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## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460

## **Annual Reporting Form**

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A. GENERAL INFORMATION			*
Facility Name: NORTHERN REC	CILNG CENTER		
	STRATION # 12SW0298 ES # 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: 21	600
4. Lead Inspectors Name: Mark Morris		Title: Environmental Monitoring Man	nager
Additional Inspectors Name(s): Steve	Krajcsik, Travis Fare, Mike Gravatt, Mike Lungh	ni	
5. Contact Person: Mark Morris		Title: Environmental Monitoring Mai	nager
Phone: 410-222-6108	Ext. 3715 E-mail: Pwmorr12@	aacounty.org	
6. Inspection Date: November 14, 201	8 1:30 p.m. to 4:00 p.m.		
B. GENERAL INSPECTION FINE	INGS		
As part of this comprehensive site insp     X YES □ NO	ection, did you inspect all potential pollutant so	urces, including areas where industrial activity ma	ay be exposed to stormwater?
If NO, describe why not:			
<b>NOTE:</b> Complete Section C of this form may be exposed to stormwater.	or each industrial activity area inspected and in	ncluded in your SWPPP or as newly identified in E	3.2 or B.3 below where pollutants
2. Did this inspection identify any stormw	ater or non-stormwater outfalls not previously id	dentified in your SWPPP? ☐ YES X NO	
If YES, for each location, descrit	e the sources of those stormwater and ne	on-stormwater discharges and any associa	ted 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 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?  X 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.
<b>NOTE:</b> 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	be exposed	d 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 in:  Leaks or spills from industrial equipment, drums, tanks, and other cor  Offsite tracking of industrial or waste materials from areas of no expo  Tracking or blowing of raw, final, or waste materials from areas of no	ntainers; sure to exp	osed areas; and
INDUSTRIAL ACTIVITY AREA: Recycling Center		
Brief Description: Recycling Center allows citizens to drop off recyclables in s	specific cont	ainers.
¥		
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?	X YES	□NO
If YES to any of these three questions, provide a description of the problem: Corrective Action Form): See attached Fourth Quarter Inspection for details.		ssary corrective actions should be described on the attached
INDUSTRIAL ACTIVITY AREA: Operations and Maintenance Area		
Brief Description: Operations and maintenance area is a typical administrative	e office and	mechanic shop. No discharges are allowed to leave this area.
2. Are any control measures in need of maintenance or repair?	☐ YES	XNO
3. Have any control measures failed and require replacement?	☐ YES	XNO
4. Are any additional/revised c necessary in this area?	☐ YES	XNO
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any nece	ssary corrective actions should be described on the attached
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INDUSTRIAL ACTIVITY AREA: Landfill Closed Cells		
Brief Description: NRC has two (2) closed cells, as per the consent agreement w	with MDE du	uring the late 1990's.
Are any control measures in need of maintenance or repair?	☐ YES	XNO
Have any control measures failed and require replacement?	☐ YES	XNO
Are any additional/revised BMPs necessary in this area?	☐ YES	XNO
If YES to any of these three questions, provide a description of the problem:	(Any neces	ssary corrective actions should be described on the attached
Corrective Action Form)	The second secon	

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		NOTE: Copy this page and attach addition	onal pag	es as n	necessa
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 o Corrective Action Form)	f the problem:	(Any necessary corrective actions should be described on the atta	ched		
INDUSTRIAL ACTIVITY AREA:					
1. Brief Description:					
1. Bitel Description.					
	_	_			
Are any control measures in need of maintenance or repair?	YES	NO			
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 o Corrective Action Form)	if the problem:	(Any necessary corrective actions should be described on the atta	ched		
Control of Annie Control of Contr					
INDUSTRIAL ACTIVITY AREA:					
Brief Description:					
Are any control measures in need of maintenance or repair?	☐ YES	□NO			
Have any control measures failed and require replacement?	☐ YES	□ NO			
Are any additional/revised BMPs necessary in this area?	☐ YES	□NO			
	MARKET MARKET	(Any necessary corrective actions should be described on the atta	ched		
Corrective Action Form)		The state of the s			

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D.	CORRECTIVE ACTIONS
	mplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this le for additional corrective actions or reviews.
ider	ude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems tified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your rious annual report.
1. C	orrective Action # of for this reporting period. See attached Fourth Quarter Inspection for details on all corrective actions.
2. Is	this corrective action:
	☐ An update on a corrective action from a previous annual report; or
	☐ A new corrective action?
3. ld	entify 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):
4. Bı	iefly describe the nature of the problem identified: See attached Fourth Quarter Inspection for details on all corrective actions.
5. D	ate problem identified:  See attached Fourth Quarter Inspection for details on all corrective actions.
6. H	ow problem was identified:
	☐ Comprehensive site inspection
	☐ Quarterly visual assessment
	X Routine facility inspection
	☐ Benchmark monitoring
	☐ Notification by EPA or State or local authorities
	Other (describe):
	escription of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control easures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
S	ee attached Fourth Quarter Inspection for details on all corrective actions.
8. D	d/will this corrective action require modification of your SWPPP?  YES X NO
9. D	ate corrective action initiated:  See attached Fourth Quarter Inspection for details on all corrective actions.
10.[	Date correction action completed:
(ii	f corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps activities associated with each step) necessary to complete corrective action:  dee attached Fourth Quarter Inspection for details on all corrective actions.

E.	ANNUAL REPORT CERTIFICATION
1. C	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. A	innual Report Certification
as sy: an	ertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to sure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the stem, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, d complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing plations.
	horized Representative nted Name:    M   A   R   K   M   O   R   I   S
Sigr	nature: Mark Morris Date Signed: 11/27/18

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