

United States Environmental Protection Agency Washington, DC 20460

Annual Reporting Form
A. GENERAL INFORMATION
1. Facility Name: Mary I and City WRF
2. NPDES Permit Tracking No.: 02SW0761
3. Facility Physical Address:
a. Street: 462 Brock Bridge Rd
b. City: LaureI
4. Lead Inspectors Name: CARUTON DOOMS Title: ORGATOR
Additional Inspectors Name(s):
5. Contact Person: Chals Sausidas Title: Uthlite ADMINASTRATOR
Phone: 410-222-325 Ext. E-mail: PWSGUNGO 99 COUNTY JONG
6. Inspection Date: 10/04/2017
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?
If NO, describe why not:
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.
2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? TYPES TO YES
If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP?
If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? YES NO NA, 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 outfalls, including flow dissipation measures to prevent scouring:
6. 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 authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? YES YOU
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?
NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS			V.
Complete one block for each industrial activity area where pollutants ma	ay be expos	ed 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 	e into contact	with stormwater;	
 Leaks or spills from industrial equipment, drums, tanks, and other Offsite tracking of industrial or waste materials from areas of no ex 	containers;	roced areas: and	
Tracking or blowing of raw, final, or waste materials from areas of	no exposure	to exposed areas.	
INDUSTRIAL ACTIVITY AREA A: Reactor No. 1 / Reactor No. 2			
1. Brief Description;			
T. Briot Beschiption.			
2. Are any control measures in need of maintenance or repair?	☐ YES	TE NO	
3. Have any control measures failed and require replacement?	☐ YES	DINO/	
4. Are any additional/revised control measures necessary in this area?	☐ YES	□ NO	
If YES to any of these three questions, provide a description of the problem	m: (Any nece	essary corrective ac	tions should be described on the attached
Corrective Action Form)			
INDUSTRIAL ACTIVITY AREA B: Filtration and Disinfection Facility			
1. Brief Description:			
1. One Description.			
		//	
2. Are any control measures in need of maintenance or repair?	☐ YES	DINO	
Have any control measures failed and require replacement?	☐ YES	ID NO	
4. Are any additional/revised c necessary in this area?	☐ YES	D NO	
If YES to any of these three questions, provide a description of the problem	n: (Any nece	ssary corrective act	ons should be described on the attached
Corrective Action Form)			
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INDUSTRIAL ACTIVITY AREA _ C _: Caustic / Alum Bulk Storage			
Brief Description:			
one becomplient.			
			31
0. And a	1.222	1.	
2. Are any control measures in need of maintenance or repair?	☐ YES	₩ NØ	
3. Have any control measures failed and require replacement?	☐ YES	NO	
4. Are any additional/revised BMPs necessary in this area?	☐ YES	I NO	
If YES to any of these three questions, provide a description of the problem:	(Any neces	sary corrective action	ns should be described on the attached
Corrective Action Form)		,	and an analysis of the attachment
			and the same of th

		NOTE: Copy this page and attach additional pages as necessary
INDUSTRIAL ACTIVITY AREAD_: Headworks Building		
1. Brief Description:		
		,
Are any control measures in need of maintenance or repair?	- V-0	This !
	YES	Thus
	☐ YES	ENO.
	YES	DANO .
If YES to any of these three questions, provide a description of the Corrective Action Form)	problem:	: (Any necessary corrective actions should be described on the attached
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		. *
INDUSTRIAL ACTIVITY AND IN TO A COMPANY OF THE COMP		
INDUSTRIAL ACTIVITY AREA <u>E</u> : Lime Storage Silo		
Brief Description:		
Are any control measures in need of maintenance or repair?	YES	DNO
3. Have any control measures failed and require replacement?	YES	DI NO
	YES	DNO
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 F _: Sludge Pumping Station		
1. Brief Description:		
2. Are any analysis	•	
] YES	M NO
W 2011 Committee of the] YES	TA NO
	YES	□NO .
If YES to any of these three questions, provide a description of the p Corrective Action Form)	roblem: ((Any necessary corrective actions should be described on the attached
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		NOTE: Copy this page and attach additional pages as necessar
INDUSTRIAL ACTIVITY AREAG_: Secondary Clarifier N	lo. 1 / Secondary Clarifie	r No. 2
1. Brief Description:		
	/	
2. Are any control measures in need of maintenance or repair?	YES DINO	/
3. Have any control measures failed and require replacement?	YES NO	
4. Are any additional/revised BMPs necessary in this area?	YES THO	
If YES to any of these three questions, provide a description of Corrective Action Form)	of the problem: (Any necess	ary corrective actions should be described on the attached
Corrective Action Form)		
NDUSTRIAL ACTIVITY AREAH_: Solids Dewatering Bui	Iding (Administration Buil	dina)
. Brief Description:	3 (3/
. bhei bescription.		
	/	
Are any control measures in need of maintenance or repair?	YES DINO	
. Have any control measures failed and require replacement?	YES NO	
Are any additional/revised BMPs necessary in this area?	YES DINO	
If YES to any of these three questions, provide a description o		and corrective actions should be described as the attacked
Corrective Action Form)	Title problem. (Any necessa	my corrective actions should be described on the attached
NDUSTRIAL ACTIVITY AREAI:Post Anoxic Tank No. 1	/ Post Anoxic Tank No.	2
Brief Description:		
Are any control measures in need of maintenance or repair?	YES PHO	
Have any control measures failed and require replacement?	YES WO	
Are any additional/revised BMPs necessary in this area?	YES ANO	
If YES to any of these three questions, provide a description of	the problem: (Any necessar	ry corrective actions should be described on the attached
Corrective Action Form)		

