#### Page **Work Activity Work Order** 5/13/2021 10:32 Work Order Information Work Order No 20491595 **ROUTINE WORK** Activity Type Initiated From SWPPPND21 HWY MAINTENANCE MANAGEMENT Project No. **HMMS** Request Received 7/29/2020 SUPPORT SERVICES Problem H8000 8/5/2020 CLOWER II, LEONARD Investigation Due PWCLOW03 Assigned By Investigation Date 7/29/2020 CLOWER II, LEONARD Assigned To PWCLOW03 Scheduled Date 1 5/28/2021 1310ND NORTHERN DIST/DOVER RD Department Scheduled Date 2 PWCLOW03 CLOWER II, LEONARD Requested By Scheduled Date 3 Status CL Scheduled Date 4 H8062 SAFETY FUNCTIONS & FACILITY IN Activity Completed Date 5/13/2021 Priority H2 PWCLOW03 CLOWER II, LEONARD Time Completed Completed By **Problem Information Problem Details** PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE. THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW (BY DOVER RD) 002 SAND FILTER OVERFLOW ( NORTH SIDE OF FACILTY ADJACENT TO WALMART ) 200 Street DOVER RD Address New Map Book Map Book Cross Street Location City GLEN BURNIE Zip 21060 Subdivision **Customer Information Customer Name** Address Street State MD Zip City Ext. Second Phone ( Ext. Home Phone ) Elected/Project E/O Aide **Elected Official** Structure/Equipment Information No. Of Structures DS Structure/Equipment No Structure/Equipment Type

Completed Date5/13/2021

Costing Information

Address

Activity

Cross Street
Area Designator
Miss Utility Number

Action Taken

-	ting intomiation				
<u>AT</u>	AT Description		Units/Hours	Costs	
P	PERSONNEL - IN HOUSE		1.00	\$20.22	
		Total	1.00	\$20.22	

QUARTERLY WET WEATHER INSPECTION MAY 21

H8062

Street

SAFETY FUNCTIONS & FACILITY IN

MONICA GILES HAVE COMPLETED WET WEATHER INSPECTION ON 05/13/21

#### **Quarterly Visual Monitoring Form**

Fill out a separate form for each outfall sampled.

	1			J G 1 G 1 G 1 7 G 1 7 T 1 7 T	or odorrounding	uinpio	<b>u</b> ,				
	Sample Location	Douer	Rd Pon	01 (DR	y No us	alo	ก				
(	Quarter / Year:	2021	Date / Time			Date	Time Exami	ned:			
	Qualifying Storm		Yes	Runoff Source	:e:	Rainfall	Sno	owmelt			
N	Collector's lame & Title	Monica	Giles	Maint Wo	Ker J						
	Examiner's lame & Title										
	Parameter	Para	neter Descri	ntion	Р	aramo	ter Character	ietice			
1.	Color		ormwater app		If Yes, describ		ellow Brown	Red	Gray		
2.	Clarity	Is the storm	water clear?	No	If not clear, whe clarity of the standard Souspended So	tormwa	iter?	est des			
3.	Oil Sheen		e a rainbow el e water surfac		Which best describes the sheen? Rainbow sheet Floating oil globules Other:						
4.	Odor	Does the sa	mple have an	odor?	If Yes, describe Sewage So Other:	e: Che ur Milk			ten Eggs		
5.	Floating Solids	is there anyt the sample? Yes	hing on the s	No No	If Yes, describe Sewage Wa Other:		uds Oily Fili wl Excrement	m G	arbage		
6.	Suspended Solids	Is there anyt sample? Yes	hing suspend	ed in the	Describe:						
		**	*Leave samp	le undistur	bed for 30 min	utes.**					
7.	Settled Solids	Is there anythe bottom of the Yes	hing settled o	n the	Describe: (note is not disturbed			rial after	r sample		
3.	Foam		r material form	1	Describe:						
).	If there are any any corrective a	visible indic ctions taken	ators of poll	ution identi	fy (1) where th	e pollu	ution may co	me fron	n and (2)		

xaminer's Signature and Date: Surid Sugrassive 5/13/2 |
Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

