

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	20491595
Initiated From	HMMS HWY MAINTENANCE MANAGEMENT	Project No	SWPPPND21
Problem	H8000 SUPPORT SERVICES	Request Received	7/29/2020
Assigned By	PWCLOW03 CLOWER II, LEONARD	Investigation Due	8/5/2020
Assigned To	PWCLOW03 CLOWER II, LEONARD	Investigation Date	7/29/2020
Department	1310ND NORTHERN DIST/DOVER RD	Scheduled Date 1	5/28/2021
Requested By	PWCLOW03 CLOWER II, LEONARD	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	5/13/2021
Completed By	PWCLOW03 CLOWER II, LEONARD	Time Completed	

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)

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
 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 5/13/2021

Action Taken QUARTERLY WET WEATHER INSPECTION MAY 21
 MONICA GILES HAVE COMPLETED WET WEATHER INSPECTION ON 05/13/21

Costing Information

AT	AT Description	Units/Hours	Costs
P	PERSONNEL - IN HOUSE	1.00	\$20.22
Total		1.00	\$20.22

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location			Dover Rd Pond 1 (Dry) No water		
Quarter / Year:		2021	Date / Time Collected:		5/13/21 10:15
Date / Time Examined:					
Qualifying Storm Event?		Yes	<input checked="" type="radio"/> No	Runoff Source:	
				Rainfall	Snowmelt
Collector's Name & Title			Monica Giles Maint Worker II		
Examiner's Name & Title					
Parameter	Parameter Description		Parameter Characteristics		
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No (Clear) <input checked="" type="radio"/>		If Yes, describe: Yellow Brown Red Gray Other:		
2. Clarity	Is the stormwater clear? Yes <input type="radio"/> No <input checked="" 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: Monica Giles 5/13/21

Stormwater Examiner's Signature and Date: David Ingrassia 5/13/21

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		
Dover Rd Pond 2 BACK YARD		
Quarter / Year:	2021	Date / Time Collected: 5/13/21 10:11am
Qualifying Storm Event?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Date / Time Examined:
Collector's Name & Title	Monica Giles Maint Worker II	
Examiner's Name & Title		
Runoff Source:	Rainfall <input checked="" type="radio"/> Snowmelt <input type="radio"/>	
Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No (Clear) <input checked="" type="radio"/>	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: Monica Giles 5/13/21

Stormwater Examiner's Signature and Date: David Ingrascia 5/13/21

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

Work Activity Work Order

Work Order Information

Activity Type	OTHER WORK	Work Order No	21540044
Initiated From	HWYOTH HIGHWAYS - OTHER	Project No	SWPPPND
Problem	H8000 SUPPORT SERVICES	Request Received	6/21/2021
Assigned By	PWCLOW03 CLOWER II, LEONARD	Investigation Due	6/28/2021
Assigned To	PWCLOW03 CLOWER II, LEONARD	Investigation Date	
Department	1310ND NORTHERN DIST/DOVER RD	Scheduled Date 1	
Requested By	PWCLOW03 CLOWER II, LEONARD	Scheduled Date 2	
Status	PR	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	
Completed By		Time Completed	

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
City State MD Zip
Home Phone () Ext. Second Phone () Ext.
Elected/Project Elected Official
E/O Aide

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 _____

Action Taken ANNUAL SWPPPND YARD INSPECTION DOVER ROAD

Form C. Comprehensive Site Inspection Reports

Stormwater Industrial Facility Inspection Report

General Information			
Facility Name	Dover Road Yard		
NPDES Tracking No.	Maryland General Discharge Permit 12-SW: 1181		
Date of Inspection	06/21/21	Start/End Time	0830-1000
Inspector's Name(s)	Jim Small/ Lenny Clower Rick Davis Jesse Dearing		
Inspector's Title(s)	Superintendent/ROS Chief BOH RMS		
Inspector's Contact Information	410 222-6120		
Inspector's Qualifications	SWPPP Team Northern District		
Weather Information			
Weather at time of this inspection?			
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input 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: 100 degrees			
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

	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	Stormwater Pond #1 <ul style="list-style-type: none"> ● 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 <input type="checkbox"/> No	◆ Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Remove silt from Pond to allow Drainage.

	<ul style="list-style-type: none"> ● Discoloration or sediment at the outfall? ● Access clear? 			
2	Stormwater Pond #2 <ul style="list-style-type: none"> ● 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 <input type="checkbox"/> No	◆ Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Regrade and remove sediment and debris
3	Waste Oil Tank System	Yes No	◆ Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Removed and abandoned
4	Salt Barn	◆ Yes <input type="checkbox"/> No	◆ Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Install Tarps to cover North Facing Doors.
5	Calcium Chloride Tank Containment	◆ Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Exercise Valves
6	Vacuum Truck Material Drying Pit	◆ Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	None

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Vehicle maintenance material (hydraulic fluids , lubricants, etc.)	◆ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes ◆ No	none

	loading/unloading and storage areas			
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	none
3	Fueling area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4	Dumpsters and trash cans	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	none
5	Salt barn	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	none
6	Calcium Chloride tank, containment wall and application area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Dust generation and vehicle tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	none
8	Vacuum Truck Material Drying Pit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	none

Non-Compliance

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

All areas are in compliance .

