

Bureau of Waste Management Services 389 Burns Crossing Road Severn, Maryland 21144 Phone (410) 222-6108

June 19, 2018

Ms. Marjorie Newbourn, Project Manager Industrial and General Permits Division Maryland Department of the Environment 1800 Washington Blvd., Suite 455 Baltimore, Maryland 21230-1720

RE: Updated Notice of Intent (NOI) for Stormwater Discharge Permits 12SW-1304 (Severn Facility), 12SW-0298 (Glen Burnie Facility), and 12SW-0297 (Deale Facility)

Dear Ms. Newbourn:

Enclosed, please find updated NOIs for Anne Arundel County facilities located in Severn (Permit #: 12SW-1304), Glen Burnie (Permit #: 12SW-0298), and Deale (Permit #: 12SW-0297). These facilities were recently reclassified by Ms. Tammy Roberson, Maryland Department of Environment Water and Science Administration, Compliance Program in her letter dated June 7, 2018 (also enclosed).

Per your conversation with Mark Morris on June 15<sup>th</sup>, as a result of the facilities' new classifications, recent stormwater inspections by Ms. Roberson and her team, and the completion of a major capital project (Cell 8 Closure Project) at our Severn facility, the Stormwater Pollution Prevention Plans (SWPPP) for our facilities will be undergoing extensive revisions by our contractor (SCS Engineers). We plan to have the revised SWPPPs completed and signed by Chris Phipps, Anne Arundel County's Director of Public Works by October 31, 2018. We respectfully request that you approve our updated NOIs while we complete the SWPPP revision process prior to submittal to your office. Should you have any questions or require additional information, please contact me on (443) 623-0605.

Sincerely,

Michael Porath

Solid Waste Disposal & Maintenance Manager

1.... 0.0 du

Bureau of Waste Management Services

Enclosures



Larry Hogan, Covernor Boyd K. Rutherford Lt Covernor

Ben Grumbles. Secretary Horacio Tablada, Deputy Secretary

JUN 07 2018

Certified Mail:

AA County Department of Public Works Bureau of Waste Management Services c/o Michael Prath 389 Burns Crossing Road Severn, MD 21144

RE: Anne Arundel County Recycling Centers

Dear Mr. Prath:

The Maryland Department of Environment Water and Science Administration, Compliance Program (Department) has reviewed the comment letter dated May 14, 2018 concerning Landfills and Scrap Recycling and Waste Recycling subsector identification at the centers located at Severn, Glen Burnie and Deale. The Department concurs with your subsector assessment for each of the following

1. The Severn facility should be classified as Subsector L1 Landfill Site and Subsector N2 Source-Separation Recycling Facility.

2. The Glen Burnie facility should be classified as Subsector L3 Landfill Site and Subsector N2 Source-Separation Recycling Facility.

3. The Deale facility should be classified as Subsector L3 Landfill Site and Subsector N2 Source-Separation Recycling Facility.

An updated Notice of Intent (NOI) should be submitted within 30 days of receipt of this letter to accurately reflect each of the facility's subsectors. Any questions regarding permit renewal should be directed to Marjorie Newbourn with the Wastewater Permits Division at (410) 537 - 3163 or marjorie.mewbourn@maryland.gov.

Sincerely,

Tammy K. Roberson

District Manager

MDE/WSA/Compliance Program/Central Division

Marjorie Newbourn, Industrial and General Permits Division cc:

GENERAL PERMIT Number 12-SW for DISCHARGES from STORMWATER associated with INDUSTRIAL ACTIVITIES Notice of Intent (NOI) for Permit No. 12-SW

# DISCHARGE PERMIT NO. 12-SW

## NPDES PERMIT NO. MDR000000

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized by a State/ National Pollutant Discharge Elimination System (NPDES) permit issued for discharges from stormwater associated with industrial activities identified in Section II of this form. All information requested must be provided in order to be considered for authorization to discharge under this permit. Instructions are provided at the end of this form.

