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United States Environmental Protection Agency Washington, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION
1. Facility Name: MILLERSVILLE LANDFILL & RESOURCE RECOVERY FACILITY AND CENTRAL RECYCILNG CENTER
2. NPDES Permit Tracking No.: REGISTRATION # 12SW1304 NPDES # MDR001304
3. Facility Physical Address: 389 Burns Crossing Road, Severn, MD 21144
a. Street: Burns Crossing Road
b. City: Severn c. State: MD d. Zip Code: 21144
4. Lead Inspectors Name: Mark Morris Title: Environmental Monitoring Manager
Additional Inspectors Name(s): Steve Krajcsik and Rhody Holthaus
5. Contact Person: Mark Morris Title: Environmental Monitoring Manager
Phone: 410-222-6108 Ext. 3715 E-mail: pwmorr12@aacounty.org
6. Inspection Date: November 6, 2019 9 a.m. to 2:30 p.m.
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? X YES \square 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? TYPES X NO
If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place

	NPDES Perm	it Trackin	g No.:
3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP?	X NO		
If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control	measures in pl	lace:	
4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots?	no monitoring	performe	d
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 dissipation measures to prevent scouring:	s, including flov	N	
None observed and condition of and around outfalls was in good condition.			
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 (authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this an inspection?	or since you re	eceived ensive site	e
X YES NO See attached Fourth Quarter Inspection for details.			
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.

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C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS		
Complete one block for each industrial activity area where pollutants may	he evnes	ocad to starmwater. Copy this page for additional industrial activity
In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come in Leaks or spills from industrial equipment, drums, tanks, and other co Offsite tracking of industrial or waste materials from areas of no expu	nto contact entainers; osure to ex	act with stormwater; ;; exposed areas; and
INDUSTRIAL ACTIVITY AREA: Recycling Center and Leachate Pretreatment A	Areas	
1. Brief Description:		
Recycling Center allows citizens to drop off recyclables in specific containers. Leachate Pretreatment area consists of leachate storage tanks and pretreatmen	t building.	g.
Are any control measures in need of maintenance or repair?	X YES	□NO
Have any control measures failed and require replacement?	YES	
A. Are any additional/revised control measures necessary in this area?	☐ YES	
If YES to any of these three questions, provide a description of the problem: Corrective Action Form): See attached Fourth Quarter Inspection for details	(Any nece	
Pond #6 and head of stone ditch to Pond #6 is showing sediment buildup. See attached 4th Quarter Routine Inspection for additional details.		
INDUSTRIAL ACTIVITY AREA: Maintenance Shop and Warehouse		
Brief Description:		
Maintenance Shop is a typical mechanic shop. No discharges are allowed to lea Warehouse is a storage area. Enclosed building and no discharges.	ive the sho	hop. Shop is equipped with oil water separator.
Are any control measures in need of maintenance or repair?	☐ YES	S XNO
Have any control measures failed and require replacement?	☐ YES	
4. Are any additional/revised c necessary in this area?	☐ YES	D. BESSER
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)		
INDUSTRIAL ACTIVITY AREA: Fueling Facility		
Brief Description:		
Fueling facility consists of diesel and gasoline USTs and dispensers for use by co	ounty perso	rsonnel.
2. Are any control measures in need of maintenance or repair?	☐ YES	X NO
3. Have any control measures failed and require replacement?	☐ YES	X NO
4. Are any additional/revised BMPs necessary in this area?	☐ YES	X NO
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any nece	cessary corrective actions should be described on the attached

NPDE	SP	erm	it Tr	ackir	ng h	No.	

