ANNE ARUNDEL COUNTY
Department of Public Works

Inter-Office Correspondence

DATE: January 21, 2021

TO: File

FROM: Jerome Napora/Mike Smith Jr.

RE: SWPPP Team Review (Annual Report and Quarterly Inspection)

The following Cox Creek Stormwater Prevention Team Members listed below met and reviewed Annual Report, Wet Weather and Routine Inspection Reports.

1) Michael Smith Jr Team Manager
2) Jerome Napora Team Manager

NOTE: DUE TO COVID -19 GROUP REVIEW NOT PERFORMED

Listed below is Summary of Discussion and Comments related to Annual Report and Review of Quarterly SWPPP Inspection Report.

Annual Report:

* General Information: Updated SWPPP employee list.

* General Inspection Findings: Site inspection performed at CC WRF of all potentials pollutants sources exposed to storm water. All basin and equipment visually inspected to ensure it is functionally properly and that no wastewater or chemical leaks are present.

* No new outfall identified.

* No new source of stormwater discharged identify in Annual Inspection.

* Team reviewed all SWPPP Reports. (1/4 Routine inspections, ¼ Wet weather,

Telephone #: 410-222-8410 Mailstop #4291 FAX # 410-222-8475
Web Address: www.aacounty.org/dpw
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¼ storm water devises)

* Describe pollutants entering drainage system: Storm water, all devise inspected, no issues found. Operation personnel routinely perform visual inspection of catch basins to pick up trash /debris preventing it from entering creek.

* No action being taken since last annual report.

Industrial Activity Area Specific Findings:

1) Administration Building – Building & surrounding area inspected. NOTE: Engineering Project has been developed to complete work removed from ENR Phase II contract, which consist of installation of 24" storm water pipe & installation of paver's roadway along Administration building.
2) Aerated Grit Chambers – Verify basin are structurally sounds & not leaking partially treated wastewater into storm water system. Both aerated grit basins cover for odor control & prevent rain water to enter basins.
3) Synagro – no issue. Anne Arundel County has contracted with Synagro to process & dispose of solids. Team reviewed Synagro spill policy action plan. The catch basin located outside building drains to County system & does not discharge to a outfall.
4) Chlorine Contact Basin 1 & 2– Visual inspected basins & equipment.
5) Digester Building– Control measures in place. Rain Garden in front of building DOES NOT drain, maintains rain water & run off from roadway. NOTE: Engineering Project has been developed of address rain garden drainage issue.
6) Equalization Basins – The two circular secondary's & six rectangular secondary's were inspected for structure leaks, no issue found.
7) Ferric Chloride Storage Tanks – Both tanks inspected for cracks & leaks. Both tanks are located in a self-contained pit. Ferric Chloride building equipment & pipes inspected for leaks, no issues to report.
8) Generators – All 4 generator inspected for leaks. CC WRF has 4 generator units 1) Headworks 2) Administration building 3) Membrane building 4) ELB.
9) Thickeners 1, 2, 3, & 4 – Inspected structures for leaks, no issues found.
10) Grease & Scum stations – Two station located at primary clarifiers to collect & pump floating grease/scum/debris to scum wet wells, inspected structure for leaks none found.
11) Headworks – Building & surrounding area inspected all control measure in place. Inspected rain garden behind building, rain garden collects water off building roof. Rain gutters free of trash & debris.
12) Maintenance Building – Inspected building & surrounding area inspected, no issues found. Inspected all rain gardens (5) around building, no issues found. Rain gutters free of trash & debris.
13) Membrane Building – Inspected building & surrounding area, no issues found. Inspected green roof, vegetation appears to be in good shape & all rain gutters clear.
14) Micro C Area – Inspected Micro C tanks (2) & equipment, no issues found.
15) Ozone Building – inspected building & surrounding area, no issues found. Ozone

equipment removed years ago, building is used for storage of small lawn equipment & sidewalk salt bags.

16) Post Aeration Basins – Inspected basins for structure leaks, no issues found.
17) Primary Clarifiers 1 thru 6 – Inspected basins for structure leaks no issues found. Presently only three (3) basins are in service and three (3) basins are in stand-by.
18) Post Chlorination Building – Chlorine no longer used at site. Building houses MCC panels. Chlorine ton cylinder room is now being used for storage of hoses.
19) Reactor 1 thru 4 – inspected basins for structure leaks, no issues found. Inspected chemical feed lines (Ferric Chloride & MicroC) for leaks, none to report.
20) Scum Concentration Building – Scum dewatering screen are located inside building. Grease is collected off screen and disposed to dumpster. Grease dumpster empty as needed by private hauler.
21) Scum Pump Station – Inspected 2 scum wet well located outside of Scum Building for structure leaks, no issues found.
22) Septage Receiving Building – Inspected building & surrounding area, no issue found. Septage is a contained area: any spill from haulers on black top is captured & pumped back to primary basins for treatment.
23) Sludge Digester #2 – Digester is out of service, rain water capture in tanks is pumped back to thickeners for treatment.
24) Sodium Bisulfite – Inspected storage tank for leaks, no issues found. Tank is located in self-contained area to prevent chemical a leak from entering storm water system.
25) Sodium Hydrochlorite Feed System – Inspected storage tanks (2) for leaks, no issue to found. Tank is located inside building in a self-contained area to prevent a leak from entering storm water system.
26) Sodium Hypochlorite System & Citric Acid– Inspected storage tanks for leaks, no issues found. Both tanks at Membrane building in a self-contained to prevent leaks from entering storm water system.
27) Caustics (50%) Tank is located inside membrane building in a self-contained area to prevent leak from entering storm water system.
28) Truck Weigh Station – Inspected scale, scale free of sludge/trash/debris. Cake sludge collected in trailer are inspected & covered before they exit Synagro truck bay.
29) Odor Control Units 1 & 2 – Inspected both Odor control units (Headworks & Thickener)
30) Grounds – Toured site & visually inspected all Rain Gardens, Catch Basin, Infiltration Trench, Bio-retention Basins, & pavers. Two Rain Garden ponds are retaining water (1. Pond in front of Digester Building & 2. Pond behind Fine Screen Building) At Administration Building 24" storm water pipe needs to be installed, 'Old Sub-station needs to demoed & pavers installed roadway down to Blower building.
31) Fine Screen Building – Building & surrounding area inspected and all control measure in place. Inspected rain gutters, roof rain water drains to rain garden next to building. NOTE: Engineering Project has been developed to address rain garden drainage issues.
32) Forest Planting – Checked trees planted behind chlorine contact chamber #2 to ensure they are not dead and need to be replaced.
33) Permeable Pacer's – Inspected permeable paver's throughout the site to ensure they

are free of dirt, trash and debris so they are able to efficiently perform as designed.

D. Correction Actions: Three (3) corrective actions were noted for this reporting period:
1) Storm water drain pipe (24") needs to be installed & pavers need to be installed at Administration Building.
2) Rain Garden RG-4A retains water (Front of Digester Building), all plants dead.
3) Rain Garden RG-2F retains water (Rear of Fine Screen Building), all plants dead.
NOTE: A Engineering Project has been developed to complete installation of storm Water pipe, install paver' & address drainage issues with two ponds.