SECTION I: Facility Operat	tor Infor	mation						
(A) Owner/Operator Name							State of the state	
Anne Arundel County - De	partmen	t of Public	c Wo	rks - B	ureau	of Waste Man	agement Conic	
(B) Primary Contact Name				Titl		The state of the s	agement Service	
Mark N			nental Monit	toring Manage				
Telephone Number	Em	ail Addr		oning Manage				
443-623								
(C) Mailing Address	000			hw	/IIIOr	rizwaa	county.or	
City	89 B	urns (	Cro	ssin	g Ro	pad		
Oity			Stat	е	ZIP Code			
Seve			1	ИD	2	1144		
(D) IRS Employer Identification	n Numbe	er (EIN)		(E) (	(E) Check Below			
52-6000						<b>V</b>		
<b>SECTION II: Facility Informa</b>	tion	A SHARE	1805	PI	ivate	Federal	State/Local	
(F) Name of Facility					A SACE			
No	rther	n Red	21/0	lina	Гоо	11:4.		
(G) Facility Address (if differen	than	111100	Jyc	iirig	rac	ility		
, , , , , , , , , , , , , , , , , , ,	t than yo	ur mailing	addr	ess)				
A:	10	0 Do	ver	Roa	ad			
City		State		ZIP C	ode	County		
Glen Burnie		MD			060	Anne Arunde		
(H)	Insurance Company Na							
Worker's Compensation nsurance	1	Self Insured				Number		
entify number of above ground		en mst	_		1133	9 (See Atta	ched Letter)	
orage tanks at your facility		4	abo	ve grou	ne (in ga	allons) of	*	
*Two (2) 500 Gallon User	d Oil, Oi	ne (1) 400	) Gal	lon He	ed Oil	and O == (4) 6		

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<sup>\*</sup>Two (2) 500 Gallon Used Oil, One (1) 400 Gallon Used Oil, and One (1) 300 Gallon Used

NOI for Permit No. 12-SW

SECTION II (con	tinued): Fa	cility Informa	ation	CONTROL OF					
SECTION II (continued): Facility Information  (I) Provide the primary four-digit SIC code that best represents the principal products or activities provided by the facility, and any so located SIC code.									
provided by the fa	acility, and a	any co-located	SIC codes.		s or activities				
Primary SIC: 5093	Co-located	SICs:	Description of your primary industrial activity: Source-Separated Recycling Facility & Closed Landfil						
(J) Latitude	Longitu	.do	(K) Check has	in if you a mand's at	Closed Landfil				
76.6606	39.186		(K) Check here if you a new discharger.						
(in degrees decima	l) (in degr	ees decimal)	previous registratio	If not a new discharger, provide the previous registration (e.g., 02SW1234)					
(L) Total property		(in acres)	(M) Check if you	our facility is inactive a	nd unstaffed.				
02 130303	,	Baltimore H	e(s) of the receiving arbor (Furnace B	g water(s). ranch)					
Identify if any of	the receivir	ng water(s) ar	e listed as high qua	ality (Tier 2)					
Identify if any of these impairments have been identified for the receiving water(s). (Category 4a, 4b, 4c, or 5 waterbodies)			✓ Bacteria ✓ Biological lons ✓ Metals ✓ Nutrients ✓ PCBs	✓ Pesticides     pH     Stream Mod     Sediments     Toxics	lifications				
Identify your local	MS4 jurisd	iction or N/A i	f vour facility is not	Trash					
Identify your local MS4 jurisdiction or N/A if your facility is not within an MS4: Anne Arundel County MS-4  SECTION III: Stormwater Pollution Prevention Plan (SWPPP) and Monitoring  The 12SW permit does require you evaluate and implement specific control measures and effluent limits. It requires you to perform quarterly visual monitoring, may include numeric limits in certain watersheds, and benchmark monitoring and reporting for specific industrial sectors. It requires you to update your SWPPP to encompass the new controls required and provide this in conjunction with your NOI, and then keep an updated SWPPP onsite.									
(O) Stormwater Po			SWPPP) Primary Co	ontact					
Name	Mark M								
Telephone Number		Email Addre	ess	SWPPP Provided (U	RL, email, etc)				
443-623-0		pwmorr12	@aacounty.org	Undergoing Revision (S	ee Cover Letter)				
(P) Select all the sector's benchmark and electronic reporting that apply to your operations.  ✓ None  Subsector C1 (Agricultural Chemicals for SIC 2873-2879)  Subsector C2 (Industrial Inorganic Chemicals for SIC 2812-2819)  Subsector C3 (Soaps, Detergents, Cosmetics and Perfumes for SIC 2841 – 2844)  Subsector L1 – Landfill or Land Application Site with refuse disposal or marginal land permit  Subsector L2 – Landfill or Land Application Site with refuse disposal or marginal land permit, except MSWLF Areas Closed in Accordance with 40 CFR 258.60  Sector M - Automobile Salvage Yards  Subsector N1 - Scrap Recycling and Waste Recycling Facility not Source-Separated Recycling  Subsector U1 - Grain Mill Products (SIC 2041-2048)  Subsector U2 - Fats and Oils Products (SIC 2074-2079)  Sector AA - Fabricated Metal Products									
m Number: MDE/MM	A/DED 004								