		NOTE: Copy this page and attach additional pages as necessary						
INDUSTRIAL ACTIVITY AREA: Landfill Closed Cells and Compost	ing Areas							
1. Brief Description:								
MLFRRF has four (4) closed cells (Cell 1, Cell 2, Cell 4 and Cell 567), closed per 40 CFR Part 258 requirements in mid-1990s. Composting area next to closed Cell #1 is a paved area to compost leaves and grass. Closed Cell 8 is a lined and capped, Part 258 constructed cell that was closed in 2018.								
2. Are any control measures in need of maintenance or repair?	X YES	□NO						
Have any control measures failed and require replacement?	☐ YES	X NO						
4. Are any additional/revised BMPs necessary in this area?	☐ YES	X NO						
If YES to any of these three questions, provide a description of Corrective Action Form): See attached Fourth Quarter Inspection	the problem on for detail	n: (Any necessary corrective actions should be described on the attached s.						
Closed Cell 567 is currently under construction (capping project). Cl to Pond #3 is eroding. Ponds #3, #4 and #5 have excessive amount	losed Cell 5 ts of sedime	67 has stone chutes to Ponds #3, #4 and #5 that are eroding into the ponds. The side slope ent buildup. See attached 4th Quarter Routine Inspection for additional details.						
INDUSTRIAL ACTIVITY AREA: Landfill New Active Cell #9								
1. Brief Description:								
Cell #9 (Subcell 9-1) is an active solid waste disposal cell and other	parts of Ce	Il 9 are future cells and soil borrow areas.						
Are any control measures in need of maintenance or repair?	X YES	□NO						
Have any control measures failed and require replacement?	☐ YES	X NO						
4. Are any additional/revised BMPs necessary in this area?	☐ YES	X NO						
If YES to any of these three questions, provide a description of t Corrective Action Form): See attached Fourth Quarter Inspection	he problem	: (Any necessary corrective actions should be described on the attached						
		ad has excessive amounts of sediment. See attached 4 th Quarter Routine Inspection for						
additional details.	, ,	and the state of t						
INDUSTRIAL ACTIVITY AREA:								
Brief Description:								
i. Diei Description.								
2 Are any control measures in good of maintaining		F100						
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement?	YES	□ NO						
Have any control measures failed and require replacement? Are any additional/revised BMPs necessary in this area?	☐ YES							
10 St.	YES	□ NO (Any necessary corrective actions should be described on the attached						
Corrective Action Form)	io problem;	Trany necessary corrective actions should be described on the attached						

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						1 1	

D. CORRECTIVE ACTIONS
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 # 1 of 4 for this reporting period. See attached Fourth Quarter Inspection for details on all corrective actions.
2. Is this corrective action:
☐ An update on a corrective action from a previous annual report; or
X 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
X Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): Routine woody vegetation removal from rip rap ditches in early winter or spring.
4. Briefly describe the nature of the problem identified: See attached Fourth Quarter Inspection for details on all corrective actions. Closed Cell 567 has stone chutes to Ponds #3, #4 and #5 that are eroding into the ponds.
5. Date problem identified: / / / / / / / / / / / / / / / / / / /
See attached Fourth Quarter Inspection for details on all corrective actions.
6. How problem was identified:
Comprehensive site inspection
☐ Quarterly visual assessment
X Routine facility inspection ☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
Other (describe):
7. 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: Stone chutes to Ponds #3, #4 and #5 will be repaired as part of the Cell 567 capping project. See attached Fourth Quarter Inspection for details on all corrective actions.
8. Did/will this corrective action require modification of your SWPPP? YES X NO
9. Date corrective action initiated: See attached Fourth Quarter Inspection for details on all corrective actions.
10. Date correction action completed:
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action: See attached Fourth Quarter Inspection for details on all corrective actions.

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D. CORRECTIVE ACTIONS Continued
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 of 4 for this reporting period. See attached Fourth Quarter Inspection for details on all corrective actions.
2. Is this corrective action:
☐ An update on a corrective action from a previous annual report; or
X 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
X Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): Routine woody vegetation removal from rip rap ditches in early winter or spring.
4. Briefly describe the nature of the problem identified: See attached Fourth Quarter Inspection for details on all corrective actions.
Ponds #3, #4 and #5 have excessive amounts of sediment buildup, and the side slope to Pond #3 is eroding.
5. Date problem identified: See attached Fourth Quarter Inspection for details on all corrective actions.
6. How problem was identified:
☐ Comprehensive site inspection
☐ Quarterly visual assessment
X Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
Other (describe):
7. 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:
Ponds #3, #4 and #5 will be mucked out and erosion on the side slope of Pond #3 repaired as part of the Cell 567 capping project. See attached Fourth Quarter Inspection for details on all corrective actions.
oce attached Fourth Quarter inspection for details on all corrective actions.
8. Did/will this corrective action require modification of your SWPPP? YES X NO
9. Date corrective action initiated:
See attached Fourth Quarter Inspection for details on all corrective actions.
10. Date correction action completed: / / / / or expected to be completed: See attached Fourth Quarter Inspection for details on all corrective actions.
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action: See attached Fourth Quarter Inspection for details on all corrective actions.