Describe nature of Problem:
1) Storm water drain pipe, Engineering removed from ENR Phase II contract, work to be completed under separate contract. NEW -Engineering project has been awarded to complete installation of 24" storm water pipe and Paver's.
2) Rain Garden RG-4A rain water does not percolate into ground, bottom of pond red clay. NEW – Engineering project has been awarded to address/correct issues with rain garden.
3) Rain Garden RG-2F rain water does not percolate into ground, bottom of pond red clay. New – Engineering Project has been award to address/correct issues with rain garden. NOTE: RG has not performed as design since installation.

Date Problem Identified:
1) Operations notified Engineering of problems when ponds placed in service, during ENR Phase II upgrade. NOTE: RG has not performed as design since installation.
Actions Taken to Correct Problems:
1) Engineering developed new Engineering project to address problems.

E. Annual Report Certification: Permit not in compliance. Three action items need to be addressed.

SWPPP: Team members reviewed and discussed each section of plan.

A. Routine Inspection Reports:

Once a quarter, performed site assessment performed.

B. Wet Weather:

Once a quarter perform site assessment of outfalls for facility. Collect sample in clear glass container. The sample evaluated and check list filled out. NOTE: NO SNOWMELT report for calendar year 2020, BWI report 2+ inches of snow for the session.

C. Storm Waste Devises:

Once a quarter perform inspection of Rain Garden(s) and infiltration trenches.

D. Annual Report Form:

Annual report completed January 11, 2021 by Mike Smith Jr. and Jerome Napora.

ANNUAL INSPECTION CHECKLIST FOR STORMWATER DEVICES

Date: January 8, 2021

Inspector's Printed Name: Jerome Napora

Inspector's Signature:

Date Signed: 01/08/2021

Rain Gardens

DEVICE	ITEM	YES/NO	COMMENTS
RG-1	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
RG-1D	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
RG-2E	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
RG-2F	Are there areas devoid of mulch? *Re-mulch if necessary.*	See comment	RG full of water, water DOES NOT drain into ground. Eng. Project developed to correct issue with RG & bring into compliance.
RG-4A	Are there areas devoid of mulch? *Re-mulch if necessary.*	See comment	RG full of water, water DOES NOT drain into ground. Eng. Project developed to correct issue with RG & bring into compliance.
RG-5E	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
RG-5F	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
RG-5I	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
RG-6B	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
RG-8B	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	

Micro-Bioretention Basins / Bioretention Basins

DEVICE	ITEM	YES/NO	COMMENTS
BRB-4B	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
BRB-4F	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
BRB-5C	Are there areas devoid of mulch?	No	

	Re-mulch if necessary.	No	
MBRB-5G	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
MBRB-5H	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
MBRB-7D	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	
MBRB-7E	Are there areas devoid of mulch? *Re-mulch if necessary.*	No	

Grass Swales / Conveyance Swales

DEVICE	ITEM	YES/NO	COMMENTS
GS-3D	1. Is the site grading well maintained? *Ensure swales flow downhill towards rip rap.*	Yes	
	2. What are the conditions of the soil and grass? Was growth maintained throughout the summer months? *Reseed necessary areas, bare soil shall be properly covered.*	Good	No reseeding required
	3. Is there any harmful vegetation, pests, or animals that can threaten the functionality of the controlled vegetation? *Remove all invasive species.*	No	

Infiltration Trenches

DEVICE	ITEM	YES/NO	COMMENTS
IT-1	1. Is there evidence of surface ponding, clogging, etc? *Clogging of surface trenches can be addressed by carefully removing the top layer of stone, removing clogged filter fabric, installing new filter fabric and cleaning or replacing the top layer.*	No	
	2. Inspect buffer strips. Is growth vigorous and dense?	Yes	Winter, no bare soil visible.

	Any bare spots, burned out areas, or eroded areas must be re-seeded and re-sodded immediately	Yes	
	3. Do adjacent tree drip-lines extend over trench surface? *Trim trees if needed so that tree leaves do not clog trench.*	No	

Proprietary Devices

DEVICE	ITEM	YES/NO	COMMENTS
PD-2-3	1. Is the pre-treatment sump filled with sediment? *Remove Silt/Sediment if needed.*	No	
	2. Does the sediment loading on the treatment bay floor or top of cartridge exceed 4 inches? *Remove Silt/Sediment if needed.*	No	Sediment visible on part of floor, less then 2 inches in depth.
	3. Is the scum line above the cartridges greater than ½ inches thick? *Remove Scum if needed.*	No	Cartridges show no scum buildup orscum layer & appear to be in good shape.
PD-3-4	1. Is the pre-treatment sump filled with sediment? *Remove Silt/Sediment if needed.*	No	
	2. Does the sediment loading on the treatment bay floor or top of cartridge exceed 4 inches? *Remove Silt/Sediment if needed.*	No	Sediment visible on part of floor, less then 1 inch in depth.
	3. Is the scum line above the cartridges greater than ½ inches thick? *Remove Scum if needed.*	No	Cartridges show no scum buildup or scum layer & appear to be in good shape.

Outfalls

DEVICE	ITEM	YES/NO	COMMENTS
Outfall 1	4. Are areas free of major debris? Is there need for additional clearing of vegetation? *Remove anything that restricts the movement of water.*	Yes	No access to outfall, outfall visual inspected at the fence line.

	5. Are there areas that remain unprotected and exposed? *Apply grass seeding or consider instillation of additional stormwater devices.*	No	
	6. Are areas experiencing excessive flooding and ponding, is water unable to drain away from facility? *Contact a specialist.*	No	
Outfall 2	1. Are areas free of major debris? Is there need for additional clearing of vegetation? *Remove anything that restricts the movement of water.*	Yes	No access to outfall, outfall visual inspected at the fence line.
	2. Are there areas that remain unprotected and exposed? *Apply grass seeding or consider instillation of additional stormwater devices.*	No	
	3. Are areas experiencing excessive flooding and ponding, is water unable to drain away from facility? *Contact a specialist.*	No	
Outfall 3	1. Are areas free of major debris? Is there need for additional clearing of vegetation? *Remove anything that restricts the movement of water.*	Yes	No access to outfall, outfall visual inspected at the fence line.
	2. Are there areas that remain unprotected and exposed? *Apply grass seeding or consider instillation of additional stormwater devices.*	No	
	3. Are areas experiencing excessive flooding and ponding, is water unable to drain away from facility? *Contact a specialist.*	No	
Outfall 4	1. Are areas free of major debris? Is there need for additional clearing of vegetation? *Remove anything that restricts the movement of water.*	Yes	No access to outfall, outfall visual inspected at the fence line.
	2. Are there areas that remain unprotected and exposed?	No	

