

Form C. Comprehensive Site Inspection Reports

Stormwater Industrial Facility Inspection Report

General Information			
Facility Name	Mountain Road Yard		
NPDES Tracking No.	Maryland General Discharge Permit 12-SW: 1181		
Date of Inspection	07-09-20	Start/End Time	0730-0930
Inspector's Name(s)	Jim Small/ Lenny Clower Rick Davis Jesse Dearing		
Inspector's Title(s)	Superintendent/ROS Chief BOH RMS		
Inspector's Contact Information	410 222-6120		
Inspector's Qualifications	SWPPP Team Northern District		
Weather Information			
Weather at time of this inspection?			
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: Temperature: 100 degrees			
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

Control Measures

	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	Stormwater Pond #1 <ul style="list-style-type: none"> Outlet structure damaged? Outlet structure openings clear of debris? Trash or debris? Inflow clear of debris? Storm water by-pass the pond? Erosion (anywhere)? Only grass on the embankment? Dead or diseased vegetation? Animal burrows? Sediment more than one foot deep? Discoloration or sediment at the outfall? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Routine Maintenance required. Remove Coir Log and construct Sediment Forebay

	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)
	<ul style="list-style-type: none"> • Access clear? 			
2	Stormwater Pond #2 <ul style="list-style-type: none"> • Outlet structure damaged? • Outlet structure openings clear of debris? • Trash or debris? • Inflow clear of debris? • Storm water by-pass the pond? • Erosion (anywhere)? • Only grass on the embankment? • Dead or diseased vegetation? • Animal burrows? • Sediment more than one foot deep? • Discoloration or sediment at the outfall? • Access clear? • ? 	◆ Yes <input type="checkbox"/> No	◆ Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Create a sediment trap at the confluence of the material storage lot and swale to collect debris prior to intercepting the closed storm drain.
3	Waste Oil Tank System	◆ Yes <input type="checkbox"/> No	◆ Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	none
4	Salt Barn	◆ Yes <input type="checkbox"/> No	◆ Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	none
5	Calcium Chloride Tank Containment	◆ Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	None
6	Vacuum Truck Material Drying Pit	◆ Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	None

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Vehicle maintenance material (hydraulic fluids , lubricants, etc.) loading/unloading and	◆ Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes ◆ No	none

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
	storage areas			
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	none
3	Fueling area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Clear woody vegetation from around fuel tank
4	Dumpsters and trash cans	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	none
5	Salt barn	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	none
6	Calcium Chloride tank, containment wall and application area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Clear all calcium Chloride lines for buildup
7	Dust generation and 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	none
8	Vacuum Truck Material Drying Pit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	none

Non-Compliance

Describe any incidents of non-compliance observed and not described above:
All areas are in compliance .

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements: All requirements have been met

Notes

Use this space for any additional notes or observations from the inspection:

N/A

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: _____

Signature: _____ **Date:** _____