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D. CORRECTIVE ACTIONS Continued
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 # 3 of 4 for this reporting period. See attached Fourth Quarter Inspection for details on all corrective actions.
2. Is this corrective action:
☐ An update on a corrective action from a previous annual report; or
X 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
X Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): Routine woody vegetation removal from rip rap ditches in early winter or spring.
4. Briefly describe the nature of the problem identified: See attached Fourth Quarter Inspection for details on all corrective actions.
Pond #6 and head of stone ditch to Pond #6 is showing sediment buildup.
5. Date problem identified: See attached Fourth Quarter Inspection for details on all corrective actions. 6. How problem was identified: See attached Fourth Quarter Inspection for details on all corrective actions. 6. How problem was identified: See attached Fourth Quarter Inspection for details on all corrective actions. 6. How problem was identified: See attached Fourth Quarter Inspection for details on all corrective actions. 6. How problem was identified: See attached Fourth Quarter Inspection for details on all corrective actions.
10. Date correction action completed:
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action: See attached Fourth Quarter Inspection for details on all corrective actions.

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D. CORRECTIVE ACTIONS Continued
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 # 4 of 4 for this reporting period. See attached Fourth Quarter Inspection for details on all corrective actions.
2. Is this corrective action:
☐ An update on a corrective action from a previous annual report; or
X 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
X Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe): Routine woody vegetation removal from rip rap ditches in early winter or spring.
4. Briefly describe the nature of the problem identified: See attached Fourth Quarter Inspection for details on all corrective actions.
Stormwater ditch from Cell 9 to four-way stop intersection near Cell 9 recycle pad has excessive amounts of sediment.
5. Date problem identified: See attached Fourth Quarter Inspection for details on all corrective actions.
6. How problem was identified:
☐ Comprehensive site inspection
☐ Quarterly visual assessment
X Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
Other (describe):
7. 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:
See attached Fourth Quarter Inspection for details on all corrective actions.
8. Did/will this corrective action require modification of your SWPPP? \Box X NO
9. Date corrective action initiated: See attached Fourth Quarter Inspection for details on all corrective actions.
10. Date correction action completed: / / / / or expected to be completed: See attached Fourth Quarter Inspection for details on all corrective actions.
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action: See attached Fourth Quarter Inspection for details on all corrective actions.

	NPDES Permit Tracking No.:
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 the your knowledge, you are in compliance with the permit? \mathbf{X} YES \square NO	his inspection, to the best of
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 wassure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or per system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and impulsations.	rsons who manage the and belief, true, accurate,

Date Signed: ///15/19

Authorized Representative Printed Name:

MLFRRF Quarterly Routine Inspection Certification (4th Quarter 2019)

	In Compliance	
Location	(Yes/No)*	
Recycling Center		
Entrances, Administration Building,		
Main Haul Road, Leachate Area and		
Paved Surfaces	YES	
Recycling Center Area	YES	
Oil, Batteries and AntiFreeze Recycling	YES	
Maintenance and Warehouse		
Maintenance Building	YES	
Warehouse Building	YES	
Compost Area and Cell 9 Area		
Compost Area	YES	
Cell 9	YES	Under Construction Except Active Cell 9.1
Post-Closure Inspection	YES	Cell 567 Under Construction FY2020.
Leachate Collection	YES	
Stormwater Management	NO	

^{*}Complete Corrective Action Form for items identified as not being in compliance.

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:	Mark Morris	Environmental Monitoring Manager		
Signature:	Mark	Morn Date:	6-Nov-19	

Note: This routine inspection was completed on a cool, sunny fall day with no wind.

