Work Activity Work Order

Page 11/1/2019 8:17

Request Received 8/12/2019

19435440

11/12/2019

SWPPPSD19

Work Order No.

Investigation Due

Investigation Date

Scheduled Date 1

Scheduled Date 2

Time Completed

Project No

Work Order Information

ROUTINE WORK Activity Type Initiated From

HMMS HWY MAINTENANCE MANAGEMENT

H8000 SUPPORT SERVICES

Problem Assigned By PWSHEN31 SHENTON JR, JOHN Assigned To PWJETT10 JETT, DERRICK Department 1312SD SOUTHERN DIST/DAVIDSONVILLE Requested By PWSHEN31 SHENTON JR. JOHN

Status

Scheduled Date 3 Activity H8062 SAFETY FUNCTIONS & FACILITY IN Scheduled Date 4 Completed Date

Priority H2 Completed By

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

New Map Book

Cross Street Location

Subdivision

City DAVIDSONVILLE

Zip 21035

Customer Information

Customer Name

Address

350

Street CENTRAL AVE W

City Home Phone DAVIDSONVILLE

State MD Zip 21035

Ext.) Second Phone

Elected/Project

E/O Aide

Elected Official

Map Book

Structure/Equipment Information

Structure/Equipment No

DS

No. Of Structures

Ext.

Structure/Equipment Type

Address

Street

Cross Street Area Designator

Miss Utility Number

Activity

H8062

SAFETY FUNCTIONS & FACILITY IN

Completed Date / Nov / 9

Action Taken NOVEMBER 2019 QUARTERLY WET WEATHER INSPECTION

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

Sample Location		121	.11		
Quarter / Year:		2019	Date / Time Collected:	/Noc 9 Date / Time Examined: 0900	
	Qualifying Storm	BC 1	Yes (No)	1750011	
	collector's	Lventi	165 140	Runoff Source: Rainfall Snowmelt	
N	lame & Title	Perrick	E Sett		
	xaminer's	2 1	M. 1 C.		
	lame & Title	Boals	Mart. Superiso		
	Parameter		meter Description	Parameter Characteristics	
	0.1		ormwater appear to have	If Yes, describe: Yellow Brown Red Gray	
1.	Color	any color?		Other.	
_		Yes	No (Clear)	N/A	
		Is the storm	water clear?	If not clear, which of the following best describes the	
2.	Clarity			clarity of the stormwater?	
	•	Yes	No	Suspended Solids Milky/Cloudy Opaque	
_				Other:	
			e a rainbow effect or	Which best describes the sheen?	
3.	Oil Sheen	The second secon	e water surface?	Rainbow sheet Floating oil globules	
-		Yes	(No)	Other:	
		Does the sa	mple have an odor?	If Yes, describe: Chemical Musty Rotten Eggs	
	Odor	Yes	No	Sewage Sour Milk Oil/Petroleum	
	Age of Agency of the Control	163	(140)	Other:	
	Flooting	Is there anyt	thing on the surface of	If Yes, describe: Suds Oily Film Garbage	
5.	Floating	the sample?		Sewage Water Fowl Excrement	
	Solids	Yes	No	Other:	
_		Is there anyt	hing suspended in the	Describe:	
ο.	Suspended Solids	sample?	V XX		
	Solius	Yes	(No)	Small Sedinerts	
		**	*Leave sample undistur		
		Is there anyt	hing settled on the	Describe: (note type, size and material after sample	
7.	Settled Solids	bottom of the		is not disturbed for 30 minutes)	
		Yes	No	Smell Sedimuts	
			r material form on the	Describe:	
			mple surface if you	Describe.	
8.	Foam	shake it?	imple surface if you		
		Yes	No		
9.	If there are any			for (4) who are the confliction of the (4)	
٥.	any corrective a	ctions taken	ators of polition ident	fy (1) where the pollution may come from and (2)	
any corrective actions taken.					
Λ					
		1	iare .	/	
Sto	ormwater Collecto	or's Signature	and Date:	L (Nov 19	
Sto	ormwater Examine	er's Signature	and Date:	£ 11m19	
	Note -	- Sample sho	ould be collected and anal	vzed in a colorless glass or plastic bottle.	