	Apply grass seeding or consider instillation of additional stormwater devices.	No	
	3. Are areas experiencing excessive flooding and ponding, is water unable to drain away from facility? *Contact a specialist.*	No	
Outfall 5	1. Are areas free of major debris? Is there need for additional clearing of vegetation? *Remove anything that restricts the movement of water.*	Yes	No access to outfall, outfall inspected at the fence line.
	2. Are there areas that remain unprotected and exposed? *Apply grass seeding or consider instillation of additional stormwater devices.*	No	
	3. Are areas experiencing excessive flooding and ponding, is water unable to drain away from facility? *Contact a specialist.*	No	
Outfall 6	1. Are areas free of major debris? Is there need for additional clearing of vegetation? *Remove anything that restricts the movement of water.*	Yes	Rip-Rap free of debris & vegetation.
	2. Are there areas that remain unprotected and exposed? *Apply grass seeding or consider instillation of additional stormwater devices.*	No	
	3. Are areas experiencing excessive flooding and ponding, is water unable to drain away from facility? *Contact a specialist.*	No	
Outfall 7	1. Are areas free of major debris? Is there need for additional clearing of vegetation? *Remove anything that restricts the movement of water.*	Yes	No access to outfall, outfall inspected at the fence line.
	2. Are there areas that remain unprotected and exposed? *Apply grass seeding or consider instillation of additional stormwater devices.*	No	

	3. Are areas experiencing excessive flooding and ponding, is water unable to drain away from facility? *Contact a specialist.*	No	
Outfall 8	1. Are areas free of major debris? Is there need for additional clearing of vegetation? *Remove anything that restricts the movement of water.*	Yes	Rip-Rap free of Debris & vegetation. Slight buildup of sediment (sand) at end of roadway. NOTE: will schedule removal of sediment.
	2. Are there areas that remain unprotected and exposed? *Apply grass seeding or consider instillation of additional stormwater devices.*	No	
	3. Are areas experiencing excessive flooding and ponding, is water unable to drain away from facility? *Contact a specialist.*	No	

Roof Drain Leaders

DEVICE	ITEM	YES/NO	COMMENTS
Roof Drain Leaders	1. Are any roof drain leaders or gutters cracked, leaking, or otherwise in need of maintenance? *Repair or replace roof drain leaders and/or gutters.*	No	Inspected all buildings at site.

Employee training

Training Date: 10/1/2020 (SEE ATTACHED)	
Training Description: Training is compliant with section 3.9 of the SWPPP and has covered the specific control measures used to achieve effluent limits, as well as monitoring, inspection, planning, reporting, and documentation requirements within this document. The following activities were addressed: used oil management, spent solvent and paint management, disposal of spent abrasives, spill prevention and control, fueling procedures, general good housekeeping practices (section 3.2 of the SWPPP), used battery management, waste recycling, used container controls, and proper procedures for using fertilizer, herbicides, and pesticides	
Trainer: JEROME NAPONDA	
Employee(s) trained	**Employee signature**
Mario Storm	
Marcus Allen	
Stephen Redding	
Anthony Poleski	
RONALD CLARK	
Michael Smith Jr.	
Mark Paul Bois Jr.	
Alexx Bois	
DAN DESROSIERS	

Employee training

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Training Description: Training is compliant with section 3.9 of the SWPPP and has covered the specific control measures used to achieve effluent limits, as well as monitoring, inspection, planning, reporting, and documentation requirements within this document. The following activities were addressed: used oil management, spent solvent and paint management, disposal of spent abrasives, spill prevention and control, fueling procedures, general good housekeeping practices (section 3.2 of the SWPPP), used battery management, waste recycling, used container controls, and proper procedures for using fertilizer, herbicides, and pesticides	
Trainer: JEROME NAPORA	
Employee(s) trained	**Employee signature**
Joshua Hester	Joshua Hester
Zachary Tate	Zachary Tate
Robert J Powell Jr	Robert J Powell Jr
Maurice Mack	Maurice Mack
Dwane Wallace	Dwane Wallace

Stormwater Pollution Prevention Plan/Training
(SWPPP)

Please review the "New" SWPPP for Cox Creek WRF (April 2019), prepared by GHD.

A. Why Am I Here?

- The Clean Water Act requires stormwater to be permitted.

B. What is a SWPPP?

1. Identifies potential sources of Stormwater pollution at site.
2. Describes storm water control measures to reduce or eliminate pollutants discharge to receiving waters.
3. Documents procedure operator will use to comply with SWPPP permit.

C. What will I Learn Today?

1. SWPPP is a written document outlining procedures for inspection, spill prevention, reporting requirement, and training.
2. SWPPP is intended to be a living document – "MEANING" updated as necessary to treat stormwater runoff.
3. Identify exposure to stormwater.
4. Inventory of materials and pollutants.
5. Identify spill and/or leak potential.
6. Identify Non-Stormwater discharges.
7. Site map outlines Stormwater Discharge points, building, structures and parking lot.
8. Reporting requirements.
9. Testing requirements.
10. Documentation and record keeping.

D. Reporting and Testing Requirement:

1. Routine Facility Inspection: Once a Quarter Inspection report is complete, a brief description of control measures and areas are listed for stormwater control measures.
2. Quarterly Visual Assessment: Once each quarter collect stormwater sample(s) at each outfall; during a precipitation event (rain/snow). Evaluate sample and record parameter results outlined.
3. Stormwater Device(s): Once a quarter complete stormwater devise checklist.
4. Comprehensive Site Inspection: Annual complete site Inspection report.

5. Stormwater Device Maintenance: Annual complete Stormwater devise inspection report.
6. Employee Training Records: Annually conduct and document SWPPP Training.
7. Records of Spills and Leak: Maintain an up-to-date list of all Spill and Leaks. Document measure to stop leak, corrective action and step to prevent reoccurrence.
8. Annual SWPPP Review Report: Complete annual Review Report.

E. What Are the Description of Stormwater Devices?

1. Green Roof (Membrane Building).
2. Permeable Pavers.
3. Rip-Rap Drainage (Meter vault and Sodium Bisulfite Building).
4. Rain Gardens.
5. Bio-Retention Facility.
6. Infiltration Trends (Blower Building).
7. Proprietary Device.
8. Tree Farm (Behind Chlorine Basins)

F. Questions:

NPDES Permit Tracking No.:

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: Cox Creek WRF

2. NPDES Permit Tracking No.:

3. Facility Physical Address:

a. Street: 8866 Wagner Station Road

b. City: Curtis Bay c. State: MD d. Zip Code: 21226-

4. Lead Inspectors Name: JEROME NAFORA Title: TEAM MANAGER

Additional Inspectors Name(s):

5. Contact Person: JEROME NAFORA Title: TEAM MANAGER

Phone: 410 - 222 - 6060 Ext. E-mail: pwnafo22@aol.com

6. Inspection Date: 01 / 19 / 2021

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
☒ YES ☐ NO

If NO, describe why not:

NOTE: *Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.*

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☒ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

NPDES Permit Tracking No.:

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

N/A

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?

☐ YES ☒ NO

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.*

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C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA __A__:Administration Building

1. Brief Description: Admin building (A) Main level chart room & MCC for reactor equipment. (B) Upper level office/meeting room & lab. (C) Lower level storage.

   Pollutants: Lab chemicals

2. Are any control measures in need of maintenance or repair? ☒ YES ☐ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised control measures necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

Engineering project developed to complete installation of 24" storm drainpipe & install permeable pavers.
NOTE: Work deleted from ENR phase II upgrade contract.