Form Number: MDE/WMA/PER.004 Revision Date: March 14, 2014

NOI for Permit No. 12-SW

PCA 13710	Comp Object 5707	mp Object 5707 Suffix 406					
For MDE use only:	Facility #	Recei	pt#		Date:		
Maryland Departm	nent of the Environment,	P.O. Box 205	7, Baltimo	re, MD	21203-20	57	
Submit completed form a	along with FEE (payable to	Maryland Dep	artment of t	ne Envir	onment) to	):	
(443) 623-0605			2@aacounty.	0			
Telephone Number	Email Address				·		
Prepared by: Ma	rk Morris, Environmental Monite	oring Manager					
	e if NOI was prepared by s	omeone other	than the ce	ertifier)			
	is, Deputy Director	. J. S. Sprione		222-401	0	-	
Signatory Name/Title: T	yped or Printed	Telephone	Number	1/2	218		
7			,	2.1			
Signature/Certifier	y violations."		Date				
submitted. Based on my inquifor gathering the information.	"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 gather and evaluate 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						
The permit has specific contended benchmark and visual monosite Compliance Evaluation requirements for corrective reviewing the permit.  "I certify under penalty of laws."	ontrol measure selection and initoring requirements. The pons, and to document the residence actions. You should be away that this document and all attacts.	implementation ermit requires y ults with your S are of these and	requirement rou to perform WPPP. The p	s. The p n annual permit ha ements b	ermit has of Comprehe as triggers a by thorough	nsive and ly	
To be completed by a res ranking elected official or	ponsible corporate officer, pro their duly authorized represe	oprietor, genera	l partner, pri	ncipal ex	ecutive office	cer, or	
SECTION V: Certificat	tion				THE REAL PROPERTY.	CONTRACTOR OF THE PARTY OF THE	
Select this if you are St	tate or Local Government.				No Fee	<b>V</b>	
apply after that time, if	e-Time Payment – Select this fee structure if you prefer to pay one-time for term of the permit (until December 31, 2018). Additional annual fees may ly after that time, if the permit is administratively extended. Send check for amount with this completed NOI.						
Annual Payment – Sel first \$120 annual paym annually by July 1 ther	ect this fee structure if you nent shall be submitted with eafter.	prefer to pay this NOI and	annually. T I then paid	he	\$120		
Untreated impervious	to Chesapeake Bay Resto ourface area (square feet) ous surface area (in square a area subject to 20% resto Fee Selection	e feet)	***********		se 3 value	S:	
	if your facility is subject to						

Form Number: MDE/WMA/PER.004 Revision Date: March 14, 2014 TTY Users 1-800-735-2258



Steven R. Schuh County Executive

Amy Lanham Manager, Safety and Insurance Heritage Office Complex Risk Management Division 2660 Riva Road, 3<sup>rd</sup> Floor Annapolis, MD 21401 Phone (410) 222-7630 Fax (410) 222-7640