5/13/21

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

# Quarterly Visual Monitoring Form Fill out a separate form for each outfall sampled.

Quarter / Year:	2021	Date	Time Collected	d: 5/3/21/10:11	Date / Time E	xamined:				
<b>Qualifying Storm</b>		Yes	Nò	Runoff Source	: Rainfal	S	nowmelt			
Collector's	L	0 1								
Name & Title	Monica (	griles	Maint W	orker II						
Examiner's Name & Title										
Parameter	Parar	notor D	escription	Do	rameter Char					
T Grannotos			er appear to have				Gray			
1. Color	any color?	,,,,,,	or appear to have	Other.	. I GIIOW BI	own Rea	Gray			
	Yes		No (Clear)							
	Is the storm	water ci	0012	If not clear, which	ch of the follow	ing best de	scribes th			
2. Clarity	is the storm	Marei Ci	cai:	clarity of the sto	rmwater?					
	Yes	)	No ·	Suspended Solids Milky/Cloudy Opaque						
torre various and all reserves and	10			Other:						
3. Oil Sheen	Can you see			Which best describes the sheen?						
o. On Sneen	Yes	water	No No		Rainbow sheet Floating oil globules Other:					
	Does the sar	mple he			Ot and in a	4 6	44			
l. Odor	Does the sai	npie na	ve an odor?	If Yes, describe: Sewage South		Musty Ro troleum	tten Eggs			
v. Odo:	Yes		No	Other:	Willin Old Fe	troieum				
	Is there anyti	hing on	the surface of	If Yes, describe:	Sudo Oi	lu Eilee	Carbarra			
. Floating	the sample?	ing on	are surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement						
Solids	Yes		No	Other:	or rown Exercin	IOIN				
Cupponded	Is there anyth	ning sus	pended in the	Describe:						
Suspended Solids	sample?									
OSIIGS	Yes		No							
	***	Leave :	sample undistu	rbed for 30 minute	9S.***					
	Is there anyth			Describe: (note ty	ype, size and ı	naterial afte	er sample			
. Settled Solids	bottom of the	sample	?	is not disturbed for			f			
35.	Yes		No							
	Does foam or			Describe:						
. Foam	top of the san	nple sur	face if you	1						
	shake it?									
AP 41	Yes		No							
If there are any	visible indica	tors of	pollution ident	tify (1) where the	pellution may	come fro	m and (2)			
any corrective a	ctions taken.									

ormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date: Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

#### **Work Activity Work Order**

Page 9/17/2021 10:19

Request Received 6/21/2021

21540044

**SWPPPND** 

6/28/2021

**Work Order Information** 

OTHER WORK Activity Type Initiated From HWYOTH HIGHWAYS - OTHER SUPPORT SERVICES H8000 Problem

Assigned By PWCLOW03 PWCLOW03 Assigned To

1310ND NORTHERN DIST/DOVER RD Department PWCLOW03 Requested By PR Status

Activity H2 Priority Completed By

H8062

SAFETY FUNCTIONS & FACILITY IN

CLOWER II, LEONARD

CLOWER II, LEONARD

CLOWER II, LEONARD

Scheduled Date 4 Completed Date Time Completed

Work Order No

Investigation Due

Investigation Date

Scheduled Date 1

Scheduled Date 2

Scheduled Date 3

Project No

Problem Information

**Problem Details** ANNUAL SWPPPND YARD INSPECTION

Address

200

Street DOVER RD

Cross Street

Map Book

New Map Book

Location

Subdivision

City GLEN BURNIE

Zip 21060

**Customer Information** 

**Customer Name** 

Address

Street

Ext.

City Home Phone

)

State MD Second Phone ( )

Elected/Project

E/O Aide

**Elected Official** 

Structure/Equipment Information

Structure/Equipment No

US

DS

No. Of Structures

Zip

Fxt

Structure/Equipment Type

Address

Street

Cross Street Area Designator

Miss Utility Number

Activity

H8062

SAFETY FUNCTIONS & FACILITY IN

Completed Date

Action Taken ANNUAL SWPPPND YARD INSPECTION DOVER ROAD

### Form C. Comprehensive Site Inspection Reports

**Stormwater Industrial Facility Inspection Report** 

Stormw	ater ind	ustriai rac	mity inspect	Toll Keport					
		General Info	rmation						
Facility Name	Dover Ro	Dover Road Yard							
NPDES Tracking No.	Maryland	General Discl	harge Permit 12	-SW: 1181					
Date of Inspection	06/21/21		Start/End Time	0830-1000					
Inspector's Name(s)			Rick Davis Jes	se Dearing					
Inspector's Title(s)	Superinter	ndent/ROS Chi	ef BOH RMS						
Inspector's Contact Information	410 222-6	410 222-6120							
Inspector's Qualifications									
		Weather Info	rmation						
Weather at time of this inspecti X Clear □Cloudy □ Rain □ Other:		☐ Fog ☐ Temperature	Snow ☐ High e: 100 degrees						
Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐Yes ◆No If yes, describe:									
Are there any discharges occurring at the time of inspection? □Yes ◆No If yes, describe:									
Control Measures				A A NT I N I NT I					
Structural Control Control If No, In Need of Corrective Action Needed and Notes  Mointenance of Gentific needed maintenance and repairs of									

