Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 1 MLF				
Quarter / Year:	3 20	**Date / Time Collected:**	7/7 745	**Date / Time Examined:**	7/7 1130
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title	M Lunghi E.I.				
Examiner's Name & Title	M Lunghi E.I.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? Yes No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes No	Describe:
	Leave sample undisturbed for 30 minutes.	
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes No	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes No	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: 7/7/20

Stormwater Examiner's Signature and Date: 7/7/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Sand Filter Area Pond 2 MLF				
Quarter / Year:	3 20	**Date / Time Collected:** 7/7/20 750		**Date / Time Examined:**	—
Qualifying Storm Event?	Yes	No	**Runoff Source:**	Rainfall	Snowmelt
Collector's Name & Title	mlundi E.T				
Examiner's Name & Title	mlundi E.T				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes No (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? Yes No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes No	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes No	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes No	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes No	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes No	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes No	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

no sample
no water present

Stormwater Collector's Signature and Date: 7/7/20

Stormwater Examiner's Signature and Date: 7/7/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 3 MLF				
Quarter / Year:	3 20	**Date / Time Collected:**	7/7 735	**Date / Time Examined:**	7/7 113
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title	M Lynch E.T.				
Examiner's Name & Title	M Lynch E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes No (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? Yes No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes No	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes No	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes No	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes No	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes No	Describe: *(note type, size and material after sample is not disturbed for 30 minutes)*
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes No	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: M 7/7/20

Stormwater Examiner's Signature and Date: M 7/7/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 4 MLF				
Quarter / Year:	3 20	**Date / Time Collected:**	7/7 725	**Date / Time Examined:**	7/7 1130
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lunsford E.T.				
Examiner's Name & Title	M Lunsford E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? (Yes) No (Clear)	If Yes, describe: *Yellow Brown Red Gray* *Other:* Tan
2. Clarity	Is the stormwater clear? Yes (No)	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids* (*Milky/Cloudy*) *Opaque* *Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules* *Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum* *Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement* *Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: *(note type, size and material after sample is not disturbed for 30 minutes)*
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: [signature] 7/7/20

Stormwater Examiner's Signature and Date: [signature] 7/7/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 5				
Quarter / Year:	3 20	**Date / Time Collected:**	7/7 731	**Date / Time Examined:**	7/7 1130
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lynch E.I.				
Examiner's Name & Title	M Lynch E.I.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? (Yes) No (Clear)	If Yes, describe: *Yellow Brown Red Gray* *Other:* Tan
2. Clarity	Is the stormwater clear? Yes No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids* (Milky/Cloudy) *Opaque* *Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules* *Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum* *Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement* *Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: M 7/7/20

Stormwater Examiner's Signature and Date: M 7/7/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 6 MLF				
Quarter / Year:	3 20	**Date / Time Collected:**	7/7 650	**Date / Time Examined:**	7/7 1130
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	mLunsh. E.T.				
Examiner's Name & Title	mLunsh. E.T				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No) (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
	Leave sample undisturbed for 30 minutes.	
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: [signature] 7/7/20

Stormwater Examiner's Signature and Date: [signature] 7/7/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 5 MLF				
Quarter / Year:	3 20	**Date / Time Collected:**	7/7 711	**Date / Time Examined:**	7/7 1130
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lunghi E.I.				
Examiner's Name & Title	M Lunghi E.I.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No) (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
******Leave sample undisturbed for 30 minutes.******		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: *(note type, size and material after sample is not disturbed for 30 minutes)*
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: M 7/7/20

Stormwater Examiner's Signature and Date: M 7/7/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	B.O Area 10 MLF				
Quarter / Year:	3 20	**Date / Time Collected:**	7/7 758	**Date / Time Examined:**	7/7 1130
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title	m Lynch E.T.				
Examiner's Name & Title	m Lynch E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No) (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? (Yes) No	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*) very Fine powdery sand
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Bio Area 11 MLF				
Quarter / Year:	3 20	**Date / Time Collected:**	7/7 741	**Date / Time Examined:**	7/7 1130
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title	m Lunghi E.T.				
Examiner's Name & Title	m Lunghi E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? Yes No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes No	Describe:
	Leave sample undisturbed for 30 minutes.	
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes No	Describe: (note type, size and material after sample is not disturbed for 30 minutes) very fine powdery sand-(compost)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes No	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: M 7/7/20

Stormwater Examiner's Signature and Date: M 7/7/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 1 MLF				
Quarter / Year:	4 20	**Date / Time Collected:**	10/12 1043	**Date / Time Examined:**	10/12 1
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	mlunch E.T.				
Examiner's Name & Title	mlunch E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No) (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? Yes (No)	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids (Milky/Cloudy) Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
******Leave sample undisturbed for 30 minutes.******		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: *(note type, size and material after sample is not disturbed for 30 minutes)*
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: 10/12/20

Stormwater Examiner's Signature and Date: 10/12/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Sand Filter area 2 MLF				
Quarter / Year:	4 20	**Date / Time Collected:**	10/12 11:4	**Date / Time Examined:**	10/12 1
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lundy. E.T.				
Examiner's Name & Title	M Lundy E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: M Lundy 10/12/20

Stormwater Examiner's Signature and Date: M Lundy 10/12/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 4 MLF				
Quarter / Year:	4 20	**Date / Time Collected:**	10/12 1035	**Date / Time Examined:**	10/12
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	mLunghi E.T.				
Examiner's Name & Title	mLunghi E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? Yes (No)	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids (Milky/Cloudy) Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
******Leave sample undisturbed for 30 minutes.******		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: 10/12/20

Stormwater Examiner's Signature and Date: 10/12/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 6 Pretreatment MLF				
Quarter / Year:	4 20	**Date / Time Collected:**	10/12 936	**Date / Time Examined:**	10/12 1
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title	M Lynch E.T.				
Examiner's Name & Title	M Lynch E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No) (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: [signature] 10/12/20

Stormwater Examiner's Signature and Date: [signature] 10/12/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 8 MLF				
Quarter / Year:	4 20	**Date / Time Collected:**	10/12 1013	**Date / Time Examined:**	10/12 1
Qualifying Storm Event?	Yes (No)		**Runoff Source:**	(Rainfall)	Snowmelt
Collector's Name & Title	M Lynch, E.T.				
Examiner's Name & Title	M Lynch, E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No) (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: 10/12/20

Stormwater Examiner's Signature and Date: 10/12/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 9 MLF				
Quarter / Year:	4 20	**Date / Time Collected:**	10/12/1127	**Date / Time Examined:**	10/12 1
Qualifying Storm Event?	Yes No		**Runoff Source:**	Rainfall Snowmelt	
Collector's Name & Title	M Lunghi E.I.				
Examiner's Name & Title	M Lunghi E.I.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes No (Clear)	If Yes, describe: *Yellow Brown Red Gray* Other: Tan
2. Clarity	Is the stormwater clear? Yes No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque* Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes No	Which best describes the sheen? *Rainbow sheet Floating oil globules* Other:
4. Odor	Does the sample have an odor? Yes No	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum* Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes No	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement* Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes No	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes No	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes No	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: 10/12/20

Stormwater Examiner's Signature and Date: 10/12/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	#10 Bio Area Shed MLF				
Quarter / Year:	4 20	**Date / Time Collected:**	10/12 840	**Date / Time Examined:**	10/12 1
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lundi E.T.				
Examiner's Name & Title	M Lundi E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: M Lundi 10/12/20