May 3, 2016

Rhody Holthaus, Deputy Director Waste Management Services 2662 Riva Road Annapolis, MD 21401

Reference:

Workers' Compensation Insurance - Policy ID# 11339

To Whom It May Concern:

Anne Arundel County, Maryland including the Department of Public Works Waste Management Division is self-insured by the Anne Arundel County Self-Insurance Fund for its Workers' Compensation coverage pursuant to Maryland Code Annoted, Labor and Employment § 9-405. There is no expiration date.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Amy tanham

Safety & Insurance Manager

GENERAL PERMIT Number 12-SW for DISCHARGES from STORMWATER associated with INDUSTRIAL ACTIVITIES Notice of Intent (NOI) for Permit No. 12-SW

## DISCHARGE PERMIT NO. 12-SW

#### NPDES PERMIT NO. MDR000000

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SECTION I: Facility Operato	r Inform	ation	No.		13.00		
(A) Owner/Operator Name							
Anne Arundel County - Dep	artment	of Public	Wor	ks - Bı	ıreau o	f Waste Mana	gement Service
(B) Primary Contact Name				Title			
Mark Morris					ironm	ental Monite	oring Manage
Telephone Number					ail Addre		
443-623-0605					mor	r12@aad	county.org
(C) Mailing Address							
38	39 Bu	ırns C	ros	ssin	g Ro	ad	
City					9	ZIP Code	
Sever			N	1D	21	1144	
(D) IRS Employer Identification	Number	(EIN)		(E) Check Below			
52-6000-878				Pri	vate	Federal	State/Local
SECTION II: Facility Informat (F) Name of Facility	ion						Otate/Eocal
Millersville Lan	dfill a	and R	esc	ourc	e Re	ecoverv	Facility
(G) Facility Address (if different	than you	ır mailing	addre	ess)			- Comey
38	9 Bu	rns C	ros	sing	Ro	ad	
City		State		ZIP C	***************************************	County	
Severn		MD		21	144	Anne Arundel	
(H)	Insurance Company					Number	21
Worker's Compensation Insurance	S	elf Insu					ched Letter)
dentify number of above ground torage tanks at your facility		10	Tota	al volun	ne (in g	allons) of age tanks	*

Form Number: MDE/WMA/PER.004 Revision Date: March 14, 2014

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<sup>\*</sup>Five (5) 275 Gallon Used Oil, One (1) 275 Gallon Motor Oil, One (1) 275 Gallon Hydraulic Oil, Two (2) 175 Gallon Used Cooking Oil, and One (1) 175 Gallon Used Antifreeze.