Cor	itrol Measures		TONT Y. M. J. C	Corrective Action Needed and Notes
	Structural Control	Control	If No, In Need of	
	Measure	Measure is	Maintenance,	(identify needed maintenance and repairs, or
		Operating	Repair, or	any failed control measures that need
		Effectively?	Replacement?	replacement)
1	Stormwater Pond #1  Outlet structure damaged? Outlet structure openings clear of debris? Trash or debris? Inflow clear of debris? Storm water by-pass the pond? Erosion (anywhere)? Only grass on the embankment? Dead or diseased vegetation? Animal burrows? Sediment more than one foot deep?	◆Yes □No	◆ Maintenance ☐ Repair ☐ Replacement	Remove silt from Pond to allow Drainage.

	<ul> <li>Discoloration or sediment at the outfall?</li> <li>Access clear?</li> </ul>								
2	Stormwater Pond #2  Outlet structure damaged? Outlet structure openings clear of debris? Trash or debris? Inflow clear of debris? Storm water by-pass the pond? Erosion (anywhere)? Only grass on the embankment? Dead or diseased vegetation? Animal burrows? Sediment more than one foot deep? Discoloration or sediment at the outfall? Access clear? ?	◆Yes	3 □No	◆ Maint □ Repai □ Repla	r	Regrad	de and remove sediment and debris		
3	Waste Oil Tank System	Yes	No	◆ Maintenance ☐ Repair ☐ Replacement		Remo	Removed and abandoned		
4	Salt Barn		s 🗖 No	◆ Maintenance ☐ Repair ☐ Replacement			nstall Tarps to cover North Facing Doors.		
5	Calcium Chloride Tank Containment		s 🗆 No	☐ Maintenance ☐ Repair ☐ Replacement		Exercise Valves			
6	Vacuum Truck Material Drying Pit	◆Yes □No		☐ Repa	☐ Maintenance ☐ Repair ☐ Replacement				
	A ve a / A addivider	1 7	nanastad?		Controls		Corrective Action Needed and Notes		
	Area/Activity	Inspected?			Adequate (appropri effective, operating	ate, and )?			
1	Vehicle maintenance material (hydraulic fluids , lubricants,   ◆Yes □NN/A		▶Yes □No N/A	0 🗆	□Yes ◆N	10	none		

etc.)

	loading/unloading and							
	storage areas							
2	Equipment operations	◆Yes □No □	☐Yes ◆No	none				
	and maintenance	N/A						
	areas							
3	Fueling area	□Yes □No ◆	♦Yes □No					
		N/A						
4	Dumpsters and trash	◆Yes □No □	◆Yes □No	none				
	cans	N/A		i e				
-	O 111	◆Yes □No □	☐Yes ◆No	none				
5	Salt barn	N/A	C2 105 VIVO	Home				
		4.7/4.8						
6	Calcium Chloride	♦Yes □No □	◆Yes □No					
	tank, containment wall	N/A						
	and application area							
7	Dust generation and	◆Yes □No □	◆Yes □No	none				
	vehicle tracking	N/A						
8	Vacuum Truck	☐Yes ☐No ☐	◆Yes □No	none				
	Material Drying Pit	N/A						
	, ,							
	cribe any incidents of non-	Nor	-Compliance	ove.				
Des	cribe any incidents of non- areas are in compliance.	compliance observed a	illy liot described ab	0.00				
Sup	oest re-grading swale betw	een aggregate bin and	the dump pads with	a Retention Bowl.				
045	Suggest re-grading swale between aggregate bin and the dump pads with a Retention Bowl.							