INDUSTRIAL ACTIVITY AREA __B__:Aerated Grit Chamber No. 1, 2

1. Brief Description: Two aerated grit basins. Both basins & parshall flume covered for odor control.

   Pollutants: Wastewater, Grit & Grease.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised c necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __C__:Biosolids Handling Building

1. Brief Description: Synagro solid waste disposal contractor.

   Pollutants: Polymer, Caustic Soda, Diesel fuel, Lime, Sulfuric Acid, Sodium Hypochlorite

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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

INDUSTRIAL ACTIVITY AREA __D__: Chlorine Contact Tank No. 1, 2

1. Brief Description: Two chlorine contact basins and associated equipment.

Pollutants: Sodium Hypochlorite, Treated Wastewater

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __E__: Control Chamber (Digester Building)

1. Brief Description: Old digester building used as a storage area.

Pollutants: Waste oil.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __F__: Equalization Tank No. 1, 2, 3, 4, 5, 6, 7

1. Brief Description: Old clarifiers retrofitted into equalization tanks for diurnal flow.

Pollutants: Primary Effluent.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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

INDUSTRIAL ACTIVITY AREA __G__: Ferric Chloride Storage Tank

1. Brief Description: Two above ground ferric chloride tanks in overflow pit.

   Pollutants: Ferric Chloride.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __H__: Generators

1. Brief Description: Four generators located at 1) Headworks building, 2) Admin building, 3) Membrane building & 4) East Load area.

   Pollutants: Diesel fuel, Oil, Antifreeze.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __I__ Gravity Thickener No. 1, 2, 3, and 4

1. Brief Description: Four circular tanks for settling primary & secondary solids.

   Pollutants: Partially treated wastewater

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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

INDUSTRIAL ACTIVITY AREA __J__: Primary Grease & Scum Receiving Station

1. Brief Description: Two wet wells where primary grease & scum is collected and stored before being sent to scum pump station.

Pollutants: Partially treated wastewater, Grease & Scum.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __K__:Headworks Building

1. Brief Description: Three bar screens and grit collection equipment. Grit and rag dumpsters hauled by third party contractor.

Pollutants: Raw wastewater.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __L__: Maintenance Building

1. Brief Description: Office space and maintenance shop.

Pollutants: Gas, Diesel fuel, Oil, Paint, Solvents, Grease. Pollutants stored in cabinets in storage area.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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

INDUSTRIAL ACTIVITY AREA __M__: Membrane Facility

1. Brief Description: Membrane tanks and associated equipment.

Pollutants: Citric Acid, Sodium Hypochlorite, Caustic Soda, Wastewater.

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

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

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __N__: Micro C Facility

1. Brief Description: Two 6000 gallon above ground storage tanks with associated piping and pumps.

Pollutants: Micro C 2000, Oil.

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

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

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __O__: Ozone Building

1. Brief Description: Storage area for small lawn equipment. Ozone equipment removed.

Pollutants: Salt, Gas, Oil.

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

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

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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

INDUSTRIAL ACTIVITY AREA __P__: Post-Aeration Tank No. 1, 2

1. Brief Description: Two final aeration tanks for DO control.

   Pollutants: Treated wastewater.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __Q__: Primary Clarifier No. 1, 2, 3, 4, 5, 6

1. Brief Description: Six tanks for the purpose of primary clarification. Three in service, three stand-by.

   Pollutants: Partially treated wastewater, Grease & Scum.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __R__: Post-chlorination Building

1. Brief Description: Storage room which used to house chlorine gas cylinders.

   Pollutants: None.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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

INDUSTRIAL ACTIVITY AREA __S__: Reactor No. 1, 2, 3, 4

1. Brief Description: Four bio-reactors for the treatment of wastewater. Piping for Micro C & Ferric Chloride.

   Pollutants: Partially treated wastewater (mixed liquor), Micro C 2000, Ferric Chloride.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __T__: Scum Concentrator Building

1. Brief Description: Building housing the scum processing equipment and dumpster.

   Pollutants: Partially treated wastewater (grease & scum). Dumpster serviced by third party contractor.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __U__: Scum Pump Station

1. Brief Description: Two wet wells for scum collection.

   Pollutants: Partially treated wastewater (grease & scum)

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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

INDUSTRIAL ACTIVITY AREA __V__: Septage Receiving

1. Brief Description: Three wet wells and offloading area for septic haulers. Area is contained and spills are pumped back to the plant.

   Pollutants: Septage

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __W__: Sludge Digester No. 2

1. Brief Description: Digester out of service. Rain water periodically pumped back to the plant.

   Pollutants: None.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __X__: Sludge Pump Station

1. Brief Description: Three pumps in basement of digester building used to assist pumping thickeners to Synagro.

   Pollutants: None.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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

INDUSTRIAL ACTIVITY AREA __Y__: Sodium Bisulfite Storage

1. Brief Description: Above ground Sodium Bisulfite storage tank and overflow pit.

   Pollutants: Sodium Bisulfite.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __Z__:Sodium Hydroxide Storage

1. Brief Description: Above ground storage tank and overflow pit.

   Pollutants: Sodium Hydroxide.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __AA__: Sodium Hypochlorite Feed Facility

1. Brief Description: Two Sodium Hypochlorite storage tanks located in building.

   Pollutants: Sodium Hypochlorite.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

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

INDUSTRIAL ACTIVITY AREA __AB__: Truck Weigh Station

1. Brief Description: Truck scale to weigh Synagro/solids trailers. Located next to maintenance building.

   Pollutants: Lime stabilized sludge cake.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA __AC__: Odor Control System No. 1, 2

1. Brief Description: Two BioAir odor control units. Headworks unit collects H2S from headworks building, dumpster bay, grit tanks and primary clarifiers. Thickener unit collects H2S from thickeners, JB14, scum concentration building and septage receiving station.

   Pollutants: Non-potable water, proprietary BioAir nutrient.

2. Are any control measures in need of maintenance or repair? ☐ YES ☒ NO
3. Have any control measures failed and require replacement? ☐ YES ☒ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☒ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO
3. Have any control measures failed and require replacement? ☐ YES ☐ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

NPDES Permit Tracking No.:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 0 1 of 0 3 for this reporting period.

2. Is this corrective action:

- ☒ An update on a corrective action from a previous annual report; or
- ☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
- ☐ Numeric effluent limitation exceedance
- ☒ Control measures inadequate to meet applicable water quality standards
- ☐ Control measures inadequate to meet non-numeric effluent limitations
- ☐ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☒ Other (describe): Work removed from ENR phase II upgrade project.

4. Briefly describe the nature of the problem identified:

Drain pipe and permeable paver installation never installed under ENR phase II project.

5. Date problem identified: ___/___/____

6. How problem was identified:

- ☐ Comprehensive site inspection
- ☐ Quarterly visual assessment
- ☒ Routine facility inspection
- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☒ Other (describe): Problem reported during construction.

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:

Engineering firm hired to address issues.

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

9. Date corrective action initiated: ___/___/____ Unknown

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

Engineering firm developing a plan to install drain pipe and permeable pavers.

NPDES Permit Tracking No.:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 0 2 of 0 3 for this reporting period.

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
- [X] Control measures inadequate to meet applicable water quality standards
- [ ] Control measures inadequate to meet non-numeric effluent limitations
- [ ] Control measures not properly operated or maintained
- [ ] Change in facility operations necessitated change in control measures
- [ ] Average benchmark value exceedance
- [X] Other (describe): Storm water pond @ digester building does not drain.