NOI for Permit No. 12-SW

SECTION II (contin	nued): Fa	cility Informa	ation						
(I) Provide the prim	ary four-	digit SIC code	that hest represen	ts the principal product	s or activities				
		arry co-located	J SIC codes.						
1050	o-located	SICs:	Description of yo	ur primary industrial ac	tivity:				
		'		e Landfill & Source-Separate					
(J) Latitude 76.6675	Longitu 39.09		(K) Check here if you a new discharger.						
(in degrees decimal)	(in degr	ees decimal)	previous registration	If not a new discharger, provide the previous registration (e.g., 02SW1234)					
(L) Total property si		(in acres)	(M) Check if y	our facility is inactive ar	nd unstaffed.				
(N) Identify the 8 dig 02131002	it identifie	er(s) and name Severn Rive	e(s) of the receiving er Tidal	g water(s).					
Identify if any of th	e receivir	ng water(s) are	e listed as high qua	ality (Tier 2)					
Identify if any of the have been identified receiving water(s). 4b, 4c, or 5 waterb	Pesticides pH Stream Mod Sediments Toxics	ifications							
Identify your local M	S4 jurisd	iction or N/A is	✓ PCBs  f your facility is not	within an MS4: Anne Ar	undal Count 140 4				
SECTION III: Storm	vater Po	Ilution Preve	ntion Dlan (CM/DD	Di cont Manager	CONTRACTOR STATE AND ADDRESS OF THE PARTY OF				
benchmark monitoring encompass the new co updated SWPPP onsite	and report ntrols requ	ting for specific uired and provid	industrial sectors. It de this in conjunction	control measures and effliceric limits in certain waters requires you to update you with your NOI, and then keeps	sheds, and				
(O) Stormwater Pollu Name	Mark M		WPPP) Primary C	ontact					
Telephone Number	VIAIK IVI	Email Addre							
	0.5			SWPPP Provided (URL, email, etc)					
443-623-06		pwmorr12(	@aacounty.org	Undergoing Revision (Se	ee Cover Letter)				
Subsector C1 (A Subsector C2 (Ir Subsector C3 (S Subsector L1 – L Subsector L2 – L except MSWLF A Sector M - Auton	gricultura idustrial I oaps, De andfill or andfill or Areas Clo nobile Sa Scrap Rec Sing Grain Mill ats and (	Il Chemicals for norganic Chemorganic Chem	or SIC 2873-2879) micals for SIC 2812 metics and Perfum ion Site with refuse tion Site with refuse lance with 40 CFR aste Recycling Fac	2-2819) es for SIC 2841 – 2844 e disposal or marginal la e disposal or marginal l 258.60	)				
rm Number: MDEANIAA	2ED 00 1								

Form Number: MDE/WMA/PER.004 Revision Date: March 14, 2014

NOI for Permit No. 12-SW

	(Q) Check here if your facility is subject to the Chesapeake Bay Restoration Requirements.								
(R) If you are subject to Chesapeake Bay Restoration Requirements, provide these 3 values:  Total impervious surface area (square feet)  Untreated impervious surface area (in square feet)  Impervious surface area subject to 20% restoration requirement (in acres)  SECTION IV: Permit Fee Selection									
Annual Payment – Se first \$120 annual payn annually by July 1 ther	ect this fee	e structure if you pr	efer to pay nis NOI and	annually. The then paid	\$120				
One-Time Payment – Select this fee structure if you prefer to pay one-time for the term of the permit (until December 31, 2018). Additional annual fees may apply after that time, if the permit is administratively extended. Send check for this amount with this completed NOI.									
Select this if you are S	tate or Loc	cal Government.			No Fee	<b>V</b>			
SECTION V: Certifica	tion	LESS TO BE A SECTION OF THE PARTY OF THE PAR	March 19						
To be completed by a res ranking elected official or	sponsible co	orporate officer, propre	ietor, genera	partner, principal e	executive office	cer, or			
Site Compliance Evaluation requirements for corrective reviewing the permit.  "I certify under penalty of late accordance with a system of submitted. Based on my integrate for gathering the information complete. I am aware that the and imprisonment for knowing the information of the control	w that this do esigned to a quiry of the p the informa here are sigr	You should be aware ocument and all attachm ssure that qualified pers erson or persons who nation submitted is, to the inificant penalties for sub-	of these and nents were pre sonnel properly nanage the sys e best of my kr	pared under my direct y gather and evaluate stem, or those person lowledge and belief, to information, including t	tion or supervi the informations directly response	ision in on sible			
Signature/Certifier				Date					
				6/18/20,8					
Signatory Name/Title:	Typed or P	rinted	Telephone	Number					
Rhody Holtha				(410) 222-40					
NOI Preparer (Complet	e if NOI w	as prepared by son	neone other	than the certifier)					
Prepared by: M	ark Morris, E	nvironmental Monitorii	ng Manager						
Telephone Number		Email Address							
(443) 623-0605			pwmorr1:	2@aacounty.org					
Submit completed form	along with	FEE (payable to Ma	aryland Dep	artment of the Env	rironment) to	0:			
Maryland Departi	ment of th	e Environment, P.	O. Box 205	7, Baltimore, MD	21203-20	57			
For MDE use only:	F	acility#	Recei	pt#	Date:				
PCA 13710	Comp	Object 5707	Suffix	406					

