

United States Environmental Protection Agency Washington, DC 20460

YEFA .
Annual Reporting Form
A. GENERAL INFORMATION
1. Facility Name: Annapolis MRF
2. NPDES Permit Tracking No.: MDOOOZIBUY
3. Facility Physical Address:
a. Street: 17228 Edgewood Road
b. City: Annapolis
4. Lead Inspectors Name: MICHAEL J SMI HA SR Title: TEAM MAMAGER
Additional Inspectors Name(s):
5. Contact Person: MICHAEL J. SMIHN SR. Title: TEAM MANAGER
Phone: 410 - 222 - 1332 Ext. E-mail: PWSM; T42BAACOUNTY. ORG
6. Inspection Date: 10 / 13 / 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?
If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

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:
to a system and the condition of and around outfalls, including flow
 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:
,
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
NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

NPDES Permit Tracking No.:

NPDI	ES Pe	rmit T	racki	ng No	.:

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS		i in cinemunio-	Copy this page for additional industrial activity
Complete one block for each industrial activity area where poliutants may be	e exposed	i io siormwater.	copy and page for additional madelial addition
In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come int Leaks or spills from industrial equipment, drums, tanks, and other cor Offsite tracking of industrial or waste materials from areas of no Tracking or blowing of raw, final, or waste materials from areas of no	namers, sure to exp	osed areas; and	
INDUSTRIAL ACTIVITY AREA:			
1. Brief Description:			
Are any control measures in need of maintenance or repair?	☐ YES	□ NO	
Are any control measures in need of maintenance of the second of th	☐ YES	□ NO	
Have any control measures raise and require replacement Are any additional/revised control measures necessary in this area?	☐ YES	□ NO	
Are any additional/revised control measures necessary in this circle. If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any neces		ctions should be described on the attached
INDUSTRIAL ACTIVITY AREA: 1. Brief Description:			
Are any control measures in need of maintenance or repair?	☐ YES	□NO	
Are any control measures in freed of framilierative of repair. Have any control measures failed and require replacement?	— □ YES	□NO	
	_ YES	□ NO	
4. Are any additional/revised c necessary in this area? If YES to any of these three questions, provide a description of the problem: Corrective Action Form)		ssary corrective a	ctions should be described on the attached
INDUSTRIAL ACTIVITY AREA: Brief Description:			
prei Description.			
Are any control measures in need of maintenance or repair?	☐ YES	□NO	
Are any control measures failed and require replacement?	☐ YES	□ NO	
Are any additional/revised BMPs necessary in this area?	☐ YES	□ NO	
Are any additional/revised Bitt's fleedsday in this creat. If YES to any of these three questions, provide a description of the problem: Corrective Action Form)		ssary corrective a	ctions should be described on the attached

NF	DE	SI	Per	mit	Track	ing	No).i
		_		_			_	_

		NOTE: Copy this page and attach additional pages as necessary
INDUSTRIAL ACTIVITY AREA:		
1. Brief Description:		
1. Brief Description.		
	T VEC	
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 Corrective Action Form)	i 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 o	f the problem:	: (Any necessary corrective actions should be described on the attached
Corrective Action Form)		
INDUSTRIAL ACTIVITY AREA:		
1. Brief Description:		
		File
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 o	if the problem	: (Any necessary corrective actions should be described on the attached
Corrective Action Form)		
I		

.

NPDE	S Perm	it Track	ing 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 # of 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):
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):
 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?
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	ì
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 your knowledge, you are in compliance with the permit?	e best of
If NO, summarize why you are not in compliance with the permit:	
	ł
2. Annual Report Certification	
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 design assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage assure that qualified personnel properly gathered and evaluated the information, the information submitted is, to the best of my knowledge and belief, true, ac system, or those persons directly responsible for gathering the information, the information, including the possibility of fine and imprisonment for knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge.	curate.
Authorized Representative Printed Name:	
Signature: Michael Julia Date Signed: 10/13/20	

