

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	19435440
Initiated From	HMMS HWY MAINTENANCE MANAGEMENT	Project No	SWPPPSD19
Problem	H8000 SUPPORT SERVICES	Request Received	8/12/2019
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	11/12/2019
Assigned To	PWJETT10 JETT, DERRICK	Investigation Date	
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	
Requested By	PWSHEN31 SHENTON JR, JOHN	Scheduled Date 2	
Status	PR	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	
Completed By		Time Completed	

Problem Information

Problem Details PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW (BY DOVER RD) 002 SAND FILTER OVERFLOW (NORTH SIDE OF FACILTY ADJACENT TO WALMART)

Address 350 Street CENTRAL AVE W
 Cross Street Map Book New Map Book
 Location
 Subdivision City DAVIDSONVILLE Zip 21035

Customer Information

Customer Name
 Address 350 Street CENTRAL AVE W
 City DAVIDSONVILLE State MD Zip 21035
 Home Phone () Ext. Second Phone () Ext.
 Elected/Project
 E/O Aide Elected Official

Structure/Equipment Information

Structure/Equipment No US DS No. Of Structures
 Structure/Equipment Type
 Address Street
 Cross Street
 Area Designator
 Miss Utility Number
 Activity H8062 SAFETY FUNCTIONS & FACILITY IN

Completed Date 1 Nov 19

Action Taken NOVEMBER 2019 QUARTERLY WET WEATHER INSPECTION

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location		Pawsonville rd			
Quarter / Year:	2019	Date / Time Collected:	1 Nov 19	Date / Time Examined:	0900
Qualifying Storm Event?	Yes	<input checked="" type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall	<input type="radio"/> Snowmelt
Collector's Name & Title	Jerrick E Lett				
Examiner's Name & Title	Roads Maint. Supervisor				
Parameter	Parameter Description		Parameter Characteristics		
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)		If Yes, describe: Yellow Brown Red Gray Other: N/A		
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>		If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:		
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>		Which best describes the sheen? Rainbow sheet Floating oil globules Other:		
Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>		If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:		
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>		If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:		
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>		Describe: Small Sediments		
Leave sample undisturbed for 30 minutes.					
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input checked="" type="radio"/> No <input type="radio"/>		Describe: (note type, size and material after sample is not disturbed for 30 minutes) Small Sediments		
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>		Describe:		
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.					

None

Stormwater Collector's Signature and Date:

Jerrick E Lett 1 Nov 19

Stormwater Examiner's Signature and Date:

Jerrick E Lett 1 Nov 19

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	18360062
Initiated From	HWY0TH HIGHWAYS - OTHER	Project No	SWPPPSD
Problem	H8000 SUPPORT SERVICES	Request Received	7/18/2018
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	2/15/2019
Assigned To	PWGROS91 GROSS, DERRICK	Investigation Date	2/10/2019
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	2/10/2019
Requested By	PWBROO25 BROOKS, TIARRA A.	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	2/10/2019
Completed By	PWGROS91 GROSS, DERRICK	Time Completed	

Problem Information

Problem Details PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE' BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW (BY DOVER RD) 002 SAND FILTER OVERFLOW (NORTH SIDE OF FACILTY ADJACENT TO WALMART)

Address	350	Street	CENTRAL AVE W		
Cross Street	BRICK CHURCH RD	Map Book		New Map Book	
Location	DAVIDSONVILLE YARD SITE				
Subdivision	DAVIDSONVILLE	City	DAVIDSONVILLE	Zip	21035

Customer Information

Customer Name	ANON, ANON				
Address	350	Street	CENTRAL AVE W		
City	DAVIDSONVILLE	State	MD	Zip	21035
Home Phone	(410) 222-1933	Ext.		Second Phone	()
Elected/Project				Ext.	
E/O Aide				Elected Official	

Structure/Equipment Information

Structure/Equipment No	US	DS	No. Of Structures
Structure/Equipment Type			
Address	Street		
Cross Street			
Area Designator			
Miss Utility Number			
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Completed Date	2/10/2019

Action Taken WATER SAMPLE TAKEN, NO VISIBLE SIGNS OF POLLUTION FOUND .. DAVIDSONVILLE POND SITE ..2/10/19 .. DG

ONE INCH OR MORE OF SNOW FALL

Quarterly Visual Monitoring Form
Fill out a separate form for each outfall sampled.