4. Briefly describe the nature of the problem identified:

Ground composition (clay) is not allowing storm water to percolate into the ground.

5. Date problem identified: / /

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
- [X] Other (describe): Problem reported during construction.

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:

Engineering firm hired to address issues.

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

9. Date corrective action initiated: / / Unknown

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

Engineering firm developing a plan to address pond not draining.

NPDES Permit Tracking No.:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 0 3 of 0 3 for this reporting period.

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
- [X] Control measures inadequate to meet applicable water quality standards
- [ ] Control measures inadequate to meet non-numeric effluent limitations
- [ ] Control measures not properly operated or maintained
- [ ] Change in facility operations necessitated change in control measures
- [ ] Average benchmark value exceedance
- [X] Other (describe): Storm water pond behind Fine Screen building does not drain.

4. Briefly describe the nature of the problem identified:

Ground composition (clay) is not allowing storm water to percolate into the ground.

5. Date problem identified: __/__/____

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
- [X] Other (describe): Problem reported during construction.

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:

Engineering firm hired to address issues.

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

9. Date corrective action initiated: __/__/____ Unknown

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

Engineering firm developing a plan to address pond not draining.

NPDES Permit Tracking No.:

E. ANNUAL REPORT CERTIFICATION

1. Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☐ YES ☒ NO

If NO, summarize why you are not in compliance with the permit:

Storm water pipe and pavers not installed at Admin building. Two storm water ponds do not drain.

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative Printed Name: Jerome Napora Title: Team Manager

Signature: _____ Date Signed: 01/06/2020

Instructions for Completing the Visual Monitoring Form

Per PART V. INSPECTIONS, MONITORING, AND REPORTING, you must collect a stormwater sample from each outfall once each quarter for the entire permit term and conduct a visual assessment of each sample. You must follow the monitoring procedures outlined in Part V.C. These samples should be collected in such a manner that they are representative of the stormwater discharge from that outfall. Each assessment must be kept onsite with your SWPPP and available for inspection and review by the Department at anytime.

First, fill out all information on the top of the visual monitoring form. A qualifying storm event is any storm where there is a measurable discharge. Then, take a grab sample in a clear container. Evaluate the sample in a well-lit area for the following parameters:

1. **Color:** Record the best description of the sample color in the appropriate space on the form.
2. **Clarity**: This parameter refers to how cloudy the sample is. It is *usually* an indication of fewer pollutants in the water if the sample is clear or transparent. If the clarity has changed since the last sample, try to identify what might have caused this to happen.
   - **Clear** – Sample doesn't block any light; can be seen through regardless of color.
   - **Cloudy** – Sample blocks some light; objects not clear but can be identified looking through the sample.
   - **Very Cloudy** – Sample blocks most light; objects cannot be identified looking through the sample.
   - **Opaque** – Sample blocks all light; objects cannot be seen when looking through the sample.
3. **Oil Sheen:** Record whether or not an oil sheen is present. If a film of iridescent color is noted on the surface of the sample or a rainbow effect appears to be floating on the surface of the water, this usually indicates oil is present.
4. **Odor:** If sample has no odor other than natural rainwater or snowmelt, write "NO" on the visual monitoring form. Note the presence of any of the following odors if detected, such as gasoline, diesel, oil, solvents (WD-40, other petroleum products, etc.), garbage, fishy, sweet/sugary, any other unusual odors not normally present in clean runoff from the area sampled.
5. **Floating Solids:** A contaminated flow may contain solids or liquids floating on the surface. Identifying floatables can aid in finding the source of the contamination. Examples of floatables are spoiled food products, oils, plant parts, solvents, sawdust, foams and fuel. Give a general description of the type of floating solids present (wood chips, leaf debris, algae, etc) in the general comments section for each sample. Identify amount of floating solids as described below.
   - **High** – More than 20% of the surface of the sample is covered with floating solids.
   - **Moderate** – Less than 20% of the surface of the sample is covered with floating solids.
   - **Slight** – Only a few floating particles observed on the surface of the sample.
   - **None** – No floating solids present on the surface of the sample.
6. **Suspended solids:** Record whether or not suspended solids are present in the sample. Suspended solids are particles floating inside the column of water, not on top, and may contribute to changes in water color or clarity. Cracked or deteriorated concrete or peeling surface paint at an outfall usually indicates the presence of severely contaminated discharges. Contaminants causing this type of damage are usually very acidic or basic.

---------- **WAIT 30 MINUTES** ----------

Leave the sample undisturbed for 30 minutes to allow the water and anything in it to settle.

7. **Settled Solids:** After 30 minutes has passed, give a general description of the type of settled solids present (sand, decayed plant matter, rust particles, etc.) in the general comments section.
8. **Foam:** After completing #7, shake the bottle gently. Record foam results on the form as they most closely match one of the descriptions listed below.
   - **None** – Most bubbles break down within ten (10) seconds of shaking; only a few large bubbles persist longer than ten (10) seconds.
   - **Moderate** – Many small bubbles are present but these bubbles persist for less than two (minutes) after shaking.
   - **High** – Many small bubbles are present and they persist longer than two (2) minutes after shaking.
9. Detail any concerns, corrective actions taken and any other indicators of pollution present in the sample. This should include the identified source if there are visible indicators present in the sample. The person performing test must sign and date each form.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 1 (behind Headworks Bldg, outside fence line)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	6/11/21 1235	**Date / Time Examined:**	6/11/21 1330
Qualifying Storm Event?	Yes		**Runoff Source:**	Rain	
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

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

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

No access to outfall pipe, sample collected at catch basin in front of Headworks bay door before outfall pipe.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 2, collected at proprietary device 2-3 (north of screening)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	6/11/21 1235	**Date / Time Examined:**	6/11/21 1330
Qualifying Storm Event?	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? **No**	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? **Yes**	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? **No**	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? **No**	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? **No**	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? **No**	Describe:
	******Leave sample undisturbed 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*) *Very small particles, appears to be fine sand*
8. Foam	Does foam or material form on the top of the sample surface if you shake it? **No**	Describe:

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

No access to outfall pipe. Samples collected at grating right before rain water enters box.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 3, collected at catch basin CB-3-2 (near Reactor #4)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	6/11/21 1235	**Date / Time Examined:**	6/11/21 1330
Qualifying Storm Event?	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora /Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

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

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

No access to outfall pipe, sample collected at catch basin by reactor #4 & splitter box.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 4, collected at catch basin CB-4-4 (west of EQ Tank No. 2)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	6/11/21 1235	**Date / Time Examined:**	6/11/21 1330
Qualifying Storm Event?	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

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

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

No access to outfall pipe sample collected at catch basin before the outfall pipe.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 5, collected at manhole DMH-5-2 (east of EQ Tanks)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	6/11/21 1235	**Date / Time Examined:**	6/11/21 1330
Qualifying Storm Event	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