Employee training

Training Date: 10/6/3	20
Training Description:	
ANNUAL REVIEW WITH	7 TEAM
Trainer: Michael J. Sn	rith SR.
Employee(s) trained	Employee signature
JOE BARKER	Shy
DEVON RASHARD	Holy In
SEAN RYAN	53
WILLIAM COUDERMILK	
Tim RANd	10
DAVID HAMMETT	The second
CLARENCE HILL	Clarge Hell
BRANDON ROBINSON	Bella
JAMES WEATHERSTEIN	AWI
·	

JUNE 2019 Aug. 2019

OCT. 2019 JAN. 2020

Current Facility Staff

OCT. 2020

Current members of the stormwater pollution prevention team at the Annapolis WRF are listed below. This document will be updated as necessary following each staff change at the facility. Elsewhere in the SWPPP, staff members will simply be referred to by the job titles listed in the table below.

Job Title	Name	E-mail
Utilities Team Manager	Michael J. Smith Sr.	Pwsmit42@aacounty.org
Office Support Assistant	Renae Quigley	
Wastewater System Technician	Joe Barker	
Wastewater System Technician	Devon Rashard	
Wastewater System Technician	Open SEAN RYAN	
Wastewater System Technician	Will Loudermilk	
Wastewater System Technician	Kevin McNally	
Wastewater System Technician	Tim Rand	
Wastewater System Technician	David Hammett	
Wastewater System Technician	Clarence Hill	
Wastewater System Technician	Brandon Robinson	
Wastewater System Technician	James Weatherstein	
	1	

MSGP Quarterly Visual Assessment Form
(Complete a separate form for each outfall you assess)
Name of Facility: Annapolis WRF NPDES Tracking No.
Outfall Name: Outfall 1 "Substantially Identical Outfall"? No Substantially Identical outfalls): (CB along Edgewood Rd.)
Person(s)/Title(s) collecting sample: Operation
Person(s)/Title(s) examining sample:
Date & Time Discharge Began: 4-11-21 Date & Time Sample Collected: Date & Time Sample Examined: 4-12-21 - 09:00
Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):
Nature of Discharge: Rainfall Snowmelt
If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes No* (explain): Before Start of This Storm?
Parameter
Color None Other (describe): Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):
Clarity ClearSlightly Cloudy Cloudy Opaque Other
Floating Solids Yes (describe):
Settled Solids**
Suspended Solids No Yes (describe):
Foam (gently shake sample) No Yes (describe):
Oil Sheen None Flecks Globs Sheen Slick Other (describe):
Other Obvious Indicators
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach
additional sheets as necessary).
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)
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.
A. Name: D. Date Signed: 4-12.21
C. Signature: B. D. Date Signed: 4-12.21

MSGP Quarterly Visual Assessment Form
(Complete a separate form for each outfall you assess)
Name of Facility: Annapolis WRF NPDES Tracking No.
Outfall Name: Outfall 2 "Substantially Identical Outfall"? INO Yes (identify substantially identical outfalls): (Pipe to Edgewood Rd.)
Person(s)/Title(s) collecting sample: B. Roy
Person(s)/Title(s) examining sample:
Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Examined:
4-11-21 4-12-21 09:65 4-12-21 09:65 Substitute Sample? ☐ No ☐ Yes (identify quarter/year when sample was originally scheduled to be collected):
Substitute Sample?
Nature of Discharge: Rainfall Snowmelt
If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes No* (explain): Before Start of This Storm?
Parameter
Color
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Other (describe):
Clarity Clear Slightly Cloudy Cloudy Dpaque Dother
Floating Solids
Settled Solids** Yes (describe):
Suspended Solids
Foam (gently shake sample)
Oil Sheen None Flecks Globs Sheen Slick Other (describe):
Other Obvious Indicators No Yes (describe): of Stormwater Pollution
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) 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.
A. Name: B. Rubi-Sp. 1 B. Title: Operator
A. Name: B. Rubi-St. B. Title: Operator D. Date Signed: 4, 12-2
C. Signature: 10 - D. Date Signed: 4, 12, 2

