

DISCHARGE PERMIT NO. 02-SW

NPDES PERMIT NO. MDR

Effective Date:

December 1, 2002 Expiration Date:

November 30, 2007

Part I. Applicability.

General Information			
Facility Name	Anne Arundel County Utilities Operation Center		
NPDES Tracking No.	Not Applicable		
Date of Inspection	6/22/21	Start/End Time	7:45 am - 8:55 am
Inspector's Name(s)	Chima P. Onukwonga		
Inspector's Title(s)	Utilities Engineer II, Certified Inspector (NPDES)		
Inspector's Contact Information	410 222 8443		
Inspector's Qualifications	NPDES Certified Inspector		

Weather Information

Weather at time of this inspection? Clear Cloudy Rain Sleet Fog Snow High Winds Other:

Temperature: 69°F

Have any previously unidentified discharges of pollutants occurred since the last inspection? No Yes If yes, describe:

Are there any discharges occurring at the time of inspection? Yes No If yes, describe:

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Regenerative Stormwater Conveyance Sediment Pools	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Regenerative Stormwater Conveyance - Swales	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3	Regenerative Stormwater Conveyance - Sediment Pools	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Infiltration Trenches - Pretreatment Manholes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
	Infiltration	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Maintenance	

Areas of Industrial Materials or Activities Exposed to Stormwater Non-Compliance

Areas of Industrial Materials or Activities Exposed to Stormwater

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Bulk Materials Storage Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Waste Oil and Antifreeze Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Maintenance and Repair Shop	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4	Vehicle and Equipment Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Spoils Area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Vehicle Tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	Non-stormwater/ Illicit Connections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9	Other:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

None

Additional Control Measures

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

None

Notes

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

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: CHIMA I. ONUKWUGHA

Signature:  Date: ~~6/22/21~~ 6/22/21

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Part I. Applicability.

General Information			
Facility Name	Anne Arundel County Utilities Operation Center		
NPDES Tracking No.	Not Applicable		
Date of Inspection	3-18-21	Start/End Time	8:30 am - 9:25 am
Inspector's Name(s)	Chima P. Dnukwughha		
Inspector's Title(s)	Utilities Engineer II		
Inspector's Contact Information	410 222-8443		
Inspector's Qualifications	NPDES Certified Inspector		

Weather Information

Weather at time of this inspection? Clear Cloudy Rain Sleet Fog Snow High Temperature: 48°F

Winds Other:

Have any previously unidentified discharges of pollutants occurred since the last inspection? No Yes If yes, describe:

Are there any discharges occurring at the time of inspection? Yes No If yes, describe:

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Regenerative Stormwater Conveyance Sediment Pools	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Regenerative Stormwater Conveyance - Swales	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3	Regenerative Stormwater Conveyance - Sediment Pools	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Infiltration Trenches - Pretreatment Manholes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
	Infiltration	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Maintenance	

Areas of Industrial Materials or Activities Exposed to Stormwater Non-Compliance

Areas of Industrial Materials or Activities Exposed to Stormwater

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Bulk Materials Storage Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Waste Oil and Antifreeze Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Maintenance and Repair Shop	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4	Vehicle and Equipment Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Spoils Area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Vehicle Tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	Non-stormwater/ Illicit Connections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9	Other:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

None

Additional Control Measures

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

None

Notes

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

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Print Name and Title: *CHIMA P. ONYUKWUGHHA*

Signature: Date:

[Handwritten Signature]

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December 1, 2002 Expiration Date:

November 30, 2007

Part I. Applicability.

General Information

Facility Name	Anne Arundel County Utilities Operation Center		
NPDES Tracking No.	Not Applicable		
Date of Inspection	12/14/20	Start/End Time	840-945 am
Inspector's Name(s)	China P. Onukwugha		
Inspector's Title(s)	Utilities Engineer II		
Inspector's Contact Information	410 854 410 222 5433		
Inspector's Qualifications	NPDES Certified Inspector.		

Weather Information

Weather at time of this inspection? Clear Cloudy Rain Sleet Fog Snow High Winds Other: _____
 Temperature: 39°F

Have any previously unidentified discharges of pollutants occurred since the last inspection? No Yes. If yes, describe: _____

Are there any discharges occurring at the time of inspection? Yes No. If yes, describe: _____

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Regenerative Stormwater Conveyance Sediment Pools	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Regenerative Stormwater Conveyance -Swales	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3	Regenerative Stormwater Conveyance - Sediment Pools	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Infiltration Trenches - Pretreatment Manholes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
	Infiltration	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Maintenance	

Areas of Industrial Materials or Activities Exposed to Stormwater Non-Compliance

Areas of Industrial Materials or Activities Exposed to Stormwater

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Bulk Materials Storage Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Waste Oil and Antifreeze Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Maintenance and Repair Shop	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4	Vehicle and Equipment Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Spoils Area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Vehicle Tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	Non-stormwater/ Illicit Connections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9	Other: <i>Truck Wash area</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

None

Additional Control Measures

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

None

Notes

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Print Name and Title: CHIMA R. ONUKWUGHA, Fertilizers Engineer II

Signature:  Date: 12/14/20

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Effective Date:

December 1, 2002 Expiration Date:

November 30, 2007

Part I. Applicability.

