

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Maryland City WRF		
NPDES Tracking No.	02SW0761		
Date of Inspection	4/16/18	Start/End Time	0936 1000
Inspector's Name(s)	CANTON DOORS		
Inspector's Title(s)	PLANT OPERATOR		
Inspector's Contact Information	410-222-8190		
Inspector's Qualifications			
Weather Information			
Weather at time of this inspection?			
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: Temperature: 49°			
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

Drainage Area 1

#	Structural Control 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.	Outfall #1 Western side of the site, near Mudwell	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Drainage Area 2

#	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)
2.	Outfall #2 Northern side of the site, near Solids Dewatering Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Drainage Area 3

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
3.	Outfall #3 Western side of the site, south of road	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Drainage Area 4

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
4.	Outfall #4 Western side of the site, south of Secondary Clarifier No. 2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Areas of Industrial Materials or Activities exposed to stormwater

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input 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	Erodible areas/construction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Non-Compliance

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

N/A

Additional Control Measures

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

N/A


Notes

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

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: CARLTON DOONE PLANT OPERATOR

Signature:  Date: 4/16/18

Instructions for Completing the Visual Monitoring Form

Per PART V. INSPECTIONS, MONITORING, AND REPORTING, you must collect a stormwater sample from each outfall once each quarter for the entire permit term and conduct a visual assessment of each sample. You must follow the monitoring procedures outlined in Part V.C. These samples should be collected in such a manner that they are representative of the stormwater discharge from that outfall. Each assessment must be kept onsite with your SWPPP and available for inspection and review by the Department at anytime.

First, fill out all information on the top of the visual monitoring form. A qualifying storm event is any storm where there is a measurable discharge. Then, take a grab sample in a clear container. Evaluate the sample in a well-lit area for the following parameters:

1. **Color:** Record the best description of the sample color in the appropriate space on the form.
2. **Clarity:** This parameter refers to how cloudy the sample is. It is *usually* an indication of fewer pollutants in the water if the sample is clear or transparent. If the clarity has changed since the last sample, try to identify what might have caused this to happen.
 - **Clear** – Sample doesn't block any light; can be seen through regardless of color.
 - **Cloudy** – Sample blocks some light; objects not clear but can be identified looking through the sample.
 - **Very Cloudy** – Sample blocks most light; objects cannot be identified looking through the sample.
 - **Opaque** – Sample blocks all light; objects cannot be seen when looking through the sample.
3. **Oil Sheen:** Record whether or not an oil sheen is present. If a film of iridescent color is noted on the surface of the sample or a rainbow effect appears to be floating on the surface of the water, this usually indicates oil is present.
4. **Odor:** If sample has no odor other than natural rainwater or snowmelt, write "NO" on the visual monitoring form. Note the presence of any of the following odors if detected, such as gasoline, diesel, oil, solvents (WD-40, other petroleum products, etc.), garbage, fishy, sweet/sugary, any other unusual odors not normally present in clean runoff from the area sampled.
5. **Floating Solids:** A contaminated flow may contain solids or liquids floating on the surface. Identifying floatables can aid in finding the source of the contamination. Examples of floatables are spoiled food products, oils, plant parts, solvents, sawdust, foams and fuel. Give a general description of the type of floating solids present (wood chips, leaf debris, algae, etc) in the general comments section for each sample. Identify amount of floating solids as described below.
 - **High** – More than 20% of the surface of the sample is covered with floating solids.
 - **Moderate** – Less than 20% of the surface of the sample is covered with floating solids.
 - **Slight** – Only a few floating particles observed on the surface of the sample.
 - **None** – No floating solids present on the surface of the sample.
6. **Suspended solids:** Record whether or not suspended solids are present in the sample. Suspended solids are particles floating inside the column of water, not on top, and may contribute to changes in water color or clarity. Cracked or deteriorated concrete or peeling surface paint at an outfall usually indicates the presence of severely contaminated discharges. Contaminants causing this type of damage are usually very acidic or basic.

----- **WAIT 30 MINUTES** -----

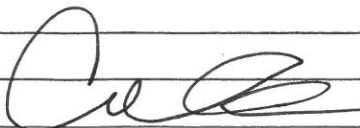
Leave the sample undisturbed for 30 minutes to allow the water and anything in it to settle.