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

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

No access to outfall pipe sample collected at catch basin.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 6 (riprap by Effluent Meter Vault)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	6/11/21 1235	**Date / Time Examined:**	6/11/21 1330
Qualifying Storm Event?	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? **No**	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? **Yes**	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? **No**	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? **No**	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? **N0**	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? **No**	Describe:
	******Leave sample undisturbed for 30 minutes.******	
7. Settled Solids	Is there anything settled on the bottom of the sample? **N/A**	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? **No**	Describe:

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

No Sample collected at rip rap, heavy rain turned to light rain. Unable to collect a sample of rain runoff.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 7, collected at catch basin CB-7-2 (by Post Chlorination)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	6/11/21 1235	**Date / Time Examined:**	6/11/21 1330
Qualifying Storm Event?	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

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

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

No access to outfall pipe sample collect at catch basin before outfall pipe.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 7, collected at catch basin CB-7-2 (by Post Chlorination)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	6/11/21 1235	**Date / Time Examined:**	6/11/21 1330
Qualifying Storm Event?	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

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

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

No access to outfall pipe sample collect at catch basin before outfall pipe.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 8 (riprap by Dechlorination Bldg.)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	6/11/21 1235	**Date / Time Examined:**	6/11/21 1330
Qualifying Storm Event?	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? **No**	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? **Yes**	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? **No**	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? **No**	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? **No**	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? **No**	Describe:
	******Leave sample undisturbed for 30 minutes.******	
7. Settled Solids	Is there anything settled on the bottom of the sample? **N/A**	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? **No**	Describe:

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

No sample collected at end of rip rap, heavy rain turned to light rain. Unable to collect sample of rain runoff.

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.

Rain Event 5/20/2021 Heavy Rain Down Pour 45 min+ 0.5 inches

Instructions for Completing the Visual Monitoring Form

Per PART V. INSPECTIONS, MONITORING, AND REPORTING, you must collect a stormwater sample from each outfall once each quarter for the entire permit term and conduct a visual assessment of each sample. You must follow the monitoring procedures outlined in Part V.C. These samples should be collected in such a manner that they are representative of the stormwater discharge from that outfall. Each assessment must be kept onsite with your SWPPP and available for inspection and review by the Department at anytime.

First, fill out all information on the top of the visual monitoring form. A qualifying storm event is any storm where there is a measurable discharge. Then, take a grab sample in a clear container. Evaluate the sample in a well-lit area for the following parameters:

1. **Color:** Record the best description of the sample color in the appropriate space on the form.
2. **Clarity**: This parameter refers to how cloudy the sample is. It is *usually* an indication of fewer pollutants in the water if the sample is clear or transparent. If the clarity has changed since the last sample, try to identify what might have caused this to happen.
   - **Clear** – Sample doesn't block any light; can be seen through regardless of color.
   - **Cloudy** – Sample blocks some light; objects not clear but can be identified looking through the sample.
   - **Very Cloudy** – Sample blocks most light; objects cannot be identified looking through the sample.
   - **Opaque** – Sample blocks all light; objects cannot be seen when looking through the sample.
3. **Oil Sheen:** Record whether or not an oil sheen is present. If a film of iridescent color is noted on the surface of the sample or a rainbow effect appears to be floating on the surface of the water, this usually indicates oil is present.
4. **Odor:** If sample has no odor other than natural rainwater or snowmelt, write "NO" on the visual monitoring form. Note the presence of any of the following odors if detected, such as gasoline, diesel, oil, solvents (WD-40, other petroleum products, etc.), garbage, fishy, sweet/sugary, any other unusual odors not normally present in clean runoff from the area sampled.
5. **Floating Solids:** A contaminated flow may contain solids or liquids floating on the surface. Identifying floatables can aid in finding the source of the contamination. Examples of floatables are spoiled food products, oils, plant parts, solvents, sawdust, foams and fuel. Give a general description of the type of floating solids present (wood chips, leaf debris, algae, etc) in the general comments section for each sample. Identify amount of floating solids as described below.
   - **High** – More than 20% of the surface of the sample is covered with floating solids.
   - **Moderate** – Less than 20% of the surface of the sample is covered with floating solids.
   - **Slight** – Only a few floating particles observed on the surface of the sample.
   - **None** – No floating solids present on the surface of the sample.
6. **Suspended solids:** Record whether or not suspended solids are present in the sample. Suspended solids are particles floating inside the column of water, not on top, and may contribute to changes in water color or clarity. Cracked or deteriorated concrete or peeling surface paint at an outfall usually indicates the presence of severely contaminated discharges. Contaminants causing this type of damage are usually very acidic or basic.

---------- **WAIT 30 MINUTES** ----------

Leave the sample undisturbed for 30 minutes to allow the water and anything in it to settle.

7. **Settled Solids:** After 30 minutes has passed, give a general description of the type of settled solids present (sand, decayed plant matter, rust particles, etc.) in the general comments section.
8. **Foam:** After completing #7, shake the bottle gently. Record foam results on the form as they most closely match one of the descriptions listed below.
   - **None** – Most bubbles break down within ten (10) seconds of shaking; only a few large bubbles persist longer than ten (10) seconds.
   - **Moderate** – Many small bubbles are present but these bubbles persist for less than two (minutes) after shaking.
   - **High** – Many small bubbles are present and they persist longer than two (2) minutes after shaking.
9. Detail any concerns, corrective actions taken and any other indicators of pollution present in the sample. This should include the identified source if there are visible indicators present in the sample. The person performing test must sign and date each form.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 1 (behind Headworks Bldg, outside fence line)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	5/28/21 / 1315	**Date / Time Examined:**	5/28/21 1400
Qualifying Storm Event?	Yes		**Runoff Source:**	Rain	
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

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

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

No access to outfall pipe, sample collected at catch basin in front of Headworks bay door before outfall pipe.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 2, collected at proprietary device 2-3 (north of screening)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	5/28/21 1315	**Date / Time Examined:**	5/28/21 1400
Qualifying Storm Event?	Yes		**Runoff Source:**	Rain	
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? **No**	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? **Yes**	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? **No**	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? **No**	If Yes, describe: *Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:*
5. Floating Solids	Is there anything on the surface of the sample? **No**	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? **No**	Describe:
	******Leave sample undisturbed 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*) *Very small particles, appears to be fine sand*
8. Foam	Does foam or material form on the top of the sample surface if you shake it? **No**	Describe:

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

No access to outfall pipe. Samples collected at grating right before rain water enters box.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 3, collected at catch basin CB-3-2 (near Reactor #4)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	5/28/21 1315	**Date / Time Examined:**	5/28/21 1400
Qualifying Storm Event?	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora /Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

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

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

No access to outfall pipe, sample collected at catch basin by reactor #4 & splitter box.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 4, collected at catch basin CB-4-4 (west of EQ Tank No. 2)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	5/28/21 1315	**Date / Time Examined:**	5/28/21 1400
Qualifying Storm Event?	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

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

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

No access to outfall pipe sample collected at catch basin before the outfall pipe.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 5, collected at manhole DMH-5-2 (east of EQ Tanks)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	5/28/21 1315	**Date / Time Examined:**	5/28/21 1400
Qualifying Storm Event	Yes		**Runoff Source:**	Rain	
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

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

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

No access to outfall pipe sample collected at catch basin.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 6 (riprap by Effluent Meter Vault)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	5/28/21 1315	**Date / Time Examined:**	5/28/21 1400
Qualifying Storm Event?	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? **N/A**	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? **N/A**	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? **N/A**	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? **N/A**	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? **N/A**	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? **N/A**	Describe:
	******Leave sample undisturbed for 30 minutes.******	
7. Settled Solids	Is there anything settled on the bottom of the sample? **N/A**	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? **N/A**	Describe:

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

No Sample collected at rip rap, heavy rain turned to light rain. Unable to collect a sample of rain runoff.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 7, collected at catch basin CB-7-2 (by Post Chlorination)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	5/28/21 1315	**Date / Time Examined:**	5/28/21 1400
Qualifying Storm Event?	Yes		**Runoff Source:**	Rain	
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

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

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

No access to outfall pipe sample collect at catch basin before outfall pipe.

