	Sample Location	Por	1)	1 101	F						
-	Quarter / Year:	3 20	-	/ Time Collected		745	Date	e / Time Exami	ned:	7/7 113	
1	Qualifying Storm		Yes	No	Runo	ff Sour	ce:	Rainfall	Sr	nowmelt	
1	Collector's lame & Title			inhund	1:	E.7	•				
9	Examiner's lame & Title			m Lung	4,	Eit	T.				
-	Parameter	THE RESERVE OF THE PERSON NAMED IN	DESCRIPTION OF PERSONS ASSESSED.	Description	100.0	the second second second	THE RESIDENCE OF THE PERSON.	eter Characte	ALTO PROPERTY AND PROPERTY.		
1.	Color	any color?		er appear to have No (Clear)	Other						
2.	Clarity	Is the storm	water o	lear?	clarity	of the s	tormv	f the following t vater? Milky/Cloudy			
3.	Oil Sheen	Can you se sheen on th Yes	e water	bow effect or surface?	Rainb	Which best describes the sheen? Rainbow sheet Floating oil globules Other:					
4.	Odor	Does the sa		ave an odor?	If Yes Sewa Other	ge So	e: Ch our Mi			otten Eggs	
5.	Floating Solids	the sample?		the surface of	Sewa	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:					
6.	Suspended Solids	is there any sample? Yes	thing su	spended in the	Descri	be:					
		with the second	"Leave	sample undistu	rbed for	30 min	utes.	la de de			
7.	Settled Solids	Is there any bottom of the Yes						, size and mate 30 minutes)	rial afte	er sample	
В.	Foam	Does foam of top of the sa shake it?		ial form on the urface if you	Describe:						
St	if there are any any corrective a	or's Signature	and Da	of pollution ident	tify (1) v	Here th	ne pol	lution may co	me fro	m and (2)	
St	ormwater Examin			- Long	1	717	12	0			
	Mata	Sample she	uld ha	collected and and	hand in	a half	0000	con or plantin h	-441-	***************************************	

§	Sample Location	Sano	JF.	Her Are	a Pand	2 mu	デ		
-	Quarter / Year:		Date	/ Time Collected:		Date / Time Exam		-	
1	Qualifying Storm	The second secon	Yes	No	Runoff Sour		-	owmelt	
1	collector's lame & Title			ml	mali.	E.T			
	ixaminer's lame & Title				hours.	EIT			
*****	Parameter	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	THE RESERVE OF THE PERSON NAMED IN	Description		Parameter Charact	NAME OF TAXABLE PARTY.		
1.	Color	Does the st any color? Yes		ter appear to have No (Clear)	If Yes, descril	oe: Yellow Brov	vn Red	Gray	
2.	Clarity	Is the storm		clear?	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 se sheen on th Yes		nbow effect or r surface? No		escribes the sheen? I Floating oil glob			
4.	Odor	Does the sa		nave an odor?		e: Chemical Mu our Milk Oil/Petro		tten Eggs	
5.	Floating Solids	Is there any the sample? Yes		n the surface of No	If Yes, describ Sewage W Other:	e: Suds Oily ater Fowl Excreme		Sarbage	
6.	Suspended Solids	is there any sample? Yes	thing s	uspended in the No	Describe:				
	·	Ved	"Leav	e sample undistur	bed for 30 min	utes.***			
7.	Settled Solids	Is there anythere bottom of the Yes			Describe: (note type, size and material after sample is not disturbed for 30 minutes)				
8.	Foam			rial form on the urface if you No	Describe:				
	If there are any any corrective a	visible indic				ne pollution may o	come from	m and (2)	
Sto	ormwater Collecto	or's Signature	and D	ate:	7/7/20)			
Ste	ormwater Examine	er's Signature	and D	Date:	7/7/20	7			
		- Sample sho		and the same of th	vzedin a colodi	ess glass or plastic	hottle		

	Sample Location	Pan) -	3 m	LF							
-	Quarter / Year:	3 20		Time Collected:		735 Date	/ Time Examine	d: 7/7 11				
	Qualifying Storm	Event?	Xes .	No		f Source:	Rainfath	Snowmelt				
1	Collector's lame & Title			pu Lung	hi	E.T.						
	Examiner's lame & Title			mbr-	hi	E.T.						
-	Parameter	Parai	neter D	escription		If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other: Which best describes the sheen? Rainbow sheet Floating oil globules Other: If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other: If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other: Describe:						
1.	Color	Does the steamy color? Yes	ormwate	er appear to have	If Yes, Other:	describe: Y	'ellow Brown	Red Gray				
2.	Clarity	is the storm	water cl	ear?	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:							
3.	Oll Sheen	Can you see sheen on the Yes		oow effect or surface?								
4.	Odor	Does the sa	mple ha	ive an odor?								
5.	Floating Solids	Is there anyt the sample? Yes		the surface of								
6.	Suspended Solids	is there anyt sample? Yes	hing su	spended in the	Describe:							
		vi de	*Leave	sample undistur	bed for :	30 minutes.*	irit					
7.	Settled Solids	Is there anythe bottom of the Yes	hing set	tled on the	Describ		size and materia	i after sample				
В.	Foam	Does foam o top of the sai shake it? Yes		al form on the rface if you	Describe	e :						
) .	If there are any any corrective a	visible indic	ators o	f pollution identi	Ify (1) wi	here the poli	lution may come	from and (2)				
-	ormwater Collecto		-		1/1	1/20						
Ste	ormwater Examin	er's Signature	and Da	ate:	フバ	120						
	Note:	- Sample sho	uld be	collected and anal	Wah in a	colorless als	ee or plactic hottl	^				

5	Sample Location	fon	dy ml	F				
(Quarter / Year:	3 20	Date / Time Collected	d: 7/7 725 Date / Time Examined: 7/7 //				
	Qualifying Storm	Event?	Yes No	Runoff Source: Rainfall Snowmelt				
1	Collector's lame & Title		mlin	ngli E.T.				
	ixaminer's lame & Title		m bev					
-	Parameter	THE RESERVE THE PARTY OF THE PA	meter Description	Parameter Characteristics				
1.	Color	Does the st	ormwater appear to hav No (Clear)	of the state of th				
2.	Clarity	Is the storm	water clear?	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:				
3.	Oil Sheen		e a rainbow effect or e water surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
4.	Odor	Does the sa	mple have an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
5.	Floating Solids	Is there anyte the sample?	thing on the surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:				
6.	Suspended Solids	is there anyt sample?	thing suspended in the	Describe:				
		THE RESERVE THE PERSON NAMED IN	THE RESIDENCE OF THE PERSON NAMED IN STREET, THE PERSON NA	urbed for 30 minutes.***				
			hing settled on the	Describe: (note type, size and material after sample				
7.	Settled Solids	bottom of the		is not disturbed for 30 minutes)				
В.	Foam	AND THE RESERVE AND THE PARTY OF THE PARTY O	mple surface if you	Describe:				
	if there are any any corrective a	visible indicactions taken.	ators of pollution ider	ntify (1) where the pollution may come from and (2)				
			4-0	7/7/200				
011	ormwater Examir			lyzed in a coloriess glass or plastic bottle.				
	NOTE	- Sample SHO	ulu de cullecteu and an	wiyzau iira Coloness Qiass of Diastic Dottle.				

	Quarter / Year:	3 20		Time Collected:	111111		/ Time Exam		11111	
	Qualifying Storm Collector's	Event?	Yes.	No	Runoff Sour	ce:	Rainfall	Sn	owmelt	
	lame & Title			in Lungh	12 6.7					
200	xaminer's			10.1	sh: E.	+				
_	lame & Title	Dono					-4 Ob4-	-l-Al		
-	Parameter			escription er appear to have	Parameter Characteristics If Yes, describe: Yellow Brown Red Gray					
1.	Color	any color?		No (Clear)	Other:					
2.	Clarity	is the storm	water c	ear?	If not clear, wo clarity of the second Suspended S	tormw	the following ater? Milky/Cloudy			
		Yes		No	Other:	onus	VIIIKY/CIOUCH	Opaqi	Je	
3.	Oil Sheen	Can you see sheen on th Yes		oow effect or surface?	Which best de Rainbow shee Other:		THE RESIDENCE SHOWING THE PROPERTY OF THE PARTY OF THE PA	ules		
4.	Odor	Does the sa	mple ha	ve an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:					
5.	Floating Solids	Is there any the sample? Yes		the surface of	If Yes, describ Sewage W Other:		Suds Oily F owl Excremen		Garbage	
6.	Suspended Solids	Is there any sample?	thing su	spended in the	Describe:					
	Parameter Street Control of the Control of	Veri	*Leave	sample undisturi	bed for 30 min	utes.*	hrh			
7.	Settled Solids	Is there anythere bottom of the Yes	hing set	tled on the	Describe: (note type, size and material after sample is not disturbed for 30 minutes)					
В.	Foam	Does foam of top of the sa shake it?		al form on the rface if you	Describe:					
		Yes		No						
9.	If there are any any corrective a			f pollution identi	fy (1) where ti	ne pol	lution may co	ome fro	m and (2)	
04	ormwater Collecto	or's Signature	and Da	te: JA	7/7/20)—				
51	or or other states			TIV						

§	Sample Location	fond 6	MLF
-	Quarter / Year:	3 20 Date / Time Collect	
C	Qualifying Storm	Event? Yes No	Runoff Source: Rainfall Snowmelt
- 25	collector's lame & Title	m bunsh	i Eit.
100	ixaminer's lame & Title	mlins	h: E.T
-	Parameter	Parameter Description	Parameter Characteristics
1.	Color	Does the stormwater appear to lany color? Yes (No (Clean)	Other:
2.	Clarity	Is the stormwater clear?	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	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4.	Odor	Does the sample have an odor? Yes	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5.	Floating Solids	Is there anything on the surface the sample? Yes	of If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6.	Suspended Solids	Is there anything suspended in the sample? Yes	he Describe:
	·	***Leave sample und	listurbed for 30 minutes.***
7.	Settled Solids	Is there anything settled on the bottom of the sample? Yes	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	ne Describe:
9.	if there are any any corrective a	visible indicators of pollution i	dentify (1) where the pollution may come from and (2)
St	ormwater Collect	or's Signature and Date:	th 7/1/20
St	ormwater Examir	ner's Signature and Date:	11-717120
-	Note	- Sample should be collected and	analyzed in a colorless glass or plastic bottle.