Work Activity Work Order

SAFETY FUNCTIONS & FACILITY IN

Page 3/7/2019 1 8:13

Work Order Information

ROUTINE WORK Activity Type Initiated From HWYOTH HIGHWAYS - OTHER SUPPORT SERVICES Problem H8000 Assigned By PWSHEN31

SHENTON JR. JOHN PWGROS91 GROSS, DERRICK 1312SD SOUTHERN DIST/DAVIDSONVILLE PWBRO025 BROOKS, TIARRA A.

Requested By CL

Activity H8062

Priority H2 Completed By

PWGROS91 GROSS, DERRICK

18360062 **Project No SWPPPSD** Request Received 7/18/2018 Investigation Due 2/15/2019 Investigation Date 2/10/2019 Scheduled Date 1 2/10/2019 Scheduled Date 2

Scheduled Date 3 Scheduled Date 4

Completed Date 2/10/2019

Time Completed

Work Order No

Problem Information

Problem Details

Assigned To

Department

Status

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 Subdivision DAVIDSONVILLE YARD SITE

DAVIDSONVILLE

City DAVIDSONVILLE

Zip 21035

Customer Information

Customer Name

ANON, ANON

Address

350

Street CENTRAL AVE W

Citv

DAVIDSONVILLE

MD State

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 Date2/10/2019

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

General Discharge Permit No. 12-SW Appendix B: Page 2 of 3

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

Sample Leasting Sample Leasting Sample Leasting Sample Sam			form for each outfall sampled	
Sample Loca	ation	1100	annpied.	
Quarter / Yea	DA	VIDSON VILL	E POND	
	41111	Date / Time Collec	ted: 1/11/19 Date / Time Examined: 7:20	
Qualifying St Collector's	orm Event?	Yes No	Runoff Course	
Name & Title	D 1500	211-1	Runon Source: Rainfall Snowmelt	
Examiner's	's REIGHT 1. TROSS RMACTT			
Name & Title	750	RICK TO		
Parameter	Darrow	CICK (a (moss RMSII	
	The state of the s	leter Description	Paraméter Character	
1. Color	any color?	rmwater appear to ha	If Yes, describe: Yellow Brown Red Gray	
	Yes	(Name)		
		No (Clear		
2. Clarity	Is the stormw	ater clear?	If not clear, which of the following best describes the	
- Sidilly			of the stoll water	
	Yes	No	Suspended Solids Milky/Cloudy Openio	
	Can you see	rainbow effect or	Other:	
3. Oil Sheen	sheen on the	Water surface?	Which best describes the sheen?	
	Yes	No	Rainbow sheet Floating oil globules	
	Does the same	ole have an odor?	Other.	
4. Odor	1	no have all ouor?	If Yes, describe: Chemical Musty Rotten Eggs	
	Yes	No	Sewage Sour Milk Oil/Petroleum Other:	
. Floating	Is there anythin	on the		
Solids	the sample?	g on the surface of	If Yes, describe: Suds Oily Film Garbage	
Jones	Yes	No	Sewage Water Fowl Excrement	
6. Suspended		g suspended in the	Otner:	
Solids	sample?	a cappended III (U6	Describe:	
	Yes	No		
		Wall Simple Marketon	Describe: (note type pine and	
	Is there anything	settled on the	OGO TO TOMINIOS THE	
7. Settled Solids	bottom of the sar	mple?	TO THE STATE OF TH	
	Yes		is not disturbed for 30 minutes)	
		No		
8. Foam	top of the sample	iterial form on the	Describe:	
o. roam	shake it?	surface if you		
	Vec			
9. If there are any	visible indicate	No	fy (1) where the pollution may come from and (2)	
any corrective ac	ctions taken	or pollution identi	fy (1) where the pollution may come from and (2)	
			oome from and (2)	
1				
		^		
		/	-1 0 1	
Stormwater Collector's Signature and Date:				
- Iwater Collector	s Signature and D	ate:	11h Alanah alaha	
S.J. mwater Examiner	's Signature and D	Pate:	010 11 MANS 2/10/19	
Note -	Sample should be	collected and	UK) Mys 2/10/10	
Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.			ed in a colorless glass or plastic bottle.	

