



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

## Annual Reporting Form

**A. GENERAL INFORMATION**

1. Facility Name: Maryland City WRF

2. NPDES Permit Tracking No.: MD020000

3. Facility Physical Address: 02560761

a. Street: 462 Brock Bridge Rd

b. City: Laurel

c. State: MD

d. Zip Code: 20724

4. Lead Inspectors Name: CARLTON DOOMS

Title: PLANT OPERATOR

Additional Inspectors Name(s): DEREK TALIAFERRO

PLANT OPERATOR

5. Contact Person: LEE GARRET

Title: TEAM MANAGER

Phone: 410-222-6190 Ext.

E-mail: LGARRET@EAACOUNTY-02G

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?  
 YES  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  NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP?  YES  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  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:

N/A

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  NO

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.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS**

Complete one block for each industrial activity area where pollutants may be exposed 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 into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA   A  : Reactor No. 1, 2, 3, 4

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 control measures 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)

INDUSTRIAL ACTIVITY AREA   B  : Filtration and Disinfection Facility

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 c 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)

INDUSTRIAL ACTIVITY AREA   C  : Caustic / Alum Bulk Storage

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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**NOTE: Copy this page and attach additional pages as necessary**

**INDUSTRIAL ACTIVITY AREA   D  : Headworks Building**

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)

**INDUSTRIAL ACTIVITY AREA   E  : Lime Storage Silo**

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)

**INDUSTRIAL ACTIVITY AREA   F  : Sludge Pumping Station**

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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**NOTE: Copy this page and attach additional pages as necessary**

INDUSTRIAL ACTIVITY AREA G: Secondary Clarifier No. 1 / Secondary Clarifier No. 2

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)

INDUSTRIAL ACTIVITY AREA H: Solids Dewatering Building (Administration Building)

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)

INDUSTRIAL ACTIVITY AREA I: Gravity Thickener Distribution Box

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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**NOTE: Copy this page and attach additional pages as necessary**

**INDUSTRIAL ACTIVITY AREA J: Gravity Sludge Thickener No. 1, 2, 3**

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)

**INDUSTRIAL ACTIVITY AREA K: Scum Concentrated Wet Well**

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)

**INDUSTRIAL ACTIVITY AREA L: Supplemental Carbon Fill Station / Supplemental Carbon Storage and Feed Facility**

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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**NOTE: Copy this page and attach additional pages as necessary**

**INDUSTRIAL ACTIVITY AREA   M  : Utility Transformer**

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)

**INDUSTRIAL ACTIVITY AREA   N  : Mudwell**

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)

**INDUSTRIAL ACTIVITY AREA   O  : New Headcell Grit Concentrator / New Grit Classifiers**

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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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?     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)

INDUSTRIAL ACTIVITY AREA   Q  : Chemical Feed System

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)

INDUSTRIAL ACTIVITY AREA   R  : Odor Control Scrubbers

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)



--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**NOTE: Copy this page and attach additional pages as necessary**

INDUSTRIAL ACTIVITY AREA   S  : Post Aeration

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/revi~~s~~ed 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)

INDUSTRIAL ACTIVITY AREA   T  : Truck Scale

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/revi~~s~~ed 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)

INDUSTRIAL ACTIVITY AREA   U  : Secondary Clarifier Junction Box

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/revi~~s~~ed 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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**NOTE: Copy this page and attach additional pages as necessary**

INDUSTRIAL ACTIVITY AREA   V  : Secondary Clarifier Distribution Box

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/revise 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)

INDUSTRIAL ACTIVITY AREA   W  : Reactor Distribution Box

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/revise 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)

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/revise 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)



02540761

**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 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.

Authorized Representative  
Printed Name:

CARLTON DOBMS

Title:

PLANT OPERATOR

Signature:



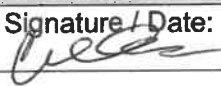
Date Signed:

10/21/2019

# ANNUAL SWPPP REVIEW REPORT FORM

Facility Information	
Designated Name: MD CITY WRF	Certificate of Coverage No. or Individual Permit No.: 12-SW
Facility Address: 462 Brockbridge Rd	County: Anne Arundel
Facility Contact Information	
Name: LEE GARRET	Telephone No.: 410-222-8190
Email Address: PWGARR73@AACOUNTY.ORG	Certification No.:
Backup Facility Contact Information	
Name: CALLTON DOOMS	Telephone No.: 410-222-8190
Email Address: PWDOOM14@AACOUNTY.ORG	Certification No.:
Industrial Storm Water Certified Operator Information	
Name: DEBIL TALIAFERRO	Telephone No.: 410-222-8190
Email Address: PWTALI37@AACOUNTY.ORG	Certification No.:
Space to list additional operators if applicable:	

The SWPPP Checklist on the DEQ, WRD Industrial Storm Water webpage should be used to review the facility's SWPPP and before the following 10 questions are completed.			
1. Facility general information is current and accurate	Yes	No	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Site map is current and accurate	Yes	No	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Significant material inventory is current and accurate	Yes	No	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. New exposures, processes and related controls have been documented appropriately in the SWPPP	Yes	No	NA
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Spills have been recorded and reported as appropriate	Yes	No	NA
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Employee SWPPP training was conducted and documented	Yes	No	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Records of routine preventative maintenance and housekeeping inspections are available in the SWPPP file	Yes	No	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Comprehensive site inspections have been completed, certified and filed in the SWPPP file	Yes	No	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Visual Assessments have been completed and the reports have been filed in the SWPPP file	Yes	No	NA
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Corrective actions noted in the inspection reports have been completed	Yes	No	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. The SWPPP is compliant with the permit and has been reviewed and signed by the Certified Storm Water Operator and the permittee or designated representative	Yes	No	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional Comments:			

I certify that the above information is correct:	
Name: CALLTON DOOMS	Signature / Date:  01/21/2019

SUBMIT THIS FORM TO THE DEQ, WRD DISTRICT OFFICE IDENTIFIED ON YOUR CERTIFICATE OF COVERAGE ON OR BEFORE **JANUARY 10<sup>TH</sup>** OF EACH YEAR

## ANNUAL INSPECTION CHECKLIST FOR STORMWATER DEVICES

Date: 10/21/2019

Inspector's Printed Name: CARLTON DOONS

Inspector's Signature: 

Date Signed: 10/21/2019

<i>Rain Gardens</i>			
DEVICE	ITEM	YES/NO	COMMENTS
RG-1D	Are there areas devoid of mulch? <i>Re-mulch if necessary.</i>	N	
RG-2C	Are there areas devoid of mulch? <i>Re-mulch if necessary.</i>	N	
RG-2E	Are there areas devoid of mulch? <i>Re-mulch if necessary.</i>	N	
RG-4B	Are there areas devoid of mulch? <i>Re-mulch if necessary.</i>	N	
RG-4C	Are there areas devoid of mulch? <i>Re-mulch if necessary.</i>	N	
RG-4D	Are there areas devoid of mulch? <i>Re-mulch if necessary.</i>	N	
RG-4E	Are there areas devoid of mulch? <i>Re-mulch if necessary.</i>	N	
<i>Micro-Bioretenion Basins / Bioretention Basins</i>			
DEVICE	ITEM	YES/NO	COMMENTS
BRB-1A	Are there areas devoid of mulch? <i>Re-mulch if necessary.</i>	N	
MBRB-1B	Are there areas devoid of mulch? <i>Re-mulch if necessary.</i>	N	
MBRB-3A	Are there areas devoid of mulch? <i>Re-mulch if necessary.</i>	N	

*Grass Swales / Conveyance Swales*

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

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



*Roof Drain 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? <i>Repair or replace roof drain leaders and/or gutters.</i>	N	