Form Number: MDE/WMA/PER.004 Revision Date: March 14, 2014 TTY Users 1-800-735-2258



Steven R. Schub County Executive

Amy Lanham Manager, Safety and Insurance Heritage Office Complex Risk Management Division 2660 Riva Road, 3<sup>rd</sup> Floor Annapolis, MD 21401 Phone (410) 222-7630 Fax (410) 222-7640

May 3, 2016

Rhody Holthaus, Deputy Director Waste Management Services 2662 Riva Road Annapolis, MD 21401

Reference:

Workers' Compensation Insurance - Policy ID# I1339

To Whom It May Concern:

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If you have any questions, please do not hesitate to contact me.

Very truly yours,

Amy Lanham

Safety & Insurance Manager

GENERAL PERMIT Number 12-SW for DISCHARGES from STORMWATER associated with INDUSTRIAL ACTIVITIES Notice of Intent (NOI) for Permit No. 12-SW

### **DISCHARGE PERMIT NO. 12-SW**

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SECTION I: Facility Operator	Infor	mat	ion	1632			THE SALE OF COMME		
(A) Owner/Operator Name									
Anne Arundel County - Depa	rtmen	t of	Public \	Vorl	ks - Bu	reau of	Waste Manag	gement Services	
(B) Primary Contact Name					Title				
Mark Mo	orris	3	Environmental Monitoring Mana					oring Manage	
Telephone Number					Ema	mail Address			
443-623-	060	5			pwmorr12@aacounty.c				
(C) Mailing Address								, 3	
38	9 B	ur	ns C	ros	ssin	g Ro	ad		
City					State		ZIP Code		
Sever				N	1D	21	144		
(D) IRS Employer Identification	Numb	er (	EIN)		(E) Check Below				
52-6000-		3			Pri	vate	Federal	✓ State/Local	
SECTION II: Facility Informati	on						9 9 7 46 19	Cicle/200a	
(F) Name of Facility									
Sou	uthe	rn	Rec	VC	ling	Fac	ilitv		
(G) Facility Address (if different	than y	our	mailing a	addre	ess)	2013			
			twell			y Ro	ad		
City			State		ZIP C		County		
Deale			MD		207	751	Anne Arunde		
(H)	Insur	anc	e Compa	ny N	lame	Policy	Number		
Worker's Compensation Insurance	,	Se	lf Insu	rec	d			ched Letter)	
dentify number of above ground torage tanks at your facility			6	Tota abo	al volun ve grou	ne (in ga ind stor	allons) of age tanks	*	

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<sup>\*</sup>One (1) 300 Gallon Diesel, One (1) 300 Gallon Used Cooking Oil, One (1) 275 Gallon Used Antifreeze, and Three (3) 275 Gallon Used Oil