;	Sample Location	Por	nd 8		MLF					
-	Quarter / Year:	3 20	Date / Time	Collected:	7/7 711 Date / Time Examined: 7/7 1/3					
T	Qualifying Storm	Event?	Nes.	No	Runoff Source: Rainfall Snowmelt					
_	Collector's Name & Title				unsh. E.T.					
100	Examiner's Name & Title			ml	unshi: E.T.					
-	Parameter		neter Descri		Parameter Characteristics					
1.	Color	Does the steam color? Yes	ormwater app	ear to have	If Yes, describe: Yellow Brown Red Gray Other:					
2.	Clarity	Is the storm	water clear?	No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:					
3.	Oil Sheen		e a rainbow e e water surfac		Which best describes the sheen? Rainbow sheet Floating oil globules Other:					
4.	Odor	Does the sa	mple have an	No No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:					
5.	Floating Solids	Is there anyt the sample? Yes	hing on the s	urface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:					
6.	Suspended Solids	Is there anyt sample?	hing suspend	ed in the	Describe:					
		Wester	Leave samp	le undistur	bed for 30 minutes.***					
7.	Settled Solids	the state of the s	hing settled o		Describe: (note type, size and material after sample is not disturbed for 30 minutes)					
8.	Foam	top of the sar shake it?	r material form	n on the	Describe:					
9.	if there are any any corrective a	Yes visible indica	ators of poll	No ution identi	fy (1) where the pollution may come from and (2)					
Sto	ormwater Collecto	or's Signature	and Date:	A	-7/7/20					
Ste	ormwater Examin	er's Signature	and Date:	the	7/7/20					
	Note	- Sample sho	uld be collecte	ed and analy	vzed in a colorless glass or plastic bottle					

General Discharge Permit No. 12-SW Appendix B: Page 2 of 3

Sample Location	1 8,0	A nee	na 10	MLF						
Quarter / Year:	3 70		Time Collected:							
Qualifying Storn		Yes	No	Runoff Source: Rainfaid Snowmelt						
Collector's Name & Title			in Lu	h. E.T.						
Examiner's Name & Title			mh	neli E.T.						
Parameter	Para	meter D	escription	Parameter Characteristics						
1. Color	Does the st any color? Yes		er appear to have	If Yes, describe: Yellow Brown Red Gray Other:						
2. Clarity	Is the storm	water cl	ear?	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 sheen on the Yes		ow effect or surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:						
4. Odor	Does the sa	mple ha	ve an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:						
5. Floating Solids	Is there anythere sample?		the surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:						
6. Suspended Solids	Is there anyt sample? Yes	hing sus	spended in the	Describe:						
	vich	*Leave	sample undistur	bed for 30 minutes.***						
7. Settled Solids	Is there anyt bottom of the	hing set e sample	tled on the 9? No	Describe: (note type, size and material after sample is not disturbed for 30 minutes) Very Fine Powdery Sand						
B. Foam	Does foam o top of the sal shake it? Yes		al form on the face if you	Describe:						

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

6	Sample Location	Bio	o Aren	11	mli
-	Quarter / Year:	3 20	Date / Time		7/7 741 Date / Time Examined: 7/7 /130
1	Qualifying Storm	Event?	Yes	No	Runoff Source: Rainfall Snowmelt
(Collector's			200 /200	chi E.T.
-	Name & Title Examiner's			mon	
	Name & Title			mlv	ngli E.J.
-	Parameter	Parar	neter Descri	ption	Parameter Characteristics
1.	Color	Does the steamy color?	ormwater app	ear to have o (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2.	Clarity	Is the storm	water clear?	No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3.	Oil Sheen		e a rainbow ef e water surfac		Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4.	Odor	Does the sar	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:		
5.	Floating Solids	Is there anyt the sample? Yes	thing on the s	urface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6.	Suspended Solids	is there anyt sample? Yes	hing suspend	led in the	Describe:
NAME OF TAXABLE PARTY.	•	Western Company	*Leave same	le undistur	bed for 30 minutes.***
7.	Settled Solids		hing settled o	Principal Committee of the Committee of	Describe: (note type, size and material after sample is not disturbed for 30 minutes) Wry fire powdery sand-(comfost)
8.	Foam		r material forr mple surface		Describe:
9.	if there are any any corrective a	visible indica	ators of poll		fy (1) where the pollution may come from and (2)
St	ormwater Collecto	or's Signature	and Date:	H	-1/7/20
-	ormwater Examin			11.	717120
		- Sample sho		ed and anal	ized in a colorless glass or plastic bottle.

	ample Location	Pono) 1 m	LF.				
C	uarter / Year:	4 70	Date / Time Collected:	10/12 1043 Date / Time Examined: 10/12 /				
C	ualifying Storm	Event?	(Yes No	Runoff Source: Rainfall Snowmelt				
N	ollector's lame & Title		entun	chi E.T.				
	xaminer's lame & Title			4. E.T.				
-	Parameter	THE RESERVE AND PERSONS ASSESSED.	neter Description	Parameter Characteristics				
1.	Color	Does the sto any color? Yes	ormwater appear to have	Other.				
2.	Clarity	Is the storm	water clear?	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:				
3.	Oil Sheen		e a rainbow effect or e water surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
4.	Odor	Does the sa	mple have an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
5.	Floating Solids	is there anyte the sample?	thing on the surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:				
6.	Suspended Solids	is there anyt sample?	thing suspended in the	Describe:				
		vid.	*Leave sample undistu	rbed for 30 minutes.***				
7.	Settled Solids	Is there anyt bottom of the Yes	hing settled on the e sample?	Describe: (note type, size and material after sample is not disturbed for 30 minutes)				
8.	Foam	The second secon	or material form on the mple surface if you	Describe:				
-	any corrective	actions taken	and Date:	tify (1) where the pollution may come from and (2)				
S	tormwater Exami			1011210				
	Note	- Sample she	ould be collected and ana	lyzed in a colorless glass or plastic bottle.				

S	ample Location	Sand	Filher ar	eg 2 MLF					
C	uarter / Year:	4 20	Date / Time Collected:						
C	ualifying Storm	Event?	Yes No	Runoff Source: Rainfall Snowmelt					
C	ollector's ame & Title		intun	di F.T.					
27.00	xaminer's ame & Title		nLu	h: E.T.					
-	Parameter	THE RESERVE AND ADDRESS OF THE PARTY OF THE	meter Description	Parameter Characteristics					
1.	Color	Does the steamy color? Yes	ormwater appear to have	If Yes, describe: Yellow Brown Red Gray Other:					
2.	Clarity	Is the storm	water clear?	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:					
3.	Oil Sheen		e a rainbow effect or e water surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:					
4.	Odor	Does the sa	mple have an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:					
5.	Floating Solids	the sample?	No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:					
6.	Suspended Solids	is there any sample?	thing suspended in the	Describe:					
		Ver	*Leave sample undistu	bed for 30 minutes.***					
7.	Settled Solids	Is there any bottom of the Yes	thing settled on the e sample?	Describe: (note type, size and material after sample is not disturbed for 30 minutes)					
8.	Foam	Does foam o	or material form on the ample surface if you	Describe:					
9.	if there are any any corrective a	actions taken	Α.	ify (1) where the pollution may come from and (2)					
S	ormwater Exami	ner's Signatur	e and Date:	1011210					
-	Note	- Sample shi	ould be collected and ana	lyzed in a coloriess glass or plastic bottle.					

S	ample Location		Pai	20	4	MLF	The second second				
C	uarter / Year:	4	20	Date	/ Time Collected:	10/12 1035	Date	/ Time Exami	ned:	10/12/	
Q	ualifying Storm	Event	?	Yes	No	Runoff Source	e:	Rainfall	Si	nowmelt	
C	ollector's ame & Title				intrash	. E.T.				•	
	xaminer's ame & Title				mlungh						
-	Parameter		THE PERSON NAMED IN	Approximate and the last	Description			ter Characte	NAME OF TAXABLE PARTY.		
1.	Color		the st color? Yes		ter appear to have	If Yes, describe Other:					
2.	Clarity	Is the	e storm Yes	water (clear?	If not clear, wh clarity of the st Suspended So Other:	ormwa	ater?	Opac		
3.	Oil Sheen				nbow effect or r surface?	Which best des Rainbow sheet Other:			les		
4.	Odor	Does	the sa		nave an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:					
5.	Floating Solids		ere any ample? Yes	?	n the surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:					
6.	Suspended Solids	Is the		thing s	uspended in the	Describe:					
	·		*	**Leav	e sample undistu	rbed for 30 minu	utes.*	hth			
7.	Settled Solids			thing s e sam	ettled on the ple?	Describe: (note type, size and material after sample is not disturbed for 30 minutes)					
8.	Foam		foam		erial form on the surface if you	Describe:					
-	any corrective a	or's Si	gnature	n. e and [- Val	10 12/26)	lution may c	ome fi	om and (2)	
S	tormwater Examir					19/14	20				
	Note	- San	nple sh	ould be	e collected and and	alyzed in a colorie	ess gla	ass or plastic	bottle.		

Sample Location	Pone) G	Pretro	eatumnt	N	1LF		
Quarter / Year:	4 20	Date	Time Collected:	10/19-936	Date	/ Time Exam		10/12-1
Qualifying Storm	Event?	Yes	No	Runoff Sour	ce:	Rainfall	S	nowmelt
Collector's Name & Title			as I un	h: F	1,			
Examiner's			101001	1 -	-	1		
Name & Title		mlis						
Parameter	Parameter Description			Parameter Characteristics If Yes, describe: Yellow Brown Red Gray				
1. Color	any color?	ormwat	er appear to have	Other:				
2. Clarity	Is the storm	water c	lear?	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 sheen on the Yes		bow effect or surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
4. Odor	Does the sa	mple h	ave an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
5. Floating Solids	the sample?		n the surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:				
6. Suspended Solids	is there anythere sample?	thing su	uspended in the	Describe:				
	West	*Leave	sample undistu	rbed for 30 mii	nutes.	deskede		
7. Settled Solids	is there anythe bottom of the Yes			Describe: (note type, size and material after sample is not disturbed for 30 minutes)				ter sample
8. Foam			rial form on the	Describe:				
9. If there are any any corrective stormwater Collect Stormwater Examination	cor's Signature	and D	A	(1) where t	1/20	Elution may	come fr	om and (2)

Sample Location	Pon	081	MLF				
Quarter / Year:	4 20	Date / Time Collected:	10/17- 1013 Date / Time Examined: 10/17				
Qualifying Storm	Event?	Yes No	Runoff Source: Rainfail Snowmelt				
Collector's		200 1.00	al. FI				
Name & Title Examiner's		por co	134, 111				
Name & Title		· · · · · · · · · · · · · · · · · · ·	13h; E.T.				
Parameter	THE RESIDENCE OF THE PARTY OF T	meter Description	Parameter Characteristics				
Does the stormwater appear to have any color? No (Clear) If Yes, describe: Yellow Brown Red Gray Other:							
2. Clarity	Is the storm	water clear?	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:				
3. Oil Sheen		e a rainbow effect or e water surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
4. Odor	Does the sa	mple have an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
5. Floating Solids	Is there any the sample? Yes	thing on the surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:				
6. Suspended Solids	is there any sample?	thing suspended in the	Describe:				
	vier.	*Leave sample undistur	bed for 30 minutes.***				
7. Settled Solids		thing settled on the	Describe: (note type, size and material after sample is not disturbed for 30 minutes)				
3. Foam		or material form on the imple surface if you	Describe:				
9. If there are any any corrective :			ify (1) where the pollution may come from and (2)				

Stormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date: Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Parameter Parameter Description Does the stormwater appear to have any color? Yes No (Clear) Is the stormwater clear? If not cle clarity of Suspend Other: Can you see a rainbow effect or sheen on the water surface? Parameter Description If Yes, do Other: Can you see a rainbow effect or sheen on the water surface? Parameter Description If Yes, do Other: Does the sample have an odor? Yes No Other: Is there anything on the surface of the sample? Sewage Other: Is there anything suspended in the sample? Is there anything suspended in the sample?	Parameter Characteristics				
Collector's Name & Title Examiner's Name & Title Parameter Parameter Description Does the stormwater appear to have any color? Yes No (Clear) Is the stormwater clear? Can you see a rainbow effect or sheen on the water surface? Yes No Other: Can you see a rainbow effect or sheen on the water surface? Yes No Other: Does the sample have an odor? Yes No Other: Is there anything on the surface of the sample? Yes No Other: Is there anything suspended in the sample? Sewage Other: Is there anything suspended in the sample?	7. 7.				
Name & Title Parameter Parameter Does the stormwater appear to have any color? Is the stormwater clear? Can you see a rainbow effect or sheen on the water surface? Does the sample have an odor? Yes Is there anything on the surface of the sample? Is there anything suspended in the sample? Is there anything suspended in the sample?					
Examiner's Name & Title Parameter Parameter Does the stormwater appear to have any color? Is the stormwater clear? Can you see a rainbow effect or sheen on the water surface? Can you see a rainbow effect or sheen on the water surface? Parameter No (Clear) If not cle clarity of Suspend Other: Can you see a rainbow effect or sheen on the water surface? Parameter No (Clear) If not cle clarity of Suspend Other: Can you see a rainbow effect or sheen on the water surface? Parameter No (Clear) If not cle clarity of Suspend Other: No Other: Is there anything on the surface of the sample? Sewage Other: Is there anything on the surface of the sample? Sewage Other: Is there anything suspended in the sample?					
Parameter Parameter Does the stormwater appear to have any color? No (Clear) Is the stormwater clear? Is the stormwater clear? Can you see a rainbow effect or sheen on the water surface? Does the sample have an odor? Yes Color Can you see a rainbow effect or sheen on the water surface? Parameter Description If Yes, do Other: Does the sample have an odor? Yes Can you see a rainbow effect or sheen on the water surface? Rainbow Other: Is there anything on the surface of the sample? Sewage Other: Is there anything suspended in the sample? Suspended Is there anything suspended in the sample?					
1. Color Does the stormwater appear to have any color? No (Clear) Is the stormwater clear? Is the stormwater clear? If not cle clarity of Suspend Other: Can you see a rainbow effect or sheen on the water surface? Yes Does the sample have an odor? Yes Does the sample have an odor? If Yes, do Sewage Other: Is there anything on the surface of the sample? Yes Is there anything suspended in the sample? Is there anything suspended in the sample?					
1. Color any color? No (Clear) Is the stormwater clear? If not cle clarity of Suspend Other: Can you see a rainbow effect or sheen on the water surface? Yes Does the sample have an odor? Yes Is there anything on the surface of the sample? Yes Is there anything suspended in the sample? Is there anything suspended in the sample?	escribe: Yellow Brown Red Gray				
2. Clarity Yes Can you see a rainbow effect or sheen on the water surface? Yes Can you see a rainbow effect or sheen on the water surface? Yes Does the sample have an odor? Yes Does the sample have an odor? Yes Is there anything on the surface of the sample? Yes Is there anything suspended in the sample? Is there anything suspended in the sample?	Tan				
3. Oil Sheen sheen on the water surface? Yes No Other: Does the sample have an odor? Yes Sewage Other: Is there anything on the surface of the sample? Yes Sewage Other: Sewage Other: Sewage Other:	ar, which of the following best describes the the stormwater? Ided Solids Milky/Cloudy Opaque				
4. Odor Yes Sewage Other: 5. Floating Solids Is there anything on the surface of the sample? Yes Sewage Other: Sewage Other: Sewage Other: Sewage Other:	est describes the sheen? sheet Floating oil globules				
Solids the sample? Yes Suspended Sewage Other: Suspended Is there anything suspended in the Sample?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
6. Suspended sample?	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:				
Solids Yes No					
Leave sample undisturbed for 3	0 minutes.				
	: (note type, size and material after sample turbed for 30 minutes)				
Does foam or material form on the top of the sample surface if you shake it? Yes Describe					
9. If there are any visible indicators of pollution identify (1) when any corrective actions taken. Stormwater Collector's Signature and Date:	ere the pollution may come from and (2)				
Stormwater Examiner's Signature and Date:	112/20				

S	ample Location	#1	0	Bio Ane	a shot MLF				
C	uarter / Year:	4 20	Date		10/12 840 Date / Time Examined: 10/12				
C	ualifying Storm	Event?	Yes	No	Runoff Source: Rainfall Snowmelt				
N	collector's lame & Title			un bunch	E.T.				
	xaminer's lame & Title			in binch	E.T.				
-	Parameter	Parameter Description			Parameter Characteristics If Yes, describe: Yellow Brown Red Gray				
1. Color any color? Yes No (Clear) Other.									
Is the stormwater clear? 2. Clarity If not clear, which of the following best described clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:									
3.	Oil Sheen		ne wate	nbow effect or er surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
4.	Odor	Does the s		nave an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
5.	Floating Solids	is there any the sample Yes	?	on the surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:				
6.	Suspended Solids	is there any sample?		suspended in the	Describe:				
	·		***Leav	e sample undistur	bed for 30 minutes.***				
7.	Settled Solids	Is there any bottom of the Yes	ne sam	ettled on the ple?	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			Describe:				
9.	If there are any any corrective a	visible ind	cators		ify (1) where the pollution may come from and (2				

Stormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date: Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

Sample Location	Il Bio Area C.	ell 1 MLF
Quarter / Year:	4 20 Date / Time Collected:	10/17 1057 Date / Time Examined: 10/12
Qualifying Storm	Event? Yes No	Runoff Source: Rainfall Snowmelt
Collector's Name & Title	m bounds:	E.T.
Examiner's Name & Title	un Lornsh.	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?	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	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes	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	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes	Describe:
	Leave sample undistu	rbed for 30 minutes.
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
B. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes	Describe:
any corrective		iffy (1) where the pollution may come from and (2) $ \frac{10}{12} \frac{12}{20} $
Stormwater Exami	ner's Signature and Date:	10/12/20
		lyzedin a coloriess glass or plastic bottle.

Quarterly Visual Monitoring Form

Sample Location		1	Anton					
	rono	1	MLF			· Et Farer	a la a ala	10/ 00
Quarter / Year:	1 21		Time Collected:	3/1 817		/ Time Exa		3/121
Qualifying Storm	Event?	Yes	No	Runoff Sour	ce:	Rainfall		nowmelt
Collector's lame & Title		11	1 Lungh:	EIT				
ixaminer's lame & Title			M. Lvn.h	Parameter Characteristics				
Parameter			escription			ellow Brow		
Color	any color?		er appear to have	if Yes, descri				•
Clarity	Is the storm	water cl	lear?	if not clear, w clarity of the s Suspended S Other:	tornwa	ater?		
Oil Sheen	Can you see sheen on the Yes	a raint water	oow effect or surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
Odor	Does the sa	mple ha	ive an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
Floating Solids	the sample?		the surface of	Other:	e: S ater Fo	uds Oily wi Excreme		Garbage
Suspended Solids	sample?		spended in the	Describe:				
	**	Leave	sample undistur	bed for 30 min	utes.**			
Settled Solids	is there anythe bottom of the Yes			Describe: (not is not disturbe	e type, d for 30	size and ma) minutes)	terial al	ter sample
Foam	top of the sai shake it? Yes	nple su	ial form on the rface if you	Describe:				
if there are any any corrective a	visible indic	ntors o	f pollution ident	fy (1) where t	ne poli	ution may	ome fr	om and (

Stormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date: Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

	Sample Location	San	d F	=. Iter	area 2	MLF				
7	Quarter / Year:	1 21		Time Collected		ate / Time Exami	ined: 3/1 2/2			
	Qualifying Storm	Event?	Yes	No	Runoff Source:	Rainfall	Snowmelt			
j	Collector's Name & Title			us trust	i. E.T.					
_	Examiner's Name & Title			in ton						
_	Parameter			escription		meter Character	TO SHARE THE PARTY OF THE PARTY			
1.	Color	any color?	mwate	r appear to have	If Yes, describe: Other:	Yellow Brown	Red Gray			
2.	Clarity	Is the storm	Is the stormwater clear? If not clear, which of the following best describe clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque							
3.	Oli Sheen	Can you see sheen on the Yes			Other: Which best describes the sheen? Rainbow sheet Floating oil globules Other:					
4,	Odor	Does the san	nple hav	Chemical Must Milk Oil/Petrole	y Rotten Eggs um					
5.	Floating Solids	is there anyth the sample? Yes	ning on (he surface of	If Yes, describe: Sewage Water Other:	Suds Oily Fill Fowl Excrement	m Garbage			
3.	Suspended Solids	is there anyth sample? Yes	ing sus	pended in the	Describe:					
		WAR.	Leave s	The same of the sa	bed for 30 minutes	g, deh				
,	Settled Solids	Is there anyth bottom of the	ing settl	ed on the	Describe: (note typis not disturbed for	e, size and mater	rial after sample			
		Yes		6						
. 1		Does foam or top of the sam shake it?		ace if you	Describe:					
_		Yes		NG						
	if there are any v	risible indical	tors of	pollution identif	fy (1) where the p	ollution may con	ne from and (2)			

	11/2/1/21	
Stormwater Collector's Signature and Date:	311121	
Stormwater Examiner's Signature and Date:	4-3/1/2)	
Note - Sample should be collected	and analyzed in a colorless glass or plastic bottle.	

	Sample Location	Pond	6	MLE					
7	Quarter / Year:	1 21	Date / Tim	e Collected:	3/1 838		/ Time Exam		3/1 72
T	Qualifying Storm	Event?	Yes	No	Runoff Source	:e:	Rainfail	Sn	owmelt
-	Collector's			/	hi E	1			•
	lame & Title		/	nlun	M, L	1/1			
_	Examiner's Name & Title			in Lin	shi E	T.	-to- Ohomoda	dettes	
_	Parameter		neter Desc	The second secon		STATE OF THE PARTY NAMED IN	eter Characte		Gray
1.	Color	Does the sto any color? Yes	any color? Yes No Clear) Other:						
2.	Clarity	Is the storm	water clear	No.	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque				
— З.	Oil Sheen	Can you see sheen on the Yes		effect or	Other: Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
4.	Odor	Does the sar	nple have a	n odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
6.	Floating Solids	is there anythere sample?	hing on the	surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:				
6.	Suspended Solids	is there anyti sample? Yes		(N)	Describe:				
Cita		water	Leave san	ple undistur	bed for 30 min			waster too	
Is there anything settled on the bottom of the sample?				on the	Describe: (note type, size and material after sample is not disturbed for 30 minutes)			er sample	
	Foam	Does foam of top of the sar shake it? Yes	npie surfac	orm on the	Describe:				
₿,	if there are any any corrective a	visible indica ctions taken.	ators of po	llution identi	fy (1) where th	e pol	lution may co	ome fro	m and (2)

	10	71	./2/		
Stormwater Collector's Signature and Date:	MS_	261	1/1		
Stormwater Examiner's Signature and Date:	1	311	12		
Note - Sample should be collected	i and analyze	d in a co	loriess glass	or plastic bottle.	

Sample Location	n Pay	08	ML	7				
Quarter / Year:	1 21	Date / T	ime Collected	3/1-	750	Date / Time Ex	amined:	3/12
Qualifying Store	n Event?	Yes	No	Runoff S	Sourc	e: Rainfail		Snowmelt
Collector's			4-1	, 1		1		
Name & Title Examiner's			M Const	1, L	- 1	<u></u>		
Name & Title			Mbun	1 1		1		
Parameter		neter Des		1004		arameter Chara		The second secon
1. Color	any color?	ormwater	No (Clear)	If Yes, de Other:	escrib	e: Yellow Br	own Re	d Gray
2. Clarity	is the storm	water clea		clarity of	the st	ich of the followi ormwater? olids Milky/Clou	-	lescribes the
3. Oil Sheen	Can you see sheen on the Yes			Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
4. Odor	Does the sai	nple have	an odor?	If Yes, de Sewage Other:		e: Chemical N ur Milk Oil/Pet	fusty F roleum	Rotten Eggs
5. Floating Solids	is there anythere the sample?		No	If Yes, des Sewage Other:		e: Suds Olly ter Fowl Excrem	/ Film ent	Garbage
Suspended Solids	is there anythe sample?	ning suspe	nded in the	Describe:		n		
•	was	Leave sa	mple undistur	bed for 30	minu	tes en		
. Settled Solids	is there anyth bottom of the	ing settle	d on the	Describe:	note	type, size and m for 30 minutes)	aterial at	ter sample
	Yes		(Nb)					
. Foam	Does foam or top of the san shake it?		ce if you	Describe:				
	Yes		(No					
if there are any any corrective a	visible indica ctions taken.	tors of p	ollution identi	ly (1) wher	e the	pollution may	come fr	om and (2)

Stormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date: Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

	ample Location	Ce		pond							
C	uarter / Year:	1/21	Date / Tir	me Collected:	2/22/21		te / Time Examlı				
	ualifying Storm	Event?	Yes	No	Runoff Sou	rce:	Rainfall	Sn	owmelt		
_	ollector's	11	11.1	110 (ET						
_	ame & Title	100	100	Man.	T (1					
	xaminer's ame & Title										
_	Parameter	Parar	neter Des	cription	Parameter Characteristics						
_			ppear to have	If Yes, desc	ribe:	Yellow Brown	Red	Gray			
1.	Color	any color?		Other:							
_		Yes		No (Clear)					21		
		Is the storm	water clea	r?			of the following b	est des	scribes the		
2.	Clarity				clarity of the			Onag	ue		
		Yes		No	Suspended Solids Milky/Cloudy Opaque Other:						
_		Can you see a rainbow effect or				descril	bes the sheen?				
3.	Oil Sheen	sheen on the water surface?			Rainbow sheet Floating oil globules						
		Yes		No	Other:						
		Does the sa	mple have	an odor?				er .	tten Eggs		
4.	Odor	Yes		No	Sewage Sour Milk Oil/Petroleum Other:						
_		Is there anything on the surface of the sample?			If Yes, desc	ribe:	Suds Oily Fi	im (Garbage		
5.	Floating Solids					Water	Fowl Excrement				
_	Johas	Yes		No	Other:						
6.	Suspended		ended in the	Describe:							
٠.	Solids	sample? Yes No									
		Yes	+1 a		shoot for 20 m	Inuta	n tht				
				mple undistu			s. oe, size and mate	orial off	or sample		
_		Is there any bottom of the					r 30 minutes)	mai ait	or sample		
7.	Settled Solids	Yes	o garripio:	No			,				
_			or motorial	form on the	Describe:	_					
		top of the sa			Describe.						
8.	Foam	shake it?	in pio outre								
		Yes		No							
9.	If there are any any corrective a	visible indications taker	cators of p	pollution ident	ify (1) where	the p	pollution may co	ome fro	om and (2)		
		ρ_{o}	ind	under	consti	rvc	tian				
	Pund under construction For cleaning - No discharge										

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

Stormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date:

	Sample Location	110	Arec		MLF		hap			
7	Quarter / Year:	1 21		e Collected:			Time Exar		3/12	
	Qualifying Storm	Event?	Yes '	No	Runoff Source	:e:	Rainfall	Si	nowmelt	
	Collector's Name & Title		1	n Lund	E.T.	,				
_	xaminer's lame & Title			nloyd	h. E.T.					
_	Parameter	d	neter Desc	THE RESERVE OF THE PERSON NAMED IN			ter Charact			
1.	Color	Does the sto		opear to have No (Clear)	If Yes, describ	e: (Ye	ellow) Brow	n Red	Gray	
2,	Clarity	Is the storm		The state of the s	If not clear, who clarity of the standard Souspended So	tormwa	iter?			
3.	Oil Sheen	Can you see sheen on the Yes			Which best de Rainbow shee Other:					
4.	Odor	Does the sar	nple have a	n odor?	if Yes, describe Sewage So Other:	e: Che ur Milk			tten Eggs	
5.	Floating Solids	Is there anythere the sample?	ning on the	surface of	If Yes, describe Sewage Wa Other:		ıds Oily I wi Excreme		Garbage	
3.	Suspended Solids	is there anythese sample?	ning suspen	nded in the	Describe:					
		tra d	Leave sam	ple undistur	bed for 30 mine	rtes.***				
7.	Settled Solids	is there anyth bottom of the Yes		on the	Describe: (note is not disturbed	type, s for 30	size and ma minutes)	terial aft	er sample	
		Does foam or top of the san shake it?			Describe:					

		1		1	1	11			
Stormwater Collector's Signature and Date:	H	7	21	77	1	7/			
Stormwater Examiner's Signature and Date:	D		3		1/2	2/			
Note - Sample should be collected	and	anal	yzed	in	cold	orless g	lass or pla	stic bottle.	

_											
	Sample Location	B10 1	freq		MLF						
	Quarter / Year:	1 21	Date / Tir	ne Collected:	3/1 8	109	Date /	Time Exam	nined:	3/1	20
	Qualifying Storm	Event?	Yes	No	Runoff	Sourc	e:	Rainfall	Sn	owme	lt
	Collector's		1	1. 1	1 .	1-1					
-	Name & Title Examiner's		V	7 6-11	24,	- 1/	1				
_	Vame & Title			mhy	sh.	Fi	T				
_	Parameter		neter Desc	ription	Ĺ	P	arame	ter Charact	eristics		-
1.	Color	Does the steamy color?	ormwater a	ppear to have No (Clear)	If Yes, d Other:	escrib	e: (Ye	ellow Brow	n Red	Gray	,
2.	Clarity	Is the storm	water clear	and the second	clarity of	the st	omwa	he following ter? Milky/Cloud	Dest des		the
3.	Oli Sheen	Can you see sheen on the Yes						the sheen? ting oil glob			
4.	Odor	Does the sai	mple have	an odor?	If Yes, de Sewage Other:		e: Che ur Milk			tten Eg	7gs
5.	Floating Solids	is there anythere the sample?	hing on the	surface of	If Yes, de Sewage Other:			ids Oily I vi Excremei		arbag	re
6.	Suspended Solids	is there anythe sample? Yes	hing suspe	nded in the	Describe						
_		Wells	Leave san	nple undistur	bed for 30	minu	rtes.***				
7.	Settled Solids	is there anythe bottom of the Yes		on the	Describe: is not dist			aize and ma minutes)	terial afte	r samp)le
3.	Foam	Does foam or top of the san shake it?			Describe:						
).	if there are any any corrective a	visible indica	itors of po		fy (1) whe	ere the	e pollu	tion may c	ome from	n and	(2)

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

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

Quarter / Year:	7 21	Date / 1	Time Collected	: 376 938 Da	ate / Time Exa	mined:	5/623
Qualifying Store	n Event?	Yes .	No	Runoff Source:	Rainfall		nowmelt
Collector's Name & Title			mil m	1-4-			·
Examiner's Name & Title			V 11	ushi Ei	f		
Parameter	Parar	neter De	scription		meter Charact	teriotics	
1. Color	Does the sto	ormwater	appear to have	If Yes, describe: Other:	(Yellow) Brow		Gray
2. Clarity	Is the storm)	No	If not clear, which clarity of the storm Suspended Solids Other:	nwater?		
3. Oil Sheen	Can you see sheen on the Yes	a rainbo	w effect or Irrace?	Which best descril Rainbow sheet FOther:	bes the sheen? Floating oil glob	ules	
4. Odor	Does the san	nple have	an odor?	If Yes, describe: O Sewage Sour N Other:			ten Eggs
5. Floating Solids	is there anyth the sample? Yes	ning on th	e surface of	If Yes, describe: Sewage Water Other:	Suds Oily F Fowl Excremen	Film G	arbage
6. Suspended Solids	Is there anyth sample? Yes	ing susp	ended in the	Describe:			
•	white	Leave sa		bed for 30 minutes.	tritris		
7. Settled Solids	Is there anyth bottom of the Yes	ing settle	d on the	Describe: (note type is not disturbed for	e, size and mat	erial after	sample
. Foam	Does foam or top of the sam shake it?		ce if you	Describe:			
. If there are any any corrective a	Yes visible indicat ctions taken.	tors of p	No" ollution identif	fy (1) where the po	llution may co	ome from	and (2)

Stormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date: Note - Sample should be collected/and analyzed in a colonless glass or plastic bottle.

Sample Location	5ano	Filty ar	eg 2 MLF
Quarter / Year:	7 21	Date / Time Collected	le l
Qualifying Stor	m Event?	Yes No	Runoff Source: Rainfall Snowmelt
Collector's Name & Title		an lun.	h, F.T.
Examiner's Name & Title		MLIN	shi E.T.
Parameter	Paran	neter Description	Parameter Characteristics
1. Color	Does the sto	ormwater appear to have	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormy	vater clear?	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	sheen on the Yes	a rainbow effect or water surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
. Odor	Yes	nple have an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
Floating Solids	the sample? Yes	ing on the surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
Suspended Solids	Is there anythi sample? Yes	ng suspended in the	Describe:
·	***[bed for 30 minutes.***
Settled Solids	Is there anythin bottom of the s	ng settled on the	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
Foam	Does foam or r top of the samp shake it?		Describe:

	11 -101-1
Stormwater Collector's Signature and Date:	5/6/21
Stormwater Examiner's Signature and Date:	A 1-1/121
Note – Sample should be collect	cted and analyzed in a colorless glass or plastic bottle.

٠	Sample Location	Pon	06	MI	F					-	
-	Quarter / Year:	271	Date / Ti	me Collected:	1576	720	Date	e / Time	Examir	ned:	5/6 27
	Qualifying Storm	Event?	Yes"	No	Runof	f Sour	ce:	Rain	fall	Sn	owmelt
_	Collector's Name & Title		N	1 Lund		E	T				
	Examiner's Name & Title			Mly	h.	E.	T.			aven de proposition de la constant	
-	Parameter		neter Des		1034	Contract of the last of the la	STATE OF THE PARTY	THE RESERVE THE PERSON NAMED IN	aracter		
1.	Color	any color?	ormwater a	Appear to have	Other.	descrit	oe:	Yellow	Brown	Red	Gray
2.	Clarity	Is the storm	water clea	no No	clarity o	of the s	tormv	vater?			cribes the
3.	Oil Sheen	Can you see sheen on the Yes			Which I Rainbo				heen? il globule	es.	
4.	Odor	Does the sar	nple have	an odor?	If Yes, o Sewage Other:		e: Ch our Mil		Musty Petroleu		ten Eggs
5.	Floating Solids	is there anythe the sample? Yes		(No	If Yes, of Sewage Other:			Suds owl Exc	Oily Film rement	n G	arbage
6.	Suspended Solids	Is there anyth sample?	ning suspe	nded in the No	Describe	e: Iga	e				
	•	***	Leave sa	mple undistur	bed for 3	00 min	utes.*	refrete			
7.		is there anyth bottom of the Yes		on the	Describe					ial after	r sample
8.	Form	Does foam or top of the san shake it? Yes			Describe	3 :				-	
	If there are any vany corrective ac	tions taken.		ollution Identi	fy (1) wh	ere th	e pol	lution r	nay con	ne fron	n and (2)
	ormwater Collector			A	50	6/0	71				
				ected and analy	zed in a	colorie	ss gla	ss or pl	astic bot	tie.	