Stormwater Examiner's Signature and Date: M Lundi 10/12/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	11 Bio Area cell 1 MLF				
Quarter / Year:	4 20	**Date / Time Collected:**	10/12 1057	**Date / Time Examined:**	10/12 1
Qualifying Storm Event?	Yes No		**Runoff Source:**	Rainfall Snowmelt	
Collector's Name & Title	mlunsh. E.T.				
Examiner's Name & Title	mlunsh. E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes No (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? Yes No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes No	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes No	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes No	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes No	Describe:
******Leave sample undisturbed for 30 minutes.******		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes No	Describe: *(note type, size and material after sample is not disturbed for 30 minutes)*
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes No	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: 10/12/20

Stormwater Examiner's Signature and Date: 10/12/20

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 1 MLF				
Quarter / Year:	1 21	**Date / Time Collected:**	3/1 8:17	**Date / Time Examined:**	3/1 2:20
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lynch E.T.				
Examiner's Name & Title	M Lynch E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? (Yes) No (Clear)	If Yes, describe: (Yellow) *Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: *(note type, size and material after sample is not disturbed for 30 minutes)*
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: [signature] 3/1/21

Stormwater Examiner's Signature and Date: [signature] 3/1/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Sand Filter area 2 MCF				
Quarter / Year:	1 21	**Date / Time Collected:**	3/1 827	**Date / Time Examined:**	3/1 920
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title	M Lynch E.T.				
Examiner's Name & Title	M Lynch, E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No) (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
	Leave sample undisturbed for 30 minutes.	
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: *(note type, size and material after sample is not disturbed for 30 minutes)*
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: M 3/1/21

Stormwater Examiner's Signature and Date: M 3/1/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 6 MLF				
Quarter / Year:	1 21	**Date / Time Collected:**	3/1 838	**Date / Time Examined:**	3/1 920
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title	M Lynch E.I.				
Examiner's Name & Title	M Lynch E.I.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
	Leave sample undisturbed for 30 minutes.	
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: 3/1/21

Stormwater Examiner's Signature and Date: 3/1/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 8 MLF				
Quarter / Year:	1 21	**Date / Time Collected:**	3/1 - 750	**Date / Time Examined:**	3/1 220
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lynch E.T.				
Examiner's Name & Title	M Lynch E.T				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
	Leave sample undisturbed for 30 minutes.	
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: *(note type, size and material after sample is not disturbed for 30 minutes)*
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: M 3/1/21

Stormwater Examiner's Signature and Date: M 3/1/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cell 9 pond				
Quarter / Year:	1/21	**Date / Time Collected:**	2/22/21	**Date / Time Examined:**	
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title	M. Lunghi E.I.T.				
Examiner's Name & Title					

Parameter	Parameter Description	Parameter Characteristics
1. **Color**	Does the stormwater appear to have any color? **Yes** **No (Clear)**	If Yes, describe: *Yellow Brown Red Gray Other:*
2. **Clarity**	Is the stormwater clear? **Yes** **No**	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. **Oil Sheen**	Can you see a rainbow effect or sheen on the water surface? **Yes** **No**	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. **Odor**	Does the sample have an odor? **Yes** **No**	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. **Floating Solids**	Is there anything on the surface of the sample? **Yes** **No**	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. **Suspended Solids**	Is there anything suspended in the sample? **Yes** **No**	Describe:
	******Leave sample undisturbed for 30 minutes.******	
7. **Settled Solids**	Is there anything settled on the bottom of the sample? **Yes** **No**	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. **Foam**	Does foam or material form on the top of the sample surface if you shake it? **Yes** **No**	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Pond under construction
for cleaning – No discharge

Stormwater Collector's Signature and Date: [signature] 2/22/21

Stormwater Examiner's Signature and Date:

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	D.O Area 10 MLF Shop				
Quarter / Year:	1 21	**Date / Time Collected:**	3/1 844	**Date / Time Examined:**	3/1 720
Qualifying Storm Event?	Yes No	**Runoff Source:**	Rainfall Snowmelt		
Collector's Name & Title	M Lynch E.T.				
Examiner's Name & Title	M Lynch E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? Yes No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes No	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes No	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes No	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: [signature] 3/1/21

Stormwater Examiner's Signature and Date: [signature] 3/1/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	B.O Area 11 MLF				
Quarter / Year:	1 21	**Date / Time Collected:**	3/1 809	**Date / Time Examined:**	3/1 820
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lynch, E.I.T.				
Examiner's Name & Title	M Lynch, E.I.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? (Yes) No (Clear)	If Yes, describe: (Yellow) Brown Red Gray Other:
2. Clarity	Is the stormwater clear? Yes (No)	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids (Milky/Cloudy) Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: [signature] 3/1/24

Stormwater Examiner's Signature and Date: [signature] 3/1/24

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 1 MLF				
Quarter / Year:	2 21	**Date / Time Collected:**	5/6 938	**Date / Time Examined:**	5/6 230
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lunghi E.I.				
Examiner's Name & Title	M Lunghi E.I				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? (Yes) No (Clear)	If Yes, describe: (Yellow) Brown Red Gray Other:
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: [signature] 5/6/21

Stormwater Examiner's Signature and Date: [signature] 5/6/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Sand Filter area 2 MLF				
Quarter / Year:	2 21	**Date / Time Collected:**	5/6 9:17	**Date / Time Examined:**	5/6 230
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lynch E.T.				
Examiner's Name & Title	M Lynch E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: M 5/6/21

Stormwater Examiner's Signature and Date: M 5/6/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 6 MLF				
Quarter / Year:	2 21	**Date / Time Collected:**	5/6 720	**Date / Time Examined:**	5/6 730
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lynch E.T.				
Examiner's Name & Title	M Lynch E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No) (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? (Yes) No	Describe: Algae
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: [signature] 5/6/21

Stormwater Examiner's Signature and Date: [signature] 5/6/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 8 MIF				
Quarter / Year:	2 21	**Date / Time Collected:**	5/6 908	**Date / Time Examined:**	5/6 230
Qualifying Storm Event?	(Yes) No		**Runoff Source:**	(Rainfall) Snowmelt	
Collector's Name & Title	M Lunghi E.T.				
Examiner's Name & Title	M Lunghi E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No (Clear))	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: M 5/6/21

Stormwater Examiner's Signature and Date: M 5/6/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Pond 9 ML				
Quarter / Year:	2 21	**Date / Time Collected:**	5/6 7Hr	**Date / Time Examined:**	5/6 230
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	MLynch, E.T				
Examiner's Name & Title	MLynch, E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No (Clear))	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
******Leave sample undisturbed for 30 minutes.******		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: *(note type, size and material after sample is not disturbed for 30 minutes)*
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. **If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.**

Stormwater Collector's Signature and Date: [signature] 5/6/21

Stormwater Examiner's Signature and Date: [signature] 5/6/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Bio Area 10 MLF				
Quarter / Year:	2 21	**Date / Time Collected:**	5/6 949	**Date / Time Examined:**	5/6 950
Qualifying Storm Event?	(Yes) No	**Runoff Source:**	(Rainfall) Snowmelt		
Collector's Name & Title	M Lundi E.T.				
Examiner's Name & Title	M Lundi E.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? (Yes) No (Clear)	If Yes, describe: (Yellow) Brown Red Gray Other:
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
Leave sample undisturbed for 30 minutes.		
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: 5/6/21

Stormwater Examiner's Signature and Date: 5/6/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Bio Area II MLF				
Quarter / Year:	2 21	**Date / Time Collected:**	5/6 933	**Date / Time Examined:**	5/6 230
Qualifying Storm Event?	Yes (No)		**Runoff Source:**	(Rainfall) Snowmelt	
Collector's Name & Title	M Lunghi E.I.T.				
Examiner's Name & Title	M Lunghi E.I.T.				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes (No) (Clear)	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? (Yes) No	If not clear, which of the following best describes the clarity of the stormwater? *Suspended Solids Milky/Cloudy Opaque Other:*
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes (No)	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? Yes (No)	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? Yes (No)	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? Yes (No)	Describe:
	Leave sample undisturbed for 30 minutes.	
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes (No)	Describe: (*note type, size and material after sample is not disturbed for 30 minutes*)
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes (No)	Describe:

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: [signature] 5/6/21

Stormwater Examiner's Signature and Date: [signature] 5/6/21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

MLFRRF Quarterly Routine Inspection Certification (3rd Quarter 2020)

Location	In Compliance (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	Subcell 9.2 Under Construction FY20/21
Post-Closure Inspection	YES	Cell 567 Under Construction FY20/21
Leachate Collection	YES	
Stormwater Management	YES	

*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:  Date: 7-Jul-20

Note: This routine inspection was completed after heavy rains when all ponds were discharging on a cloudy, warm summer day.