	TOTA MOLIVILY WOLK OLDER	8/14/2019	9:13
Work Order Infor	rmation		
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	0/01/2010
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	8/14/2019

JETT, DERRICK

Work Activity Work Order

Page

Time Completed

1

Problem Information

Problem Details

Completed By

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

PWJETT10

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 DS No. Of Structures

Structure/Equipment Type

Address Street Cross Street

Area Designator Miss Utility Number Activity H8062

SAFETY FUNCTIONS & FACILITY IN Completed Date8/14/2019

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 FormFill out a separate form for each outfall sampled.

Sample Location HSD				
Quarter / Year:	14Av 19 Date / Time Collected:	0900 NS Date / Time Examined: 0900hs		
Qualifying Storm		Runoff Source: (Rainfall Snowmelt		
Collector's	2/5/5	a)C		
Name & Title	Thrick E LETT K	MS 2M		
Examiner's	Perrick E LeTT RI	ns		
Name & Title Parameter	Parameter Description	Parameter Characteristics		
1 diameter	Does the stormwater appear to have	If Yes, describe: Yellow Brown Red Gray		
1. Color	any color?	Other.		
•••••	Yes No (Clear)	- Carion		
		If not clear, which of the following best describes the		
2 Clarity	Is the stormwater clear?	clarity of the stormwater?		
2. Clarity	Yes No	Suspended Solids Milky/Cloudy Opaque		
	Tes	Other:		
	Can you see a rainbow effect or	Which best describes the sheen?		
3. Oil Sheen	sheen on the water surface?	Rainbow sheet Floating oil globules		
	Yes (No)	Other:		
	Does the sample have an odor?	If Yes, describe: Chemical Musty Rotten Eggs		
Odor	Yes	Sewage Sour Milk Oil/Petroleum		
1	165	Other:		
5. Floating	Is there anything on the surface of	If Yes, describe: Suds Oily Film Garbage		
Solids	the sample?	Sewage Water Fowl Excrement		
	Yes No	Other:		
6. Suspended	Is there anything suspended in the sample?	Describe:		
Solids	Yes No			
		had for 20 minutes ***		
	***Leave sample undistur			
	Is there anything settled on the bottom of the sample?	Describe: (note type, size and material after sample is not disturbed for 30 minutes)		
7. Settled Solids		is not disturbed for 50 minutes)		
	Yes (No)			
	Does foam or material form on the	Describe:		
8. Foam	top of the sample surface if you shake it?			
	Yes No			
9. If there are any		ify (4) where the pollution may some from and (2)		
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.				
any concente a	actions tanoni			
	0, 0,/1			
	No - N/A			

Stormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date!

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

	Work Activity Work Order	Page 7/19/2018	1 15:15
Work Order Inform	mation		
	ROUTINE WORK	Work Order No	18359830
Activity Type 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	

Scheduled Date 4

7/19/2018

Status CL

Activity H8062 SAFETY FUNCTIONS & FACILITY IN

Priority H2 Completed Date

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

ross 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 Date7/19/2018

Action Taken WATER SAMPLE TAKEN, NO VISIBLE SIGNS OF POLLUTION FOUND .. DAVIDSONVILLE ..

DG., 7/19/18

DNE INCITOR MORE OF RAIN

General Discharge Permit No. 12-SW Appendix B: Page 2 of 3

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.			
Sample Location	DAVIDSONVILLE	f o	
Quarter / Year:	Date / Time Collected	1: Thur Date / Time Francis	
Qualifying Stori	m Event? Yes No	The Examined: 7:30	
Collector's	110	Runoff Source Rainfall Snowmelt	
Name & Title	DEMRICK CTRUSS	RMSIL	
Examiner's Name & Title	DERRICK Grass	RMSII	
Parameter			
i arameter	Parameter Description	Paramoto Alexander	
1. Color	Does the stormwater appear to have any color?	If Yes, describe: Yellow Brown Red Gray	
		Other.	
	(No (clear)		
2 01	Is the stormwater clear?	If not clear, which of the following best describes the	
2. Clarity		clarity of the stormwater?	
	Yes	Suspended Solids Milky/Cloudy Opaque	
	Can you see a rainbow effect or	Other:	
Oil Sheen	sheen on the water surface?	Which best describes the sheen?	
	Yes No	Rainbow sheet Floating oil globules Other:	
	Does the sample have an odor?	If Van I	
4. Odor		If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum	
	Yes No	Sewage Sour Milk Oil/Petroleum Other:	
5. Floating	Is there anything on the surface of		
Solids	the sample?	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement	
	Yes No	Sewage Water Fowl Excrement Other:	
6. Suspended	Is there anything suspended in the	Describe:	
Solids	sample?	2331150,	
	Yes		
	***Leave sample undistur	bed for 30 minutes ***	
	is there anything settled on the	Describe: (note type size and materials	
7. Settled Solids	nottom of the same I. o	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
	Yes	and an analysis of minutes)	
	Does foom or made it is	Describe:	
8. Foam	top of the sample surface if you	Describe:	
. Julia	shake it?		
	Yes		
3. If there are any v	visible indicators of pollution identifi	y (1) where the pollution may come from and (2)	
any corrective ac	ctions taken.	(2)	
	\wedge		