MSGP Quarterly Visual Assessment Form
(Complete a separate form for each outfall you assess)
Name of Facility: Annapolis WRF NPDES Tracking No.
Outfall Name: Outfall 4 "Substantially Identical Outfall"? No Yes (identify substantially identical outfalls): (Overflow to Chesapeake Harbor Rd.)
Person(s)/Title(s) collecting sample: 73. Roberto Color
Person(s)/Title(s) examining sample:
Date & Time Discharge Began: Oute & Time Sample Collected: Oute & Time Sample Examined:
Nature of Discharge: Rainfall Snowmelt
If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes No* (explain): Before Start of This Storm?
Parameter -
Color None Other (describe):
Odor
Clarity 🗹 Clear 🗌 Slightly Cloudy 🔲 Cloudy 🔲 Opaque 🔲 Other
Floating Solids Yes (describe):
Settled Solids**
Suspended Solids
Foam (gently shake sample)
Oil Sheen
Other Obvious Indicators No Yes (describe): of Stormwater Pollution
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)
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.
A. Name: B. Robinson B. Title: operator
A. Name: B. Caralor B. Title: operator C. Signature: D. Date Signed: 4-12-21

MSGP Quarterly Visual Assessment Form						
(Complete a separate form for each outfall you assess)						
Name of Facility: Annapolis WRF NPDES Tracking No.						
Outfall Name: Outfall 7 "Substantially Identical Outfall"? No Substantially Identical outfalls): (CB on Edgewood Rd.)						
Person(s)/Title(s) collecting sample:						
Person(s)/Title(s) examining sample:						
Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Examined: 1./2.2 0920 Date & Time Sample Examined: 4./2.2 0920						
Substitute Sample? [A No						
Nature of Discharge: Rainfall Snowmelt						
If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes No* (explain): Before Start of This Storm?						
Parameter Parameter						
Color 🗹 None 🗌 Other (describe):						
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Other (describe):						
Clarity 🗹 Clear 🔲 Slightly Cloudy 🔲 Cloudy 🔲 Opaque 🔲 Other						
Floating Solids						
Settled Solids**						
Suspended Solids						
Foam (gently shake sample) 🗹 No 🔲 Yes (describe):						
Oil Sheen None Flecks Globs Sheen Slick Other (describe):						
Other Obvious Indicators						
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.						
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.						
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach						
additional sheets as necessary).						
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)						
Legify 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.						
A. Name: B. Robinson						
A. Name: B. Robinson C. Signature: D. Date Signed: 4127						

MSGP Quarterly Visual Assessment Form
(Complete a separate form for each outfall you assess)
Name of Facility: Annapolis WRF NPDES Tracking No.
Outfall Name: Outfall 8 "Substantially Identical Outfall"? No Yes (identify substantially identical outfalls): (CB on Edgewood Rd.)
Person(s)/Title(s) collecting sample: B. Coulai accetor
Person(s)/Title(s) examining sample:
Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Examined:
Substitute Sample? No Yes (identify quarter/year when sample was originally scheduled to be collected):
Nature of Discharge: Rainfall Snowmelt
If rainfall: Rainfall Amount: inches Previous Storm Ended > 72 hours Yes No* (explain): Before Start of This Storm?
Parameter
Color None Other (describe):
Odor None Musty Sewage Sulfur Sour Petroleum/Gas Solvents Other (describe):
Clarity 🔲 Clear 🗌 Slightly Cloudy 🔲 Cloudy 🔲 Opaque 🔲 Other
Floating Solids Yes (describe):
Settled Solids**
Suspended Solids No Yes (describe):
Foam (gently shake sample) No Yes (describe):
Oil Sheen None Flecks Globs Sheen Slick
Other Obvious Indicators No Yes (describe): of Stormwater Pollution
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.
** Observe for settled solids after allowing the sample to sit for approximately one-half hour.
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).
Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements) 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.
A. Name: Po Robinson B. Title: Office
A. Name: Po, Rohason D. Date Signed: 4-15-2