Quarterly Routine Inspection Corrective Action Form

Date problem identified: 7/7/2020

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.
2. Stormwater in Pond #3 and Pond #4 appeared more cloudy than normal. On-going.
3. Eroding side slope next to road on Pond #3. On-going.
4. Ditch from Cell 9.1 to four-way stop intersection has excessive amounts of sediment. On-going.
5. Pond #6 and head of stone ditch to Pond #6 is showing sediment buildup. Completed.
6. The forebays to Pond 9-2 will have sediment buildup from Subcell 9.2 Construction. On-going.

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: Repair and reseed erosion rills on side slope of Pond #3 in FY2020. Under Construction.

Item #4: Remove sediment from Cell 9.1 stormwater ditch in FY2020/2021. Under Construction.

Item #5: 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. 3/2020.

Item #6: Pond 9-2 and its forebays will be mucked out as part of the Subcell 9.2 Construction Project in FY2020/2021. Under Construction.

Note: Items #1 through #4 and Item #6 are covered under the Cell 567 and Subcell 9.2 Construction Permits, and are outside of the perview of this inspection.

Date corrective action to be completed: FY2019 - FY2021

Name of person responsible: Items #1, #2, #3, #4 and #6: Michael Porath
Items #5: Jonathan Rossetti

MLFRRF Inspection Checklist								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:					7/7/2020			
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 Area Clean					X			
Entrance/Exit Roads and Paved Area Clean					X			
Administration Building Area Clean					X			
Cardboard Building Area Clean					X			
Leachate Treatement/Storage Area Clean					X			
Convenience Center Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Attendant on Duty					X			
Attendant Booth Clean					X			
Stormdrain Inlet Openings/Grates Clean					X			
Signs in Place					X			
Spills/Leaks or Containers Leaking					X			
Trash Cans Empty					X			
Latex Paint Dumpster Organized/No Leaks					X			
Oil, Batteries and AntiFreeze Recycling Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels					X			
Full Tanks Locked					X			
Screens Cleaned					X			
Tanks Cleaned					X			
Containment Basins Clean					X			
Sorbent Mats and Material Maintained or Disposed of Properly					X			
No Leaks/Spills					X			
Drain Valves Shut					X			
Batteries Stored in Metal Locker					X			
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.

MLFRRF Maintenance and Warehouse Inspection Checklist								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:					7/7/2020			
Maintenance Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Shop Floor Clean and Free of Debris					X			
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly					X			
Drip Pans Under Equipment Empty					X			
No Leaks/Spills in Maintenance Building or adjacent Parking Areas					X			
Materials/Equipment Stored All Drums have Lids					X			
Adjacent Parking Areas Clean					X			
Materials Stored Properly					X			
Floor Drain Sumps Dry/Pumped					X			
Strainer Clean under Sink					X			
Warehouse Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Fueling Station Area Clean					X			
No Leaks from Fuel Dispensers/Hoses					X			
No Evidence of Spills					X			
Hazardouse Waste Lockers Maintained					X			
Inlets and Sediment Trap Maintained					X			
Materials/Equipment Properly Stored					X			
Yard Area Stable/Drainage Adequate					X			
Sediment Deposition in Perimeter Swales					X			

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

MLFRRF Compost Area, Cell 8 and 9 Areas Checklist								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:					7/7/2020			
Compost Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Materials/Equipment Properly Stored					X			
Entrance/Exit Roads and Paved Area Clean					X			
Access Roads (potholes, grading, vegetation)					X			
Blown Trash					X			
Litter Fence					X			
Super Silt Fence					X			
Cell 9	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Blown Trash					X			
Litter Fence					X			
Dust Control					X			
Alternate Daily Cover					X			
Drainage Terraces					X			
Access Roads (potholes, grading, vegetation)					X			
Riprap Ditches					X			
Gel Logs					X			
Dewatering Devices					X			
SWM Pond #9-2 Outfall Clear					X			
Dewatering Devices					X			
Access Roads (potholes, grading, vegetation)					X			
Cell 9 Recycle Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Erosion and Sediment Controls					X			
Metal/Tire/Leaf Areas					X			
Brush Grinding Area					X			
Dewatering Devices					X			
Dust Control					X			
Access Roads (potholes, grading, vegetation)					X			
Riprap Ditches or Swales					X			

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

Note: Sediment in stormwater ditch from the four-way stop intersection to Subcell 9.1 has been removed and is currently being managed as part of the Subcell 9.2 Construction Project.

MLFRRF Post-Closure Inspection Checklist
Cells 1, 2, 4, 5, 6, 7 and 8

Date: 7/7/2020
Time: 7:30 to 9:30 a.m.
Weather: After Heavy Rains/Cloudy/Warm

Inspector's Name(s): Mark Morris
Inspector's Title(s) EMM
Inspector's Contact Info 443-623-0605

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. Sediment Deposition		X		
B. Drainage Control Systems				
1. Cover Terrace		X		
2. Riprap Downchutes		X		
3. Grassed and Riprap Swales		X		
4. Drainage Layer Toe Drains		X		
5. Riprap Slope Protection		X		
6. Culverts/Pipes under Access Roads		X		
7. Sediment Deposition		X		
C. Other Inspections				
1. Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		

Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):

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

Note: Cell 567 and stormwater Ponds 3, 4 and 5 are currently under construction and outside the purview of this inspection.

MLFRRF Stormwater Management Inspection Checklist

Date: 7/7/2020
Time: 7:30 to 9:30 a.m.
Weather: After Heavy Rains/Cloudy/Warm

Inspector's Name(s): Mark Morris
Inspector's Title(s) EMM
Inspector's Contact Info 443-623-0605

		Operating Effectively Y / N	Maintenance Required Y / N	Date Scheduled	Date Completed
Structural Stormwater Management Controls					
SWM Pond #1	Retention Pond	YES	NO		
SWM Pond #2	Infiltration Pond	YES	NO		
SWM Pond #3	Retention Pond	YES	YES	FY2020/21	
SWM Pond #4	Retention Pond	YES	YES	FY2020/21	
SWM Pond #5	Retention Pond	YES	YES	FY2020/21	
SWM Pond #6	Retention Pond	YES	YES	FY2020/21	Mar-2020
SWM Pond #8-1	Retention Pond	YES	NO		
SWM Pond #9-2	Retention Pond	YES	YES	FY2020/21	
SWM Pond #10	Bioretention Pond	YES	NO		
SWM Pond #11	Pocket Pond	YES	NO		
Infiltration Trench	Infiltration Trench	YES	NO		

Describe Corrective Actions

SWM Facility	Action Item
Stone chute	Stone chute to Pond #5 requires repair to reduce sediment loading to pond. Under Construction.
Stone chute	Inspect stone chutes to Pond #3 and #4 for erosion and repair (if needed). Under Construction.
Pond #3	Repair and reseed erosion rills on side slope of Pond #3. Under Construction.
Pond #3, #4, #5	Muck out Pond #3, #4 and #5 as part of Cell 567 Capping Project. Under Construction.
Pond #6	Muck out Pond #6 and remove sediment from head of stone ditch to Pond #6. Completed.
Pond #9-2	Pond #9-2 and Pond #9-2 riprap ditches to will be mucked out as part of the Subcell 9.2 Construction Project. Under Construction.

