NOTE:
Aprotion (Rendon) Expansed 8th BASIN ADDED.

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? YES NO
If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:
NOTE: NEW Starmwhen Plan will BE Developed at END of END PLASE II contract outlined All NEW Starmwhen improvements (NEW, Panos, Green Roof, Ed.)
ENIZ PLASE IL CONTRACT OUTINIO All NEW STORMWATER
Improvements (NEW) PONDS, Green Rost, EDE.)
4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? XYES NO NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
YES- Annual Facility Personnel Meet To REVIEW Storm Water Plan AND DEVELOD WRITTEN REport will observation mus) RECOMMENDATIONS.
Plan AND DEUCLOD WRITTEN REPORT WITH Observation and
RECOMMENDATIONS.
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow
A) Rom Sepiment Due To Construction. Note: Cloth fitch Brys with with cross installed under contract To capture Debris/Sepiments. Bross Being Maintained By Contractor
Boss if with cops installed under contract to contine
DEbis Sepiments. BAGS BEIN Monthines B. Contraction
Je on 15 / Sept. See J. Market B. C. Market B. C. See J. Market B. C. Market B. C. See J. Market B. C. Market B. C. See J. Market B. C. Market B.
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 (or since you received inspection? TES NO
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?
OTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive

NPDES Permit Tracking No.:

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C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS
Complete one block for each industrial activity area where pollutants may be exposed 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 come into contact with stormwater; Leaks or spills from industrial equipment, drums, tanks, and other containers; Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.
INDUSTRIAL ACTIVITY AREA A: Biosolids Handling Building
1. Brief Description: All Stormwater in this Area is Capture (cath Basis) of Primary Clarifien for processing. No Discharge 2. Are any control measures in need of maintenance or repair? 3. Have any control measures failed and require replacement? 4. Are any additional/revised control measures necessary in this area?
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)
NDUSTRIAL ACTIVITY AREA B Generators Brief Description: A Secretary S D Headward S Richard S D Meadward S D Meadwar
3) ADMIN. BuildIN (NEW) 4) MANHENANCE BUILDING (NEW) Note: GODERATION
Are any control measures in need of maintenance or repair? Blbd 9 AND of Chloriustion Truck Removab
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 problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)
Corrective Action Form)
IDUSTRIAL ACTIVITY AREAC_; Electrical Transformers
Are any control measures in need of maintenance or copair? Are any control measures in need of maintenance or copair? Are any control measures in need of maintenance or copair?
Are any control measures in need of maintenance or repair?

NO

☐ YES

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

3. Have any control measures failed and require replacement?
4. Are any additional/revised BMPs necessary in this area?

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INDUSTRIAL ACTIVITY AREA D. Debrace half it	essary
INDUSTRIAL ACTIVITY AREA: Polymer building 1. Brief Description:	(
NA	
2. Are any control measures in need of maintenance or repair?	
3. Have any control measures failed and require replacement?	
4. Are any additional/revised BMPs necessary in this area?	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)	
Building Demoed under ENR phose II contract.	
NDUSTRIAL ACTIVITY AREA <u>E</u> : Ferrous sulfate Storage Tank (adjacent to primary clarifiers)	
Brief Description:	
NEW Tanks, Meter, Pups, Notable)	
	-
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?	1
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached	
Corrective Action Form)	
Whose Drivening for off londing Tankers	
DUSTRIAL ACTIVITY AREA F_: Headworks Building	
REbuilt when work complete. Presently All otonomister	
From Hendwork Roof Rushing on promise & NOT into	
Star TOCK & CONNOT ON MOT INTE	
e any control measures in need of maintenance or repair?	
ave any control measures failed and require replacement?	
e any additional/revised BMPs necessary in this area?	
f YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)	
	l