Quarterly Routine Inspection Corrective Action Form
Date problem identified: 11/6/2019
Identify the condition(s) triggering the need for this action (Check box):
Unauthorized release or discharge
Control measures inadequate
X Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Other (describe):
Briefly describe the nature of the problem identified:
1. Repair stone chute to northeast corner of Pond #5 to reduce sediment loading to pond. On-going.
Stormwater in Pond #3 and Pond #4 appeared more cloudy than normal. On-going.
Eroding side slope next to Scalehouse. Completed
4. Draincock on used oil containment structure in Recycle Center is damaged. Completed
Bare spot on ground south of and beside used oil shed in Recycle Center. Completed
Bare spot on ground west of and behind Cardboard Recycling Center. Completed
7. Eroding side slope next to road on Pond #3. On-going.
8. Ditch from Cell 9.1 to four-way stop intersection has excessive amounts of sediment. On-going.
9. Stormwater Ponds #3, #4 and #5 have excessive amounts of sediment buildup. Completed.
10. Pond #6 and head of stone ditch to Pond #6 is showing sediment buildup.
11. Windblown litter is slowly becoming an issue at all facilities except SRC. Completed.
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:
Item #1: Stone chute to Pond #5 will be repaired in FY2019/2020. Under Construction.
Item #2: Inspect stone chutes to Pond #3 and Pond #4 for possible erosion and repair (if needed)
in FY2019/2020. Under Construction.
Item #3: Washout and erosion of grass side slope next to Scalehouse repaired 3/2019.
Item #4: Draincock in used oil containment structure replaced 3/2019. Item #5: Bare spot next to used oil shed in Recycling Center reseeded 3/2019.
Item #6: Reseed bare spot behind Cardboard Recycling Center in FY2019. 4/2019.
Item #7: Repair and reseed erosion rills on side slope of Pond #3 in FY2020. Under Construction.
Item #8: Remove sediment from Cell 9.1 stormwater ditch in FY2020/2021. Under Construction.
Item #9: Muck out Pond #3, #4 and #5 as part of Cell 567 Capping Project. 9/2019.
Item #10: Muck out Pond #6 and remove sediment from head (southeast corner at intersection to
pretreatment building) of stone ditch to Pond #6 in FY2020/2021.
Item #11: Pickup litter from around site and stormwater management structures in FY2020. 9/2019.
Date corrective action to be completed: FY2019 - FY2021

Name of person responsible: Items #1, #2, #7, #8, #9, #10 and #11: Michael Porath/Tim Richards Items #10 and #11: Jonathan Rossetti

MLFRRF Inspection Checklist								
	Quarter	rter 1	Quarter	rter 2	Quarter	rter 3	Quarter	ter 4
Date of Inspection:							11/6/	1/6/2019
Entrances, Administration Building, Main Haul Road,								
Leachate Area and Paved Surfaces	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Recycling Center (Upper Area) Clean							X	
Bulk Material Drop Off (Lower Area) - Upper and Lower							×	
rica Cicall								
Entrance/Exit Roads and Paved Area Clean							X	
Administration Building Area Clean							X	
Cardboard Building Area Clean			A STATE OF THE STA				×	
Leachate Treatement/Storage Area Clean							×	
Convenience Center Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Attendant on Duty							X	
Attendant Booth Clean				100			×	
Stormdrain Inlet Openings/Grates Clean							×	
Signs in Place							×	
Spills/Leaks or Containers Leaking							×	
Trash Cans Empty							×	
Latex Paint Dumpster Organized/No Leaks							×	
Oil, Batteries and AntiFreeze Recycling Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels							X	
Full Tanks Locked							×	
Screens Cleaned							×	
Tanks Cleaned							×	
Containment Basins Clean							×	
Sorbent Mate and Material Maintained or Disposed of Properly							×	
No Leaks/Spills							×	
Drain Valves Shut							×	
Batteries Stored in Metal Locker							×	
Pavement Clean (Powerwash Needed?)							X	
Trash Cans Emptied							X	

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.

