

United States Environmental Protection Agency Washington, DC 20460

Annual Reporting Form
A. GENERAL INFORMATION
1. Facility Name: Mary I and City MRF
2. NPDES Permit Tracking No.: 10 00000
3. Facility Physical Address: 025 W076 1
a. Street: 462 Brock Bridge Rd
b. City: Laurell
4. Lead Inspectors Name: CARLTON DOCHS Title: PLANT OPERATOR
Additional Inspectors Name(s): DEREK.TALIAFERRO PLANT OPERATOR
5. Contact Person: LEE GARRET Title: TEAM MANAGER
Phone: 410-222-8190 Ext. E-mail: PWGARR73EAACOUNTY-026
6. Inspection Date: 10/21/2019
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? TAYES 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 Y NO
If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

NPDES Permit Tracking No.:
3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? TES 12.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?
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:
١٨
NA
6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 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 MO
If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?
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.

NPD	ES I	Permi	Track	ang N	lo.:

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS		
Complete one block for each Industrial activity area where poliutants ma	y be expos	ed 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 Leaks or spills from industrial equipment, drums, tanks, and other or Offsite tracking of industrial or waste materials from areas of no exp Tracking or blowing of raw, final, or waste materials from areas of recommendations.	containers; posure to ex	posed areas; and
INDUSTRIAL ACTIVITY AREA A:Reactor No. 1, 2, 3, 4		
1. Brief Description:		
Are any control measures in need of maintenance or repair?	YES	⊠ NO
Have any control measures falled and require replacement?	☐ YES	⊠ NO
Are any additional/revised control measures necessary in this area? If YES to any of these three questions, provide a description of the problem Corrective Action Form)	☐ YES	NO pessary corrective actions should be described on the attached
INDUSTRIAL ACTIVITY AREAB: Filtration and Disinfection Facility 1. Brief Description:		
2. Are any control measures in need of maintenance or repair? 3. Have any control measures failed and require replacement?	YES	ØNO ØNO
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 Corrective Action Form)	. (Any House	issaly corrective actions should be described on the attached
INDUSTRIAL ACTIVITY AREA:Caustic / Alum Bulk Storage		
Brief Description:		
2. Are any control measures in need of maintenance or repair?	☐ YES	⊠ NO
Have any control measures failed and require reptacement?	☐ YES	₩wo
4. Are any additional/revised BMPs necessary in this area?	☐ YES	∱a no
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any neces	sary corrective actions should be described on the attached

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		NOTE: Copy this page and attach additional pages as
INDUSTRIAL ACTIVITY AREA D: Headworks Building		
1. Brief Description:		
Are any control measures in need of maintenance or repair?	☐ YES	₽ NO
Have any control measures failed and require replacement?	☐ YES	Z NO
4. Are any additional/revised BMPs necessary in this area?	☐ YES	⊠ NO
		: (Any necessary corrective actions should be described on the attached
Corrective Action Form)		, (-, ,
INDUSTRIAL ACTIVITY AREAE_:Lime Storage Silo		
1. Brief Description:		
•		
2. Are any control measures in need of maintenance or repair?	☐ YES	<u>√</u> Z NO
3. Have any control measures failed and require replacement?	☐ YES	₩ NO
4. Are any additional/revised BMPs necessary in this area?	☐ YES	₽vo
If YES to any of these three questions, provide a description of Corrective Action Form)	the problem	: (Any necessary corrective actions should be described on the attached
Controlled Patrick Tolling		
INDUSTRIAL ACTIVITY AREAF_: Sludge Pumping Station	n	
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 of	the problem	(Any necessary corrective actions should be described on the attached
Corrective Action Form)		

NPDE	S Pe	rmit	Tra	ack	ing	No).:

		NOTE: Copy this page and attach additional pages a
INDUSTRIAL ACTIVITY AREAG_: Secondary Clarifier No	. 1 / Second	dary Clarifier No. 2
1. Brief Description:		
Are any control measures in need of maintenance or repair?	☐ YES	ZÍ NO
Have any control measures failed and require replacement?	☐ YES	₩ NO
4. Are any additional/revised BMPs necessary in this area?	☐ YES	₹ NO
•		(Any necessary corrective actions should be described on the attached
Corrective Action Form)		,
INDUSTRIAL ACTRITY ADDA LL . Calida Daviatados D. III.	ling /Admi-	istration Building)
INDUSTRIAL ACTIVITY AREA H:Solids Dewatering Build	wy (Aamin	isuaton building)
1. Brief 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	180 NO
	_	(Any necessary corrective actions should be described on the attached
Corrective Action Form)		
INDUSTRIAL ACTIVITY AREA !:Gravity Thickener Distril	hution Box	
Brief Description:	Dation Box	
1. Oner Description.		
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)	-	