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.

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	Cox Creek WRF Outfall No. 8 (riprap by Dechlorination Bldg.)				
Quarter / Year:	Sec. Quarter	**Date / Time Collected:**	5/28/21 1315	**Date / Time Examined:**	5/28/21 1400
Qualifying Storm Event?	Yes	**Runoff Source:**	Rain		
Collector's Name & Title	Jerome Napora / Team Manager				
Examiner's Name & Title	Jerome Napora / Team Manager				

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? **N/A**	If Yes, describe: *Yellow Brown Red Gray Other:*
2. Clarity	Is the stormwater clear? **N/A**	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? **N/A**	Which best describes the sheen? *Rainbow sheet Floating oil globules Other:*
4. Odor	Does the sample have an odor? **N/A**	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? **N/A**	If Yes, describe: *Suds Oily Film Garbage Sewage Water Fowl Excrement Other:*
6. Suspended Solids	Is there anything suspended in the sample? **N/A**	Describe:
	******Leave sample undisturbed for 30 minutes.******	
7. Settled Solids	Is there anything settled on the bottom of the sample? **N/A**	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? **N/A**	Describe:

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

No sample collected at end of rip rap, heavy rain turned to light rain. Unable to collect sample of rain runoff.

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.

Second quarter of 2021

Routine Facility Inspection Reports

Instructions:

- Include in your records copies of all routine facility inspection reports completed for the facility.
- The sample inspection report is consistent with the requirements in Part 3.1.2 of the 2015 MSGP relating to routine facility inspections. Facilities subject to state industrial stormwater permits may also find this form useful. **If your permitting authority provides you with an inspection report, use that form.**

Using the Sample Routine Facility Inspection Report

- This inspection report is designed to be customized according to the specific control measures and activities at your facility. For ease of use, you should take a copy of your site plan and number all of the stormwater control measures and areas of industrial activity that will be inspected. A brief description of the control measures and areas that were inspected should then be listed in the site-specific section of the inspection report.
- You can complete the items in the "General Information" section that will remain constant, such as the facility name, NPDES tracking number, and inspector (if you only use one inspector). Print out multiple copies of this customized inspection report to use during your inspections.
- When conducting the inspection, walk the site by following your site map and numbered control measures/areas of industrial activity to be inspected. Also note whether the "Areas of Industrial Materials or Activities exposed to stormwater" have been addressed (customize this list according to the conditions at your facility). Note any required corrective actions and the date and responsible person for the correction.

Note: MDE does not provide a separate inspection report template and has confirmed that the attached EPA template is acceptable.

Per 12-SW Permit, Part V.A.1. Routine Facility Inspection:

At least once per quarter, you must conduct a site assessment that will review the effectiveness of the SWPPP. At least once each calendar year, the routine facility inspection must be conducted during a period when a stormwater discharge is happening. The facility inspections must be documented with a checklist or other summary signed in accordance with Part II.C.2 of this permit, by qualified personnel, with at least one member of your stormwater pollution prevention team participating. The checklist must include a certification that the site is in compliance with the SWPPP and this permit, or a record of the deficiencies and necessary follow up actions. Refer to Part IV.C Corrective Action Deadlines and Part IV.D. Corrective Action Report for appropriate time frames.

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Cox Creek WRF		
NPDES Tracking No.	02SW0760		
Date of Inspection	June 21,2021	**Start/End Time**	0745to 0930
Inspector's Name(s)	Jerome Napora		
Inspector's Title(s)	Team Manager		
Inspector's Contact Information	410-222-6060		
Inspector's Qualifications	Trained		

Weather Information
Weather at time of this inspection? Cloudy with high humidity Other: Chance of showers Temperature: 77
Have any previously unidentified discharges of pollutants occurred since the last inspection? NO **If yes, describe:**
Are there any discharges occurring at the time of inspection? NO **If yes, describe:**

Control Measures

- *Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.*
- *Identify if maintenance or corrective action is needed.*
  - *If maintenance is needed, fill out section B of this template*
  - *If corrective action is needed, fill out section G of this template*

Abbreviations: BRB Bioretention Basin; MBRB Micro-Bioretention Basin; RG Rain Garden; GS Grass Swale; PD Proprietary Device; CB Catch Basin

Drainage Area 1

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
1	Outfall #1: Outside Fence/Behind Headworks Building	Yes	Maintenance Repair Replacement	**NOTE: no access to outfall, visually inspected from fence line.**
2	RG-1D: Front of Surge Building	Yes	Maintenance Repair Replacement	Schedule grass to be mowed.
3	RG-1: Behind Headworks Building	Yes	Maintenance Repair Replacement	Schedule grass to be mowed.
4	Permeable Pavers West of Primary Clarifiers	Yes	Maintenance Repair Replacement	

Drainage Area 2

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
1	Outfall #2: Outside Fence/Between Fine Screen Building & Primary Clarifiers	Yes	Maintenance Repair Replacement	**NOTE: no access to outfall, visually inspected from fence line.**
2	PD-2-3: Proprietary Device in Ground between Fine Screen Building & Primary Clarifiers	Yes	Maintenance Repair Replacement	**NOTE: minimal sediment in tank.**
3	RG-2E: Side of Membrane Building next to Chemical Storage Building	Yes	Maintenance Repair Replacement	
4	RG-2F: Behind Fine Screen Building	No	Maintenance Repair Replacement	**NOTE: RG- rain water does not drain into ground & all vegetation is dead. Eng. Project S80220 developed to address & correct drain issue.**
5	Permeable Pavers North and South of Methanol Feed Facility	Yes	Maintenance Repair Replacement	
6	Permeable Pavers West of Fine Screen Facility	Yes	Maintenance Repair Replacement	
7	Permeable Pavers West side of Membrane Facility and South side of Chemical Storage Area	Yes	Maintenance Repair Replacement	

Drainage Area 3

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
1	Outfall #3: Outside Fence/Back Side of Reactor #4	Yes	Maintenance Repair Replacement	**NOTE: no access to outfall, visually inspected from fence line.**
2	PD-3-4: Proprietary Device Parking Space behind Splitter Box	Yes	Maintenance Repair Replacement	
3	GS-3D: Swale behind Splitter Box	Yes	Maintenance Repair Replacement	
4	CB-3-2: Catch Basin outside Fence/Behind Splitter Box	Yes	Maintenance Repair Replacement	
5	Permeable Pavers East and South side of Fine Screen Facility	Yes	Maintenance Repair Replacement	
6	Permeable Pavers Along Splitter Box	Yes	Maintenance Repair Replacement	