	Sample Location	Pan		M	1.				
-	Quarter / Year:	17 71	Date / Time	Collected:	110	100	te / Time Examined	1: 5/6	2
	Qualifying Storn	n Event?	Yes.	No	Runo	ff Source:	Rainfall	Snowmelt	
	Collector's Name & Title		14	1 bout	,	ET			•
CONTRACT	Examiner's	 			1	L'.			
	Name & Title		i la	n ben	sh;	1=11.			
	Parameter	Parar	neter Descrip			Parar	meter Characteristi	CS	-
4			ormwater app	ear to have		describe:	Yellow Brown R	ed Gray	
7.	Color	any color?	6	P	Other.				
		Yes	N	(Clear)	15 .				
_		is the storm	water clear?		olarity	elear, which of the storm	of the following best	describes th	9
2.	Clarity							paque	
		Yes		No	Other:	idoa oonas	wilky/ Oldudy Op	oaque .	
rocan.			a rainbow eff		Which	best describ	es the sheen?		
3.	Oil Sheen	Designation of the second section of the section of the second section of the section of the section of the second section of the section of	water surfac	4.00		w sheet F	loating oil globules		
		Yes		NB	Other:		1		
		Does the sar	nple have an	odor?		describe: C		Rotten Eggs	
4.	Odor	Yes		AND !	Sewage Other:	e Sour M	lilk Oil/Petroleum		
		11-41							
5.	Floating	Is there anythe the sample?	ning on the su	rface of			Suds Oily Film	Garbage	
	Solids	Yes		No.	Sewage Other:	e vvater i	Fowl Excrement		1
	A	Is there anyth	ing suspende	The second secon	Describ	е.			_
6.	Suspended Solids	sample?		0			•		
	Conus	Yes		No					
		Western Western	Leave sampl	e undisturt	ed for 3	30 minutes.	deb		
		Is there anyth		the	Describe	e: (note type	, size and material a	after sample	
7.	Settled Solids	bottom of the	- 		is not di	sturbed for 3	30 minutes)		
		Yes		No					
		Does foam or			Describe	e:			
3.	Foam	top of the sam shake it?	ple surface if	you					
		Yes		0					
).	if there are any		tors of notify	No identif	. (4)				-
	any corrective a	ctions taken.	tors or politi	tion igentif	y (1) Wr	iere the po	llution may come f	rom and (2)	
8									
	NEW COLUMN TO THE PROPERTY OF								
						, ,			
Sto	rmwater Collecto	r's Signature a	nd Date:	M	- (11/21			-
				/		Inioi			

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

Stormwater Examiner's Signature and Date:

Quarterly Visual Monitoring Form

_			riii out a separate form t	or each outfall s	samplea.	
_	Sample Location	Por	10 9	MLF		
	Quarter / Year:	221	Date / Time Collected:	516 7 Hm	Date / Time Examined:	576 2
	Qualifying Storm	Event?	Yes No	Runoff Source	ce: Rainfall Sn	owmelt
_	Collector's Name & Title		mbrash;	ET		
	Examiner's Name & Title		in Lunch,	F.T.		
acredo	Parameter	THE RESERVE THE PERSON NAMED IN	neter Description	The second secon	arameter Characteristics	
1.	Color	any color?	ormwater appear to have	other:	e: Yellow Brown Red	Gray
2.	Clarity	Is the storm	water clear?	clarity of the si	nich of the following best des tormwater? olids Milky/Cloudy Opaqu	
3.	Oil Sheen		a rainbow effect or e water surface?		scribes the sheen? t Floating oil globules	
4.	Odor	Does the sar	mple have an odor?	If Yes, describe Sewage So Other:	e: Chemical Musty Rot our Milk Oil/Petroleum	ten Eggs
5.	Floating Solids	the sample? Yes	hing on the surface of	If Yes, describe Sewage Wa Other:	e: Suds Oily Film G ater Fowl Excrement	Sarbage
6.	Suspended Solids	Is there anyti sample? Yes	hing suspended in the	Describe:		
		Welts	Leave sample undisturi	bed for 30 minu	utes.***	
7.	Settled Solids	Is there anyth bottom of the Yes	ning settled on the sample?		type, size and material after for 30 minutes)	r sample
3.	Form		material form on the nple surface if you	Describe:		
).	if there are any any corrective ac	visible indica	ators of pollution identif	ly (1) where th	e pollution may come from	n and (2)

Stormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date: Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

1	Quarter / Year:	221	Date / T	ime Collected:	15/6 949	Date /	Time Examin	ed:	51624	
	Qualifying Storm	Event?	Yes .	No	Runoff Sour	ce:	Rainfall	Sne	owmelt	
	Collector's Name & Title		11	1 hough	FI					
-	Examiner's	+								
137.	Name & Title	-	N		1=.7.					
-	Parameter		neter Des		Parameter Characteristics					
1.	Color	Does the steamy color?			If Yes, describ	oe: (Ye	llow Brown	Red	Gray	
2.	Clarity	0	s the stormwater clear?		If not clear, who clarity of the single Suspended Son Other:	tormwa		st des Opaqu		
3.	Oil Sheen	Can you see sheen on the Yes			Which best de Rainbow shee Other:		the sheen? ting oil globules	3		
4.	Odor	Does the sar	nple have	an odor?	If Yes, describ Sewage So Other:	e: Chei our Milk			ten Eggs	
5.	Floating Solids	is there anythere the sample? Yes	hing on th	e surface of	If Yes, describe Sewage Wa Other:		ds Oily Film vl Excrement	G	arbage	
6.	Suspended Solids	is there anyti sample? Yes	ning susp	ended in the	Describe:					
			Leave sa		bed for 30 minu	ries ***				
7.	Settled Solids	Is there anyth bottom of the Yes	ing settle		Describe: (note is not disturbed	type, s	ize and materia	ıl after	sample	
3.	Foam	Does foam or top of the san shake it? Yes		form on the	Describe:					
	if there are any any corrective a	visible indica	itors of p		y (1) where th	e pollu	tion may come	e from	n and (2)	

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

Stormwater Examiner's Signature and Date:

٠.	Sample Location	Bro	Anen	11	MLF				
•	Quarter / Year:	2 21		e Collected		Date	/ Time Exam	ined:	15/12
	Qualifying Storm	Event?	Yes	No	Runoff Source	1	Rainfall		nowmelt
_	Collector's Name & Title		m	Lingli	. = -	-	T Capitali	011	
	Examiner's Name & Title		m	1	1				
_	Parameter	Paran	neter Descri	ption	P	arame	ter Characte	ristics	
1	. Color	Does the sto any color? Yes	ormwater app	ear to have	If Yes, describ		ellow Browi		Gray
2	. Clarity	Is the storm		No	If not clear, who clarity of the standard Souspended So	tormwa	ater?		
3.	Oil Sheen	Can you see sheen on the Yes	a rainbow et water surfac	fect or ce?	Which best des Rainbow sheet Other:			iles	
4.	Odor	Does the san	nple have an	odor?	If Yes, describe Sewage So Other:	e: Che ur Milk		ty Rot	ten Eggs
5.	Floating Solids	is there anyth the sample? Yes	ing on the su	Inface of	If Yes, describe Sewage Wa Other:		ıds Oily Fi wl Excrement		arbage
6.	Suspended Solids	is there anyth sample? Yes	ing suspend	ed in the	Describe:				
Milwelle		NAME OF TAXABLE PARTY.		(No					
		la than a second	_eave samp	le undisturi	bed for 30 minu	AND DESCRIPTION OF THE PERSON NAMED IN			
7.	Settled Solids	Is there anythic bottom of the s	ing settled or sample?	the Mo	Describe: (note is not disturbed	type, s for 30	ize and mate minutes)	rial after	sample
B.	Ecom	Does foam or top of the sam shake it? Yes		on the	Describe:				
Sto	ormwater Collector	's Signature ar	nd Date:	Al-	y (1) where the	pollut	tion may con	ne from	and (2)
				d and analy	zed in a colories	o latera	on plantin I	441 -	
		- sp.s onoun	- 20 00110018	and analy	cou iii a coioness	s/giass	or plastic bot	ttie.	

MLFRRF Quarterly Routine Inspection Certification (3rd Quarter 2020)

	In Compliance	
Location	(Yes/No)*	
Recycling Center		
Entrances, Administration Building,		
Main Haul Road, Leachate Area and		
Paved Surfaces	YES	
Recycling Center Area	YES	
Oil, Batteries and AntiFreeze Recycling	YES	
Maintenance and Warehouse		
Maintenance Building	YES	
Warehouse Building	YES	
Compost Area and Cell 9 Area		
Compost Area	YES	
Cell 9	YES	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 Monito	oring Manager		
Signature:	Mar	2 Mont	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	e need for this action (Check box):
Unauthorized rele	ease or discharge
Control measures	s inadequate
X Control measures	s not properly operated or maintained
Change in facility	operations necessitated change in control measures
Other (describe):	
2. Stormwater in Pond #3 and3. Eroding side slope next to4. Ditch from Cell 9.1 to four-5. Pond #6 and head of stone	heast corner of Pond #5 to reduce sediment loading to pond. On-going. d Pond #4 appeared more cloudy than normal. On-going.
Description of corrective action(s) tal	ken or to be taken to eliminate or further investigate the problem (e.g.,
	control measures, analyses to be conducted, etc.) or if no modifications
Item #1: Stone chute to Pond Item #2: Inspect stone chutes in FY2019/2020. Under Cons Item #3: Repair and reseed e Item #4: Remove sediment fr Item #5: Muck out Pond #6 a pretreatment building) of ston Item #6: Pond 9-2 and its fore Project in FY2020/2021. Under	#5 will be repaired in FY2019/2020. Under Construction. s to Pond #3 and Pond #4 for possible erosion and repair (if needed) struction. erosion rills on side slope of Pond #3 in FY2020. Under Construction. erom Cell 9.1 stormwater ditch in FY2020/2021. Under Construction. and remove sediment from head (southeast corner at intersection to the ditch to Pond #6 in FY2020/2021. 3/2020. ebays will be mucked out as part of the Subcell 9.2 Construction
Permits, and are outside of the	
Date corrective action to be complete	ed: FY2019 - FY2021

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

Items #5: Jonathan Rossetti

MLFRRF Inspection Checklist								
	Quarter	ter 1	Qua	Quarter 2	Qua	Quarter 3	Quarter	ter 4
Date of Inspection:					ILL	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					×			
Bulk Material Drop Off (Lower Area) - Upper and Lower Area Clean					×			
Entrance/Exit Roads and Paved Area Clean					×			
Administration Building Area Clean					×			
Cardboard Building Area Clean					×			
Leachate Treatement/Storage Area Clean					×			
Convenience Center Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Attendant on Duty					×			
Attendant Booth Clean					×			
Stormdrain Inlet Openings/Grates Clean					×			
Signs in Place					×			
Spills/Leaks or Containers Leaking					×			
Trash Cans Empty					×			
Latex Paint Dumpster Organized/No Leaks					×			
Oil, Batteries and AntiFreeze Recycling Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels					×			
Full Tanks Locked					×			
Screens Cleaned					×			
Tanks Cleaned					×			
Containment Basins Clean					×			
Sorbent Mats and Material Maintained or Disposed of Properly					×			
No Leaks/Spills					×			
Drain Valves Shut					×			
Batteries Stored in Metal Locker					×			
Pavement Clean (Powerwash Needed?)					×			
Trash Cans Emptied					×			
Comments: If IINSAT (Insatisfactory) is checked list what needs to be done by whom and the expected completion date	ne. hv whon	n and the ex	nected com	aletion date				

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	ter 1	Qua	Quarter 2	Qua	Quarter 3	Quai	Quarter 4
Date of Inspection:					11111	7/7/2020		
Maintenance Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Shop Floor Clean and Free of Debris					×			
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly					×			
Drip Pans Under Equipment Empty					×			
No Leaks/Spills in Maintenance Building or adjacent Parking Areas					×			
Materials/Equipment Stored All Drums have Lids					×			
Adjacent Parking Areas Clean					×			
Materials Stored Properly					×			
Floor Drain Sumps Dry/Pumped					×			
Strainer Clean under Sink					×			
Warehouse Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Fueling Station Area Clean					×			
No Leaks from Fuel Dispensers/Hoses					×			
No Evidence of Spills					×			
Hazardouse Waste Lockers Maintained					×			
Inlets and Sediment Trap Maintained					×			
Materials/Equipment Properly Stored					×			
Yard Area Stable/Drainage Adequate					×			
Sediment Deposition in Perimeter Swales					×			
Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.	by whom, and	d the expected	completion	date.				

MLFRRF Compost Area, Cell 8 and 9 Areas Checklist								
	Quarter	ter 1	Qua	Quarter 2	Опал	Quarter 3	Quarter	ter 4
Date of Inspection:					7/1//	7/7/2020		
Compost Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Materials/Equipment Properly Stored					×			
Entrance/Exit Roads and Paved Area Clean					×			
Access Roads (potholes, grading, vegetation)					×			
Blown Trash					×			
Litter Fence					×			
Super Silt Fence					×			
Cell 9	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Blown Trash					×			
Litter Fence					×			
Dust Control					×			
Alternate Daily Cover					×			
Drainage Terraces					×			
Access Roads (potholes, grading, vegetation)					×			
Riprap Ditches					×			
Gei Logs					×			
Dewatering Devices					×			
SWM Pond #9-2 Outfall Clear					×			
Dewatering Devices					×			
Access Roads (potholes, grading, vegetation)					×			
Cell 9 Recycle Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Erosion and Sediment Controls					×			
Metal/Tire/Leaf Areas					×			
Brush Grinding Area					×	\$		
Dewatering Devices					×			
Dust Control					×			
Access Roads (potholes, grading, vegetation)					×			
Riprap Ditches or Swales					×			
today toil bedeed as (motostaites	noods to be done	de modern rad	d the commen	no point lotion	با ت			

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

Inspector's Name(s):

Mark Morris

Time:

7:30 to 9:30 a.m.