7. **Settled Solids:** After 30 minutes has passed, give a general description of the type of settled solids present (sand, decayed plant matter, rust particles, etc.) in the general comments section.
8. **Foam:** After completing #7, shake the bottle gently. Record foam results on the form as they most closely match one of the descriptions listed below.
 - **None** – Most bubbles break down within ten (10) seconds of shaking; only a few large bubbles persist longer than ten (10) seconds.
 - **Moderate** – Many small bubbles are present but these bubbles persist for less than two (minutes) after shaking.
 - **High** – Many small bubbles are present and they persist longer than two (2) minutes after shaking.
9. Detail any concerns, corrective actions taken and any other indicators of pollution present in the sample. This should include the identified source if there are visible indicators present in the sample. The person performing test must sign and date each form.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Maryland City WRF Outfall No. 1 (Rip rap adjacent to Mudwell)		
Quarter / Year:	4/2018	Date / Time Collected:	0900 Date / Time Examined: 0930
Qualifying Storm Event?	Yes <input checked="" type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall Snowmelt
Collector's Name & Title	Cameron Dooms PLANT OPERATOR		
Examiner's Name & Title	Cameron Dooms PLANT OPERATOR		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input checked="" type="radio"/> No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? <input checked="" type="radio"/> Yes No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input checked="" type="radio"/> No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input checked="" type="radio"/> No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input checked="" type="radio"/> No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="radio"/> No	Describe:	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input checked="" type="radio"/> No	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="radio"/> No	Describe:	
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.			

Stormwater Collector's Signature and Date:  4/16/18

Stormwater Examiner's Signature and Date:  4/16/18

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Maryland City WRF Outfall No. 2 (Overland flow north of Solids Dewater. Bldg.)		
Quarter / Year:	4/2018	Date / Time Collected:	0900
Date / Time Examined:	0930		
Qualifying Storm Event?	Yes	<input checked="" type="radio"/> No	Runoff Source:
		<input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt	
Collector's Name & Title	CARLTON DOORS PLANT OPERATOR		
Examiner's Name & Title			
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input checked="" type="radio"/> No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? <input checked="" type="radio"/> Yes <input type="radio"/> No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input checked="" type="radio"/> No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input checked="" type="radio"/> No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input checked="" type="radio"/> No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="radio"/> No	Describe:	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input checked="" type="radio"/> No	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="radio"/> No	Describe:	

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: 4/16/18

Stormwater Examiner's Signature and Date: 4/16/18

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Maryland City WRF Outfall No. 3 (Overland flow south of access road)		
Quarter / Year:	4/2018	Date / Time Collected:	900
		Date / Time Examined:	930
Qualifying Storm Event?	Yes	<input checked="" type="radio"/> No	Runoff Source: <input checked="" type="radio"/> Rainfall Snowmelt
Collector's Name & Title			
Examiner's Name & Title			

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input checked="" type="radio"/> No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? <input checked="" type="radio"/> Yes No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input checked="" type="radio"/> No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes <input checked="" type="radio"/> No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes <input checked="" type="radio"/> No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="radio"/> No	Describe:

*****Leave sample undisturbed for 30 minutes.*****

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input checked="" type="radio"/> No	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="radio"/> No	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: 4/16/18

Stormwater Examiner's Signature and Date: 4/16/18

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Maryland City WRF			Outfall No. 4 (Grass swale south of Sec. Clarifier No. 3)	
Quarter / Year:	4/2018	Date / Time Collected:	0900	Date / Time Examined:	0930
Qualifying Storm Event?	Yes	<input checked="" type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall	<input type="radio"/> Snowmelt
Collector's Name & Title	<i>CAUTION DOOR PLANT OPERATOR</i>				
Examiner's Name & Title					

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:

Leave sample undisturbed for 30 minutes.

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: *[Signature]* 4/16/18


Stormwater Examiner's Signature and Date: *[Signature]* 4/16/18

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

QUARTERLY INSPECTION CHECKLIST FOR STORMWATER DEVICES

Date: 4/16/15

Inspector's Printed Name: CALTON DOORS

Inspector's Signature: 

Date Signed: 4/16/15

DEVICE	ITEM	YES/NO	COMMENTS
Outfalls & Drainage Areas	1. Are any of the areas bare, are rocks out of position, are objects blocking the flow path of the water? <i>Any bare spots, burned out areas, or eroded areas must be recovered.</i>	N	
	2. Is there excessive overgrowth between rock materials? <i>Remove if needed.</i>	N	
	3. Has sediment accumulated to a depth exceeding one (1) inch? <i>Remove Silt/Sediment if needed.</i>	N	
Grass Conveyance Swales	1. Do the grounds require maintenance due to overgrowth? <i>Mow grounds, care should be taken to ensure that the grounds are not mowed too short. Baggers should be used to prevent clippings from reaching trenches.</i>	N	
	2. Do the grounds require maintenance due to undergrowth? <i>Reseed necessary areas, bare soil shall be properly covered.</i>	N	
	3. Are conveyance swales free of debris? <i>Remove and position away from these areas. Water should be able to flow quickly through trench.</i>	Y	
Roof Drain Leaders	1. Are all roof drain leaders and gutters free of debris and able to convey stormwater? <i>Clear debris to allow for proper roof drainage.</i>	Y	