Note: Washout and erosion of grass side slope next to Scalehouse needs repair in FY2019. See Item #3 on Corrective Action Page. Completed Note: Bare spot on ground west of and behind Cardboard Recycling Center. See Item #6 on Corrective Action Page. Completed
Note: Windblown litter is slowly becoming an issue at Recycling Centers except SRC. See Item #11 on Corrective Action Page. Completed. Note: Draincock on used oil containment structure in Recycle Center is damaged. See Item #4 on Corrective Action Page. Completed Note: Bare spot on ground south of and beside used oil shed in Recycle Center. See Item #5 on Corrective Action Page. Completed

MLFRRF Maintenance and Warehouse Inspection Checklist	it .							
	Quarter	rter 1	Quarter	rter 2	Qua	Quarter 3	Quar	Quarter 4
Date of Inspection:							11/6/2019	2019
Maintenance Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Shop Floor Clean and Free of Debris							×	
Sorbent Material in Place and Clean, Used Sorbent Disposed of								
Properly				1, 10			×	
Drip Pans Under Equipment Empty							×	
No Leaks/Spills in Maintenance Building or adjacent Parking								
Areas							×	
Materials/Equipment Stored All Drums have Lids							×	
Adjacent Parking Areas Clean							×	
Materials Stored Properly							×	
Floor Drain Sumps Dry/Pumped							×	
Strainer Clean under Sink							×	
Warehouse Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Fueling Station Area Clean							×	
No Leaks from Fuel Dispensers/Hoses							×	
No Evidence of Spills							×	
Hazardouse Waste Lockers Maintained							×	
Inlets and Sediment Trap Maintained							×	
Materials/Equipment Properly Stored							×	
Yard Area Stable/Drainage Adequate							×	
Sediment Deposition in Perimeter Swales							×	
Comments: If UNSAT (Unsatisfactory) is checked, list what need	ds to be done	what needs to be done, by whom, and the expected completion date.	the expecte	ed completion	date.			

MLFRRF Compost Area, Cell 8 and 9 Areas Checklist								
	Quarter	ter 1	Quarter	rter 2	Quarter	rter 3	Qua	Quarter 4
Date of Inspection:							11/6	1/6/2019
Compost Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Materials/Equipment Properly Stored							×	
Entrance/Exit Roads and Paved Area Clean							×	
Access Roads (potholes, grading, vegetation)							×	
Blown Trash							×	
Litter Fence							×	
Super Silt Fence							×	
Cell 9	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Blown Trash							×	
Litter Fence							×	
Dust Control							×	
Alternate Daily Cover							×	
Drainage Terraces							×	
Access Roads (potholes, grading, vegetation)							×	
Riprap Ditches							×	
Gel Logs							×	
Dewatering Devices							×	
SWM Pond #9-2 Outfall Clear							×	
Dewatering Devices							×	
Access Roads (potholes, grading, vegetation)							×	
Cell 9 Recycle Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Erosion and Sediment Controls							×	
Metal/Tire/Leaf Areas							×	
Brush Grinding Area							×	
Dewatering Devices							×	
Dust Control							×	
Access Roads (potholes, grading, vegetation)							×	
Riprap Ditches or Swales							×	
Commonter If I INIC AT (I Langeting and in a Lange 1: 1	1-1-1	1	1 11					

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.

Note: Stormwater ditch from Cell 9.1 to four-way stop intersection has excessive amounts of sediment. See Item #8 on Corrective Action Page.

Note: Pickup litter from around site and from stormwater management structures. See Item #11 on Corrective Action Page.

MLFRRF Post-Closure Inspection Checklist

	1, 2, 4, 5, 6, 7 and 8		
Date: 11/6/2019	Inspector's Name(s):	Mark Morris	
Time: 9:00 a.m. to 2:30 p.m.			
Weather: Cool and Sunny	Inspector's Title(s)	EMM	
			_
	Inspector's Contact Info	443-623-060	5
	Maintenance Required	Date	Date
	Yes No	Scheduled	Completed
Required Quarterly Inspections			
A. Final Cover Systems			1 840000
1. Erosion	X		
Vegetative Cover (other than erosion)	X		
Subsidence Areas	X		
4. Leachate Seeps	X		
5. Woody Vegetation	X		
6. Access Roads	X		
7. Sediment Deposition	X		
B. Drainage Control Systems		•	
Cover Terrace	X		
Riprap Downchutes	X		
Grassed and Riprap Swales	X		
Drainage Layer Toe Drains	X		
Riprap Slope Protection	X		
Culverts/Pipes under Access Roads	X		
7. Sediment Deposition	X		
C. Other Inspections			
Security (Perimeter Fence and Locking Gates)	X		
Groundwater Monitoring Wells	X		
Gas Monitoring Wells	X		
Comments (If Maintenance Required is Checked	"YES" for any Items, a Commen	t is Required)	:
Note: Any woody vegetation will be removed as part of rou	tine maintenance occurring in the 4th	quarter.	
Note: Cell 567 is currently under construction and outside	the purview of this inspection.		