General Information

Facility Name	Anne Arundel County Utilities Operation Center		
NPDES Tracking No.	Not Applicable		
Date of Inspection	9-22-2020	Start/End Time	743 - 850 am
Inspector's Name(s)	Chimer P. Onukwugha Sr.		
Inspector's Title(s)	Utilities Engineer II		
Inspector's Contact Information	410 2228443		
Inspector's Qualifications	NPDES Certified Inspector		

Weather Information

Weather at time of this inspection? Clear Cloudy Rain Sleet Fog Snow High Temperature: _____

Winds Other: _____

Have any previously unidentified discharges of pollutants occurred since the last inspection? No Yes If yes, describe: _____

Are there any discharges occurring at the time of inspection? Yes No If yes, describe: _____

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Regenerative Stormwater Conveyance Sediment Pools	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	Regenerative Stormwater Conveyance -Swales	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3	Regenerative Stormwater Conveyance - Sediment Pools	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Infiltration Trenches - Pretreatment Manholes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
	Infiltration	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Maintenance	

Areas of Industrial Materials or Activities Exposed to Stormwater Non-Compliance

Areas of Industrial Materials or Activities Exposed to Stormwater

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
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2	Waste Oil and Antifreeze Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Maintenance and Repair Shop	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4	Vehicle and Equipment Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Spoils Area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7	Vehicle Tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	Non-stormwater/ Illicit Connections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9	Other: TRUCK WASH AREA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

none

Additional Control Measures

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

none

Notes

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

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: *CHIMA P. ONWUKWUGHA SR*

Signature: *[Handwritten Signature]* Date: *9/22/2020*

12/14/2020

3952

NPDES Permit Tracking No.:

12182010



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: Anna Arundell Utilities Center

2. NPDES Permit Tracking No.: 125W2345

3. Facility Physical Address:

a. Street: 435B MAXWELL FAYE ROAD

b. City: MILLERSVILLE MARYLAND c. State: MD d. Zip Code: 21108

4. Lead Inspectors Name: CHIMA P. ONUKWUGHA Title: UTILITIES ENGINEER II

Additional Inspectors Name(s): N/A

5. Contact Person: CHIMA P. ONUKWUGHA Title: UTILITIES ENGINEER II

Phone: 410-222-8433 Ext. 8433 E-mail: _____

6. Inspection Date: 12/14/2020

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:

12/14/2020

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: *NO new area/structure/data was noticed during the inspection.*

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:

The sources of pollutants are when minor drips of oil, hydraulic, or tires hits surface and all gets collected around the basket at the inlets and later socked up and disposed to the appropriate location.

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

NO conditions requiring corrective measures.

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.

12/14/2020

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 Material storage, eg. cold asphalt, sand etc

1. Brief Description: There were leaks, tracking or loose materials. The backhoe is used to sweep the area on a regular bases, no littering.

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)

INDUSTRIAL ACTIVITY AREA TRUCKHOUSE/BAY

1. Brief Description: The house is nice and clean, no oil, antifreeze, hydraulic etc leaks

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 Generator storage

Brief Description: This area well kept, no leaks or littering in this are

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

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

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

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

NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA Vehicle/truck maintenance

1. Brief Description: This area is nice and clean, All the requirements are met, eg all drum that has oil etc in it has secondary containment with tight lid. Has materials for oil etc containment materials eg oil pans, pads etc.

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 Grinder Pump maintenance

1. Brief Description: This is nice and well kept. the channel the ~~cover~~ carries the bad water/materials is working fine.

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 Truck/Vehicle washing area

1. Brief Description: This area is clean and maintained regularly, no debris, oil the system is working according to design.

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

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

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

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

D. CORRECTIVE ACTIONS

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

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

1. Corrective Action # of for this reporting period.

N/A

2. Is this corrective action:

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

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

- Unauthorized release or discharge
- Numeric effluent limitation exceedance
- Control measures inadequate to meet applicable water quality standards
- Control measures inadequate to meet non-numeric effluent limitations
- Control measures not properly operated or maintained
- Change in facility operations necessitated change in control measures
- Average benchmark value exceedance
- Other (describe): _____

4. Briefly describe the nature of the problem identified:

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): _____

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:

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

9. Date corrective action initiated: / /

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:

E. ANNUAL REPORT CERTIFICATION

1. Compliance Certification

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

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

2. Annual Report Certification

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

Authorized Representative
Printed Name:

CHIMA P. ONUKWUGHA

Title: UTILITIES ENGINEER

Signature:



Date Signed: 12/14/20