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 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: James M. Small

Signature:  Date: 6/22/21

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	20491596
Initiated From	HWYOTH HIGHWAYS - OTHER	Project No	SWPPPND20
Problem	H8000 SUPPORT SERVICES	Request Received	7/29/2020
Assigned By	PWCLOW03 CLOWER II, LEONARD	Investigation Due	8/5/2020
Assigned To	PWCLOW03 CLOWER II, LEONARD	Investigation Date	7/29/2020
Department	1310ND NORTHERN DIST/DOVER RD	Scheduled Date 1	8/28/2020
Requested By	PWCLOW03 CLOWER II, LEONARD	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8060 TRAINING	Scheduled Date 4	
Priority	H2	Completed Date	9/30/2020
Completed By	PWCLOW03 CLOWER II, LEONARD	Time Completed	

Problem Information

Problem Details PROVIDE QUARTERLY SWPPP TRAINING TO STAFF, ROTATING THROUGH ALL FOUR TRAINING PROGRAM SESSIONS AND SUPPLEMENTING WITH ADDITIONAL SWPPP TOPICS OF INTEREST. DOCUMENT ALL TRAINING ON A SIGN-IN SHEET AND SPECIFY THE TRAINING TOPIC IN WO. FORM; ROSTER & NOTICE OF TRAINING

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
 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 H8060 TRAINING Completed Date 9/30/2020

Action Taken

M.GILES COMPLETED THE SWPPP TRAINING ON 09/29/20
 WHAT IS A SWPPP
 SWPPP TRAINING FOR THE MONTH OF AUG 20

Costing Information

AT	AT Description	Units/Hours	Costs
P	PERSONNEL - IN HOUSE	19.00	\$513.88
Total		19.00	\$513.88

Anne Arundel County

Department of Public Works

Roster & Notice of Training Delivered

Date: 9-30-20

Trainer Name: MONIA GELES / James Pagli

Class Title: _____

Synopsis of class purpose and content: WHAT IS A Swppp

Employee Names

John Walsh

Jamil W.

Brandon B

Russ Miller

Jerry McDonald

James Pugh

Anthony Kuebel

Daniel R. Martins

Clarence Watkins

Monica Corles

Robert D. Clark

DAVE INGRASSIA

Ted S.

Charles Corriat

MARCUS CAGER

Joseph Anderson

Diane E. Johnson

Bob Timmons

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	20491600
Initiated From	HWYOTH HIGHWAYS - OTHER	Project No	SWPPPND20
Problem	H8000 SUPPORT SERVICES	Request Received	7/29/2020
Assigned By	PWCLOW03 CLOWER II, LEONARD	Investigation Due	8/5/2020
Assigned To	PWCLOW03 CLOWER II, LEONARD	Investigation Date	7/29/2020
Department	1310ND NORTHERN DIST/DOVER RD	Scheduled Date 1	11/27/2020
Requested By	PWCLOW03 CLOWER II, LEONARD	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8060 TRAINING	Scheduled Date 4	
Priority	H2	Completed Date	12/22/2020
Completed By	PWCLOW03 CLOWER II, LEONARD	Time Completed	

Problem Information

Problem Details PROVIDE QUARTERLY SWPPP TRAINING TO STAFF, ROTATING THROUGH ALL FOUR TRAINING PROGRAM SESSIONS AND SUPPLEMENTING WITH ADDITIONAL SWPPP TOPICS OF INTEREST. DOCUMENT ALL TRAINING ON A SIGN-IN SHEET AND SPECIFY THE TRAINING TOPIC IN WO. FORM; ROSTER & NOTICE OF TRAINING

Address 200 Street DOVER RD
 Cross Street Map Book New Map Book
 Location
 Subdivision City GLEN BURNIE Zip 21061

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 H8060 TRAINING Completed Date 12/22/2020

Action Taken

SWPPP TRAINING FOR MONTH OF NOV 2020
 M. GILES AND DI COMPLETED THE SWPPP TRAINING ON
 KEEP THE RAIN OUT OF THE DRAIN PT.1

Costing Information

AT	AT Description	Units/Hours	Costs
P	PERSONNEL - IN HOUSE	16.00	\$419.63
Total		16.00	\$419.63



Anne Arundel County

Department of Public Works

Roster & Notice of Training Delivered

Date: 12-22-20

Trainer Name: Monica Giles / Dave Ingrassia

Class Title: KEEP THE RAIN OUT OF THE DRAIN SWPPP

Synopsis of class purpose and content: _____

Employee Names

Anthony Kuebel
Ted Skyles
Charles Carnish II
Anton Yepimakhov
Clarence Watkins
Elliott Cook
Joe Anderson
Michael DeMw
Brandon Blankenship
MAGEIK
John Wahl

