NPD	ES F	err	nit Ti	rack	ing	No).:



United States Environmental Protection Agency Washington, DC 20460

Annual Reporting Form

7 till dai Roportii	19 1 01111
A. GENERAL INFORMATION	
Facility Name: SOUTHERN RECYCILNG CENTER	
2. NPDES Permit Tracking No.: REGISTRATION # 12SW0297 NPDES # MDR000297	
3. Facility Physical Address: 5400 Nutwell Sudley Road, Deale, Maryland 20751	
a. Street: Nutwell Sudley Road	
b. City: Deale	c. State: MD d. Zip Code: 20751
4. Lead Inspectors Name: Mark Morris	Title: Environmental Monitoring Manager
Additional Inspectors Name(s): Steve Krajcsik, Jonathan Rossetti, Michael Gravatt, Michael I Russell Gartside, Jonathan Rossetti, Anita Grayson-Evans	Lunghi,
5. Contact Person: Mark Morris	Title: Environmental Monitoring Manager
Phone: 410-222-6108	ity.org
6. Inspection Date: November 9, 2017 10 a.m. to 1 p.m.	
B. GENERAL INSPECTION FINDINGS	
As part of this comprehensive site inspection, did you inspect all potential pollutant sources, in X YES ☐ NO	ncluding 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 may be exposed to stormwater.	in your SWPPP or as newly identified in B.2 or B.3 below where pollutants
2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified	in your SWPPP? YES X NO
If YES, for each location, describe the sources of those stormwater and non-stor	mwater discharges and any associated control measures in place:
	, , , , , , , , , , , , , , , , , , , ,

	NPDES Permit Tracking No.:
3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP?	X NO
If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control r	measures in place:
	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 outfall dissipation measures to prevent scouring:	s, including flow
None observed and condition of and around outfalls was in good condition.	
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 authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this at inspection? X YES 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?	
NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result stormwater inspection.	t of this comprehensive

NPDE	S Permit	Tracking	No.:

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS								
Complete one block for each industrial activity area where pollutants may	be expose	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 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: Recycling Center								
Brief Description: Recycling Center allows citizens to drop off recyclables in s	specific con	atainers.						
Are any control measures in need of maintenance or repair?	☐ YES	XNO						
Have any control measures failed and require replacement?	☐ YES	XNO						
Are any additional/revised control measures necessary in this area?	☐ YES	XNO						
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)								
INDUSTRIAL ACTIVITY AREA: Operations and Maintenance Area								
Brief Description: Operations and maintenance area is a typical administrative	∍ office and	mechanic shop. No discharges are allowed to leave this area.						
2. Are any control measures in need of maintenance or repair?	☐ YES	XNO						
3. Have any control measures failed and require replacement?	☐ YES	X NO						
4. Are any additional/revised c necessary in this area?	☐ YES	XNO						
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any nece	issary corrective actions should be described on the attached						
INDUSTRIAL ACTIVITY AREA: Fueling Facility								
Brief Description: Fueling facility consists of diesel AST and gasoline UST, and o	dispensers	for use by county personnel????						
2. Are any control measures in need of maintenance or repair?	YES	XNO						
3. Have any control measures failed and require replacement?	☐ YES	X NO						
4. Are any additional/revised BMPs necessary in this area?	☐ YES	X NO						
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any neces	ssary corrective actions should be described on the attached						

NPDES	S Perr	nit Tra	ackin	g No.	:	

		NOTE: Copy this page and attach additional pages as necessary
INDUSTRIAL ACTIVITY AREA: Landfill Closed Cells		copy this page and attach adultional pages as hecessary
Brief Description: SRC has one (1) closed cell, closed per 40 CFR 2	258 requir	ements in mid-1990s.
		*
190 (A.C.) Pro 1900, March 1901, March 1900, San 1900, S	YES	XNO
	YES	XNO
N s	YES	XNO
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
INDUSTRIAL ACTIVITY AREA:		
Brief Description:		
1. Dici Description.		
*		
0.0	7.450	T
1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	YES	□ NO
	YES	□ NO
	YES	□ NO
Corrective Action Form)	problem:	(Any necessary corrective actions should be described on the attached
INDUSTRIAL ACTIVITY AREA:		
1. Brief Description:		
Section and the desirable control of the section of		
		,
Are any control measures in need of maintenance or repair? [YES	□ NO
	YES	□ NO
	YES	□ NO
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(Any necessary corrective actions should be described on the attached
Corrective Action Form)	Propietti.	(viry necessary corrective actions should be described on the attached

NPE	DES	P	erm	nit 7	ra	ckir	ng t	No.		

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 # 1 of 2 for this reporting period.
2. Is this corrective action:
☐ An update on a corrective action from a previous annual report; or
X 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 inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
X Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): Woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.
4. Briefly describe the nature of the problem identified: Rip-rap ditch at southeast corner of haul road requires repair.
5. Date problem identified: 1 1 / 0 9 / 2 0 1 7
6. How problem was identified:
X Comprehensive site inspection
☐ Quarterly visual assessment
X Routine facility 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: Need to add stone chute to eliminate ditch erosion.
B. Did/will this corrective action require modification of your SWPPP?
Date corrective action initiated: 0 7 / 0 1 / 2 0 1 8
10. Date correction action 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:

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, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? X YES NO	
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: MARK MORRIS Title: ENVIR. MONIT. MANAGER	
Signature: Mark Mark Date Signed: 11/9/17	