·

ZND QUARTER DRY

Stormwater Industrial Routine Facility Inspection Report

		Ge	eneral Informati	on		
Facility	y Name	Annapolis WRF				
NPDES	S Tracking No.					
Date of	f Inspection	5/12/	21	Start/End Time		
	tor's Name(s)	Michael Sn				
Inspect	tor's Title(s)	Utilities Te	am Manager			
Inspect	tor's Contact Informatio	n 410-222-13	32			
Inspect	tor's Qualifications					
		W	eather Informati	on		
Clea	er:	☐ Sleet ☐	I Fog □ Snow Temperature:			
	ny previously unidentifi describe:	ed discharges of	f pollutants occu	rred since the last	inspection? DYes No	
Are the	ere any discharges occur describe:	ring at the time	of inspection?	Yes No		
num requ Des the		luring your inspe your facility. sitiated, date con	ections. This list t	viii ensure inai yoi	n are inspecting an appleted the work in	
	nch Drain Itration Trench	CB Catch Bas RG Rain Gard	G Rain Garden			
S	e Area 1 tructural Control Ieasure	Control Measure is Operating Effectively?	If No, In Need Maintenance, Repair, or Replacement?	(identify need or any failed replacement)	action Needed and Notes led maintenance and repairs, control measures that need	
N	B-1-1 Jear Edgewood Road utside site fence	Yes •No	☐ Maintenanc ☐ Repair ☐ Replacemen			
Draines	ge Area 2					
S	structural Control Measure	Control Measure is Operating Effectively?	If No, In Need Maintenance, Repair, or Replacement?	(identify need or any failed replacement)	ction Needed and Notes led maintenance and repairs, control measures that need	
A	CB-2-1 At plant entrance, south of driveway (DA-2A)	Yes •No	☐ Maintenanc ☐ Repair ☐ Replacemen			

	Structural Control	Control	If No, In Need of	Corrective Action Needed and Notes
	Measure	Measure is	Maintenance,	(identify needed maintenance and repairs,
		Operating	Repair, or	or any failed control measures that need
		Effectively?	Replacement?	replacement)
3.	TD-2-1	Yes □No	☐ Maintenance	
	Adjacent to Septage	/ \	☐ Repair	
	Receiving Station	,	☐ Replacement	
4.	CB-2-2	¥Yes □No	☐ Maintenance	
	Between Service	6.5	☐ Repair	
	Building and Influent PS		□ Replacement	
	(DA-2B)	12.3		
5.	CB-2-3	¥Yes □No	☐ Maintenance	
	Between Influent PS and	1,	☐ Repair	
	Screen and Grit Building		☐ Replacement	
	(DA-2C)	4.2		
6.	IT-2-1	Yes □No	☐ Maintenance	
	Infiltration Trench #5	1	☐ Repair	
	near Influent PS (DA-		☐ Replacement	
	2D)			
7.	IT-2-2	MYes □No	☐ Maintenance	
/ •	Infiltration Trench #4	ZX	☐ Repair	
	near Screen and Grit		☐ Replacement	
	Building (DA-2E)	,		
8.	CB-2-4	Yes □No	☐ Maintenance	
0.	Northwest of Primary	1	☐ Repair	
	Clarifier No. 2 (DA-2F)		☐ Replacement	
9.	CB-2-5	Yes □No	☐ Maintenance	
7.	In grass west of Blower	/	☐ Repair	
	Building (DA-2G)		☐ Replacement	
10.	CB-2-6	Yes □No	☐ Maintenance	
10.	Near Secondary Clarifier		☐ Repair	
	Distribution Box No. 2		☐ Replacement	
	(DA-2H)			
11.	CB-2-7	Yes No	☐ Maintenance	
	Adjacent to Caustic	/-	☐ Repair	
	Storage (DA-2J)		☐ Replacement	
12.	CB-2-8	Yes □No	☐ Maintenance	
	At northeast corner of	1.	☐ Repair	
	Aeration Tank No. 4		☐ Replacement	
	(DA-2K)	. [
13.	CB-2-9	Yes No	☐ Maintenance	
17.	Next to Secondary	6-1	☐ Repair	
	Clarifier No. 2 (DA-2L)	-/	☐ Replacement	
14.	CB-2-10	Yes □No	☐ Maintenance	
	North end of parking lot	4 7	☐ Repair	
	for Administration		☐ Replacement	
	Building (DA-2N)	V	•	
15.	CB-2-11	Yes □No	☐ Maintenance	
15.	North of roll-up door for		Repair	
	Incinerator Building		Replacement	
	(DA-2O)		_	

