

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Annapolis WRF		
NPDES Tracking No.			
Date of Inspection	6/20/19	Start/End Time	0900 - 1300
Inspector's Name(s)	J. Weatherstein / D. Rashard		
Inspector's Title(s)	Operator		
Inspector's Contact Information			
Inspector's Qualifications			
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: _____			
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

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

Abbreviations:

TD Trench Drain CB Catch Basin PD Plant Drain
 IT Infiltration Trench RG Rain Garden

Drainage Area 1

	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.	CB-1-1 Near Edgewood Road outside site fence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Drainage Area 2

	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)
2.	CB-2-1 At plant entrance, south of driveway (DA-2A)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

	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)
3.	TD-2-1 Adjacent to Septage Receiving Station	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4.	CB-2-2 Between Service Building and Influent PS (DA-2B)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5.	CB-2-3 Between Influent PS and Screen and Grit Building (DA-2C)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6.	IT-2-1 Infiltration Trench #5 near Influent PS (DA-2D)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7.	IT-2-2 Infiltration Trench #4 near Screen and Grit Building (DA-2E)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8.	CB-2-4 Northwest of Primary Clarifier No. 2 (DA-2F)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9.	CB-2-5 In grass west of Blower Building (DA-2G)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	still covered w/ rocks
10.	CB-2-6 Near Secondary Clarifier Distribution Box No. 2 (DA-2H)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11.	CB-2-7 Adjacent to Caustic Storage (DA-2J)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12.	CB-2-8 At northeast corner of Aeration Tank No. 4 (DA-2K)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
13.	CB-2-9 Next to Secondary Clarifier No. 2 (DA-2L)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
14.	CB-2-10 North end of parking lot for Administration Building (DA-2N)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
15.	CB-2-11 North of roll-up door for Incinerator Building (DA-2O)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

	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)
16.	CB-2-12 Between Service and Incinerator Buildings (DA-2P)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
17.	CB-2-13 Plant entrance, north of driveway (DA-2Q)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Drainage Area 3

	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)
18.	IT-3-1 Southeast corner of site near fence	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Leave 3

Drainage Area 7

	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)
19.	CB-7-1 Northwest corner of site along Edgewood Road, outside site fence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Drainage Area 8

	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)
20.	CB-8-1 Near back entrance to plant along Edgewood Road, outside site fence (DA-8A)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Leave 5
21.	IT-8-1 Infiltration Trench #2 south of Contact Tanks (DA-8B)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
22.	IT-8-2 Infiltration Trench #1 north of Contact Tanks (DA-8C)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Areas of Industrial Materials or Activities exposed to stormwater

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9	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	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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: J. Weatherstein / D. Rashard - operator

Signature:  Date: 6-20-19

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: Annapolis WRF

NPDES Tracking No.

Outfall Name: Outfall 1 "Substantially Identical Outfall"? [X] No [] Yes (identify substantially identical outfalls): (CB along Edgewood Rd.)

Person(s)/Title(s) collecting sample: MIKE SMITH SR. TEAM MANAGER.

Person(s)/Title(s) examining sample:

Date & Time Discharge Began: 5/28/19 Date & Time Sample Collected: 5/29/19 0745 Date & Time Sample Examined: 5/29/19 0930

Substitute Sample? [X] No [] Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: [X] Rainfall [] Snowmelt

If rainfall: Rainfall Amount: 1.0" inches Previous Storm Ended > 72 hours Before Start of This Storm? [] Yes [X] No* (explain): LAST RAIN 5/13/19 Parameter

Color [X] None [] Other (describe):

Odor [X] None [] Musty [] Sewage [] Sulfur [] Sour [] Petroleum/Gas [] Solvents [] Other (describe):

Clarity [X] Clear [] Slightly Cloudy [] Cloudy [] Opaque [] Other

Floating Solids [X] No [] Yes (describe):

Settled Solids** [X] No [] Yes (describe):

Suspended Solids [X] No [] Yes (describe):

Foam (gently shake sample) [X] No [] Yes (describe):

Oil Sheen [X] None [] Flecks [] Globs [] Sheen [] Slick [] Other (describe):

Other Obvious Indicators of Stormwater Pollution [X] No [] Yes (describe):

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

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.

A. Name: MIKE SMITH SR.

B. Title: TEAM MANAGER

C. Signature: [Handwritten Signature]

D. Date Signed: 5/29/19

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: **Annapolis WRF**

NPDES Tracking No.

Outfall Name: **Outfall 2** "Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):
(Pipe to Edgewood Rd.)