Sample Location	DAVIDSONVILLE POND		
Quarter / Year:	2019	Date / Time Collected:	2/11/19
Qualifying Storm Event?	Yes	No	Date / Time Examined: 7:30 AM
Collector's Name & Title	DERRICK T. GROSS		Runoff Source: <u>Snowmelt</u>
Examiner's Name & Title	DERRICK T. GROSS		RMS II

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No (Clear) <input checked="" type="checkbox"/>	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:
*** Leave sample undisturbed for 30 minutes. ***		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: Derrick T. Gross 2/10/19

Stormwater Examiner's Signature and Date: Derrick T. Gross 2/10/19

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	19435435
Initiated From	HMMS HWY MAINTENANCE MANAGEMENT	Project No	SWPPPSD19
Problem	H8000 SUPPORT SERVICES	Request Received	8/12/2019
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	8/19/2019
Assigned To	PWJETT10 JETT, DERRICK	Investigation Date	8/14/2019
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	8/31/2019
Requested By	PWSHEN31 SHENTON JR, JOHN	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	8/14/2019
Completed By	PWJETT10 JETT, DERRICK	Time Completed	

Problem Information

Problem Details
PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE' BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW (BY DOVER RD) 002 SAND FILTER OVERFLOW (NORTH SIDE OF FACILTY ADJACENT TO WALMART)

Address	350	Street	CENTRAL AVE W		
Cross Street	BRICK CHURCH RD	Map Book		New Map Book	
Location	DAVIDSONVILLE YD SITE				
Subdivision	DAVIDSONVILLE	City	DAVIDSONVILLE	Zip	21035

Customer Information

Customer Name	ANON, ANON				
Address	350	Street	CENTRAL AVE W		
City	DAVIDSONVILLE	State	MD	Zip	21035
Home Phone	(410) 222-1933	Ext.		Second Phone ()	Ext.
Elected/Project					
E/O Aide	Elected Official				

Structure/Equipment Information

Structure/Equipment No	US	DS	No. Of Structures
Structure/Equipment Type			
Address	Street		
Cross Street			
Area Designator			
Miss Utility Number			
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Completed Date	8/14/2019

Action Taken AUGUST 2019 QUARTERLY WET WEATHER INSPECTION
WATER SAMPLE TAKEN ...NO VISABLE SIGNS OF POLLUTION FOUND
D-VILLE POND SITE 14AUG19 ... DJETT

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	HSD				
Quarter / Year:	14 Aug 19	Date / Time Collected:	0900 hrs	Date / Time Examined:	0900 hrs
Qualifying Storm Event?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt		
Collector's Name & Title	Derrick E Jett RMS				
Examiner's Name & Title	Derrick E Jett RMS				
Parameter	Parameter Description	Parameter Characteristics			
1. Color	Does the stormwater appear to have any color? Yes <input checked="" type="radio"/> No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:			
2. Clarity	Is the stormwater clear? <input checked="" type="radio"/> Yes <input type="radio"/> No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:			
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input checked="" type="radio"/> No	Which best describes the sheen? Rainbow sheen Floating oil globules Other:			
4. Odor	Does the sample have an odor? Yes <input checked="" type="radio"/> No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:			
5. Floating Solids	Is there anything on the surface of the sample? Yes <input checked="" type="radio"/> No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:			
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="radio"/> No	Describe:			
Leave sample undisturbed for 30 minutes.					
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input checked="" type="radio"/> No	Describe: (note type, size and material after sample is not disturbed for 30 minutes)			
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="radio"/> No	Describe:			
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.					

No - N/A

Stormwater Collector's Signature and Date: *Derrick E Jett* 14 Aug 19

Stormwater Examiner's Signature and Date: *Derrick E Jett* 14 Aug 19

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	18359830
Initiated From	HSDS HWY SERVICE DELIVERY SYSTEM	Project No	SWPPPSD
Problem	H8000 SUPPORT SERVICES	Request Received	7/17/2018
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	11/15/2018
Assigned To	PWGROS91 GROSS, DERRICK	Investigation Date	7/19/2018
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	7/19/2018
Requested By	PWBROO25 BROOKS, TIARRA A.	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	7/19/2018
Completed By	PWGROS91 GROSS, DERRICK	Time Completed	

Problem Information

Problem Details
 PERFORM A WET WEATHER INSPECTION **QUARTLEY** AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW (BY DOVER RD) 002 SAND FILTER OVERFLOW (NORTH SIDE OF FACILTY ADJACENT TO WALMART)

Address	350	Street	CENTRAL AVE W		
Cross Street	BRICK CHURCH RD	Map Book		New Map Book	
Location	DAVIDSONVILLE YARD SITE				
Subdivision	DAVIDSONVILLE	City	DAVIDSONVILLE	Zip	21035

Customer Information

Customer Name					
Address		Street			
City			State	MD	Zip
Home Phone	(410) 222-1933	Ext.	Second Phone	()	Ext.
Elected/Project					
E/O Aide			Elected Official		

Structure/Equipment Information

Structure/Equipment No	US	DS	No. Of Structures
Structure/Equipment Type			
Address		Street	
Cross Street			
Area Designator			
Miss Utility Number			
Activity	H8062	SAFETY FUNCTIONS & FACILITY IN	Completed Date 7/19/2018

Action Taken WATER SAMPLE TAKEN, NO VISIBLE SIGNS OF POLLUTION FOUND .. DAVIDSONVILLE ..
 DG.. 7/19/18

ONE. INLET OR MORE OF RAIN

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location		DAVIDSONVILLE POND		
Quarter / Year:	Date / Time Collected:	7 AM	Date / Time Examined:	7:30 AM
Qualifying Storm Event?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt	
Collector's Name & Title	DERRICK GROSS RMT II			
Examiner's Name & Title	DERRICK GROSS RMT II			
Parameter	Parameter Description	Parameter Characteristics		
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No (Clear) <input checked="" type="radio"/>	If Yes, describe: Yellow Brown Red Gray Other:		
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:		
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:		
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:		
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:		
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:		
Leave sample undisturbed for 30 minutes.				
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)		
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:		
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.				

