



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

## Annual Reporting Form

### A. GENERAL INFORMATION

1. Facility Name: PATIENT WATER RECLAMATION FACI
2. NPDES Permit Tracking No.: 12-SP-2459
3. Facility Physical Address:
- a. Street: 1640 PROFESSIONAL BLVD
- b. City: CROFTON c. State: MD d. Zip Code: 21114
4. Lead Inspectors Name: ROBERT STULL Title: WWCY II
- Additional Inspectors Name(s): ROBERT KRAWS TEAM MANAGER
5. Contact Person: ROBERT KRAWS Title: TEAM MANAGER
- Phone: 410-222-7925 Ext. E-mail: PVERA@180AA.COUNTY.ORG
6. Inspection Date: 10/22/2019

### 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:

**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 1:

1. Brief Description:

PLANT UNDER CONSTRUCTION

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)

CB-15 TO BE SERVICED

CB-8, 9, 10 HAS BEEN REMOVED.

CB-4, PLANT ENTRANCE

ADDITIONAL STORM WATER MEASURES HAS BEEN ADDED AT CB-7, EAST OF MUDWELL WEST OF ADMIN.

INDUSTRIAL ACTIVITY AREA 2:

1. Brief Description:

TEMPORARY DEWATERING

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)

CONTRACTOR TO CLEAN SPILLED LINE

INDUSTRIAL ACTIVITY AREA \_\_\_\_\_:

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 \_\_\_\_\_:

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 \_\_\_\_\_:

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 \_\_\_\_\_:

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)

**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 # 01 of 02 for this reporting period.

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:

CB-15 will BE SERVICED

5. Date problem identified: 10/22/2019

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- 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:

HAVE CONTRACTOR SERVICE CB TO RESTORE OPTIMAL CONDITION.

8. Did/will this corrective action require modification of your SWPPP?  YES  NO

9. Date corrective action initiated: 10/22/2019

10. Date correction action completed:      /      /      or expected to be completed: TBD      /      /     

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:

CONTRACTOR HAS BEEN NOTIFIED, COMPLETION IMMINENT,

**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 # 02 of 02 for this reporting period.

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:

CONTRACTOR TO CLEAN UP WORK AREA

5. Date problem identified: 10/22/2019

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- 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:

HAVE CONTRACTOR SERVICE TEMPORARY DEWATERING AREA

8. Did/will this corrective action require modification of your SWPPP?  YES  NO

9. Date corrective action initiated: 10/22/2019

10. Date correction action completed:      /      /      or expected to be completed: TBD      /      /     

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:

CONTRACTOR HAS BEEN NOTIFIED, COMPLETION IMMINENT.

**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.

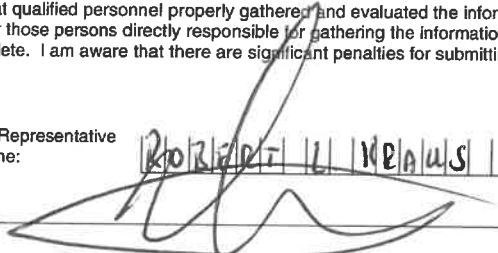
Authorized Representative  
Printed Name:

ROBERT L. STULL

Title:

TEAM MANAGER

Signature:



Date Signed:

10/22/19

MSA

ROBERT STULL

10/22/19

### Annual Facility Comprehensive Site Compliance Evaluation

| Date     | Location                | Potential Pollutants / Source  | BMP  | Changes Since Last Inspection | BMP Effective? (Y/N) |
|----------|-------------------------|--|--|-------------------------------|----------------------|
| 10/22/19 | Drainage Area 1         | Sediment / Gravity Sludge Thickeners                                   | Covered units  |                               | Y                    |
| 10/22/19 | Drainage Area 1         | Fuel / Vehicle Refueling Station                                       | Monthly inspections of refueling area for evidence of spills.  |                               | N/A                  |
| 10/22/19 | Drainage Area 1         | Oil / Waste Oil Storage  | Monthly inspections of tank pad for evidence of a release or spill.  |                               | Y                    |
| 10/22/19 | Drainage Area 1         | Oil / Waste Oil Storage  | Self-contained storage tank.   |                               | Y                    |
| 10/22/19 | Drainage Area 1         | Caustics, fuel, and process materials / Spills during material storage | Chemical management system so supplies arrive as needed.   |                               | Y                    |
| 10/22/19 | Drainage Areas 1, 2 & 3 | Sediment / Clarifiers  | Overflow channels on inside perimeter of concrete walls  |                               | Y                    |
| 10/22/19 | Drainage Areas 1, 3 & 4 | Sediment / Oxidation Ditches   | Adequate freeboard maintained  |                               | Y                    |
| 10/22/19 | Drainage Area 2         | Sediment / Storm water runoff  | Storm Water Detention Pond   | Recently REHAB                | Y                    |
| 10/22/19 | Drainage Area 2         | Diesel Fuel / Emergency Generator                                      | Monthly inspections of the emergency generator pad for evidence of spills or leaks   |                               | Y                    |
| 10/22/19 | Drainage Area 2         | Methanol Facility  | In case of a spill drain to drain to direct water to the methanol containment area. Sump pump will pump to the Filter Overflow Box | Can Be Sent Back into process | Y                    |
| 10/22/19 | Facility-wide           | Sediment / Vehicular traffic   | Material tracked onto paved areas is removed as soon as practical.   |                               | Y                    |
| 10/22/19 | Facility-wide           | Sediment / Litter  | Litter is picked up promptly and disposed of properly.   |                               | Y                    |

### Annual Facility Comprehensive Site Compliance Evaluation

| Date     | Location        | Potential Pollutants / Source  | BMP   | Changes Since Last Inspection                 | BMP Effective? (Y/N) |
|----------|-----------------|--|---|---|----------------------|
| 10/22/19 | Drainage Area 1 | Sediment / Headworks & Influent Pumping Station  | Trench drain at Grit Collection   | NEW HEAD WORKS<br>BLDG. ONLINE                | Y                    |
| 10/22/19 | Drainage Area 1 | Sediment / Headworks & Influent Pumping Station  | Material tracked onto paved areas is removed as soon as practical.  |   | Y                    |
| 10/22/19 | Drainage Area 1 | Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer | Employees are trained in proper transfer techniques   |   | Y                    |
| 10/22/19 | Drainage Area 1 | Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer | Spill response equipment is available where materials are handled, stored or transferred.                   |   | Y                    |
| 10/22/19 | Drainage Area 1 | Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer | Material deliveries are scheduled for times when facility personnel are available to supervise the delivery |   | Y                    |
| 10/22/19 | Drainage Area 1 | Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer | Prior to material transfer, all hoses, valves, and fittings are checked to ensure that they are leak free   |   | Y                    |
| 10/22/19 | Drainage Area 1 | Sediment, caustics, process chemicals, fuel, oil and biosolids / Spills during material transfer | Good housekeeping - Spills that occur during material transfer are cleaned up promptly                      |   | Y                    |
| 10/22/19 | Drainage Area 1 | Solids / Outdoor Material Storage  | Storage silo and pneumatic conveyance of material   | Bit messy & cluttered<br>Notified to Clean up | N                    |
| 10/22/19 | Drainage Area 1 | Oil/Electrical Transformer   | Monthly inspections of the electrical transformer containment pad for evidence of spills or leaks           |   | Y                    |
| 10/22/19 | Drainage Area 1 | Diesel Fuel / Fuel Storage Tank  | Monthly inspections of the diesel fuel storage tank pad for evidence of spills or leaks                     | REMOVED                                       | N/A                  |
| 10/22/19 | Drainage Area 1 | Diesel Fuel / Fuel Storage Tank  | Self-contained storage tank   | REMOVED                                       | N/A                  |