Inspection Items	Check When Feature Is Inspected				
Stormwater Management Ponds	**Pond #1**	**Pond #2**	**Pond #3**	**Pond #4**	**Pond #5**
1. Erosion	X	X	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X	X	X
3. Seepage Through Pond Embankment	X	X	X	X	X
4. Woody Vegetation	X	X	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X	X	X
6. Trash Racks	X	X	X	X	X
7. Inside Riser and Barrel Structures	X	X	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X	X	X
9. Structure (SWM) Culvert Inlet Structures	X	X	X	X	X
10. Dewatering Devices	X	X	X	X	X
11. Sediment Deposition	X	X	X	X	X
12. Pre-Treatment Devices	X	X	X	X	X
13. Pond/Discharge Clarity	X	X	X	X	X

Stormwater Management Ponds	Check When Feature Is Inspected				
	Pond #6	**Pond #8-1**	**Pond #9-2**	**Pond #10**	**Pond #11**
1. Erosion	X	X	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X	X	X
3. Seepage Through Pond Embankment	X	X	X	X	X
4. Woody Vegetation	X	X	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X	X	X
6. Trash Racks	X	X	X	X	X
7. Inside Riser and Barrel Structures	X	X	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X	X	X
9. Structure (SWM) Culvert Inlet Structures	X	X	X	X	X
10. Dewatering Devices	X	X	X	X	X
11. Sediment Deposition	X	X	X	X	X
12. Pre-Treatment Devices	X	X	X	X	X
13. Pond/Discharge Clarity	X	X	X	X	X

Inspection Items	Check When Feature Is Inspected
Stormwater Management Trench	**Inf. Trench**
1. Erosion	X
2. Vegetative Cover (other than erosion)	X
4. Woody Vegetation	X
11. Sediment Deposition	X

Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.
Note: Cell 567 and stormwater Ponds 3, 4 and 5 are currently under construction and outside the purview of this inspection.
Note: Subcell 9.2 and stormwater Pond 9-2 are currently under construction and outside the purview of this inspection.

MLFRRF Quarterly Routine Inspection Certification (4th Quarter 2020)

Location	In Compliance (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	Subcell 9.2 Under Construction FY20/21
Post-Closure Inspection	YES	
Leachate Collection	YES	
Stormwater Management	YES	

*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 Morris Date: 21-Oct-20

Note: This routine inspection was completed on a mostly sunny warm fall day.

Quarterly Routine Inspection Corrective Action Form

Date problem identified: 10/21/2020

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. Completed.
2. Stormwater in Pond #3 and Pond #4 appeared more cloudy than normal. Completed.
3. Eroding side slope next to road on Pond #3. Completed.
4. Ditch from Cell 9.1 to four-way stop intersection has excessive amounts of sediment. On-going.
5. Pond #6 and head of stone ditch to Pond #6 is showing sediment buildup. Completed.
6. The forebays to Pond 9-2 will have sediment buildup from Subcell 9.2 Construction. On-going.

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. 5/2020.
Item #2: Inspect stone chutes to Pond #3 and Pond #4 for possible erosion and repair (if needed) in FY2019/2020. 5/2020.
Item #3: Repair and reseed erosion rills on side slope of Pond #3 in FY2020. 5/2020.
Item #4: Remove sediment from Cell 9.1 stormwater ditch in FY2020/2021. Under Construction.
Item #5: 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. 3/2020.
Item #6: Pond 9-2 and its forebays will be mucked out as part of the Subcell 9.2 Construction Project in FY2020/2021. Under Construction.

Note: Item #4 and Item #6 are covered under the Subcell 9.2 Construction Permit and are outside the purview of this inspection.

Date corrective action to be completed: FY2019 - FY2021

Name of person responsible: Items #1, #2, #3, #4 and #6: Michael Porath
Items #5: Jonathan Rossetti

MLFRRF Inspection Checklist								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:							10/21/2020	
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 Area Clean							X	
Entrance/Exit Roads and Paved Area Clean							X	
Administration Building Area Clean							X	
Cardboard Building Area Clean							X	
Leachate Treatement/Storage Area Clean							X	
Convenience Center Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Attendant on Duty							X	
Attendant Booth Clean							X	
Stormdrain Inlet Openings/Grates Clean							X	
Signs in Place							X	
Spills/Leaks or Containers Leaking							X	
Trash Cans Empty							X	
Latex Paint Dumpster Organized/No Leaks							X	
Oil, Batteries and AntiFreeze Recycling Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels							X	
Full Tanks Locked							X	
Screens Cleaned							X	
Tanks Cleaned							X	
Containment Basins Clean							X	
Sorbent Mats and Material Maintained or Disposed of Properly							X	
No Leaks/Spills							X	
Drain Valves Shut							X	
Batteries Stored in Metal Locker							X	
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.

MLFRRF Maintenance and Warehouse Inspection Checklist								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:							10/21/2020	
Maintenance Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Shop Floor Clean and Free of Debris							X	
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly							X	
Drip Pans Under Equipment Empty							X	
No Leaks/Spills in Maintenance Building or adjacent Parking Areas							X	
Materials/Equipment Stored All Drums have Lids							X	
Adjacent Parking Areas Clean							X	
Materials Stored Properly							X	
Floor Drain Sumps Dry/Pumped							X	
Strainer Clean under Sink							X	
Warehouse Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Fueling Station Area Clean							X	
No Leaks from Fuel Dispensers/Hoses							X	
No Evidence of Spills							X	
Hazardouse Waste Lockers Maintained							X	
Inlets and Sediment Trap Maintained							X	
Materials/Equipment Properly Stored							X	
Yard Area Stable/Drainage Adequate							X	
Sediment Deposition in Perimeter Swales							X	

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

MLFRRF Compost Area, Cell 8 and 9 Areas Checklist								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:							10/21/2020	
Compost Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Materials/Equipment Properly Stored							X	
Entrance/Exit Roads and Paved Area Clean							X	
Access Roads (potholes, grading, vegetation)							X	
Blown Trash							X	
Litter Fence							X	
Super Silt Fence							X	
Cell 9	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Blown Trash							X	
Litter Fence							X	
Dust Control							X	
Alternate Daily Cover							X	
Drainage Terraces							X	
Access Roads (potholes, grading, vegetation)							X	
Riprap Ditches							X	
Gel Logs							X	
Dewatering Devices							X	
SWM Pond #9-2 Outfall Clear							X	
Dewatering Devices							X	
Access Roads (potholes, grading, vegetation)							X	
Cell 9 Recycle Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Erosion and Sediment Controls							X	
Metal/Tire/Leaf Areas							X	
Brush Grinding Area							X	
Dewatering Devices							X	
Dust Control							X	
Access Roads (potholes, grading, vegetation)							X	
Riprap Ditches or Swales							X	

Note: Sediment in stormwater ditch from the four-way stop intersection to Subcell 9.1 has been removed and is currently being managed as part of the Subcell 9.2 Construction Project and outside the purview of this inspection.

