

Form C. Comprehensive Site Inspection Reports

Stormwater Industrial Facility Inspection Report

General Information			
Facility Name	Dover Road Yard		
NPDES Tracking No.	Maryland General Discharge Permit 12-SW: 1176		
Date of Inspection	6-28-19	Start/End Time	1330-15300
Inspector's Name(s)	Jim Small/Lenny Clower Alex Baquie J Dearing/G Jackson		
Inspector's Title(s)	Superintendent/ROS Chief BOH RMS		
Inspector's Contact Information	410 222-6120		
Inspector's Qualifications	SWPPP Prevention Team Northern District		
Weather Information			
Weather at time of this inspection?			
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____ Temperature: _____			
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

Control Measures

#	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Stormwater Pond <ul style="list-style-type: none"> • Outlet structure damaged? • Outlet structure openings clear of debris? • Trash or debris? • Inflow clear of debris? • Storm water by-pass the pond? • Erosion (anywhere)? • Only grass on the embankment? • Dead or diseased vegetation? • Animal burrows? • Sediment more than one foot deep? • Discoloration or sediment at the outfall? • Access clear? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Clean out front pond area of debris. Replace brick around headwall.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
2	Surface Sand Filter <ul style="list-style-type: none"> • Outlet structure damaged? • Outlet structure openings clear of debris? • Trash or debris? • Inflow clear of debris? • Storm water by-pass the pond? • Erosion (anywhere)? • Only grass on the embankment? • Dead or diseased vegetation? • Animal burrows? • Sediment more than one foot deep? • Discoloration or sediment at the outfall? • Access clear? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	None
3	Waste Oil Tank System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	None
4	Salt Barn	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Salt Capacity sign. Sweep up salt from entrance.
5	Calcium Chloride Tank Containment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Keep drain valve closed

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Vehicle maintenance material (hydraulic fluids , lubricants, etc.) loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flammable Locker has plastic can.
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	None

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
3	Fueling area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	None
4	Dumpsters and trash cans	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	None
5	Salt barn	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Salt Capacity sign needed. Sweep up salt residue
6	Calcium Chloride tank, containment wall and application area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	None
7	Dust generation and vehicle tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	None

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

None

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

Repair Gutter along front of truck bays and have gutter guards installed.

Replace eye wash caps.

Repair chicken wire from under truck bay roof.

Notes

Use this space for any additional notes or observations from the inspection:

CERTIFICATION STATEMENT

"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."

Print name and title:

James M Small URS

Signature:



Date:

6.12.19