_	Structural Control	Control	If No, In Need of	Corrective Action Needed and Notes
	Measure	Measure is	Maintenance,	(identify needed maintenance and repairs,
	Measure	Operating	Repair, or	or any failed control measures that need
		Effectively?	Replacement?	replacement)
17	CB-2-12	Yes DNo	☐ Maintenance	
16.	Between Service and	7	☐ Repair	
			Replacement	
	Incinerator Buildings			
107	(DA-2P)	Yes □No	☐ Maintenance	
17.	CB-2-13	7103 =110	☐ Repair	
	Plant entrance, north of	10	Replacement	
	driveway (DA-2Q)	1		
D i	Awag 2			
Draii	age Area 3 Structural Control	Control	If No, In Need of	Corrective Action Needed and Notes
	Measure	Measure is	Maintenance,	(identify needed maintenance and repairs,
	Measure	Operating	Repair, or	or any failed control measures that need
		Effectively?	Replacement?	replacement)
10	IT-3-1	¥Yes □No	☐ Maintenance	
18.	Southeast corner of site	A Tes Live	Repair	
		100	Replacement	
	near fence			
Duois	nage Area 7			
Dran	Structural Control	Control	If No, In Need of	Corrective Action Needed and Notes
	Measure	Measure is	Maintenance,	(identify needed maintenance and repairs,
	Measure	Operating	Repair, or	or any failed control measures that need
		Effectively?	Replacement?	replacement)
10	CB-7-1	Yes □No	☐ Maintenance	
19.	Northwest corner of site	71.00	☐ Repair	
	along Edgewood Road,		☐ Replacement	
	outside site fence		_ nop	
	outside site fence			}
Drois	nage Area 8			
Dian	Structural Control	Control	If No, In Need of	Corrective Action Needed and Notes
	Measure	Measure is	Maintenance,	(identify needed maintenance and repairs,
	Measure	Operating	Repair, or	or any failed control measures that need
		Effectively?	Replacement?	replacement)
20.	CB-8-1	Yes No	☐ Maintenance	
20.	Near back entrance to	/ 100	☐ Repair	
	plant along Edgewood	100	☐ Replacement	
	Road, outside site fence			
0.1	(DA-8A)	Yes □No	☐ Maintenance	
21.	IT-8-1	77103 0110	Repair	
	Infiltration Trench #2		☐ Replacement	
	south of Contact Tanks		- Replacement	
	(DA-8B)	MYes □No	☐ Maintenance	
22.	IT-8-2	Y res LINO	☐ Repair	
	Infiltration Trench #1		☐ Replacement	
	north of Contact Tanks		- Kepiacement	
	(DA-8C)			

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.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	Yes ONO N/A	Yes □No	
2	Equipment operations and maintenance areas	Yes ONo N/A	es 🗆 No	
3	Fueling areas	Yes No N/A	Yes □No	
4	Outdoor vehicle and equipment washing areas	Yes ONo ON/A	Yes •No	
5	Waste handling and disposal areas	Yes ONO N/A	Yes •No	
6	Erodible areas/construction	□Yes □No N/A	□Yes □No	
7	Non-stormwater/ illicit connections	Yes INO IN/A	Yes □No	
8	Salt storage piles or pile containing salt	Yes No N/A	□Yes □No	
9	Dust generation and vehicle tracking	□Yes □No □N/A	☐Yes ☐No	
10	(Other)	□Yes □No □ N/A	□Yes □No	
11	(Other)	□Yes □No □ N/A	□Yes □No	
12	(Other)	□Yes □No □ N/A	□Yes □No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:	
Describe any mordens of new company	
Additional Control Measures	
Describe any additional control measures needed to comply with the permit requirements:	
Describe any additional condot measures needed to the property of the property	
\$7.4	
Notes	
Use this space for any additional notes or observations from the inspection:	
000 tms space to any meeting ====================================	

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: MichAEC Smith TEAM LEADER

Signature: Date: 5/12/2)