Drainage Area 4

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
1	Outfall #4: Outside Fence/Behind Blower Building	Yes	Maintenance Repair Replacement	**NOTE: no access to outfall, visually inspected from fence line.**
2	RG-4A: Rain Garden in front of Digester Building	No	Maintenance Repair Replacement	**NOTE: RG- rain does not drain into ground & all Vegetation is dead. Eng. Project developed to address & correct drain issue**
3	Permeable Pavers: Roadway between Administration Building & Circular EQ Tanks	No	Maintenance Repair Replacement	**NOTE: permeable pavers HAVE NOT been installed. Engineer project #S802200 has been developed to complete work, material on site.**
4	Permeable Pavers: Membrane Building Front Entrance	Yes	Maintenance Repair Replacement	
5	Permeable Pavers: Walkway behind Septage Receiving	Yes	Maintenance Repair Replacement	
6	Permeable Pavers: Walkway South of Gravity Thickener #1	Yes	Maintenance Repair Replacement	
7	BRB-4B: Bioretention Pond behind MRB Generator	Yes	Maintenance Repair Replacement	Schedule grass to be mowed.
8	CB-4-4: Catch Basin in front of Blower Building	Yes	Maintenance Repair Replacement	
9	CB-4-5: Catch Basin in front of Blower Building	Yes	Maintenance Repair Replacement	
10	CB-4-11: Catch Basin in front of Pond at Digester Building	Yes	Maintenance Repair Replacement	
11	CB-4-13; Catch Basin in front of Membrane Facility	Yes	Maintenance Repair Replacement	

Drainage Area 5

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
1	Outfall #5: Outside Fence/Behind EQ Building & Final Meter Vaults	Yes	Maintenance Repair Replacement	**NOTE: no access to outfall, visually inspected from fence line.**
2	BRB-5C: Large Bioretention Basin at Maintenance Building	Yes	Maintenance Repair Replacement	Schedule grass to be mowed.
3	Permeable Pavers: Walkway South of Gravity Thickener #2 and #3	Yes	Maintenance Repair Replacement	
4	Permeable Pavers: North of High flow Treatment Facility	Yes	Maintenance Repair Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
5	Permeable Pavers: Maintenance Building Front Parking Area	Yes	Maintenance Repair Replacement	
6	RG-5E: Rain Garden between High Flow Building & Scum Wet Well #1	Yes	Maintenance Repair Replacement	Schedule grass to be mowed.
7	RG-5F: Rain Garden in front of High Flow Building	Yes	Maintenance Repair Replacement	
8	MBRB-5G: Micro-Bioretention Basin between truck weigh station and Maintenance Building	Yes	Maintenance Repair Replacement	
9	MBRB-5H: Micro-Bioretention Basin, square pond at Maintenance Building	Yes	Maintenance Repair Replacement	
10	RG-5I: Rain Garden next to Thickener Odor Control Unit	Yes	Maintenance Repair Replacement	Schedule grass to be mowed.
11	CB-5-5: Catch Basin in Roadway near Gravity Thickener No. 3	Yes	Maintenance Repair Replacement	
12	CB-5-6: Catch Basin in front Biosolids Handling Building Side Door	Yes	Maintenance Repair Replacement	

Drainage Area 6

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
1	Outfall #6: Rip Rap Swale at Final Meter Vault	Yes	Maintenance Repair Replacement	**NOTE: swale free of weeds, trash & debris.**
2	RG-6B: Front side of Sodium Hypochlorite Building	Yes	Maintenance Repair Replacement	Schedule grass to be mowed.

Drainage Area 7

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
1	Outfall #7: Outside Fence, End of Roadway between Post	Yes	Maintenance Repair Replacement	**NOTE: no access to outfall, visually inspected from fence line.**

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
	Chlorination and Sodium Hypochlorite Buildings	Yes		
2	Permeable Pavers: Maintenance Building Side Parking Area	Yes	Maintenance Repair Replacement	
3	MBRB-7D: Micro-Bioretention Basin near Maintenance Building Bay Door	Yes	Maintenance Repair Replacement	
4	MBRB-7E: Micro-Bioretention Basin in front of Maintenance Building	Yes	Maintenance Repair Replacement	Schedule grass to be mowed.
5	CB-7-2: Catch Basin at End of Roadway between Post Chlorination and Sodium Hypochlorite Buildings	Yes	Maintenance Repair Replacement	
6	CB-7-4: Catch Basin at Roadway Entrance to Scales	Yes	Maintenance Repair Replacement	

Drainage Area 8

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
1	Outfall #8: Rip Rap Swale at side of Sodium Bisulfite Building	Yes	Maintenance Repair Replacement	**NOTE: swale free of weeds, trash & debris.**
2	RG-8B: Rain Garden behind Sodium Bisulfite Tank	Yes	Maintenance Repair Replacement	Schedule grass to be mowed.

Drainage Area 10

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Maintenance or Corrective Action Needed and Notes
1	Permeable Pavers: Walkway between Circular & Rectangular EQ Tanks	Yes	Maintenance Repair Replacement	
2	IT-1 Infiltration Trench at side of Blower Building	Yes	Maintenance Repair Replacement	**NOTE: Schedule to pulled weeds from stone bed.**

Areas of Industrial Materials or Activities Exposed to Stormwater

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility that are potential pollutant sources. Identify if maintenance or corrective action is needed. If maintenance is needed, fill out section B of this template. If corrective action is needed, fill out section G of this template.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective and operating)?	Maintenance or Corrective Action Needed and Notes
1	**Material loading/unloading and storage areas**	Yes	Yes No	
2	**Equipment operations and maintenance areas**	Yes	Yes No	
3	**Fueling areas**	Yes	Yes No	**NOTE: gas cans are stored in safety cabinet at maintenance building.**
4	**Outdoor vehicle and equipment washing areas**	Yes	Yes No	**NOTE: washing area ONLY at Sepatge area. All water drained back to plant.**
5	**Waste handling and disposal areas**	Yes	Yes No	**NOTE: waste oil store in Digester building in storage tanks.**
6	**Erodible areas/construction**	Yes	Yes No	
7	**Non-stormwater/ illicit connections**	Yes	Yes No	**NOTE: none**
8	**Salt storage piles or pile containing salt**	Yes No N/A	Yes	**NOTE: bags salt is stored in Ozone building.**
9	**Dust generation and vehicle tracking**	Yes	Yes No	
10	**Processing areas**	N/A	Yes No	
11	**Areas where industrial activity has taken place in the past and significant materials remain and are exposed to storm water**	N/A	Yes No	
12	**Immediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility**	N/A	Yes No	
13	**(Other)**	N/A	Yes No	
14	**(Other)**	N/A	Yes No	

Discharge Points

At discharge points, describe any evidence of, or the potential for, pollutants entering the drainage system. Also describe observations regarding the physical condition of and around all outfalls, including any flow dissipation devices, and evidence of pollutants in discharges and/or the receiving water. Identify if any corrective action is needed.

N/A

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

N/A

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

N/A

Notes

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

N/A

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: _____

Signature: _____ **Date:** _____