

# Today Comprehensive Inspection 2017

DISCHARGE PERMIT NO. 02-SW

NPDES PERMIT NO. MDR

Effective Date:

December 1, 2002 Expiration Date:

November 30, 2007

**Part I. Applicability.**

General Information	
Facility Name	Anne Arundel County Utilities Operation Center
NPDES Tracking No.	Not Applicable
Date of Inspection	12-28-17
Inspector's Name(s)	Chima P. Donkwugha Sr.
Inspector's Title(s)	Utilities Engineer II
Inspector's Contact Information	410 222 8443
Inspector's Qualifications	NPDES Certified Inspector

**Weather Information**

Weather at time of this inspection?  Clear  Cloudy  Rain  Sleet  Fog  Snow  High Temperature: \_\_\_\_\_

Winds  Other: \_\_\_\_\_

Have any previously unidentified discharges of pollutants occurred since the last inspection?  No  Yes

If yes, describe: \_\_\_\_\_

Are there any discharges occurring at the time of inspection?  Yes  No

If yes, describe: \_\_\_\_\_

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Regenerative Stormwater Conveyance Sediment Pools	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Regenerative Stormwater Conveyance - Swales	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3	Regenerative Stormwater Conveyance - Sediment Pools	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Infiltration Trenches - Pretreatment Manholes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
	Infiltration	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Maintenance	

Areas of Industrial Materials or Activities Exposed to Stormwater Non-Compliance

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

*none*

**Additional Control Measures**

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

*Just newly built truck wash systems*

**Notes**

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

*none*

**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:**

**Signature: Date:**

Areas of Industrial Materials or Activities Exposed to Stormwater

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Bulk Materials Storage Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Waste Oil and Antifreeze Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Maintenance and Repair Shop	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4	Vehicle and Equipment Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Spoils Area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Vehicle Tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	Non-stormwater/ Illicit Connections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9	Other: <i>Truck Wash System</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	