		MLFRRF Stormw	ater Managem	ent Inspection	Checklist			
Date:	11/6/2019)	Ins	spector's Name	(s):	Mark Morris		
Time:		to 2:30 p.m.				man monio		-
Weather:	Cool and	Sunny	- Ins	spector's Title(s		EMM		_
			Ins	pector's Conta	ct Info	443-623-0605	5	_
				Operating Effectively	Maintenance Required	Date	Date	
Structural Storm	water Mana	gement Controls		Y/N	Y/N	Scheduled	Completed	-
SWM Pond #1	Retention	Pond		YES	NO	Т	1	-
SWM Pond #2	Infiltration			YES	NO			1
SWM Pond #3	Retention			YES	YES	FY2020/21		1
SWM Pond #4 SWM Pond #5	Retention			YES	YES	FY2020/21		
SWM Pond #6	Retention			YES YES	YES	FY2020/21		1
SWM Pond #8-1	Retention I			YES	YES NO	FY2020/21		4
SWM Pond #9-2				YES	NO			-1
SWM Pond #10	Bioretentio	n Pond		YES	NO	 		1
SWM Pond #11	Pocket Por			YES	NO			1
Infiltration Trench		Trench		YES	NO]
Describe Correct SWM Facility	ive Actions	Action Hor						
Stone chute		Stone chute to Pond #5	requires rossi	to roduce sodie	ant landing to	and the deep		-
Stone chute	_	Inspect stone chutes to	Pond #3 and #	4 for erosion and	d renair (if needs	ona. Under Con	etruction.	-
Pond #3	-	Repair and reseed eros	ion rills on side	slope of Pond #	3. Under Constru	uction	Struction.	1
Pond #3, #4, #5	_	Muck out Pond #3, #4 a	ind #5 as part of	of Cell 567 Capp	ing Project, Unde	er Construction		1
Pond #6		Muck out Pond #6 and	remove sedime	nt from head of	stone ditch to Po	and #6.		1
	_							1
	_		-]
	_]
	-							4
	-							-
	-							-
			-	***************************************				1
Inspection Items					Check Whe	n Feature Is In	spected	
Stormwater Mana 1. Erosion	igement Poi	nds		Pond #1	Pond #2	Pond #3	Pond #4	Pond #5
Vegetative Cov	er (other tha	n orogion)		X	X	X	X	X
Seepage Throu	oh Pond Em	hankment		X	X	X	X	X
Woody Vegetat		Dankmon		x	×	X	X	X
5. Holes in Embar		owing animals)		X	X	x	X	X
Trash Racks				X	X	X	X	X
7. Inside Riser and				X	X	X	Х	X
8. Riprap Inlet and				X	X	X	X	X
Structure (SWM Dewatering De		et Structures		X	X	X	X	X
11. Sediment Dep				X	X	X	X	X
12. Pre-Treatment			-	X	X	X	X	X
13. Pond/Discharg				X	X	X	x	x
Stormwater Mana	gement Por	nds				n Feature Is In		
1. Erosion				Pond #6	Pond #8-1	Pond #9-2	Pond #10	Pond #11
Vegetative Cove	er (other than	n erosion)		X	X	X	X	X
Seepage Through	gh Pond Em	bankment		x	x	X	X	X
4. Woody Vegetati	ion			x	X	X	X	X
Holes in Emban	kment (burro	owing animals)		X	X	X	x	X
6. Trash Racks				X	X	X	X	X
7. Inside Riser and				X	X	X	X	X
Riprap Inlet andStructure (SWM)				X	X	X	X	X
Structure (SVVIII Dewatering De		et otructures		X	X	X	X	X
11. Sediment Depo				X	X	X	X	X
12. Pre-Treatment				x	x	X	X	X
13. Pond/Discharg				X	x	x	X	X
Inspection Items					Check When	Feature Is In	spected	
Stormwater Mana 1. Erosion	gement Tre	ncn		Inf. Trench				
Vegetative Cove	er (other than	erosion)		X				
Woody Vegetati	on			×				
11. Sediment Depo				X				

Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.