MLFRRF Post-Closure Inspection Checklist
Cells 1, 2, 4, 5, 6, 7 and 8

Date: 10/21/2020
Time: 10:30 a.m. to 1:00 p.m.
Weather: Mostly Sunny/Warm

Inspector's Name(s): Mark Morris
Inspector's Title(s) EMM
Inspector's Contact Info 443-623-0605

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. Sediment Deposition		X		
B. Drainage Control Systems				
1. Cover Terrace		X		
2. Riprap Downchutes		X		
3. Grassed and Riprap Swales		X		
4. Drainage Layer Toe Drains		X		
5. Riprap Slope Protection		X		
6. Culverts/Pipes under Access Roads		X		
7. Sediment Deposition		X		
C. Other Inspections				
1. Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		

Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):
Note: Any woody vegetation will be removed as part of routine maintenance occurring in the 4th quarter.

MLFRRF Stormwater Management Inspection Checklist

Date:	10/21/2020	**Inspector's Name(s):**	Mark Morris
Time:	10:30 a.m. to 1:00 p.m.		
Weather:	Mostly Sunny/Warm	**Inspector's Title(s)**	EMM
		Inspector's Contact Info	443-623-0605

		Operating Effectively Y / N	Maintenance Required Y / N	Date Scheduled	Date Completed
Structural Stormwater Management Controls					
SWM Pond #1	Retention Pond	YES	NO		
SWM Pond #2	Infiltration Pond	YES	NO		
SWM Pond #3	Retention Pond	YES	YES	FY2020/21	May-2020
SWM Pond #4	Retention Pond	YES	YES	FY2020/21	May-2020
SWM Pond #5	Retention Pond	YES	YES	FY2020/21	May-2020
SWM Pond #6	Retention Pond	YES	YES	FY2020/21	Mar-2020
SWM Pond #8-1	Retention Pond	YES	NO		
SWM Pond #9-2	Retention Pond	YES	YES	FY2020/21	
SWM Pond #10	Bioretention Pond	YES	NO		
SWM Pond #11	Pocket Pond	YES	NO		
Infiltration Trench	Infiltration Trench	YES	NO		

Describe Corrective Actions	
SWM Facility	**Action Item**
Stone chute	Stone chute to Pond #5 requires repair to reduce sediment loading to pond. Completed.
Stone chute	Inspect stone chutes to Pond #3 and #4 for erosion and repair (if needed). Completed.
Pond #3	Repair and reseed erosion rills on side slope of Pond #3. Completed.
Pond #3, #4, #5	Muck out Pond #3, #4 and #5 as part of Cell 567 Capping Project. Completed.
Pond #6	Muck out Pond #6 and remove sediment from head of stone ditch to Pond #6. Completed.
Pond #9-2	Pond #9-2 and Pond #9-2 riprap ditches to will be mucked out as part of the Subcell 9.2 Construction Project. Under Construction.

Inspection Items	Check When Feature Is Inspected				
Stormwater Management Ponds	**Pond #1**	**Pond #2**	**Pond #3**	**Pond #4**	**Pond #5**
1. Erosion	X	X	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X	X	X
3. Seepage Through Pond Embankment	X	X	X	X	X
4. Woody Vegetation	X	X	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X	X	X
6. Trash Racks	X	X	X	X	X
7. Inside Riser and Barrel Structures	X	X	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X	X	X
9. Structure (SWM) Culvert Inlet Structures	X	X	X	X	X
10. Dewatering Devices	X	X	X	X	X
11. Sediment Deposition	X	X	X	X	X
12. Pre-Treatment Devices	X	X	X	X	X
13. Pond/Discharge Clarity	X	X	X	X	X

Stormwater Management Ponds	Check When Feature Is Inspected				
	Pond #6	**Pond #8-1**	**Pond #9-2**	**Pond #10**	**Pond #11**
1. Erosion	X	X	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X	X	X
3. Seepage Through Pond Embankment	X	X	X	X	X
4. Woody Vegetation	X	X	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X	X	X
6. Trash Racks	X	X	X	X	X
7. Inside Riser and Barrel Structures	X	X	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X	X	X
9. Structure (SWM) Culvert Inlet Structures	X	X	X	X	X
10. Dewatering Devices	X	X	X	X	X
11. Sediment Deposition	X	X	X	X	X
12. Pre-Treatment Devices	X	X	X	X	X
13. Pond/Discharge Clarity	X	X	X	X	X

Inspection Items	Check When Feature Is Inspected
Stormwater Management Trench	**Inf. Trench**
1. Erosion	X
2. Vegetative Cover (other than erosion)	X
4. Woody Vegetation	X
11. Sediment Deposition	X

Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.
Note: Subcell 9.2 and stormwater Pond 9-2 are currently under construction and outside the purview of this inspection.

MLFRRF Quarterly Routine Inspection Certification (1st Quarter 2021)

Location	In Compliance (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
Post-Closure Inspection	YES
Leachate Collection	YES
Stormwater Management	YES

*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: Michael Porath Disposal & Maintenance Manager

Signature:  Date: 24-Mar-21

Note: This routine inspection was completed on a mostly sunny cool spring day.

Quarterly Routine Inspection Corrective Action Form

Date problem identified: 3/23/2021

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. Completed.
2. Ditch from Cell 9.1 to four-way stop intersection has excessive amounts of sediment. Completed.
3. The forebays to Pond 9-2 will have sediment buildup from Subcell 9.2 Construction. Completed.
4. Ditch along the south side of Subcell 9.2 will be cleaned of sediment (liner construction project)
5. Stockpile area (Subcell 9.3) to be stabalized and sediment traps cleaned

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 was repaired January, 2021.

Item #2: Removed sediment from Cell 9.1 stormwater ditch in March, 2021. Completed as part of the Subcell 9.2 liner construction project. All rip-rap was removed and replaced.

Item #3: Pond 9-2 and its forebays have been mucked out as part of the Subcell 9.2 Construction Project in March, 2021.

Date corrective action to be completed: FY2021

Name of person responsible: Items #1, #2, #3, #4 and #5: Michael Porath

MLFRRF Inspection Checklist								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:	3/23/2021							
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 Area Clean	X							
Entrance/Exit Roads and Paved Area Clean	X							
Administration Building Area Clean	X							
Cardboard Building Area Clean	X							
Leachate Treatement/Storage Area Clean	X							
Convenience Center Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Attendant on Duty	X							
Attendant Booth Clean	X							
Stormdrain Inlet Openings/Grates Clean	X							
Signs in Place	X							
Spills/Leaks or Containers Leaking	X							
Trash Cans Empty	X							
Latex Paint Dumpster Organized/No Leaks	X							
Oil, Batteries and AntiFreeze Recycling Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels	X							
Full Tanks Locked	X							
Screens Cleaned	X							
Tanks Cleaned	X							
Containment Basins Clean	X							
Sorbent Mats and Material Maintained or Disposed of Properly	X							
No Leaks/Spills	X							
Drain Valves Shut	X							
Batteries Stored in Metal Locker	X							
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.