Weather: After Heavy Rains/Cloudy/Warm

Inspector's Title(s)

EMM

Inspector's Contact Info

443-623-0605

	Maintenanc	e Required	Date	Date
	Yes	No	Scheduled	Completed
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
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				
Cover Terrace		X		
Riprap Downchutes		X		
Grassed and Riprap Swales		X		
Drainage Layer Toe Drains		X		
5. Riprap Slope Protection		Х		
Culverts/Pipes under Access Roads		Х		
7. Sediment Deposition		Χ		
C. Other Inspections	11			
Security (Perimeter Fence and Locking Gates)		Χ		
Groundwater Monitoring Wells		Х		
3. Gas Monitoring Wells		Х		•

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		Ins	pector's Name	(s):	Mark Morris		20
Time: Weather:	7:30 to 9:3	30 a.m. vy Rains/Cloudy/Warm	Ins	pector's Title(s	1	EMM		<u>-3</u> 3
Troutier.	Aiter rica	, italia olouvyittaini						
			Ins	pector's Conta	ct Info	443-623-0605		
				Operating	Maintenance	r		1
				Effectively	Required	Date	Date	
				Y/N	Y/N	Scheduled	Completed	
Structural Storm								1
SWM Pond #1	Retention I			YES	NO			1
SWM Pond #2	Infiltration			YES	NO YES	EV2020/24		-
SWM Pond #3 SWM Pond #4	Retention			YES YES	YES	FY2020/21 FY2020/21		1
SWM Pond #5	Retention I			YES	YES	FY2020/21	,	1
SWM Pond #6	Retention I			YES	YES	FY2020/21	Mar-2020	1
SWM Pond #8-1	Retention I			YES	NO]
SWM Pond #9-2	Retention I			YES	YES	FY2020/21		4
SWM Pond #10 SWM Pond #11	Bioretentio Pocket Por		_	YES YES	NO NO			4
Infiltration Trench				YES	NO			1
Describe Correct				1 120	110			1
SWM Facility		Action Item]
Stone chute		Stone chute to Pond #5 requires						1
Stone chute	2	Inspect stone chutes to Pond #3					struction.	1
Pond #3 Pond #3, #4, #5	-	Repair and reseed erosion rills of Muck out Pond #3, #4 and #5 as	III SIGE	of Cell 567 Cap	ing Project Lind	er Construction	1	1
Pond #6		Muck out Pond #6 and remove s						1
Pond #9-2		Pond #9-2 and Pond #9-2 riprap						1
		Construction Project. Under Con	nstruc	tion.]
								1
								-
								1
	•							1
Inspection Items						n Feature Is In		
Stormwater Mana	gement Po	nds		Pond #1	Pond #2	Pond #3	Pond #4	Pond #5
Erosion Vegetative Cov	or lother tha	en erosion)	_	X	X	X	X	X
Seepage Throu				x	x	x	×	Î
Woody Vegetat		Darminon		X	X	X	X	X
5. Holes in Embar		owing animals)		Х	X	Х	Х	Х
6. Trash Racks				X	X	X	X	X
7. Inside Riser and				X	X	X	X	X
Riprap Inlet and Structure (SWM)				x	x	x	X	x
10. Dewatering De		ici on actores		X	X	x	X	X
11. Sediment Dep				X	X	X	X	X
12. Pre-Treatment				X	Х	X	X	X
13. Pond/Discharg	e Clarity			X	Х	Х	Х	Х
Starmuster Mana	soment De	ndo			Chack Whar	Feature Is In	enected	
Stormwater Mana	gement Po	iius		Pond #6	Pond #8-1	Pond #9-2	Pond #10	Pond #11
1. Erosion				X	X	X	X	X
2. Vegetative Cov				Х	Х	Х	X	Х
Seepage Throu	gh Pond Em			X	X	X	X	X
4. Woody Vegetat		and a samula)		X	X	X	X	X
Holes in EmbanTrash Racks	kment (burr	owing animals)		X	X	X	X	X
7. Inside Riser and	Barrel Stru	ctures		x	x	- x	X	X
8. Riprap Inlet and	Outfall Apro	ons		X	Х	X	X	X
9. Structure (SWM	i) Culvert Inl			X	Х	X	X	X
10. Dewatering De				X	X	X	X	X
11. Sediment Dep				X	X	X	X	X
 Pre-Treatment Pond/Discharg 				X	- x	X	X	X
To a onorpischally	o ciarry			^ 1	^_			
Inspection Items					Check When	Feature Is In	spected	
Stormwater Mana	gement Tre	nch		Inf. Trench				
1. Erosion		. v		X				
Vegetative Cove Wegetative Cove		n erosion)	_	X				
 Woody Vegetati Sediment Dep 				X				
ocament bep	-510011							
		e removed as part of the routine main						
		nds 3, 4 and 5 are currently under con						
Note: Subcell 9.2 and	stormwater i	Pond 9-2 are currently under construct	ction a	na outside the pur	view of this inspec	TION.		

MLFRRF Quarterly Routine Inspection Certification (4th Quarter 2020)

In Compliance

Location	(Yes/No)*	
Recycling Center		
Entrances, Administration Building,		
Main Haul Road, Leachate Area and		
Paved Surfaces	YES	
Recycling Center Area	YES	
Oil, Batteries and AntiFreeze Recycling	YES	
Maintenance and Warehouse		
Maintenance Building	YEŞ	
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		異			
and Title:	Mark Morris	Environmental Monitorii	ng Manager		
Signature:	Mark	Mons	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. Complete
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	rter 1	Quarter	ter 2	Quarter	ter 3	Quar	Quarter 4
Date of Inspection:							10/21/2020	/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							×	
Bulk Material Drop Off (Lower Area) - Upper and Lower Area Clean							×	
Entrance/Exit Roads and Paved Area Clean							×	
Administration Building Area Clean							×	
Cardboard Building Area Clean							×	
Leachate Treatement/Storage Area Clean							×	
Convenience Center Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Attendant on Duty							×	
Attendant Booth Clean							×	
Stormdrain Inlet Openings/Grates Clean							×	
Signs in Place							×	
Spills/Leaks or Containers Leaking							×	
Trash Cans Empty							×	
Latex Paint Dumpster Organized/No Leaks							×	
Oil, Batteries and AntiFreeze Recycling Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels							×	
Full Tanks Locked				×			×	
Screens Cleaned							×	
Tanks Cleaned							×	
Containment Basins Clean							×	
Sorbent Mats and Material Maintained or Disposed of Properly							×	
No Leaks/Spills							×	
Drain Valves Shut							×	
Batteries Stored in Metal Locker							×	
Pavement Clean (Powerwash Needed?)							×	
Trash Cans Emptied							X	
Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date	one, by whor	n, and the exp	ected comp	letion date.				

MLFRRF Maintenance and Warehouse Inspection Checklist								
	Quarter	rter 1	Qua	Quarter 2	Qua	Quarter 3	Quar	Quarter 4
Date of Inspection:							10/21	10/21/2020
Maintenance Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Shop Floor Clean and Free of Debris							×	
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly							×	
Drip Pans Under Equipment Empty							×	
No Leaks/Spills in Maintenance Building or adjacent Parking Areas							×	
Materials/Equipment Stored All Drums have Lids							×	
Adjacent Parking Areas Clean							×	
Materials Stored Properly							×	
Floor Drain Sumps Dry/Pumped							×	
Strainer Clean under Sink							×	
Warehouse Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Fueling Station Area Clean							×	
No Leaks from Fuel Dispensers/Hoses							×	
No Evidence of Spills							×	
Hazardouse Waste Lockers Maintained							×	
Inlets and Sediment Trap Maintained							×	
Materials/Equipment Properly Stored							×	
Yard Area Stable/Drainage Adequate							×	
Sediment Deposition in Perimeter Swales							×	
Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.	by whom, an	d the expected	completion	date.				

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

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

Date: 10/21/2020	1, 2, 4, 5, 6, 7 and 8 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	443-623-060	5
	Maintenance Required	Date	Date
·	Yes No	Scheduled	Completed
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	0	
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			
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 Commen	t 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: Weather:	10:30 a.m. to 1:00 p.m. 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 Storm	water 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 Correcti	ve Actions				
SWM Facility	Action Item				
Stone chute	Stone chute to Pond #5 require	s repair to reduce sedi	iment loading to p	ond. Complete	ed.
Stone chute	Inspect stone chutes to Pond #				
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 a	s part of Cell 567 Cap	ping Project. Con	npleted.	
Pond #6	Muck out Pond #6 and remove	sediment from head of	f stone ditch to Pe	ond #6. Comple	eted.
Pond #9-2	Pond #9-2 and Pond #9-2 ripra	p ditches to will be mud	cked out as part of	of the Subcell 9	9.2
	Construction Project. Under Co				

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

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

Inspection Items	Check When Feature Is In	spected
Stormwater Management Trench	Inf. Trench	
1. Erosion	X	
Vegetative Cover (other than erosion)	X	
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)

In Compliance

Location	(Yes/No)*	
Recycling Center		
Entrances, Administration Building,		
Main Haul Road, Leachate Area and		
Paved Surfaces	YES	
Recycling Center Area	YES	
Oil, Batteries and AntiFreeze Recycling	YES	
Maintenance and Warehouse		
Maintenance Building	YES	
Warehouse Building	YES	
Compost Area and Cell 9 Area		
Compost Area	YES	
Cell 9	YES	
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:	Mumm	Date:	_24-Mar-21	

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

Quarterly Routine Inspection	1 Corrective Action Form
Date problem identified:	3/23/2021
Identify the condition(s) triggering	the need for this action (Check box):
Unauthorized re	elease or discharge
Control measur	res inadequate
X Control measur	res not properly operated or maintained
Change in facil	ity operations necessitated change in control measures
Other (describe	e):
2. Ditch from Cell 9.1 to fo3. The forebays to Pond 9.4. Ditch along the south s	problem identified: ortheast corner of Pond #5 to reduce sediment loading to pond. Completed our-way stop intersection has excessive amounts of sediment. Completed2 will have sediment buildup from Subcell 9.2 Construction. Completed. ide of Subcell 9.2 will be cleaned of sediment (liner construction project) 19.3) to be stabalized and sediment traps cleaned
describe modifications or repairs are needed, basis for that determ Item #1: Stone chute to Po Item #2: Removed sedime the Subcell 9.2 liner consti	taken or to be taken to eliminate or further investigate the problem (e.g., to control measures, analyses to be conducted, etc.) or if no modifications ination: ond #5 was repaired January, 2021. ent from Cell 9.1 stormwater ditch in March, 2021. Completed as part of ruction project. All rip-rap was removed and replaced. forebays have been mucked out as part of the Subcell 9.2 Construction
Date corrective action to be comp	oleted: FY2021
Name of person responsible: Iter	ms #1, #2, #3, #4 and #5: Michael Porath

MLFRRF Inspection Checklist								
	Quarter 1	ter 1	Quarter 2	ter 2	Quarter	rter 3	Quarter 4	ter 4
Date of Inspection:	3/23/2021	2021						
Entrances, Administration Building, Main Haul Road, Leachate Area	1				} - ?	į.	E c	E C
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	×							
Cardboard Building Area Clean	×							
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	×							
Full Tanks Locked	×							
Screens Cleaned	×							
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	×							
Pavement Clean (Powerwash Needed?)	×							
Trash Cans Emptied	×							
Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.	ne, by whon	ı, and the exp	ected comp	letion date.				