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

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

	Work Activity Work Order	Page 7/24/2018	1 7:46
Work Order II	nformation		
Activity Type Initiated From Problem Assigned By Assigned To Department Requested By Status	ROUTINE WORK HWYOTH HIGHWAYS - OTHER H8000 SUPPORT SERVICES PWSHEN31 SHENTON JR, JOHN PWGROS91 GROSS, DERRICK 1312SD SOUTHERN DIST/DAVIDSONVILLE PWBROO25 BROOKS, TIARRA A. CL	Work Order No Project No Request Received Investigation Due Investigation Date Scheduled Date 1 Scheduled Date 2 Scheduled Date 3	18359788 SWPPPSD 7/17/2018 8/15/2018 7/24/2018 7/24/2018
Activity Priority	H8062 SAFETY FUNCTIONS & FACILITY IN H2	Scheduled Date 4	7/04/0040
Completed By	PWGROS91 GROSS, DERRICK	Completed Date Time Completed	7/24/2018
Problem Inform Problem Details	PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVE SAND FILTER OVERFLOW (NORTH SIDE OF FACILTY ADJACENT TO WALMA	DISCHARGE. AT LEAST SE. IF THERE IS NO DIS DN. FORM B: MDE QUAI RFLOW (BY DOVER RI	ONE CHARGE, RTERLY
Address ross Street Location Subdivision	350 Street CENTRAL AVE W Map Book City DAVIDSONVIL	New Map Book	Z: 0400F
Customer Inform		LE	Zip 21035
Customer Name Address City Home Phone Elected/Project E/O Aide	350 Street CENTRAL AVE W DAVIDSONVILLE State MD () Ext. Second Phone ()	Zip 21035 Ext.	
13 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	Elected Official		
tructuro/Fauin	ment Information		

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 Date7/24/2018

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

Inch or more rain

General Discharge Permit No. 12-SW Appendix B: Page 2 of 3

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

C1 1		,	Tor Guerr Guttail Sampled.	
Sample Location	Davidoo	wille for		
Quarter / Year:	Date / T	ime Collected:		
Qualifying Storm	Event? (es	No.	74W Bate / Time Examined: 7.30	
Collector's	(0)	INO	Runoff Source: Rainfall Snowmelt	
Name & Title	(magnetic field)	RM5		
Examiner's		0.0		
Name & Title	Cross	RM5		
Parameter	Parameter Description		Parameter Characteristics	
1. Color	Does the stormwater	appear to have	IT VOC docoribe: \/ !!	
1. 00101	arry color?	~	Other: Yellow Brown Red Gray	
	Yes	No (Clear)		
0 01 11	Is the stormwater clea	r?	If not clear, which of the following best describes the	
2. Clarity			ourity of the stofffwater?	
	(Yes)	No	Suspended Solids Milky/Cloudy Opaque	
	Can you see a rainboy	u offort or	Other:	
3. Oil Sheen	sheen on the water surface?		Which best describes the sheen?	
	Yes	(No)	Rainbow sheet Floating oil globules Other:	
	Does the sample have			
4. Odor		all odol!	If Yes, describe: Chemical Musty Rotten Eggs	
	Yes	(No)	Sewage Sour Milk Oil/Petroleum Other:	
5. Floating	Is there anything on the	Surface of	If Vocal III	
Solids	the sample?		If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement	
	Yes	(No)	Sewage Water Fowl Excrement Other:	
6. Suspended	Is there anything suspe		Describe:	
Solids	sample?	^	2000 IBC.	
	Yes	(No)		
	Leave sar	nple undisturb	ed for 30 minutes.	
	is there anything settled	on the	Describe: (note type size and mate i. 4. %	
7. Settled Solids	bottom of the sample?		Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
	Yes	(No)	and the second s	
	Does foam or material fo	orm on the	Describe:	
B. Foam	op of the sample surfac	e if you	ocachibe.	
S	snake it?			
15.41	Yes	(No)		
. If there are any v	isible indicators of po	llution identify	(1) where the pollution may come from and (2)	
any corrective act	tions taken.		(1) where the pollution may come from and (2)	