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NOTE: Copy this page and attach additional pages as necessary
INDUSTRIAL ACTIVITY AREA <u>G</u> : Maintenance Building
1. Brief Description: Two Rais GARDONS ONE ON ONE SDE ON Martenance
Building. Note: Two Additional (Lorge) Rin GARDEN CONTINUED AND HONE I CONTINUE 2 Are any control measures in need of maintenance where I continued.
2. Are any control measures in need of maintenance or repair?
3. Have any control measures failed and require replacement?
4. Are any additional/revised BMPs necessary in this area?
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)
INDUSTRIAL ACTIVITY AREA H_: Administration Building
1. Brief Description: CAL BASINS LOCATED IN FRONT OF Blower Bluiding
2. Are any control measures in need of maintenance or repair?
3. Have any control measures failed and require replacement?
4. Are any additional/revised BMPs necessary in this area?
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)
NDUSTRIAL ACTIVITY AREAI:Chlorine Storage Area
Brief Description: NEW Appo Chlorete Building under Construction
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 the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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INDUSTRIAL ACTIVITY AREA J _: Scum Concentrator Building
Collected Stored in Large Dimension & House June 15 Be
1. Brief Description: Scum Collection System 95. Prosently Som/Gresse is Be Construction For NEW Scum/Gresse Collection/Processing.
2. Are any control measures in need of maintenance or repair?
3. Have any control measures failed and require replacement?
4. Are any additional/revised BMPs necessary in this area?
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)
INDUSTRIAL ACTIVITY AREA K_: Gravity Thickeners
The Alex under Construction. NEW Thickwar ADD (#4). Presently
The other 3 Thickwen Units are Being Retrofitted with New Delves, wolkings ed.
2. Are any control measures in need of maintenance or repair?
3. Have any control measures failed and require replacement?
4. Are any additional/revised BMPs necessary in this area?
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)
NDUSTRIAL ACTIVITY AREAL_: Sodium Hydroxide Storage Tank (adjacent to Post Aeration Building)
REplace Sultru Dioxyer System.
REplace Sulfur Dioxoed system.
t. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO
. 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 the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attac	ch additional pages as necessar
INDUSTRIAL ACTIVITY AREA M: Clarifiers	
1. Brief Description: 3 Primary Basins out of 6 in structe	
2. Are any control measures in need of maintenance or repair?	
3. Have any control measures failed and require replacement?	
4. Are any additional/revised BMPs necessary in this area?	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on Corrective Action Form)	the attached
INDUSTRIAL ACTIVITY AREA N:Aeration Tanks	
1. Brief Description: Area your Construction To Retrofit Basins	
2. Are any control measures in need of maintenance or repair?	
3. Have any control measures failed and require replacement?	
4. Are any additional/revised BMPs necessary in this area?	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the Corrective Action Form)	ne attached
INDUSTRIAL ACTIVITY AREAO_: Septage Receiving	
1. Brief Description: All stormwater collected of process or site. I	No
Discharge	
2. Are any control measures in need of maintenance or repair?	
B. Have any control measures failed and require replacement?	
4. Are any additional/revised BMPs necessary in this area?	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the Corrective Action Form)	e attached

WELLET CONTROL OF THE	NOTE: Copy this page and attach additional pages as neces.
INDUSTRIAL ACTIVITY AREA P: Grease Receiving Station	
1. Brief Description: Description:	ENR Phase II
2. Are any control measures in need of maintenance or repair?	
Have any control measures failed and require replacement? YES NO	
4. Are any additional/revised BMPs necessary in this area?	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective Action Form)	ctive actions should be described on the attached
INDUSTRIAL ACTIVITY AREA Q : Post Chlorination Cylinder Storage Area	
1. Brief Description: Area under Construction for M	EW Aydo Chloride System
2. Are any control measures in need of maintenance or repair? 3. 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 the problem: (Any necessary correctic Corrective Action Form)	ive actions should be described on the attached
NDUSTRIAL ACTIVITY AREAR_: Control Chamber (Digester Building)	
Brief Description: #Z. Discoster Retrofitted To 7	4 Thickeven #1
Discoten 9/5	
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 the problem: (Any necessary corrective Corrective Action Form)	e actions should be described on the attached

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		and attach additional pages as necessar
INDUSTRIAL ACTIVITY AREA S: Grit Receiving Station	1	
1. Brief Description: Demo	DES UNDER ENR Phose I	
Are any control measures in need of maintenance or repair?	YES NO	
3. Have any control measures failed and require replacement?	YES NO	
4. 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)	of the problem: (Any necessary corrective actions should be descri	ribed on the attached
	*	
INDUSTRIAL ACTIVITY AREAT_:Grease & Scum Recei	ving Station	
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	
4. Are any additional/revised BMPs necessary in this area?	YES INO	
	f the problem: (Any necessary corrective actions should be descrit	bed on the attached
NDUSTRIAL ACTIVITY AREAU_: Sludge Pump Station	,	
Brief Description: Equipment out	of sorvice	

☐ YES

☐ YES

☐ YES

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

1 NØ

NO

2. Are any control measures in need of maintenance or repair?

3. Have any control measures failed and require replacement?

4. Are any additional/revised BMPs necessary in this area?

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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 previous annual report. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # O of 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?
3. Identify the condition(s) triggering the need for this review:
☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
Control measures nadequate 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):
4. Briefly describe the nature of the problem identified:
N/A
5. Date problem identified:
6. How problem was identified: Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine faculity 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:
8. Did/will this corrective action require modification of your SWPPP?
9. Date corrective action initiated:
10. Date correction action completed: / / / or expected to be completed:
11. 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:
Upon Completion of ENR Those I upombe in NEW Storm water Plan will BE Developed for Plant

	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, base your knowledge, you are in compliance with the permit? YES NO	ed upon the results of this inspection, to the best of
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 supernassure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquin system, or those persons directly responsible for gathering the information, the information submitted is, to the band complete. I amaware that there are significant penalties for submitting false information, including the possibilities.	y of the person or persons who manage the
Authorized Representative Printed Name: Title: TELO NE NAPOAN Title: TELO	In Maldaklekt
ignature: Date Signed	TANUAR \$ 5, 2018
	/