NPDE	S Pe	rmit Tra	acking	No.:

		NOTE: Copy this page and attach additional pages as necessary
NICHOTELA ACTIVITY ADDA 1 . O	or No. 1. 2	
INDUSTRIAL ACTIVITY AREA	IEF INU. 1, 2,	, ა
1. Brief Description:		
2. Are any control measures in need of maintenance or repair?	☐ YES	Ø.NO
3. Have any control measures failed and require replacement?	☐ YES	Ø 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 Corrective Action Form)	the problem:	(Any necessary corrective actions should be described on the attached
INDUSTRIAL ACTIVITY AREA <u>K</u> :Scum Concentrated We	et Well	
1. Brief Description:		
2. 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	₽ <mark>d</mark> 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)		
		The state of the s
INDUSTRIAL ACTIVITY AREA <u>L</u> : Supplemental Carbon F	Fill Station /	Supplemental Carbon Storage and Feed Facility
1. Brief Description:		
2. Are any control measures in need of maintenance or repair?	☐ YES	5₫ NO
3. Have any control measures failed and require replacement?	☐ YES	₽ NO
4. Are any additional/revised BMPs necessary in this area?	YES	₽ Ç 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)		
		4

NPDE	S Pe	ermit	Trac	king	No.:	

		NOTE: Copy this page and attach additional pages as necessary
INDUSTRIAL ACTIVITY AREAM_: Utility Transformer		
1, 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
	f the problem:	(Any necessary corrective actions should be described on the attached
Corrective Action Form)	·	
INDUSTRIAL ACTIVITY AREA N: Mudwell		
1. Brief Description:		
Are any control measures in need of maintenance or repair?	☐ YES	⊠ ,NO
Have any control measures failed and require replacement?	☐ YES	12 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	f the problem:	(Any necessary corrective actions should be described on the attached
Corrective Action Form)		
INDUSTRIAL ACTIVITY AREA O: New Headcell Grit Co.	ncentrator /	New Grit Classifiers
1. Brief Description:		
2. Are any control measures in need of maintenance or repair?	☐ YES	Ma (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 of	the problem:	(Any necessary corrective actions should be described on the attached
Corrective Action Form)		

NPDE	SP	ermit	Trac	king	No	.:

		NOTE: Copy this page and attach additional pages as necessary
INDUSTRIAL ACTIVITY AREA P: Parshall Flume		
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?	☐ YE\$	ZA NO
4. Are any additional/revised BMPs necessary in this area?	☐ YE\$	☑ NO
If YES to any of these three questions, provide a description of Corrective Action Form)	I the problem:	: (Any necessary corrective actions should be described on the attached
NDUSTRIAL ACTIVITY AREA Q: Chemical Feed System	n	
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 of	the problem:	(Any necessary corrective actions should be described on the attached
Corrective Action Form)		
2		
INDUSTRIAL ACTIVITY AREA R : Odor Control Scrubber	'S	
1. Brief Description:		
2. Are any control measures in need of maintenance or repair?	☐ YES	₩wo
3. Have any control measures failed and require replacement?	☐ YES	™ NO
4. Are any additional/revised BMPs necessary in this area?	☐ YES	<u>r</u> 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)		

NF	DE	SI	Per	mit	Tra	ack	ing	No).:

		NOTE: Copy this page and attach additional pages as necessar
INDUSTRIAL ACTIVITY AREA S: Post Aeration		
1. Brief Description:		
Are any control measures in need of maintenance or repair?	☐ YES	⊠ no
Have any control measures failed and require replacement?	☐ YES	Ø 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	f the problem	: (Any necessary corrective actions should be described on the attached
Corrective Action Form)	•	
INDUSTRIAL ACTIVITY AREA		
1. Brief Description:		
Are any control measures in need of maintenance or repair?	☐ YES	⊠ ,NO
Have any control measures failed and require replacement?	☐ YES	PENO
Are any additional/revised BMPs necessary in this area?	☐ YES	\$100
If YES to any of these three questions, provide a description of	f the problem:	: (Any necessary corrective actions should be described on the attached
Corrective Action Form)	•	
INDUSTRIAL ACTIVITY AREA <u>U</u> : Secondary Clarifier Jul	nction Box	
1. Brief Description:		
2. Are any control measures in need of maintenance or repair?	☐ YES	p (NO
3. Have any control measures failed and require replacement?	☐ YES	₩ NO
4. Are any additional/revised BMPs necessary in this area?	☐ YES	₹ NO
	the problem:	(Any necessary corrective actions should be described on the attached
Corrective Action Form)		