MLFRRF Maintenance and Warehouse Inspection Checklist								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:	3/23/2021							
Maintenance Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Shop Floor Clean and Free of Debris	X							
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly	X							
Drip Pans Under Equipment Empty	X							
No Leaks/Spills in Maintenance Building or adjacent Parking Areas	X							
Materials/Equipment Stored All Drums have Lids	X							
Adjacent Parking Areas Clean	X							
Materials Stored Properly	X							
Floor Drain Sumps Dry/Pumped	X							
Strainer Clean under Sink	X							
Warehouse Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Fueling Station Area Clean	X							
No Leaks from Fuel Dispensers/Hoses	X							
No Evidence of Spills	X							
Hazardouse Waste Lockers Maintained	X							
Inlets and Sediment Trap Maintained	X							
Materials/Equipment Properly Stored	X							
Yard Area Stable/Drainage Adequate	X							
Sediment Deposition in Perimeter Swales	X							

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

MLFRRF Compost Area, Cell 8 and 9 Areas Checklist								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:	3/23/2021						10/21/2020	
Compost Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Materials/Equipment Properly Stored	X							
Entrance/Exit Roads and Paved Area Clean	X							
Access Roads (potholes, grading, vegetation)	X							
Blown Trash	X							
Litter Fence	X							
Super Silt Fence	X							
Cell 9	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Blown Trash	X							
Litter Fence	X							
Dust Control	X							
Alternate Daily Cover	X							
Drainage Terraces	X							
Access Roads (potholes, grading, vegetation)	X							
Riprap Ditches	X							
Gel Logs	X							
Dewatering Devices	X							
SWM Pond #9-2 Outfall Clear	X							
Dewatering Devices	X							
Access Roads (potholes, grading, vegetation)	X							
Cell 9 Recycle Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Erosion and Sediment Controls	X							
Metal/Tire/Leaf Areas	X							
Brush Grinding Area	X							
Dewatering Devices	X							
Dust Control	X							
Access Roads (potholes, grading, vegetation)	X							
Riprap Ditches or Swales	X							

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

Note:

MLFRRF Post-Closure Inspection Checklist
Cells 1, 2, 4, 5, 6, 7 and 8

Date: 3/23/2021
Time: 7:30 a.m. to 8:30 a.m.
Weather: Mostly Sunny/Cool

Inspector's Name(s): Michael Porath
Inspector's Title(s) D&M Manager
Inspector's Contact Info 410-222-6108

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion	X			
2. Vegetative Cover (other than erosion)	X			
3. Subsidence Areas	X			
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. Sediment Deposition		X		
B. Drainage Control Systems				
1. Cover Terrace		X		
2. Riprap Downchutes		X		
3. Grassed and Riprap Swales		X		
4. Drainage Layer Toe Drains	X			
5. Riprap Slope Protection		X		
6. Culverts/Pipes under Access Roads		X		
7. Sediment Deposition		X		
C. Other Inspections				
1. Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		

Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):

Note: Cell 8 Final Cover - "sand boils", sloughing on both the north and south sides 8.5 and 8.6, surface erosion and vegatative cover minimal in several areas. Repair work to be bid to Harnden and Allan Myers to determine scale of cost for repairs. Procurement will follow. Geosyntec provided investigation report which included repair recommendations and proposed scope of work.

MLFRRF Stormwater Management Inspection Checklist

Date:	3/23/2021	**Inspector's Name(s):**	Michael Porath
Time:	7:30 a.m. to 8:30 a.m.		
Weather:	Mostly Sunny/Cool	**Inspector's Title(s)**	D&M Manager
		Inspector's Contact Info	410-222-6108

		Operating Effectively Y / N	Maintenance Required Y / N	Date Scheduled	Date Completed
Structural Stormwater Management Controls					
SWM Pond #1	Retention Pond	YES	NO		
SWM Pond #2	Infiltration Pond	YES	NO		
SWM Pond #3	Retention Pond	YES	NO		
SWM Pond #4	Retention Pond	YES	NO		
SWM Pond #5	Retention Pond	YES	NO		
SWM Pond #6	Retention Pond	YES	NO		
SWM Pond #8-1	Retention Pond	YES	NO		
SWM Pond #9-2	Retention Pond	YES	NO		March, 2021
SWM Pond #10	Bioretention Pond	YES	NO		
SWM Pond #11	Pocket Pond	YES	NO		
Infiltration Trench	Infiltration Trench	YES	NO		

Describe Corrective Actions

SWM Facility	Action Item
Pond #9-2	Pond #9-2 and Pond #9-2 riprap ditches have been mucked out as part of the Subcell 9.2 Construction Project. COMPLETED MARCH 2021.

Inspection Items	Check When Feature Is Inspected				
Stormwater Management Ponds	**Pond #1**	**Pond #2**	**Pond #3**	**Pond #4**	**Pond #5**
1. Erosion	X	X	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X	X	X
3. Seepage Through Pond Embankment	X	X	X	X	X
4. Woody Vegetation	X	X	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X	X	X
6. Trash Racks	X	X	X	X	X
7. Inside Riser and Barrel Structures	X	X	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X	X	X
9. Structure (SWM) Culvert Inlet Structures	X	X	X	X	X
10. Dewatering Devices	X	X	X	X	X
11. Sediment Deposition	X	X	X	X	X
12. Pre-Treatment Devices	X	X	X	X	X
13. Pond/Discharge Clarity	X	X	X	X	X

Stormwater Management Ponds	Check When Feature Is Inspected				
	Pond #6	**Pond #8-1**	**Pond #9-2**	**Pond #10**	**Pond #11**
1. Erosion	X	X	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X	X	X
3. Seepage Through Pond Embankment	X	X	X	X	X
4. Woody Vegetation	X	X	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X	X	X
6. Trash Racks	X	X	X	X	X
7. Inside Riser and Barrel Structures	X	X	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X	X	X
9. Structure (SWM) Culvert Inlet Structures	X	X	X	X	X
10. Dewatering Devices	X	X	X	X	X
11. Sediment Deposition	X	X	X	X	X
12. Pre-Treatment Devices	X	X	X	X	X
13. Pond/Discharge Clarity	X	X	X	X	X

Inspection Items	Check When Feature Is Inspected
Stormwater Management Trench	**Inf. Trench**
1. Erosion	X
2. Vegetative Cover (other than erosion)	X
4. Woody Vegetation	X
11. Sediment Deposition	X

Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 2nd quarter.

Note: Subcell 9.2 diversion channels and stormwater Pond 9-2 recently completed as part of the Subcell 9.2 Liner Construction project.

MLFRRF Quarterly Routine Inspection Certification (2nd Quarter 2021)

Location	In Compliance (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
Post-Closure Inspection	YES
Leachate Collection	YES
Stormwater Management	YES

*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:  Date: 20-May-21

Note: This routine inspection was completed on a warm, sunny spring day.

Quarterly Routine Inspection Corrective Action Form

Date problem identified: 5/20/2021

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. Completed.
2. Ditch from Cell 9.1 to four-way stop intersection has excessive amounts of sediment. Completed.
3. The forebays to Pond 9-2 will have sediment buildup from Subcell 9.2 Construction. Completed.
4. Ditch along the south side of Subcell 9.2 will be cleaned of sediment. On-going.
5. Stockpile area (Subcell 9.3) to be stabilized and sediment traps cleaned. On-going.

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 was repaired. 1/2021.
Item #2: Sediment removed from Cell 9.1 stormwater ditch. 3/2021.
Item #3: Pond 9-2 and its forebays were mucked out. 3/2021
Item #4: Remove sediment from ditch along south side of Subcell 9.2.
Item #5: Stabilize with grass and clean sediment traps in soil stockpile area.