any corrective actions taken.

Stormwater Examiner's Signature and Date:	Sind analyzed in a colorless glass or plastic bottle.

	Work Activity Work Order	Page 6/8/2019	1 9:37
Work Order Infor Activity Type Initiated From Problem Assigned By Assigned To Department Requested By Status Activity	ROUTINE WORK HWYOTH HIGHWAYS - OTHER H8000 SUPPORT SERVICES PWSHEN31 SHENTON JR, JOHN PWGROS91 GROSS, DERRICK 1312SD SOUTHERN DIST/DAVIDSONVILLE PWBROO25 BROOKS, TIARRA A. CL	Work Order No Project No Request Received Investigation Due Investigation Date Scheduled Date 1 Scheduled Date 2 Scheduled Date 3	18360210 SWPPPSD19 7/18/2018 5/15/2019 5/15/2019 5/15/2019
Priority Completed By	H8062 SAFETY FUNCTIONS & FACILITY IN H2 PWGROS91 GROSS, DERRICK	Scheduled Date 4 Completed Date Time Completed	5/15/2019

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

Pross Street BRICK CHURCH RD Map Book New Map Book

Location DAVIDSONVILLE YARD SITE

Subdivision DAVIDSONVILLE

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.

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 Date5/15/2019

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.

		out a separate to	orm for each outfall sampled.
Sample Loca	tion	WILLE	0,0
Quarter / Yea		e / Time Collecte	TOND
Qualifying Sto	orm Event? Yes		///// Last time Examined: 7:2-
Collector's	Collector's		Runoff Source: (Rainfall Snowmelt
Name & Title	DERRIC	K. GROS	- Chowniell
Examiner's	1		
Name & Title	DETER	ICK GRE	CSS RMSIL
Parameter	- Galanierer	Description	
1. Color	Does the stormwa	ter appear to hav	ve If Yes describer Volley
	,		Other: Yellow Brown Red Gray
	Yes	No (Clear)	
2. Clarity	Is the stormwater of	lear?	If not clear, which of the following best describes the
2. Clarity			The stolliwater?
	Yes	No	Suspended Solids Milky/Cloudy Opaque
_	Can you see a raint	now effect or	Other.
3. Oil Sheen	sheen on the water	surface?	Which best describes the sheen?
	Yes	(No	Rainbow sheet Floating oil globules Other:
	Does the sample ha	ve an odor?	
4. Odor	1		If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum
	Yes	No	Sewage Sour Milk Oil/Petroleum Other:
5. Floating	Is there anything on	the surface of	16 V 1
Solids	the sample?	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement
	Yes	No	Sewage Water Fowl Excrement Other:
6. Suspended	Is there anything sus	pended in the	Describe:
Solids	sample?		
	Yes	No	
And the second second	Leaves	amdevinolision	December of the second of the
7. Settled Solids	Is there anything settle	ed on the	Describe: (note type, size and material after sample
Gettied Solids	bottom of the sample?	,	is not disturbed for 30 minutes)
	Yes	No /	······································
	Does foam or material	form on the	Describe:
3. Foam	top of the sample surface if you shake it?		- 5551.55.
. If there are any	Yes	No	
any corrective a	ctions taken	collution identify	y (1) where the pollution may come from and (2)
	otions taken.		come from and (2)
Communication O-III			
miwater Collector	's Signature and Date:	11)	

ormwater Examiner's Signature and Date: xaminer's Signature and Date:

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