



Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: Cox Creek WRF

2. NPDES Permit Tracking No.: MD-00216611

3. Facility Physical Address:
 a. Street: 8866 Wagner Station Road
 b. City: Curtis Bay c. State: MD d. Zip Code: 21226

4. Lead Inspectors Name: Jerome Napora Title: Team Manager
 Additional Inspectors Name(s):

5. Contact Person: Jerome Napora Title: Team Manager
 Phone: 410-222-6060 Ext. E-mail: pnapora@22099c04.wt4.org

6. Inspection Date: 12/06/2012

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?
 YES NO
 If NO, describe why not:
Construction coming to end
Contracts A) ENR phase II
B) Now ENR upgrades

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? YES NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:
 1) New outfall #2 Plant Drainage Box at Southwest corner of Primary #6. Box installed as part of ENR phase II at site
 2) New outfall #3 Plant Drainage Box at Reactor #4 Influent Box installed as part of ENR phase II at site
 * GHD Developing NEW SWPPP for site

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3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? YES NO

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:

JAN 31, 2018 SWPPP TEAM PERFORMED ANNUAL REVIEW. SEE REPORT SWPPP BOOK.
 NOTE: GHD TO PREPARE NEW SWPPP AFTER COMPLETION OF ENR PHASE II UPGRADE. NEW PLAN SHALL ADDRESS DRAINAGE AREA, REPORTING REQUIREMENTS, & ALL NEW IMPROVEMENT TO STORMWATER FACILITIES.

5. 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:

NONE: ROADS Black Topped. Filter cloth Bags with wick caps installed Catch Basins to capture debris/sediment.

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 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?

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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.

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C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed 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 A: Biosolids Handling Building

1. Brief Description:

Stormwater flows to catch Basin & is Pumped
Back To Primary's for Treatment

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
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: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA B: Generators

1. Brief Description:

4 Generators: 1) ELB (Next To Maint. Bldg)
2) Behind Handwork
3) Membrane Bldg
4) Blower Bldg

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
4. Are any additional/revised c necessary in this area? YES NO

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 C: Electrical Transformers

Brief Description:

Two Transformers located by Gate 4, Transformer Feed Four
Substations 1) ELB 2) Membrane Area 3) Blower Area. NOTE 1 2 3 NEW.
4) Admin Bldg (old) Powered by o/s, unit will be Demolished
EARLY 2019

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
4. Are any additional/revised BMPs necessary in this area? YES NO

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)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA D: Polymer building

1. Brief Description:

N/A - Building Demolished
ENR phase II

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
4. Are any additional/revised BMPs necessary in this area? YES NO

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 E: Ferrous sulfate Storage Tank (adjacent to primary clarifiers)

1. Brief Description:

chloride

ENR phase II switch from Ferrous Sulfate to Ferric Chloride.
NEW Tanks, pump, controls & meters (Level)

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
4. Are any additional/revised BMPs necessary in this area? YES NO

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: Headworks Building

1. Brief Description:

Rain Garden Rebuilt, catches Rain of Building Roof.
The unit was O/S several years due to construction activities in the Area.

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
4. Are any additional/revised BMPs necessary in this area? YES NO

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)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA G: Maintenance Building

1. Brief Description: Rain Gardens Maintained By operations (3 units). Under
 EIR upgrade 4th Rain Garden added & Bio-Retention Trench

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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 H: Administration Building

1. Brief Description: Drainage Area #4 Pavers to be installed after
 Removal of Admin Sub Station (OID)

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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 I: Chlorine Storage Area

1. Brief Description: New Hypo Chlorite Building construction complete.
 System schedule for startup early 2019. Hypo Tanks &
 containment Area located inside BLDG.

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA J: Scum Concentrator Building

1. Brief Description:

NEW Collection system 1/2. UNDER ENR phase II SECOND Wet Well ADD, SECOND pump ADDED, BUILD retrofitted & NEW Dewatering Screens ADDED For Scum/Grease Removal. Scum Grease collected in Dumpster & Hauled off site For Disposal.

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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 K: Gravity Thickeners

1. Brief Description:

Fourth TST installed & odor control system For all four TST. New pavers Replaced sidewalks

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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 L: Sodium Hydroxide Storage Tank (adjacent to Post Aeration Building)

1. Brief Description:

Sodium Hydroxide Storage Tank & containment Area in good operating conditions

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA M: Clarifiers

1. Brief Description:

6 BASINS, 3 BASINS $\frac{1}{2}$. NEW Catch BASIN BOX installed prior TO outfall #2 TO capture sediment.

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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: Aeration Tanks

1. Brief Description:

All Four Reactors $\frac{1}{2}$, no construction activity. NEW catch BASIN BOX installed prior TO outfall #3 TO capture sediment.

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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 O: Septage Receiving

1. Brief Description:

No Discharge. All stormwater collected & Pumped Back TO Primaries FOR Processing.

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA P: Grease Receiving Station

1. Brief Description:

N/A DEMOED
EPR PHASE II

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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 Q: Post Chlorination Cylinder Storage Area

1. Brief Description:

Chlorine Required for Disinfection of effluent.
No Hydro Chloride system schedule to be placed vs early 2019.
Tan Chlorine cylinder will be removed from site.

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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 R: Control Chamber (Digester Building)

1. Brief Description:

DIGESTER #2, NOW TST #4. NEW BRIN GARDEN
Installed in front of BLDG.

- 2. Are any control measures in need of maintenance or repair? YES NO
- 3. Have any control measures failed and require replacement? YES NO
- 4. Are any additional/revised BMPs necessary in this area? YES NO

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)

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NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA S: Grit Receiving Station

1. Brief Description:

N/A DEMOED ENR
PHASE II

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
4. Are any additional/revised BMPs necessary in this area? YES NO

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 T: Grease & Scum Receiving Station

1. Brief Description:

N/A DEMOED
ENR PHASE II

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
4. Are any additional/revised BMPs necessary in this area? YES NO

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 U: Sludge Pump Station

1. Brief Description:

Building USED FOR Storage of spare part

2. Are any control measures in need of maintenance or repair? YES NO
3. Have any control measures failed and require replacement? YES NO
4. Are any additional/revised BMPs necessary in this area? YES NO

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)

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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 # 0 of 0 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
- 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
- Control measures not properly operated or maintained
- Change in facility operations necessitated change in control measures
- Average benchmark value exceedance
- Other (describe): _____

4. Briefly describe the nature of the problem identified:

N/A

5. Date problem identified: / /

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- 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:

8. Did/will this corrective action require modification of your SWPPP? YES NO

9. Date corrective action initiated: / /

10. Date correction action completed: / / or expected to be 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:

NEW Stormwater Plan "Draft" UNDER REVIEW

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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? 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

Jerome Nipora

Title:

Team Manager

Signature:



Date Signed:

12/6/18