

DISCHARGE PERMIT NO. 02-SW

NPDES PERMIT NO. MDR

Effective Date:

December 1, 2002 Expiration Date:

November 30, 2007

Part I. Applicability.

| General Information | | |
|---------------------------------|---|-------------------------------|
| Facility Name | Anne Arundel County Utilities Operations Center | |
| NPDES Tracking No. | Not Applicable | |
| Date of Inspection | 6-18-20 | Start/End Time 8:50 - 9:45 am |
| Inspector's Name(s) | Chinisa P. Onukwigha Sr | |
| Inspector's Title(s) | Utilities Engineer II | |
| Inspector's Contact Information | 410 222 8443 | |
| Inspector's Qualifications | Certified NPDES Inspector. | |

Weather Information

Weather at time of this inspection? Clear Cloudy Rain Sleet Fog Snow High Winds Other: _____

Temperature: 58°F

Have any previously unidentified discharges of pollutants occurred since the last inspection? No Yes. If yes, describe: _____

Are there any discharges occurring at the time of inspection? Yes No. If yes, describe: _____

| | 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 | Regenerative Stormwater Conveyance Sediment Pools | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 2 | Regenerative Stormwater Conveyance - Swales | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 3 | Regenerative Stormwater Conveyance - Sediment Pools | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| 4 | Infiltration Trenches - Pretreatment Manholes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement | |
| | Infiltration | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Maintenance | |

Areas of Industrial Materials or Activities Exposed to Stormwater Non-Compliance

Areas of Industrial Materials or Activities Exposed to Stormwater

| | Area/Activity | Inspected? | Controls Adequate (appropriate, effective, and operating)? | Corrective Action Needed and Notes |
|---|---------------------------------------|--|---|------------------------------------|
| 1 | Bulk Materials Storage Building | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Waste Oil and Antifreeze Storage | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Maintenance and Repair Shop | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Vehicle and Equipment Storage | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Waste handling and disposal areas | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Spoils Area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | 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 | |
| 8 | Non-stormwater/ Illicit Connections | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 | Other: Oil Truck Wash area | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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:

None

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:

CHIMA P. ONUKWUGH

Signature: Date:

[Handwritten Signature]