Date corrective action to be completed: FY2021 - FY2022

Name of person responsible: Items #1, #2, #3, #4 and #5: Michael Porath

MLFRRF Inspection Checklist

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:			5/20/2021					
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 Area Clean			X					
Entrance/Exit Roads and Paved Area Clean			X					
Administration Building Area Clean			X					
Cardboard Building Area Clean			X					
Leachate Treatement/Storage Area Clean			X					
Convenience Center Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Attendant on Duty			X					
Attendant Booth Clean			X					
Stormdrain Inlet Openings/Grates Clean			X					
Signs in Place			X					
Spills/Leaks or Containers Leaking			X					
Trash Cans Empty			X					
Latex Paint Dumpster Organized/No Leaks			X					
Oil, Batteries and AntiFreeze Recycling Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels			X					
Full Tanks Locked			X					
Screens Cleaned			X					
Tanks Cleaned			X					
Containment Basins Clean			X					
Sorbent Mats and Material Maintained or Disposed of Properly			X					
No Leaks/Spills			X					
Drain Valves Shut			X					
Batteries Stored in Metal Locker			X					
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.

MLFRRF Maintenance and Warehouse Inspection Checklist

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:			5/20/2021					
Maintenance Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Shop Floor Clean and Free of Debris			X					
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly			X					
Drip Pans Under Equipment Empty			X					
No Leaks/Spills in Maintenance Building or adjacent Parking Areas			X					
Materials/Equipment Stored All Drums have Lids			X					
Adjacent Parking Areas Clean			X					
Materials Stored Properly			X					
Floor Drain Sumps Dry/Pumped			X					
Strainer Clean under Sink			X					
Warehouse Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Fueling Station Area Clean			X					
No Leaks from Fuel Dispensers/Hoses			X					
No Evidence of Spills			X					
Hazardouse Waste Lockers Maintained			X					
Inlets and Sediment Trap Maintained			X					
Materials/Equipment Properly Stored			X					
Yard Area Stable/Drainage Adequate			X					
Sediment Deposition in Perimeter Swales			X					

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

MLFRRF Compost Area, Cell 8 and 9 Areas Checklist								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Date of Inspection:			5/20/2021					
Compost Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Materials/Equipment Properly Stored			X					
Entrance/Exit Roads and Paved Area Clean			X					
Access Roads (potholes, grading, vegetation)			X					
Blown Trash			X					
Litter Fence			X					
Super Silt Fence			X					
Cell 9	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Blown Trash			X					
Litter Fence			X					
Dust Control			X					
Alternate Daily Cover			X					
Drainage Terraces			X					
Access Roads (potholes, grading, vegetation)			X					
Riprap Ditches			X					
Gel Logs			X					
Dewatering Devices			X					
SWM Pond #9-2 Outfall Clear			X					
Dewatering Devices			X					
Access Roads (potholes, grading, vegetation)			X					
Cell 9 Recycle Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Erosion and Sediment Controls			X					
Metal/Tire/Leaf Areas			X					
Brush Grinding Area			X					
Dewatering Devices			X					
Dust Control			X					
Access Roads (potholes, grading, vegetation)			X					
Riprap Ditches or Swales			X					

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

MLFRRF Post-Closure Inspection Checklist

Cells 1, 2, 4, 5, 6, 7 and 8

Date: 5/20/2021
Time: 1:30 to 3:30 p.m.
Weather: Warm and Sunny

Inspector's Name(s): Mark Morris
Inspector's Title(s) EMM
Inspector's Contact Info 443-623-0605

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion	X			
2. Vegetative Cover (other than erosion)	X			
3. Subsidence Areas	X			
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. Sediment Deposition		X		
B. Drainage Control Systems				
1. Cover Terrace		X		
2. Riprap Downchutes		X		
3. Grassed and Riprap Swales		X		
4. Drainage Layer Toe Drains	X			
5. Riprap Slope Protection		X		
6. Culverts/Pipes under Access Roads		X		
7. Sediment Deposition		X		
C. Other Inspections				
1. Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		

Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):

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

Note: Cell 8 Final Cover - "Sand boils", sloughing on both the north and south sides of 8.5 and 8.6, surface erosion and vegetative cover minimal in several areas. Geosyntec provided investigative report with repair recommendations and proposed scope of work. Repair work to be bid to Harnden and Allan Myers to determine scale of cost for repairs. Procurement will follow.

MLFRRF Stormwater Management Inspection Checklist

Date: 5/20/2021
Time: 1:30 to 3:30 p.m.
Weather: Warm and Sunny

Inspector's Name(s): Mark Morris
Inspector's Title(s) EMM
Inspector's Contact Info 443-623-0605

		Operating Effectively Y / N	Maintenance Required Y / N	Date Scheduled	Date Completed
Structural Stormwater Management Controls					
SWM Pond #1	Retention Pond	YES	NO		
SWM Pond #2	Infiltration Pond	YES	NO		
SWM Pond #3	Retention Pond	YES	NO		
SWM Pond #4	Retention Pond	YES	NO		
SWM Pond #5	Retention Pond	YES	NO		
SWM Pond #6	Retention Pond	YES	NO		
SWM Pond #8-1	Retention Pond	YES	NO		
SWM Pond #9-2	Retention Pond	YES	NO		Mar-2021
SWM Pond #10	Bioretention Pond	YES	NO		
SWM Pond #11	Pocket Pond	YES	NO		
Infiltration Trench	Infiltration Trench	YES	NO		

Describe Corrective Actions

SWM Facility	Action Item
Pond #9-2	Pond #9-2 and Pond #9-2 riprap ditches to will be mucked out as part of the Subcell 9.2 Construction Project. Completed 3/21.

Inspection Items	Check When Feature Is Inspected				
Stormwater Management Ponds	**Pond #1**	**Pond #2**	**Pond #3**	**Pond #4**	**Pond #5**
1. Erosion	X	X	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X	X	X
3. Seepage Through Pond Embankment	X	X	X	X	X
4. Woody Vegetation	X	X	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X	X	X
6. Trash Racks	X	X	X	X	X
7. Inside Riser and Barrel Structures	X	X	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X	X	X
9. Structure (SWM) Culvert Inlet Structures	X	X	X	X	X
10. Dewatering Devices	X	X	X	X	X
11. Sediment Deposition	X	X	X	X	X
12. Pre-Treatment Devices	X	X	X	X	X
13. Pond/Discharge Clarity	X	X	X	X	X

Stormwater Management Ponds	Check When Feature Is Inspected				
	Pond #6	**Pond #8-1**	**Pond #9-2**	**Pond #10**	**Pond #11**
1. Erosion	X	X	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X	X	X
3. Seepage Through Pond Embankment	X	X	X	X	X
4. Woody Vegetation	X	X	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X	X	X
6. Trash Racks	X	X	X	X	X
7. Inside Riser and Barrel Structures	X	X	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X	X	X
9. Structure (SWM) Culvert Inlet Structures	X	X	X	X	X
10. Dewatering Devices	X	X	X	X	X
11. Sediment Deposition	X	X	X	X	X
12. Pre-Treatment Devices	X	X	X	X	X
13. Pond/Discharge Clarity	X	X	X	X	X

Inspection Items	Check When Feature Is Inspected
Stormwater Management Trench	**Inf. Trench**
1. Erosion	X
2. Vegetative Cover (other than erosion)	X
4. Woody Vegetation	X
11. Sediment Deposition	X

Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.
Note: Subcell 9.2 and stormwater Pond 9-2 were recently completed as part of the Subcell 9.2 Construction Project.

NPDES Permit Tracking No.:

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): Mike Lunghi

5. Contact Person: Mark Morris Title: Environmental Monitoring Manager

Phone: 410-222-6108 Ext. 3715 E-mail: pwmorr12@aacounty.org

6. Inspection Date: October 21, 2020 10:30 a.m. to 1:00 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 ☐ 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 **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 Permit Tracking No.:

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

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☐ YES **X** 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:

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 (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?

X YES ☐ NO See attached Fourth Quarter Inspection for details.