MLFRRF Maintenance and Warehouse Inspection Checklist								
	Quarter	ter 1	Qua	Quarter 2	Quar	Quarter 3	Quar	Quarter 4
Date of Inspection:	3/23/2021	2021						
Maintenance Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Shop Floor Clean and Free of Debris	×							
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly	×							
Drip Pans Under Equipment Empty	×							
No Leaks/Spills in Maintenance Building or adjacent Parking Areas	×							
Materials/Equipment Stored All Drums have Lids	×							
Adjacent Parking Areas Clean	×							
Materials Stored Properly	×							
Floor Drain Sumps Dry/Pumped	×							
Strainer Clean under Sink	×							
Warehouse Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Fueling Station Area Clean	×							
No Leaks from Fuel Dispensers/Hoses	×							
No Evidence of Spills	×							
Hazardouse Waste Lockers Maintained	×							
Inlets and Sediment Trap Maintained	×							
Materials/Equipment Properly Stored	×							
Yard Area Stable/Drainage Adequate	×							
Sediment Deposition in Perimeter Swales	×							
Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date	by whom, an	d the expected	1 completion	ı date.				

MLFRRF Compost Area, Cell 8 and 9 Areas Checklist								
	Quarter	ter 1	Que	Quarter 2	Quarter	rter 3	Qua	Quarter 4
Date of Inspection:	3/23/2021	2021					10/21	0/21/2020
Compost Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Materials/Equipment Properly Stored	×							
Entrance/Exit Roads and Paved Area Clean	×							
Access Roads (potholes, grading, vegetation)	×							
Blown Trash	×							
Litter Fence	×							
Super Silt Fence	×							
Cell 9	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Blown Trash	×							
Litter Fence	×							
Dust Control	×							
Alternate Daily Cover	×							
Drainage Terraces	×							
Access Roads (potholes, grading, vegetation)	×							
Riprap Ditches	×							
Gel Logs	×							
Dewatering Devices	×							
SWM Pond #9-2 Outfall Clear	×							
Dewatering Devices	×							
Access Roads (potholes, grading, vegetation)	×							
Cell 9 Recycle Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Erosion and Sediment Controls	×							
Metal/Tire/Leaf Areas	×							
Brush Grinding Area	×							
Dewatering Devices	×							
Dust Control	×							
Access Roads (potholes, grading, vegetation)	×							
Riprap Ditches or Swales	×							
Comments: If UNSAT (Unsatisfactory) is checked, list what need	ls to be done	, by whom, ar	nd the expec	needs to be done, by whom, and the expected completion date	date.			
Note:								

MLFRRF Post-Closure Inspection Checklist

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

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

	Maintenand	e Required	Date	Date
	Yes	No	Scheduled	Completed
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion	X			
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		Х		
Drainage Layer Toe Drains	X			
5. Riprap Slope Protection		X		
Culverts/Pipes under Access Roads		X		
7. Sediment Deposition		X	*	
C. Other Inspections				
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	=
		10 III		
		Inspector's Contact Info	410-222-6108	

		Operating Effectively	Maintenance Required	Date	Date
		Y/N	Y/N	Scheduled	Completed
Structural Stormy	vater 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 Correcti	ve Actions	***		1	
SWM Facility	Action Item				
Pond #9-2	Pond #9-2 and Pond #9-3	2 riprap ditches have been m	nucked out as par	t of the Subce	II 9.2
		MPLETED 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	Х	X	X	X		
Vegetative Cover (other than erosion)	X	Х	X	X	Х		
Seepage Through Pond Embankment	X	X	X	X	Х		
Woody Vegetation	X	Х	X	X	Х		
Holes in Embankment (burrowing animals)	X	X	X	Х	X		
6. Trash Racks	X	X	X	Х	Х		
Inside Riser and Barrel Structures	X	Х	X	X	X		
Riprap Inlet and Outfall Aprons	X	X	X	X	X		
Structure (SWM) Culvert Inlet Structures	X	Х	X	X	Х		
10. Dewatering Devices	X	X	X	Х	Х		
11. Sediment Deposition	X	Х	X	X	Х		
12. Pre-Treatment Devices	X	Х	X	X	Х		
13. Pond/Discharge Clarity	X	X	X	X	X		

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

Inspection Items	Check When Feature Is Ir	Check When Feature Is Inspected		
Stormwater Management Trench	Inf. Trench	10		
1. Erosion	X			
Vegetative Cover (other than erosion)	X			
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)

In Compliance

Location	(Yes/No)*	
Recycling Center		
Entrances, Administration Building,		
Main Haul Road, Leachate Area and		
Paved Surfaces	YES	
Recycling Center Area	YES	
Oil, Batteries and AntiFreeze Recycling	YES	
Maintenance and Warehouse		
Maintenance Building	YES	
Warehouse Building	YES	
Compost Area and Cell 9 Area		
Compost Area	YES	
Cell 9	YES	
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 Monito	ring Manager		
Signature:	Mark	Morm	Date:	20-May-21	

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

Quarterly Routine Inspection Cor	rective Action Form
Date problem identified:	5/20/2021
Identify the condition(s) triggering the ne	eed for this action (Check box):
Unauthorized release	e or discharge
Control measures in	adequate
X Control measures no	ot properly operated or maintained
Change in facility ope	erations necessitated change in control measures
Other (describe):	
2. Ditch from Cell 9.1 to four-wa3. The forebays to Pond 9-2 will4. Ditch along the south side of \$1.	em identified: ast corner of Pond #5 to reduce sediment loading to pond. Completed. by stop intersection has excessive amounts of sediment. Completed. by have sediment buildup from Subcell 9.2 Construction. Completed. Subcell 9.2 will be cleaned of sediment. On-going. by be stabilized and sediment traps cleaned. On-going.
Description of corrective action(s) taken	n or to be taken to eliminate or further investigate the problem (e.g., atrol measures, analyses to be conducted, etc.) or if no modifications are
needed, basis for that determination:	and measures, analyses to be considered, etc., et al., etc.,
Item #1: Stone chute to Pond #5	
Item #2: Sediment removed from Item #3: Pond 9-2 and its foreba	m Cell 9.1 stormwater ditch. 3/2021.
Item #4: Remove sediment from	n ditch along south side of Subcell 9.2.
Item #5: Stabilize with grass and	d 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

Entrances, Administration Building, Main Haul Road, SAT Quarter 2 Entrances, Administration Building Main Haul Road, SAT UNSAT SAT UNSAT Recycling Center (Upper Area) Clean X X X Builk Macrial Drop Off (Lower Area) - Upper and Lower X X X Area Clean X X X Administration Building Area Clean X X X Administration Building Area Clean X X X Convenience Center Area (Daily) SAT UNSAT X Attendant on Duty X X X Attendant both Clean X X X Signs in Place X X X Signs in Place Spills/Leaks or Containers Leaking X X Track Clean Spills/Leaks or Containers Leaking X X X Track Dain Dumpster Organized/No Leaks X X X Spills/Leaks or Containers Leaking X X X Track Cleaned X X X<	20/2/20/20/20/20/20/20/20/20/20/20/20/20	SAT UNSAT
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Maintained or Disposed of Properly	×	
f Properly	×	
	X	
No Leaks/Spills X	X	
Drain Valves Shut X	X	
Batteries Stored in Metal Locker X	X	
Pavement Clean (Powerwash Needed?)	×	
Trash Cans Emptied X	X	
Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date	he expected completion date.	

MLFRRF Maintenance and Warehouse Inspection Checklist	Lut like							
	Qua	Quarter 1	Quai	Quarter 2	Quar	Quarter 3	Quai	Quarter 4
Date of Inspection:			5/20	5/20/2021				
Maintenance Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Shop Floor Clean and Free of Debris			×					
Sorbent Material in Place and Clean, Used Sorbent Disposed of								
Properly			×					
Drip Pans Under Equipment Empty			×					
No Leaks/Spills in Maintenance Building or adjacent Parking								
Areas			×					
Materials/Equipment Stored All Drums have Lids			×					
Adjacent Parking Areas Clean			×					
Materials Stored Properly			×					
Floor Drain Sumps Dry/Pumped			×					
Strainer Clean under Sink			×					
Warehouse Building/Area (Daily)	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Fueling Station Area Clean			×					
No Leaks from Fuel Dispensers/Hoses			×					
No Evidence of Spills			×					
Hazardouse Waste Lockers Maintained			×					
Inlets and Sediment Trap Maintained			×					
Materials/Equipment Properly Stored			×					
Yard Area Stable/Drainage Adequate			×					
Sediment Deposition in Perimeter Swales			×					
Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.	eds to be don	e, by whom, an	d the expect	ed completion	date.			

MLFRRF Compost Area, Cell 8 and 9 Areas Checklist								
	Quarter	ter 1	Quai	Quarter 2	Quarter	rter 3	Quarter	rter 4
Date of Inspection:			5/20/2021	/2021				
Compost Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Materials/Equipment Properly Stored			×					
Entrance/Exit Roads and Paved Area Clean			×					
Access Roads (potholes, grading, vegetation)			×					
Blown Trash			×					
Litter Fence			×					
Super Silt Fence			×					
Cell 9	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Blown Trash			×					
Litter Fence			×					
Dust Control			×					
Alternate Daily Cover			×					
Drainage Terraces			×					
Access Roads (potholes, grading, vegetation)			\times					
Riprap Ditches			×					
Gel Logs			×					
Dewatering Devices			×					
SWM Pond #9-2 Outfall Clear			×					
Dewatering Devices			×					
Access Roads (potholes, grading, vegetation)			×					
Cell 9 Recycle Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Erosion and Sediment Controls			×					
Metal/Tire/Leaf Areas			×					
Brush Grinding Area			×					
Dewatering Devices			×					
Dust Control			×					
Access Roads (potholes, grading, vegetation)			×					
Riprap Ditches or Swales			×					
Comments: If UNSAT (Unsatisfactory) is checked, list what need	ds to be don	e, by whom, a	nd the expect	needs to be done, by whom, and the expected completion date.	date.			

MLFRRF Post-Closure Inspection Checklist

	Cells 1, 2, 4, 5, 6, 7 and 8			
Date: 5/20/2021	Inspector's Name(s):	Mark Morris		
Time: 1:30 to 3:30 p.m.			ЕММ	
Weather: Warm and Sunny	Inspector's Title(s)	EMM		
	Inspector's Contact In	fo 443-623-060	5	
	Maintenance Require		Date	
	Yes No	Scheduled	Completed	
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 Gat	es) X			
2. Groundwater Monitoring Wells	X			
3. Gas Monitoring Wells	X			
Comments (If Maintenance Required is Che	cked "YES" for any Items, a Comm	ent is Required):		
Note: Any woody vegetation will be removed as par	of routine maintenance occurring in the	lth quarter.		
Note: Cell 8 Final Cover - "Sand boils", sloughing or	both the north and south sides of 8.5 and	d 8.6, surface erosic	<u>n</u>	
and vegetative cover minimal in several areas. Geo	syntec provided investigative report with	epair recommendat	ions and	

proposed scope of work. Repair work to be bid to Harnden and Allan Myers to determine scale of cost for repairs.

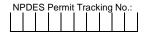
Procurement will follow.

