NPDES Permit Tracking No.: i2-SW-2459

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: PATUXENT WATER RECLAMATION FACI

2. NPDES Permit Tracking No.: i2-SW-2459

3. Facility Physical Address:

a. Street: 16401 PROFESSIONAL BLVD

b. City: CROFTON c. State: MD d. Zip Code: 21114-

4. Lead Inspectors Name: ROBERT JORDAN Title: WWSTI

Additional Inspectors Name(s): Robert Kraus Team Manager

5. Contact Person: Robert Kraus Title: Team Manager

Phone: 410-222-7925 Ext. E-mail: pwkraus1@aacounty.org

6. Inspection Date: 10/25/2018

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:

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:

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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:

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:

N/A

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? 01

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 _____:

1. Brief Description:
Plant Under Construction

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)

CB 8, 9, + 10 Removals
CB 12 Needs To Be Serviced

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

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 _____:

Brief Description:

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 # |1| of |1| 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:

CONTROL MEASURE IS COVERED IN RUN OFF

5. Date problem identified: |1|0|/|2|3|/|2|0|1|8|

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:

HAVE CONTRACTOR SERVICE CATCH BASIN TO RESTORE OPTIMAL CONDITION

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

9. Date corrective action initiated: |1|0|/|2|5|/|2|0|1|8|

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

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:

CONTRACTOR HAS BEEN NOTIFIED - COMPLETION IS IMMINENT

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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: ROBERT L. HAWS Title: TEAM MANAGER

Signature: Robert R. Jordan Date Signed: 10/25/18

Annual Facility Comprehensive Site Compliance Evaluation

10/15/15 Jordan

Date	Location	Potential Pollutants / Source	BMP	Changes Since Last Inspection	BMP Effective? (Y/N)
10/15	Drainage Area 1	Sediment / Gravity Sludge Thickeners	Covered units		Y
N/A	Drainage Area 1	Fuel / Vehicle Refueling Station	Monthly inspections of refueling area for evidence of spills.	N/A Removed	
10/15	Drainage Area 1	Oil / Waste Oil Storage	Monthly inspections of tank pad for evidence of a release or spill.		Y
10/15	Drainage Area 1	Oil / Waste Oil Storage	Self-contained storage tank.		Y
10/23	Drainage Area 1	Caustics, fuel, and process materials / Spills during material storage	Chemical management system so supplies arrive as needed.		Y
10/23	Drainage Areas 1, 2 & 3	Sediment / Clarifiers	Overflow channels on inside perimeter of concrete walls		Y
10/23	Drainage Areas 1, 3 & 4	Sediment / Oxidation Ditches	Adequate freeboard maintained		Y
10/23	Drainage Area 2	Sediment / Storm water runoff	Storm Water Detention Pond	under construction	Y
10/23	Drainage Area 2	Diesel Fuel / Emergency Generator	Monthly inspections of the emergency generator pad for evidence of spills or leaks		Y
10/23	Drainage Area 2	Methanol Facility	In case of a spill drain to drain to direct water to the methanol containment area. Sump pump will pump to the Filter Overflow Box	New NPW suction line pump	Y
10/23	Facility-wide	Sediment / Vehicular traffic	Material tracked onto paved areas is removed as soon as practical.		Y
10/23	Facility-wide	Sediment / Litter	Litter is picked up promptly and disposed of properly.	Contractor trash	Y

Annual Facility Comprehensive Site Compliance Evaluation

10/15/18 Jordan

Date	Location	Potential Pollutants / Source	BMP	Changes Since Last Inspection	BMP Effective? (Y/N)
10/23	Drainage Area 1	Sediment / Headworks & Influent Pumping Station	Trench drain at Grit Collection		Y
10/23	Drainage Area 1	Sediment / Headworks & Influent Pumping Station	Material tracked onto paved areas is removed as soon as practical.		Y
10/23	Drainage Area 1	Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer	Employees are trained in proper transfer techniques		Y
10/23	Drainage Area 1	Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer	Spill response equipment is available where materials are handled, stored or transferred.		Y
10/23	Drainage Area 1	Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer	Material deliveries are scheduled for times when facility personnel are available to supervise the delivery		Y
10/23	Drainage Area 1	Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer	Prior to material transfer, all hoses, valves, and fittings are checked to ensure that they are leak free		Y
10/23	Drainage Area 1	Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer	Good housekeeping - Spills that occur during material transfer are cleaned up promptly		Y
10/23	Drainage Area 1	Solids / Outdoor Material Storage	Storage silo and pneumatic conveyance of material		Y
10/23	Drainage Area 1	Oil/Electrical Transformer	Monthly inspections of the electrical transformer containment pad for evidence of spills or leaks		Y
10/23	Drainage Area 1	Diesel Fuel / Fuel Storage Tank	Monthly inspections of the diesel fuel storage tank pad for evidence of spills or leaks	Removed	N/A
10/23	Drainage Area 1	Diesel Fuel / Fuel Storage Tank	Self-contained storage tank	Removed	N/A