David R. Montano
Dave E. Johnson
James Pugh
Monica Giles
DAVE INGRASSIA

Work Activity Work Order

Work Order Information

Activity Type	OTHER WORK	Work Order No	21523443
Initiated From	HWYOTH HIGHWAYS - OTHER	Project No	21487887
Problem	H8000 SUPPORT SERVICES	Request Received	2/5/2021
Assigned By	PWCLOW03 CLOWER II, LEONARD	Investigation Due	2/12/2021
Assigned To	PWCOOK27 COOK, ELLIOT	Investigation Date	
Department	1310ND NORTHERN DIST/DOVER RD	Scheduled Date 1	
Requested By	PWCOOK27 COOK, ELLIOT	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	2/5/2021
Completed By	PWCOOK27 COOK, ELLIOT	Time Completed	

Problem Information

Problem Details SAFETY MEETING
BEWARE OF YOUR SURROUNDING

*+
SWAPPND When it RAINS IT DRAINS*

Address 200 Street DOVER RD Map Book New Map Book
Cross Street
Location
Subdivision City GLEN BURNIE Zip 21060

Customer Information

Customer Name
Address Street State MD Zip
City
Home Phone () Ext. Second Phone () Ext.
Elected/Project Elected Official
E/O Aide

Structure/Equipment Information

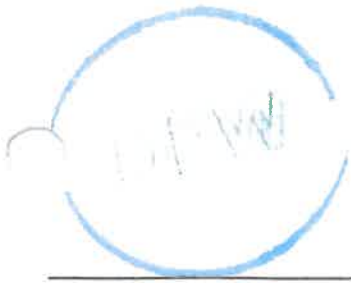
Structure/Equipment No US DS No. Of Structures
Structure/Equipment Type
Address Street
Cross Street
Area Designator
Miss Utility Number
Activity H8062 SAFETY FUNCTIONS & FACILITY IN Completed Date 2/5/2021

Action Taken SAFETY MEETING
BEWARE OF YOUR SURROUNDING

in

Costing Information

AT	AT Description	Units/Hours	Costs
P	PERSONNEL - IN HOUSE	14.00	\$370.54
Total		14.00	\$370.54



Anne Arundel County

Department of Public Works

Roster & Notice of Training Delivered

Date: 02/05/2021

Trainer Name: David Ingrassia

Class Title: Be aware of your Surroundings

Synopsis of class purpose and content: When IT RAINS
IT DRAINS

Employee Names

Anton Yepimakhov

Joseph Anderson

Daniel R. Martinek

Anthony Kubel

Charles Coenish

James Pugh

John Walsh

Jerry McDonald

Jed Sh/-

Monica Glas

Clarence Watkins

Marvin G.
Diana Pugh
Edward Cook

Work Activity Work Order

Work Order Information

Activity Type	OTHER WORK	Work Order No	21535212
Initiated From	HWYOTH HIGHWAYS - OTHER	Project No	21491955
Problem	H2000 ROADSIDE MAINTENANCE	Request Received	5/18/2021
Assigned By	PWCOOK27 COOK, ELLIOT	Investigation Due	5/25/2021
Assigned To	PWCLOW03 CLOWER II, LEONARD	Investigation Date	
Department	1310ND NORTHERN DIST/DOVER RD	Scheduled Date 1	
Requested By	PWCOOK27 COOK, ELLIOT	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority		Completed Date	5/18/2021
Completed By	PWCLOW03 CLOWER II, LEONARD	Time Completed	

Problem Information

Problem Details SAFETY MEETING ON
ACCIDENT PROCEDURES AND TICK PERVENTION

SCAFFOLD - Good House Keeping

Address 200 Street DOVER RD Map Book New Map Book
Cross Street
Location
Subdivision City GLEN BURNIE Zip 21060

Customer Information

Customer Name
Address Street State MD Zip
City
Home Phone () Ext. Second Phone () Ext.
Elected/Project Elected Official
E/O Aide

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 5/18/2021

Action Taken SAFETY MEETING +

Costing Information

AT	AT Description	Units/Hours	Costs
P	PERSONNEL - IN HOUSE	14.00	\$365.90
	Total	14.00	\$365.90

Anne Arundel County

Department of Public Works

Roster & Notice of Training Delivered

Date: 5/18/21

Trainer Name: MONICA GILES & Dawn Ingrassia

Class Title: ACCIDENT PROCEDURES + KEEP THE

Synopsis of class purpose and content: GOOD HOUSE KEEPING

Employee Names

Marcus G.
Dave Ingrassia
Joe Anderson
Carl Collins
John Walsh
Jerry McDonald
Eric Schultz
~~Michael P. ...~~
Ted Stepke
Monica & Giles
Clarence Watkins

Arthur Kuehl
Elliott Cook
Dawn Ingrassia