Stormwater Collector's Signature and Date: Derrick J Gross 7/19/18

Stormwater Examiner's Signature and Date: Derrick J Gross 7/19/18

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	18359788
Initiated From	HWYOTH HIGHWAYS - OTHER	Project No	SWPPPSD
Problem	H8000 SUPPORT SERVICES	Request Received	7/17/2018
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	8/15/2018
Assigned To	PWGROS91 GROSS, DERRICK	Investigation Date	7/24/2018
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	7/24/2018
Requested By	PWBROO25 BROOKS, TIARRA A.	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	7/24/2018
Completed By	PWGROS91 GROSS, DERRICK	Time Completed	

Problem Information

Problem Details PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW (BY DOVER RD) 002 SAND FILTER OVERFLOW (NORTH SIDE OF FACILTY ADJACENT TO WALMART)

Address 350 Street CENTRAL AVE W
 Cross Street Map Book New Map Book
 Location
 Subdivision City DAVIDSONVILLE Zip 21035

Customer Information

Customer Name
 Address 350 Street CENTRAL AVE W
 City DAVIDSONVILLE State MD Zip 21035
 Home Phone () Ext. Second Phone () Ext.
 Elected/Project
 E/O Aide Elected Official

Structure/Equipment Information

Structure/Equipment No US DS No. Of Structures
 Structure/Equipment Type
 Address Street
 Cross Street
 Area Designator
 Miss Utility Number
 Activity H8062 SAFETY FUNCTIONS & FACILITY IN Completed Date 7/24/2018

Action Taken D. GROSS COLLECTED WATER SAMPLE AND FOUND NO PROBLEMS...7/24/18

Inch or more rain

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location		Davidsonville Pond	
Quarter / Year:		Date / Time Collected:	7 AM
Qualifying Storm Event?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date / Time Examined:	7:30 AM
Collector's Name & Title	RMS		
Examiner's Name & Title	Gross RMS		
Parameter	Parameter Description	Runoff Source: <input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt	
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.			

Stormwater Collector's Signature and Date: [Signature] 7/24/18

Stormwater Examiner's Signature and Date: [Signature] 7/24/18

Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	18360210
Initiated From	HWY0TH HIGHWAYS - OTHER	Project No	SWPPPSD19
Problem	H8000 SUPPORT SERVICES	Request Received	7/18/2018
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	5/15/2019
Assigned To	PWGROS91 GROSS, DERRICK	Investigation Date	5/15/2019
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	5/15/2019
Requested By	PWBROO25 BROOKS, TIARRA A.	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	5/15/2019
Completed By	PWGROS91 GROSS, DERRICK	Time Completed	

Problem Information

Problem Details
PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE' BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW (BY DOVER RD) 002 SAND FILTER OVERFLOW (NORTH SIDE OF FACILTY ADJACENT TO WALMART)

Address 350 Street CENTRAL AVE W
 Cross Street BRICK CHURCH RD Map Book New Map Book
 Location DAVIDSONVILLE YARD SITE
 Subdivision DAVIDSONVILLE City DAVIDSONVILLE Zip 21035

Customer Information

Customer Name ANON, ANON
 Address 350 Street CENTRAL AVE W
 City DAVIDSONVILLE State MD Zip 21035
 Home Phone (410) 222-1933 Ext. Second Phone () Ext.
 Elected/Project Elected Official
 E/O Aide

Structure/Equipment Information

Structure/Equipment No US DS No. Of Structures
 Structure/Equipment Type
 Address Street
 Cross Street
 Area Designator
 Miss Utility Number
 Activity H8062 SAFETY FUNCTIONS & FACILITY IN
 Completed Date 5/15/2019

Action Taken WATER SAMPLE TAKEN , NO VISIBLE SIGNS OF POLLUTION FOUND .. DAVIDSONVILLE YARD SITE .. 5/15/19 .. DG

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location		DAVIDSONVILLE POND			
Quarter / Year:	2019	Date / Time Collected:	7AM	Date / Time Examined:	7:30 AM
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall	<input type="radio"/> Snowmelt
Collector's Name & Title	DERRICK GROSS RMS II				
Examiner's Name & Title	DERRICK GROSS RMS II				
Parameter	Parameter Description	Parameter Characteristics			
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:			
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:			
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:			
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:			
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:			
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:			
*** Leave sample undisturbed for 30 minutes ***					
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)			
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:			
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.					

Stormwater Collector's Signature and Date: Derrick J Gross 5/15/19
 Stormwater Examiner's Signature and Date: Derrick J Gross 5/15/19
 Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.