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements: All requirements have
been met
Notes
Use this space for any additional notes or observations from the inspection:
N/A
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
avaluated 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."
taise information, morading the possionity of this time the imprisonment of
Print name and title: James M. Small
Signature: Date: 6/22/2/
Signature:Date:Date:Date:
$\bigcirc$

PERSONNEL - IN HOUSE

P

Department of	1 upilo (			ork Act	ivity	Work C	orde	er	<b>Page</b> 9/30/20	1 020 15:31
Manta Onda :: I	-									
Work Order In Activity Type Initiated From Problem Assigned By Assigned To Department Requested By	nformati	ROU HW H80 PW0 1310 PW0	YOTH 000 CLOW CLOW	/03 CI NORTHERN D	RVICES LOWER LOWER IST/DOV	II, LEONARD II, LEONARD /ER RD II, LEONARD			Work Order No Project No Request Rece Investigation D Investigation D Scheduled Dat Scheduled Dat	SWPPPND 7/29/2020 Due 8/5/2020 Date 7/29/2020 te 1 8/28/2020 te 2
Status Activity Priority Completed By		CL H80 H2 PW(	60 CLOW	TRAINING	OWER II	I, LEONARD			Scheduled Dat Scheduled Dat Completed Dat Time Complete	te 4 te 9/30/2020
Problem Inforn	nation									
Problem Details	SESSION	S AND S ON A	SUPP	PLEMENTING W	ITH ADE	DITIONAL SWPPP	TOPICS	OF INT	ALL FOUR TRAININ EREST. DOCUME FORM; ROSTER &	NT ALL
Address Cross Street Location		200		Street	DOVE	R RD Map Bo	ook		New Map Bo	ook
Subdivision						City	/ GLEN	BURNIE		Zip 21060
Customer Infor	mation									
Customer Name Address				Street			01-1-	МЪ	7:	
City Home Phone		(	)	Ext.		Second Phone	State (	MD )	Zip Ext.	
Elected/Project E/O Aide						Elected (	Official			
Structure/Equi	pment In	ıforn	natio	on						
Structure/Equipm Structure/Equipm Address Cross Street Area Designator	ent Type	US		Street	DS		I	No. Of	Structures	
Miss Utility Numb	er	H806	0	TRAINING					Completed I	Date9/30/2020
V	VHAT IS A S	<b>WPPP</b>	1	HE SWPPP TRA						
Costing Informa	tion									
AT AT Descrip				<u>Units</u>	/Hours	Costs	_			
				40.00		0540.00				

19.00

Total 19.00

\$513.88

\$513.88

### **Department of Public Works**

Date:	
Trainer Name: MONIA GILES	James Pagh
Class Title:	
Synopsis of class purpose and content: _/	That IS A Swppp
	, s 
Employee Names	
Employee Names	- Na s
John Walsh	DAVE INGRASSIA
Jamil W.	Tel SY-
Brandon B	Charles Corniol de
Law norther	MARCUS (AGER
Jerry MiDonel	Joseph Cindeyer
Spries Poly	Dige & John !!
Anthony Kuebal	BOB TEMMONS
Daniel K. Nartinek	
Clarence Water	
Menia Carles	
Robert D clar	

~			Wd	ork Acti	vity	/ Wo	rk O	rde	r		<b>age</b> /22/2020	1 16:00
Nork Order I	nformati	on										
Work Order I Activity Type Initiated From Problem Assigned By Assigned To Department Requested By Status Activity Priority	ntormati	HWY H80 PW( PW( 131)	YOTH 00 CLOW CLOW OND CLOW	03 CLO NORTHERN DIS	VICES OWER OWER ST/DOV	II, LEONA II, LEONA	NRD			Investiga Investiga Schedule Schedule Schedule Schedule Complete	Received tion Due tion Date ed Date 1 ed Date 2 ed Date 3 ed Date 4 ed Date	8/5/2020
Completed By		PW	CLOW	03 CLC	WER I	I, LEONA	RD			Time Cor	mpleted	
Problem Inforr Problem Details	PROVIDE SESSION	S AND S ON A	SUPF	Y SWPPP TRAIN PLEMENTING WI -IN SHEET ANS	IDA HT	DITIONAL	. SWPPP	TOPICS	OF INT	EREST. DO	CUMENT AL	L
Address Cross Street Location Subdivision		200		Street	DOVE		Map Bo	ok GLEN	BURNIE		∕lap Book	Zip 21061
ustomer Info	rmation						,					'
Customer Name												
Address City Home Phone Elected/Project E/O Aide		(	)	Street Ext.			d Phone	, ,	MD	Zip Ext.		
Structure/Equi	pment Ir	oforn	natio	on								
Structure/Equipm Structure/Equipm Address Cross Street Area Designator Miss Utility Number	nent No nent Type	US		Street	DS			١	lo. Of S	Structures	<b>S</b>	
Activity	001	H806	60	TRAINING						Comp	leted Date	12/22/2020
Action Taken	M. GILES AN	ID DI C	OMPL	MONTH OF NOV ETED THE SWF THE DRAIN PT.	PP TR	AINING C	DN .				,	
Costing Informa	ation											
AT AT Descri	otion			Units/	Hours	Ē	Costs					
_		_				_						