MLFRRF Stormwater Management Inspection Checklist

Date:	5/20/2021	Inspector's Name	(s):	Mark Morris		
Time:	1:30 to 3:30 p.m.	luonostada Titla/a		EMM		
Weather:	Warm and Sunny	Inspector's Title(s	1	EMM		
		Inspector's Conta	ct Info	443-623-0605		i E
		Operating Effectively Y/N	Maintenance Required Y/N	Date Scheduled	Date Completed	
Structural Storm	water Management Controls	1710		Concadica	Completes	
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 YES	NO NO			1
SWM Pond #5	Retention Pond Retention Pond	YES	NO			
SWM Pond #6 SWM Pond #8-1	Retention Pond	YES	NO			
SWM Pond #9-2	Retention Pond	YES	NO		Mar-2021	1
SWM Pond #10	Bioretention Pond	YES	NO			
SWM Pond #11	Pocket Pond	YES	NO			
Infiltration Trench	Infiltration Trench	YES	NO			
Describe Correct						-
SWM Facility	Action Item	O description to will be seen	aliand and an elect	of the Cubecil (3.2	ł
Pond #9-2		2-2 riprap ditches to will be muc	cked out as part	of the Subceils	3.2	1
	Construction Project. C	ompleted 3/21.				ł
	_					
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]
Inspection Items			Check Whe	n Feature Is Ir	spected	
Stormwater Mana		Pond #1	Pond #2	Pond #3	Pond #4	Pond #5
1. Erosion		X	X	X	X	X
2. Vegetative Cov	ver (other than erosion)	X	X	X	X	X
3. Seepage Throu	ugh Pond Embankment	X	X	X	X	X
4. Woody Vegeta	tion	X	X	X	X	X
Holes in Emba	nkment (burrowing animals)	X	X	X	X	X
6. Trash Racks		X	X	X	X	X
	d Barrel Structures	X	X	X	X	x
8. Riprap Inlet an	d Outfall Aprons	X	X	X	X	X
	M) Culvert Inlet Structures	X	X	X	X	X
10. Dewatering D		X	X	X	X	X
 Sediment Dej Pre-Treatment 		X	X	X	X	X
13. Pond/Dischar		X	X	X	X	X
10. Tollarbischal	as sientif	- to				
Stormwater Mana	agement Ponds		Check Whe	n Feature Is Ir	spected	
		Pond #6	Pond #8-1	Pond #9-2	Pond #10	Pond #11
1. Erosion		X	Х	X	Х	X
2. Vegetative Cov	ver (other than erosion)	X	X	Х	X	X
	ugh Pond Embankment	X	X	X	X	X
 Woody Vegeta 	tion	X	X	X	X	X
	nkment (burrowing animals)	X	X	X	X	X
6. Trash Racks	10. 10.	X	X	X	X	X
	d Barrel Structures	X	X	X	X	X
8. Riprap Inlet an	d Outfall Aprons M) Culvert Inlet Structures	X	x	X	X	X
Structure (SVVI Dewatering D		X	x	X	X	X
11. Sediment De		X	X	X	X	Х
12. Pre-Treatmer		X	X	X	X	X
13. Pond/Dischar		X	X	X	Х	Х
	712		Check Who	n Feature Is Ir	spected	
Inspection Items Stormwater Mana	agement Tranch	Inf. Trench	OHOUR THIS	/ catalo is il	pootou	
	agement french	X				
Erosion Vergetative Cov	ver (other than erosion)	X				
Vegetative Co. Woody Vegeta		X				
11. Sediment De		X				
Coamon De						

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.





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460

Annual Reporting Form

	g
A. GENERAL INFORMATIO	N
1. Facility Name: MILLERSVIL	LE LANDFILL & RESOURCE RECOVERY FACILITY AND CENTRAL RECYCILNG CENTER
2. NPDES Permit Tracking No.:	REGISTRATION # 12SW1304 NPDES # MDR001304
3. Facility Physical Address: 389 E	Burns Crossing Road, Severn, MD 21144
a. Street: Burns Crossing Roa	d
b. City: Severn	c. State: MD d. Zip Code: 21144
4. Lead Inspectors Name: Mark	Morris Title: Environmental Monitoring Manager
Additional Inspectors Name(s):	/like 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, 2	2020 10:30 a.m. to 1:00 p.m.
B. GENERAL INSPECTION	FINDINGS
As part of this comprehensive site X YES □ NO	e inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
If NO, describe why not:	
NOTE: Complete Section C of this may be exposed to stormwater.	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
2. Did this inspection identify any st	ormwater or non-stormwater outfalls not previously identified in your SWPPP? YES X NO
If YES, for each location, de	escribe 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?
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.

NF	NPDES Permit Tracking No.:										

_	INDUSTRIAL	ACTIVITY	ADEA	CDECIEIC	CINIDINICS
٠.	INDUSTRIAL	ACHIVIT	AREA	SPECIFIC	LINDINGS

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. ☐ YES 2. Are any control measures in need of maintenance or repair? 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)

NPDE	S Per	mit T	rackir	ıg N	lo.:		
							l

		NOTE: Copy this page and attach additional pages as necessary					
INDUSTRIAL ACTIVITY AREA: Landfill Closed Cells and Compostin	ng Areas	none page and ander a page as necessary					
. Brief Description: //LFRRF 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.							
	V \/50	FINO					
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 Corrective Action Form): See attached Fourth Quarter Inspection		: (Any necessary corrective actions should be described on the attached s.					
		67 has stone chutes to Ponds #3, #4 and #5 that are eroding into the ponds. The side slope int 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 p	parts of Ce	Il 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 Corrective Action Form): See attached Fourth Quarter Inspection		: (Any necessary corrective actions should be described on the attached s.					
Pond 9 and stormwater ditch from Cell 9 to four-way stop intersection Inspection for additional details.	n near Cell	9 recycle pad has excessive amounts of sediment. See attached 4th Quarter Routine					
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 Corrective Action Form)	ne problem	: (Any necessary corrective actions should be described on the attached					

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						ľ			l

D.	CORRECTIVE ACTIONS
	mplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this ge for additional corrective actions or reviews.
ider	ude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems ntified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your vious annual report.
1. C	orrective 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. ld	lentify 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.
	riefly describe the nature of the problem identified: See attached Fourth Quarter Inspection for details on all corrective actions. sed Cell 567 has stone chutes to Ponds #3, #4 and #5 that are eroding into the ponds.
5. D	ate problem identified: See attached Fourth Quarter Inspection for details on all corrective actions.
6. H	ow 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):
	escription of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control leasures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
	ne chutes to Ponds #3, #4 and #5 will be repaired as part of the Cell 567 capping project. attached Fourth Quarter Inspection for details on all corrective actions.
8. D	id/will this corrective action require modification of your SWPPP? ☐ YES X NO
0.5	
9. D	ate corrective action initiated: See attached Fourth Quarter Inspection for details on all corrective actions.
10.[Date correction action completed: 0 5 / 3 0 / 2 0 2 0 or expected to be completed: See attached Fourth Quarter Inspection for details on all corrective actions.
ni)	f corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps including timeframes associated with each step) necessary to complete corrective action: See attached Fourth Quarter Inspection for details on all corrective actions.

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D. CORRECTIVE ACTIONS Continued
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: 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.

NPDE	SPe	ermit	Tra	ckir	ng N	lo.:	

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?
9. Date corrective action initiated:
See attached Fourth Quarter Inspection for details on all corrective actions.
10. Date correction action completed: 0 3 / 0 1 / 2 0 2 0 or expected to be completed: See attached Fourth Quarter Inspection for details on all corrective actions.
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action: See attached Fourth Quarter Inspection for details on all corrective actions.

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D. CORRECTIVE ACTIONS Continued				
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.				
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.				
1. Corrective Action # 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.				
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?				
9. Date corrective action initiated: See attached Fourth Quarter Inspection for details on all corrective actions.				
10. Date correction action completed:				
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action: See attached Fourth Quarter Inspection for details on all corrective actions.				

E.	ANNUAL REPORT CERTIFICATION
1. C	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. A	nnual Report Certification
as sy: an	ertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to sure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the stem, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, d complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing lations.
	norized Representative MARK MORRIS
Siar	nature: 21 A Man Date Signed: 10/29/2020

NPDES Permit Tracking No.:

Spills SKILLS Non-Emergency HazMat Spill Response



Employee CAUTION CAUTI

Safety Matters		4312 Millerville Land	Ifill.4310 Maintenance Shop	ANNE ARTINDEL COUNTY
Date: 3/23/2021	Begin:	7:00Am	Spills & Skills Non-Emergency Response	
	End:	7:30Am		
8/1	Location:	LandFill lunch room		
Trainer: Bill Shinski	Capacity:	7 at a time		

Personnel Name	Number	Group	Job Role(s)	Student Signature / Date
Boehm, Robert	24194	4310 - Equipment	Solid Waste Equip	Shaffy 3-1
Brown, Joel	30239	4312 - Disposal &	Senior Equipment	
Clymer, Sharon	31172	4310 - Equipment	Storekeeper II	Sharon Clernly
Cully, Christopher	21053	4312 - Disposal &	Maintenance	Chris Cully
Czebotar, Ethan	36142	4312 - Disposal &	Maintenance	11-7-
Ditch, Brian E	14263	4310 - Equipment	Automotive	6 Emia Edito
Gipson, Timothy	19982	4312 - Disposal &	Senior Equipment	WATEHALO
Gravatt, Michael	11905	4312 - Disposal &	Environmental	Jel 34
Hall, Daniel W	21016	4312 - Disposal &	Senior Equipment	E pers April
Harriss, Michael C	20920	4312 - Disposal &	Maintenance	Michry Dun
Kilby, William	31447	4312 - Disposal &	Senior Equipment	The H
Lange, Jr, Donald	19001	4310 - Equipment	Automotive	200
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	Kevingaria
Reed, Neil	35466	4312 - Disposal &	Senior Equipment	200
Richardson,	18620	4312 - Disposal &	Senior Equipment	Edward Niebarder

18119	4312 - Disposal &	Solid Waste Crew	Monre Men
20796	4310 - Equipment	Automotive	
24230	4312 - Disposal &	Maintenance	The foller
21057	4312 - Disposal &	Maintenance	Bullet all II
5		Majortane	Tomas House
			111/11
	20796 24230	20796 4310 - Equipment 24230 4312 - Disposal & 21057 4312 - Disposal &	20796 4310 - Equipment Automotive 24230 4312 - Disposal & Maintenance 21057 4312 - Disposal & Maintenance

Municipal Storm Water POLLUTION PREVENTION

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Storm



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

TRAINER'S GUIDE

Storm Municipal Storm Water Watch 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	ne (location name) Millersville L And Fill
(address) 3+9 Burns crossing Ad	
given by (print trainer's name)	tside,
(print trainer's title) Solid Waste Clew	Supervisor
	Stormwater Pollution Prevention. During this session, I
Storm Watch: Municipal S	Stormwater Pollution Prevention
My signature below affirms that I was given adequate and how I can best conduct these activities in complian	
PRINT NAME HERE	SIGNATURE HERE
Het In G Michael Queen	THE CO
SEAMY BUTGER	gun Butter
Mathew Smith	May the
Clarke Stovens	Stevens
RUSSELL GARTSICK	Russel Lastro
9	

Storm Municipal Storm Water POLLUTION PREVENTION

Acknowledgment of Training

BUT OF THE BUT OF THE STATE OF	
Signature(s) below are acknowledgment that on (date)	115/21
these individuals participated in a training session at the (lo	
(address) 389 Burns Crossing Read	Severn, up 2/144,
given by (print trainer's name) <u>Jonathan</u>	Rossetts / Lussell Grantside,
given by (print trainer's name) <u>Jonathan</u> (print trainer's title) <u>Solid</u> was ke <u>Special</u>	Collections Supervisor.
This training session presented information on Municipal Storviewed the visual multimedia program:	
□ Storm Watch: Municipal Stor	mwater Pollution Prevention
My signature below affirms that I was given adequate time and how I can best conduct these activities in compliance w	
PRINT NAME HERE	SIGNATURE HERE
Tompen Rossetts'	8-8
Rongie Stewatt	Marini Amer
Danny mape	I my ne
Jacob Waste	South Wells
John Stickell	John Stratatell
Ala Norfats	This Nohnt
Leon Henry	hon It erry