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		NOTE: Copy this page and attach additional pages as necessar
INDUSTRIAL ACTIVITY AREA V: Secondary Clarifier Dis	stribution Bo	x
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	f the problem:	(Any necessary corrective actions should be described on the attached
Corrective Action Form)		
INDUSTRIAL ACTIVITY AREAW_: Reactor Distribution B	ox	
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 of	f the problem:	(Any necessary corrective actions should be described on the attached
Corrective Action Form)		
INDUSTRIAL ACTIVITY AREA:		
1. Brief Description:		
	_	-
2. Are any control measures in need of maintenance or repair?	YES	⊠ NO
Have any control measures failed and require replacement?	YES	ØNO
4. Are any additional/revised BMPs necessary in this area?	☐ YE\$	菜 NO
If YES to any of these three questions, provide a description of Corrective Action Form)	f the problem:	(Any necessary corrective actions should be described on the attached

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D. CORRECTIVE ACTIONS . N A
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action #
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
☐ A new corrective action?
3. Identify 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
Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe):
4. Briefly describe the nature of the problem identified:
5. Date problem identified: Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring Notification by EPA or State or local authorities Other (describe): T. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
8. Did/will this corrective action require modification of your SWPPP? YES NO 9. Date corrective action initiated: / / / / / / / / / / / / / / / / / / /

E. ANNUAL REPORT CERTIFICATION
1. 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? YES NO
If NO, summarize why you are not in compliance with the permit:
·
2. Annual Report Certification
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 property gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the assure that qualified personnel property gathered and evaluated the information submitted is, to the best of my knowledge and belief, true, accurate, 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.
Authorized Representative CALLTON DOOMS Title: PLANT OPERATOR
Signature:

ANNUAL SWPPP REVIEW REPORT FORM

Facility Inf	formation			
Designated Name:	Certificate of Cove	erage No.	or Indiv	idual
MD CITY WRF	Permit No.: 12-5	iw		
Facility Address: 462 Beackbance RD	County: Ap NE	ARUUDE	7_	
Facility Contact	t Information			
Name: LEE GARRET	Telephone		-222-	8140
Email Address: PWGARR73 @ AACOUNT . ORG	Certification	n No.:		
Backup Facility Co	ontact Information		41141	
Name: CALLTON DOORS	Telephone		-222-	8190
Email Address: PLANTON-14 @ ATA COUNTY, ORL	Certification			
Industrial Storm Water Cer	tified Operator Inform	ation	J. WYER	1917
Name: DOLEIL TALIAFERRO	Telephone		- 222-8	190
Email Address: PW TALI 37 & AALOUNTY, ORL	Certification	n No.:		
Space to list additional operators if applicable:				
The SWPPP Checklist on the DEQ, WRD Industria	al Storm Water webpa	ge should	be used	to
review the facility's SWPPP and before the follow	ring 10 questions are	completed	Nlo	
1. Facility general information is current and ac	ccurate	Yes ⊠	No	
O. Ott.		Yes	No	
2. Site map is current and accurate		X		
3. Significant material inventory is current and	accurate	Yes	No	
3. Significant material inventory is current and	accurate		Π̈	
4. New exposures, processes and related conf	rols have been	Yes	No	NA
documented appropriately in the SWPPP	1015 11440 50011	X	Π̈́	
Spills have been recorded and reported as a	appropriate	Yes	No	NA
5. Oping have been recorded and reperted as a	white the contract	\square		
6. Employee SWPPP training was conducted a	and documented	Yes	No	
C. Employed ever i i mailing trac contactor		$ \mathbf{X} $		
7. Records of routine preventative maintenance	e and housekeeping	Yes	No	
inspections are available in the SWPPP file		\boxtimes		
8. Comprehensive site inspections have been	completed, certified	Yes	No	
and filed in the SWPPP file		X		
9. Visual Assessments have been completed a	and the reports have	Yes	No	NA
been filed in the SWPPP file		₩.		L
10. Corrective actions noted in the inspection re	ports have been	Yes	No	
completed		X	_Џ_	
11. The SWPPP is compliant with the permit an	d has been reviewed	Yes	No	
and signed by the Certified Storm Water Op	erator and the	X		
permittee or designated representative				
Additional Comments:				
1 - 416 4b - 4 4b - 1 b - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	information is serve	ot:	A STATE OF THE PARTY OF THE PAR	E 175 11
I certify that the above	Signature / Date:	UL.	,	PEANE
Name:	Signature Fyale.	1/2	12019	,
CALLION DOOMS		NIE	1017	9