		NOTE: Copy this page and attach additional pages as necessary
INDUSTRIAL ACTIVITY AREA Gravity Sludge Thickener	No. 1 / C	Gravity Sludge Thickener No. 2
Brief Description:		
Are any control measures in need of maintenance or repair?	☐ YES	TIMO /
	YES	TUMO /
	YES	□ k 0
		(Any necessary corrective actions should be described on the attached
Corrective Action Form)	о ртоглоти.	(viii) recorded y controlled anothe and a decomposition and analysis
INDUSTRIAL ACTIVITY AREA K:Scum Concentrated Wet V	Nell	y
Brief Description:		
Are any control measures in need of maintenance or repair?	YES	
	YES	IDNO /
	_ □ YES	
	problem:	(Any necessary corrective actions should be described on the attached
Corrective Action Form)	•	
${\tt INDUSTRIAL\ ACTIVITY\ AREA\ \underline{ \ \ }: Supplemental\ Carbon\ Fill}$	Station /	Supplemental Carbon Storage and Feed Facility
1. Brief Description:		
Are any control measures in need of maintenance or repair?] YES	₽ NO
	_ ☐ YES	™ NO,
Are any additional/revised BMPs necessary in this area?	YES	
1886 - 17 COMMON J. B. SASSAGAR - C. F. S. J. J. F. F. SASSAGAR - C. G. J. J. S. J. SASSAGAR - C. G. J. SA	260000	(Any necessary corrective actions should be described on the attached
Corrective Action Form)		
		The state of the s

		NOTE: Copy this page and attach additional pages as necessary
INDUSTRIAL ACTIVITY AREA M: Utility Transformer and	Main Swite	chboard
1. Brief Description:		
2. Are any control measures in need of maintenance or repair?	☐ YES	
3. Have any control measures failed and require replacement?	☐ YES	II NO
4. Are any additional/revised BMPs necessary in this area?	☐ YES	дио
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 N: Mudwell		
		201 2 ²
1. Brief Description:		<i>y</i>
		a^
2 Are any control managers in and of maintaneous according		TTAGO
2. Are any control measures in need of maintenance or repair?	YES	II/NO.
Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area?	YES	TIMO
	YES	(Any necessary corrective actions should be described on the attached
Corrective Action Form)	пе рюшет.	(Any necessary corrective actions should be described on the attached
INDUSTRIAL ACTIVITY AREAO_: Aerated Grit Chamber		
1. Brief Description:	5,	
		<i>′</i>
Are any control measures in need of maintenance or repair?	☐ YES	₩ Ng
3. Have any control measures failed and require replacement?	☐ YES	D/No/
4. Are any additional/revised BMPs necessary in this area?	☐ YES	TWO.
If YES to any of these three questions, provide a description of the Corrective Action Form)	ne problem:	(Any necessary corrective actions should be described on the attached
Consulte Action Formy		

		NOTE: Copy this page and attach additional	pages as necessary
INDUSTRIAL ACTIVITY AREA P: Overflow / Filtrate Return	Well		((
Brief Description:			
			ĺ
2. Are any control measures in need of maintenance or repair?	☐ YES	□Ng.	
3. Have any control measures failed and require replacement?	☐ YES	Tho	
4. Are any additional/revised BMPs necessary in this area?	☐ YES	□NO	
If YES to any of these three questions, provide a description of th	e problem:	(Any necessary corrective actions should be described on the attached	i
Corrective Action Form)			
			7
INDUSTRIAL ACTIVITY AREA Q : Gravity Thickener Overflo	ow and Fil	Itrate Pump Station	
Brief Description:			
gen Arrent Anni de Venezia (an Marrent Marrent Anni Anni Anni Anni Anni Anni Anni An			
			, l
2. Are any control measures in need of maintenance or repair?	☐ YES	TM9/	(_ (
3. Have any control measures failed and require replacement?	☐ YES	D/No/	
4. Are any additional/revised BMPs necessary in this area?	☐ YES	QNO	
	e problem:	(Any necessary corrective actions should be described on the attached	
Corrective Action Form)			
INDUSTRIAL ACTIVITY AREA:			
1. Brief Description:			
	-		
CONTROL DE CONTROL CON	☐ YES	LA NO	
BACKET MINING THE PLANT OF THE PROPERTY OF THE PROPERTY OF A MINING THE PROPERTY OF THE PROPER	☐ YES	DINO	
	☐ YES		
If YES to any of these three questions, provide a description of the Corrective Action Form)	problem:	(Any necessary corrective actions should be described on the attached	
Sansante Maiori Form)			
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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 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 # of for this reporting period.
	2. Is this corrective action:
	☐ An update on a corrective action from a previous annual report; or
l	☐ A new corrective action?
	3. Identify the condition(s) triggering the need for this review:
	☐ Unauthorized release or discharge
	☐ Numeric effluent limitation exceedance
ĺ	☐ 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
CONT.	☐ Average benchmark value exceedance
	Other (describe):
	4. Briefly describe the nature of the problem identified:
Total Control	
	5. Date problem identified:
	6. How problem was identified:
	☐ Comprehensive site inspection
department.	Quarterly visual assessment
	☐ Routine facility inspection
l	☐ Benchmark monitoring
	☐ Notification by EPA or State or local authorities
	Other (describe):
7	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? YES NO
9	. Date corrective action initiated:
	0. Date correction action completed: / / / or expected to be completed: / / / / / / / / / / / / / / / / / / /
1	1. 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:
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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?	
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 violations.	
Authorized Representative Printed Name: Signature: Date Signed: 10/4/17	
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