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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: NORTHERN RECYCLING CENTER

2. NPDES Permit Tracking No.: REGISTRATION # 12SW0298
NPDES # MDR000298

3. Facility Physical Address: 100 Dover Road, Glen Burnie, Maryland 21600

a. Street: Dover Road

b. City: Glen Burnie

c. State: MD d. Zip Code: 21600

4. Lead Inspectors Name: Mark Morris

Title: Environmental Monitoring Manager

Additional Inspectors Name(s): Steve Krajcsik, Travis Fare, Mike Gravatt, Mike Lunghi

5. Contact Person: Mark Morris

Title: Environmental Monitoring Manager

Phone: 410-222-6108 Ext. 3715 E-mail: Pwmorr12@aacounty.org

6. Inspection Date: November 14, 2018 1:30 p.m. to 4:00 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?
 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:

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 IV 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 IV.A and IV.B were addressed by these corrective actions?

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? 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): See attached Fourth Quarter Inspection for details.

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 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: Landfill Closed Cells

Brief Description: NRC has two (2) closed cells, as per the consent agreement with MDE during the late 1990's.

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)