16.00

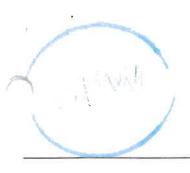
Total 16.00

PERSONNEL - IN HOUSE

Р

\$419.63

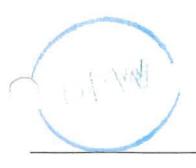
\$419.63



#### **Department of Public Works**

Date: 12-22-20	
Trainer Name: Manica Cyles DAue I	ngrassia
Class Title: KEEP the RAIN O	UT of the DRAIN SUP
Synopsis of class purpose and content:	
Employee Names	1 11 M - 1 1
Authory hucker I	Lame & Martines
Cheroles CounishI	Sames Pugl
Anton Tepimakhor Clarence Watkins	Monica Giles DAUE TRYPASSIA
Elijott Cook	y Trogicio - Tr
Loe Anderson	
Michael Je Nhr Brandon Blankenship	
M GGELL	
John Wahl	

Activity lype   HWYOTH HIGHWAYS-OTHER   Project No   2148   Request Received   Requested By   PWCOOK27   COOK, ELLIOT   Scheduled Date 1   Scheduled Date 2   Status   CL   Scheduled Date 2   Scheduled Date 3   Scheduled Date 3   Scheduled Date 4   Requested By   PWCOOK27   COOK, ELLIOT   Scheduled Date 4   Requested By   Requested By   PWCOOK27   COOK, ELLIOT   Scheduled Date 4   Requested By   Requested	Department of Public V	Work Activity V	Vork Order	Page 2/5/2021	1 15:49
Problem Information Problem Details SAFETY MEETING BEWARE OF YOUR SURROUNDING  Address 200 Street DOVER RD Cross Street Location Subdivision City GLEN BURNIE Zip 2:  Customer Information  Customer Name Address Street City State MD Zip Home Phone () Ext. Second Phone () Ext. Elected/Project E/O Aide Elected Official  Structure/Equipment Information  Structure/Equipment No US DS No. Of Structures  Structure/Equipment Type Address Street  Cross Street Area Designator Miss Utility Number Activity H8062 SAFETY FUNCTIONS & FACILITY IN Completed Date 2/5/20  Action Taken SAFETY MEETING BEWARE OF YOUR SURROUNDING  Costing Information  AT AT Description Units/Hours Costs	Activity Type Initiated From Problem Assigned By Assigned To Department Requested By Status Activity Priority	OTHER WORK HWYOTH HIGHWAYS - OTHER H8000 SUPPORT SERVICES PWCLOW03 CLOWER II, LE PWCOOK27 COOK, ELLIOT 1310ND NORTHERN DIST/DOVER F PWCOOK27 COOK, ELLIOT CL H8062 SAFETY FUNCTIONS & H2	RD	Project No Request Received Investigation Due Investigation Date Scheduled Date 1 Scheduled Date 2 Scheduled Date 3 Scheduled Date 4 Completed Date	21523443 21487887 2/5/2021 2/12/2021 2/5/2021
Address 200 Street DOVER RD Cross Street	Problem Information				
Address			PAINS IT DE	SAINS	
Customer Information Customer Name Address Street City State MD Zip Home Phone () Ext. Second Phone () Ext. Elected/Project E/O Aide Elected Official  Structure/Equipment Information Structure/Equipment No US DS No. Of Structures Structure/Equipment Type Address Street Cross Street Area Designator Miss Utility Number Activity H8062 SAFETY FUNCTIONS & FACILITY IN Completed Date 2/5/20  Action Taken SAFETY MEETING BEWARE OF YOUR SURROUNDING  Costing Information AT AT Description Units/Hours Costs	Address Cross Street Location		Map Book	New Map Book	<b>Z</b> ip 21060
Customer Name Address Street City State MD Zip Home Phone () Ext. Second Phone () Ext. Elected/Project E/O Aide Elected Official  Structure/Equipment Information Structure/Equipment No US DS No. Of Structures Structure/Equipment Type Address Street Cross Street Area Designator Miss Utility Number Activity H8062 SAFETY FUNCTIONS & FACILITY IN Completed Date 2/5/20  Action Taken SAFETY MEETING BEWARE OF YOUR SURROUNDING  Costing Information AT AT Description Units/Hours Costs			•		•
Structure/Equipment No US DS No. Of Structures  Structure/Equipment Type Address Street Cross Street Area Designator Miss Utility Number Activity H8062 SAFETY FUNCTIONS & FACILITY IN Completed Date 2/5/20  Action Taken SAFETY MEETING BEWARE OF YOUR SURROUNDING  Costing Information AT AT Description Units/Hours Costs	Customer Name Address City Home Phone Elected/Project		cond Phone ( )	-	
Miss Utility Number Activity  H8062 SAFETY FUNCTIONS & FACILITY IN  Completed Date 2/5/20  Action Taken SAFETY MEETING BEWARE OF YOUR SURROUNDING  Costing Information AT AT Description  Units/Hours Costs	Structure/Equipment No Structure/Equipment Type Address Cross Street	US DS	No. Of	Structures	
BEWARE OF YOUR SURROUNDING  Costing Information  AT AT Description  Units/Hours  Costs	Miss Utility Number	H8062 SAFETY FUNCTIONS & FA	ACILITY IN	Completed Date	2/5/2021
AT AT Description Units/Hours Costs			in		
	•		01-		
Total 14.00 \$370.54	P PERSONNEL - IN HOUS		\$370.54		