Person(s)/Title(s) collecting sample:

MIKE SMITH SR. TEAM MANAGER

Person(s)/Title(s) examining sample:

Date & Time Discharge Began:

5/28/19

Date & Time Sample Collected:

5/29/19 0750

Date & Time Sample Examined:

5/29/19 0930

Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: Rainfall Snowmelt

If rainfall: Rainfall Amount: inches **1.0"** Previous Storm Ended > 72 hours Yes No* (explain):
Before Start of This Storm? **LAST RAIN 5/13/19**

Parameter

Color None Other (describe):

Odor None Musty Sewage Sulfur Sour Petroleum/Gas
 Solvents Other (describe):

Clarity Clear Slightly Cloudy Cloudy Opaque Other

Floating Solids No Yes (describe):

Settled Solids** No Yes (describe):

Suspended Solids No Yes (describe):

Foam (gently shake sample) No Yes (describe):

Oil Sheen None Flecks Globs Sheen Slick
 Other (describe):

Other Obvious Indicators of Stormwater Pollution No Yes (describe):

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

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A. Name: **MIKE SMITH SR.**

B. Title: **TEAM MANAGER**

C. Signature: *Michael J. Smith*

D. Date Signed: **5/29/19**

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: **Annapolis WRF**

NPDES Tracking No.

Outfall Name: **Outfall 4** "Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):

(Overflow to Chesapeake Harbor Rd.)

Person(s)/Title(s) collecting sample:

MIKE SMITH SR. TEAM MANAGER

Person(s)/Title(s) examining sample:

Date & Time Discharge Began:

5/28/19

Date & Time Sample Collected:

5/29/19 0800

Date & Time Sample Examined:

5/29/19 0930

Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: Rainfall Snowmelt

If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain):

LAST RAIN 5/13/19

Parameter

Color None Other (describe):

Odor None Musty Sewage Sulfur Sour Petroleum/Gas

Solvents Other (describe):

Clarity Clear Slightly Cloudy Cloudy Opaque Other

Floating Solids No Yes (describe):

Settled Solids** No Yes (describe):

Suspended Solids No Yes (describe):

Foam (gently shake sample) No Yes (describe):

Oil Sheen None Flecks Globbs Sheen Slick
 Other (describe):

Other Obvious Indicators of Stormwater Pollution No Yes (describe):

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

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A. Name: **MIKE SMITH SR.**

B. Title: **TEAM MANAGER**

C. Signature: 

D. Date Signed: **5/29/19**

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: **Annapolis WRF**

NPDES Tracking No.

Outfall Name: **Outfall 7** "Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):
(CB on Edgewood Rd.)

Person(s)/Title(s) collecting sample: **MIKE SMITH SR. TEAM MANAGER**

Person(s)/Title(s) examining sample:

Date & Time Discharge Began: **5/28/19** Date & Time Sample Collected: **5/29/19 0810** Date & Time Sample Examined: **5/29/19 0930**

Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: Rainfall Snowmelt

If rainfall: Rainfall Amount: inches **1.0"** Previous Storm Ended > 72 hours Before Start of This Storm? Yes No* (explain): **LAST RAIN 5/13/19**

Parameter

Color None Other (describe):

Odor None Musty Sewage Sulfur Sour Petroleum/Gas
 Solvents Other (describe):

Clarity Clear Slightly Cloudy Cloudy Opaque Other

Floating Solids No Yes (describe):

Settled Solids** No Yes (describe):

Suspended Solids No Yes (describe):

Foam (gently shake sample) No Yes (describe):

Oil Sheen None Flecks Globs Sheen Slick
 Other (describe):

Other Obvious Indicators of Stormwater Pollution No Yes (describe):

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

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A. Name: **MIKE SMITH SR.**

B. Title: **TEAM MANAGER**

C. Signature: *Michael Smith*

D. Date Signed: **5/29/19**

MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: Annapolis WRF

NPDES Tracking No.

Outfall Name: Outfall 8 "Substantially Identical Outfall"? [X] No [] Yes (identify substantially identical outfalls): (CB on Edgewood Rd.)

Person(s)/Title(s) collecting sample: MIKE SMITH SR. TEAM MANAGER

Person(s)/Title(s) examining sample:

Date & Time Discharge Began: 5/28/19 Date & Time Sample Collected: 5/29/19 0820 Date & Time Sample Examined: 5/29/19 0930

Substitute Sample? [] No [] Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: [X] Rainfall [] Snowmelt

If rainfall: Rainfall Amount: inches 1.0" Previous Storm Ended > 72 hours Before Start of This Storm? [] Yes [X] No* (explain): LAST RAIN 5/13/19 Parameter

Color [X] None [] Other (describe):

Odor [X] None [] Musty [] Sewage [] Sulfur [] Sour [] Petroleum/Gas [] Solvents [] Other (describe):

Clarity [X] Clear [] Slightly Cloudy [] Cloudy [] Opaque [] Other

Floating Solids [X] No [] Yes (describe):

Settled Solids** [X] No [] Yes (describe):

Suspended Solids [X] No [] Yes (describe):

Foam (gently shake sample) [X] No [] Yes (describe):

Oil Sheen [X] None [] Flecks [] Globs [] Sheen [] Slick [] Other (describe):

Other Obvious Indicators of Stormwater Pollution [X] No [] Yes (describe):

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

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A. Name: MIKE SMITH SR.

B. Title: TEAM MANAGER

C. Signature: Michael J. Smith

D. Date Signed: 5/29/19