SUBMIT THIS FORM TO THE DEQ, WRD DISTRICT OFFICE IDENTIFIED ON YOUR CERTIFICATE OF COVERAGE ON OR BEFORE $\underline{\bf JANUARY~10^{TH}}$ OF EACH YEAR

ANNUAL INSPECTION CHECKLIST FOR STORMWATER DEVICES

Date:	0/21/2019		
	inted Name: CALLON DOOKS		
	gnature:		
Date Signed:	10/21/2019		
Date Dignet	010.10		
Rain Garden	S		
DEVICE	ITEM	YES/NO	COMMENTS
RG-1D	Are there areas devoid of mulch?		
KO-ID	Re-mulch if necessary.	N	
RG-2C	Are there areas devoid of mulch?		
KG-2C	Re-mulch if necessary.	N	
RG-2E	Are there areas devoid of mulch?		
KG-ZE	Re-mulch if necessary.	N	
RG-4B	Are there areas devoid of mulch?	N	
10-45	Re-mulch if necessary.	N	
RG-4C	Are there areas devoid of mulch?	N	
10.40	Re-mulch if necessary.	14	
RG-4D	Are there areas devoid of mulch?		
KG-4D	Re-mulch if necessary.	N.	
RG-4E	Are there areas devoid of mulch?	1	
KG-TL	Re-mulch if necessary.	N	
Micro-Biore	tention Basins / Bioretention Basins		
DEVICE	ITEM	YES/NO	COMMENTS
BRB-1A	Are there areas devoid of mulch?		
DKD-1A	Re-mulch if necessary.	N	
MBRB-1B	Are there areas devoid of mulch?		
MIDKO-1D	Re-mulch if necessary.	N	
MBRB-3A	Are there areas devoid of mulch?	N	
MIDICD-3A	Re-mulch if necessary.	17	

DEVICE	ITEM	YES/NO	COMMENT
	1. Is the site grading well maintained? Ensure swales flow downhill towards rip rap.	Y	
GS-1C	2. What are the conditions of the soil and grass? Was growth maintained throughout the summer months? Reseed necessary areas, bare soil shall be properly covered.	Y	
	3. Is there any harmful vegetation, pests, or animals that can threaten the functionality of the controlled vegetation? Remove all invasive species.	7	
	1. Is the site grading well maintained? Ensure swales flow downhill towards rip rap.	Y	
GS-2B	2. What are the conditions of the soil and grass? Was growth maintained throughout the summer months? Reseed necessary areas, bare soil shall be properly covered.	Y	
	3. Is there any harmful vegetation, pests, or animals that can threaten the functionality of the controlled vegetation? Remove all invasive species.	N	
	1. Is the site grading well maintained? Ensure swales flow downhill towards rip rap.	Y	
CS-4A South of Reactor	2. What are the conditions of the soil and grass? Was growth maintained throughout the summer months? Reseed necessary areas, bare soil shall be properly covered.	Y	
No. 4	3. Is there any harmful vegetation, pests, or animals that can threaten the functionality of the controlled vegetation? Remove all invasive species.	N	

Outfalls				
EVICE	ITE		YES/NO	COMMENTS
Outfall 1	1.	Are areas free of major debris? Is there need for additional clearing of vegetation?		
		Remove anything that restricts the movement of water.	Y	
	2.	unprotected and exposed? Apply grass seeding or consider	,	
		instillation of additional stormwater devices.	N	
	3.	Are areas experiencing excessive flooding and ponding, is water		
		unable to drain away from facility? Contact a specialist.	N	
Outfall 3	1.	Are areas free of major debris? Is there need for additional clearing of		
		vegetation?		
		Remove anything that restricts the movement of water.	Y	
	2.	Are there areas that remain unprotected and exposed?		
		Apply grass seeding or consider		
		instillation of additional stormwater devices.	N	
	3.	Are areas experiencing excessive flooding and ponding, is water		
		unable to drain away from facility? Contact a specialist.	N	
Outfall 4	1.	Are areas free of major debris? Is there need for additional clearing of		
		vegetation?	V	
		Remove anything that restricts the movement of water.	1	
	2.	Are there areas that remain unprotected and exposed?		
		Apply grass seeding or consider		
		instillation of additional stormwater devices.	N	
	3.	Are areas experiencing excessive		
		flooding and ponding, is water unable to drain away from facility? Contact a specialist.	- N	

Roof Dra	in Leaders			
DEVICE	ITEM	YES/NO	COMMENTS	
Roof Drain Leaders	1. Are any roof drain leaders or gutters cracked, leaking, or otherwise in need of maintenance?			
	Repair or replace roof drain leaders and/or gutters.	N		