NPDES Permit Tracking No.:

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: SOUTHERN RECYCILNG CENTER

2. NPDES Permit Tracking No.: REGISTRATION # 12SW0297
NPDES # MDR000297

3. Facility Physical Address: 5400 Nutwell Sudley Road, Deale, Maryland 20751

a. Street: Nutwell Sudley Road

b. City: Deale c. State: MD d. Zip Code: 20751

4. Lead Inspectors Name: Mark Morris Title: Environmental Monitoring Manager

Additional Inspectors Name(s): Steve Krajcsik, Michael Lunghi, Russell Gartside

5. Contact Person: Mark Morris Title: Environmental Monitoring Manager

Phone: 410-222-6108 Ext. 3715 E-mail: pwmorr12@aacounty.org

6. Inspection Date: October 18, 2018 10 a.m. to 12 p.m.

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?
X 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 X 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 X 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 X 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:

None observed and condition of and around outfalls was in good condition.

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?

X 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? 2

See attached 4th Quarter Routine Inspection for additional details.

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: Recycling Center

1. Brief Description: Recycling Center allows citizens to drop off recyclables in specific containers.

2. Are any control measures in need of maintenance or repair? X YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES X NO

4. Are any additional/revised control measures necessary in this area? ☐ YES X 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)
Cut back vegetation growing in SWM #5 and visually inspect SWM #5.

INDUSTRIAL ACTIVITY AREA: Operations and Maintenance Area

1. Brief Description: Operations and maintenance area is a typical administrative office and mechanic shop. No discharges are allowed to leave this area.

2. Are any control measures in need of maintenance or repair? ☐ YES X NO

3. Have any control measures failed and require replacement? ☐ YES X NO

4. Are any additional/revised c necessary in this area? ☐ YES X 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: Fueling Facility

Brief Description: Fueling facility consists of diesel AST and dispenser for use by county personnel.

2. Are any control measures in need of maintenance or repair? ☐ YES X NO

3. Have any control measures failed and require replacement? ☐ YES X NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES X 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: Landfill Closed Cells

1. Brief Description: SRC has one (1) closed cell, closed per 40 CFR 258 requirements in mid-1990s.

2. Are any control measures in need of maintenance or repair? X YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES X NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES X 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)

Bare spot below ring road in southwest corner of mound that was seeded in spring of 2018 needs to be dressed with top soil and reseeded.

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 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 _____:

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 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

X 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

X Control measures not properly operated or maintained

☐ Change in facility operations necessitated change in control measures

☐ Average benchmark value exceedance

☐ Other (describe): Woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.

4. Briefly describe the nature of the problem identified: Visual inspection of SWM #5 cannot be properly conducted because vegetative grow in SWM #5 needs to be cut back.

5. Date problem identified: 10 / 18 / 2018

6. How problem was identified:

X Comprehensive site inspection

☐ Quarterly visual assessment

X 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:

Vegetative growth in SWM #5 will need to be cut back to allow inspection.

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

9. Date corrective action initiated: 04 / 01 / 2019

10. Date correction action completed: ☐☐ / ☐☐ / ☐☐☐☐ or expected to be completed: 06 / 30 / 2019

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:

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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? X 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: MARK MORRIS Title: ENVIR. MONIT. MANAGER

Signature: Mark Morris Date Signed: 10/31/18