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? 0 4

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.*

NPDES Permit Tracking No.:

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: Recycling Center and Leachate Pretreatment Areas

1. Brief Description**:**

Recycling Center allows citizens to drop off recyclables in specific containers.
Leachate Pretreatment area consists of leachate storage tanks and pretreatment building.

2. Are any control measures in need of maintenance or repair? **X** YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES **X** NO

4. Are any additional/revised control measures necessary in this area? ☐ YES **X** 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): See attached Fourth Quarter Inspection for details.

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

1. Brief Description:

Maintenance Shop is a typical mechanic shop. No discharges are allowed to leave the shop. Shop is equipped with oil water separator.
Warehouse is a storage area. Enclosed building and no discharges.

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 c necessary in this area? ☐ YES **X** 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: Fueling Facility

Brief Description:

Fueling facility consists of diesel and gasoline USTs and dispensers for use by county personnel.

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: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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

INDUSTRIAL ACTIVITY AREA: Landfill Closed Cells and Composting 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 stopped accepting solid waste in 2017 with final closure occurring in 2019.

2. Are any control measures in need of maintenance or repair? **X** YES ☐ 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: (Any necessary corrective actions should be described on the attached Corrective Action Form): See attached Fourth Quarter Inspection for details.

Closed Cell 567 is currently under construction (capping project). Closed Cell 567 has stone chutes to Ponds #3, #4 and #5 that are eroding into the ponds. The side slope to Pond #3 is eroding. Ponds #3, #4 and #5 have excessive amounts of sediment 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 Cell 9 are future cells and soil borrow areas.

2. Are any control measures in need of maintenance or repair? X YES ☐ 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: (Any necessary corrective actions should be described on the attached Corrective Action Form): See attached Fourth Quarter Inspection for details.

Pond 9 and stormwater ditch from Cell 9 to four-way stop intersection near Cell 9 recycle pad has excessive amounts of sediment. See attached 4th Quarter Routine Inspection for additional details.

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)

NPDES Permit Tracking No.:

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:

X 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

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: 05/30/2020 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.:

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:

X 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

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.

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: 05/30/2020 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.:

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:

X 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

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:

☐ 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:

Muck out Pond #6 and remove sediment from stone ditch to Pond #6.
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: 03/01/2020 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.:

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:

X 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

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 9 and 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? ☐ 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: 04/01/2021
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 this inspection, to the best of your knowledge, you are in compliance with the permit? X 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: MARK MORRIS Title: ENV. MONITORING MANG.

Signature: Mark Morris Date Signed: 10/29/2020

Spills & SKILLS

Non-Emergency HazMat Spill Response

Employee Training

Safety Matters

4312 Millerville Landfill.4310 Maintenance Shop

Date: 3/23/2021

Begin: 7:00Am

End: 7:30Am

Location: LandFill lunch room

Trainer: Bill Shinski

Capacity: 7 at a time

Spills & Skills Non-Emergency Response

Students

Personnel Name	Number	Group	Job Role(s)	Student Signature / Date
Boehm, Robert	24194	4310 - Equipment	Solid Waste Equip	
Brown, Joel	30239	4312 - Disposal &	Senior Equipment	
Clymer, Sharon	31172	4310 - Equipment	Storekeeper II	
Cully, Christopher	21053	4312 - Disposal &	Maintenance	
Czebotar, Ethan	36142	4312 - Disposal &	Maintenance	
Ditch, Brian E	14263	4310 - Equipment	Automotive	
Gipson, Timothy	19982	4312 - Disposal &	Senior Equipment	
Gravatt, Michael	11905	4312 - Disposal &	Environmental	
Hall, Daniel W	21016	4312 - Disposal &	Senior Equipment	
Harriss, Michael C	20920	4312 - Disposal &	Maintenance	
Kilby, William	31447	4312 - Disposal &	Senior Equipment	
Lange, Jr, Donald	19001	4310 - Equipment	Automotive	
Llanes, Domingo	24421	4312 - Disposal &	Senior Equipment	
Lunghi, Michael	16950	4312 - Disposal &	Environmental	
Michael Porath	34075	4312 - Disposal &	Soild Waste	
Kevin Napier	37843	4312 - Disposal &	Senior Equipment	
Reed, Neil	35466	4312 - Disposal &	Senior Equipment	
Richardson,	18620	4312 - Disposal &	Senior Equipment	

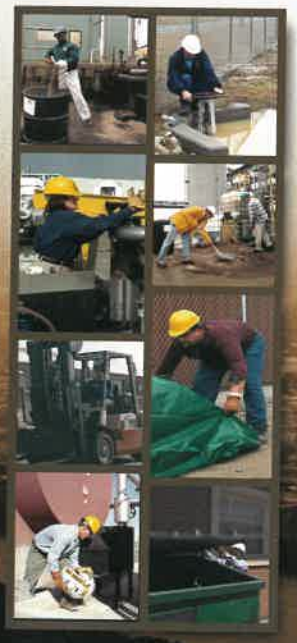
Shinski, Clarence	18119	4312 - Disposal &	Solid Waste Crew	
Shinski, Joseph L	20796	4310 - Equipment	Automotive	
Slemmer, Francis	24230	4312 - Disposal &	Maintenance	
Stancliff, Keith A	21057	4312 - Disposal &	Maintenance	
Thomas Hayes			Maintance	

Municipal Storm Water POLLUTION PREVENTION

Storm Watch

E V E R Y D A Y

Best Management Practices



- Good Housekeeping & Spill Prevention
- Vehicle & Equipment Washing
- Vehicle & Equipment Maintenance
- Spill Reporting & Response
- Street Maintenance
- Outdoor Storage of Materials & Wastes
- Landscaping & Lawn Care

TRAINER'S GUIDE

Storm Watch **Municipal Storm Water POLLUTION PREVENTION**

Acknowledgment of Training

Signature(s) below are acknowledgment that on (date) 4/14/21,

these individuals participated in a training session at the (location name) Millersville LANDFILL,

(address) 389 Burns Crossing Rd.,

given by (print trainer's name) Russell Cartside,

(print trainer's title) Solid Waste Crew Supervisor.

This training session presented information on Municipal Stormwater Pollution Prevention. During this session, I viewed the visual multimedia program:

☐ **Storm Watch: Municipal Stormwater Pollution Prevention**

My signature below affirms that I was given adequate time to ask questions about my particular job activities and how I can best conduct these activities in compliance with the applicable regulations.

PRINT NAME HERE	SIGNATURE HERE
Damon Pritchett	
Michael Owen	
JENNY BUTLER	Jen Butler
Matthew Smith	
Clarke Stevens	
Russell Cartside	

Storm Watch — Municipal Storm Water POLLUTION PREVENTION

Acknowledgment of Training

Signature(s) below are acknowledgment that on (date) 4/15/21,

these individuals participated in a training session at the (location name) Millersville Landfill Breakroom,

(address) 389 Burns Crossing Road Severn, MD 21144,

given by (print trainer's name) Jonathan Rossetti / Russell Grantside,

(print trainer's title) Solid Waste Special Collections Supervisor.

This training session presented information on Municipal Stormwater Pollution Prevention. During this session, I viewed the visual multimedia program:

☐ **Storm Watch: Municipal Stormwater Pollution Prevention**

My signature below affirms that I was given adequate time to ask questions about my particular job activities and how I can best conduct these activities in compliance with the applicable regulations.

PRINT NAME HERE	SIGNATURE HERE
Jonathan Rossetti	
Ronnie Stewart	
Danny Mayne	
Jacob Waite	
John Stickell	
Mia Nichols	
Leon Henry	