### **Department of Public Works**

Date: 02 05 2021
Trainer Name: David Ingrassia
Class Title: Beauere of gover Survey Dray
Synopsis of class purpose and content: When It- RAINS
IT DRAINS
Employee Names
Joseph Anderson Symphy Agran Cy James C
Anthory Bucket
Charles Cornish #
SAMES PUL
John Walsh
Jerry McDorell
DeDSL/-
Monica Gles
Clarence Watkins

	<b>Work Activity Work Order</b>	<b>Page</b> 1 5/19/2021 8:00
Work Order Information Activity Type Initiated From Problem Assigned By Assigned To Department Requested By Status Activity Priority	OTHER WORK HWYOTH HIGHWAYS - OTHER H2000 ROADSIDE MAINTENANCE PWCOOK27 COOK, ELLIOT PWCLOW03 CLOWER II, LEONARD 1310ND NORTHERN DIST/DOVER RD PWCOOK27 COOK, ELLIOT CL H8062 SAFETY FUNCTIONS & FACILITY IN	Work Order No Project No Project No Request Received Investigation Due Investigation Date Scheduled Date 1 Scheduled Date 2 Scheduled Date 3 Scheduled Date 4 Completed Date Time Completed Project No 21535212 21491955 5/18/2021
Completed By	PWCLOW03 CLOWER II, LEONARD	Time Completed
ACCIDEN'	PROCEDURES AND TICK PERVENTION  POWD - GOOD HOUSE KEEP,	w f
Address Cross Street Location Subdivision	200 Street DOVER RD Map Book City GLEN BUR	New Map Book NIE Zip 21060
Sustomer Information		
Customer Name Address City Home Phone Elected/Project E/O Aide	Street State MI  ( ) Ext. Second Phone ( )  Elected Official	D Zip Ext.
Structure/Equipment Ir Structure/Equipment No Structure/Equipment Type Address Cross Street Area Designator	formation US DS No. 0 Street	Of Structures
Miss Utility Number Activity Action Taken SAFETY MEI	H8062 SAFETY FUNCTIONS & FACILITY IN TING +	Completed Date5/18/2021
Costing Information		
AT AT Description P PERSONNEL - IN HOUS	Units/Hours Costs  14.00 \$365.90  Total 14.00 \$365.90	



### **Department of Public Works**

Date: 5/18/21					
Trainer Name: MONICA GELES & Dave Suggestion					
	PROCEDURES + KEEP the				
Synopsis of class purpose and content:	GOOD HOUSE Keeping				
<b>Employee Names</b>					
Marcus Collins  Var Collins	Flist Cook  Die Ingeren				
John Walsh					
Eric Schultz					
Ted Shipke					
Monico Golos Clarence Watkins					