NOI for Permit No. 12-SW

SECTION II (continued): Facili	ity Information									
(I) Provide the primary four-digit	(I) Provide the primary four-digit SIC code that best represents the principal products or activities									
provided by the facility, and any										
Primary SIC: Co-located SI 4953		Description of your primary industrial activity:								
		Recycling Facility & Closed Landfill								
(J) Latitude Longitude		if you a new discharger.								
78.5806 (in degrees decimal) 38.8147 (in degrees	If not a new discharge previous registration	ger, provide the (e.g., 02SW1234) 12SW-0297								
(L) Total property size 151 (in acres) (M) Check if your facility is inactive and unstaffed.										
(N) Identify the 8 digit identifier(s) and name(s) of the receiving water(s).  02131005 West Chesapeake Bay										
Identify if any of the receiving	water(s) are listed as high qual	ity (Tier 2)								
Identify if any of these impairm have been identified for the receiving water(s). (Category 4b, 4c, or 5 waterbodies)	lons	☐ Pesticides ☐ pH ☐ Stream Modifications ☑ Sediments ☐ Toxics ☐ Trash								
Identify your local MS4 jurisdict	tion or N/A if your facility is not y	within an MS4: Anne Arundel County MS-4								
SECTION III: Stormwater Pollu										
benchmark monitoring and reporting encompass the new controls require updated SWPPP onsite.	sual monitoring, may include nume g for specific industrial sectors. It i ed and provide this in conjunction									
(O) Stormwater Pollution Preven	ntion Plan (SWPPP) Primary Co	ontact								
Name Mark Mo	rris									
Telephone Number	Email Address	SWPPP Provided (URL, email, etc)								
		Undergoing Revision (See Cover Letter)								
(P) Select all the sector's benchmark and electronic reporting that apply to your operations.  ✓ None  Subsector C1 (Agricultural Chemicals for SIC 2873-2879)  Subsector C2 (Industrial Inorganic Chemicals for SIC 2812-2819)  Subsector C3 (Soaps, Detergents, Cosmetics and Perfumes for SIC 2841 – 2844)  Subsector L1 – Landfill or Land Application Site with refuse disposal or marginal land permit Subsector L2 – Landfill or Land Application Site with refuse disposal or marginal land permit, except MSWLF Areas Closed in Accordance with 40 CFR 258.60  Sector M - Automobile Salvage Yards  Subsector N1 - Scrap Recycling and Waste Recycling Facility not Source-Separated Recycling  Subsector U1 - Grain Mill Products (SIC 2041-2048)  Subsector U2 - Fats and Oils Products (SIC 2074-2079)  Sector AA - Fabricated Metal Products										

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	(Q) Check here it	your facility is subject to the Chesapeake Bay Restoration Requirements.								
I	(R) If you are subject to Chesapeake Bay Restoration Requirements, provide these 3 values:  Total impervious surface area (square feet)  Untreated impervious surface area (in square feet)  Impervious surface area subject to 20% restoration requirement (in acres)									
SEC	TION IV: Permit F	ee Selec	ction	ation	equirei	nent (in acre		AND DESCRIPTION OF THE PARTY OF	14 C.	
Annu first \$	al Payment - Sele 120 annual payme ally by July 1 there	ct this fe	e structure if you	prefer t this NO	o pay a	annually. Th then paid	ne	\$120		
One-Time Payment – Select this fee structure if you prefer to pay one-time for the term of the permit (until December 31, 2018). Additional annual fees may apply after that time, if the permit is administratively extended. Send check for this amount with this completed NOI.										
Selec	t this if you are Sta	ate or Lo	cal Government.					No Fee	V	
_	ION V: Certificati							PHONE AND A		
To be	completed by a resp	onsible o	corporate officer, pro	prietor,	genera	partner, prin	cipal ex	xecutive offi	cer, or	
rankın	g elected official or t	heir duly	authorized represer	tative, a	s detai	ed in Part II.(	C of the	permit.		
The permit has specific control measure selection and implementation requirements. The permit has quarterly benchmark and visual monitoring requirements. The permit requires you to perform annual Comprehensive Site Compliance Evaluations, and to document the results with your SWPPP. The permit has triggers and requirements for corrective actions. You should be aware of these and other requirements by thoroughly reviewing the permit.										
"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 gather and evaluate 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							on oonsible and			
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Form Number: MDE/WMA/PER.004 Revision Date: March 14, 2014 TTY Users 1-800-735-2258



Steven R. Schuh County Executive

Amy Lanham Manager, Safety and Insurance Heritage Office Complex Risk Management Division 2660 Riva Road, 3<sup>rd</sup> Floor Annapolis, MD 21401 Phone (410) 222-7630 Fax (410) 222-7640

May 3, 2016

Rhody Holthaus, Deputy Director Waste Management Services 2662 Riva Road Annapolis, MD 21401

Reference:

Workers' Compensation Insurance - Policy ID# I1339

To Whom It May Concern:

Anne Arundel County, Maryland including the Department of Public Works Waste Management Division is self-insured by the Anne Arundel County Self-Insurance Fund for its Workers' Compensation coverage pursuant to Maryland Code Annoted, Labor and Employment § 9-405. There is no expiration date.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Amy tanham

Safety & Insurance Manager