



Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: Annapolis MRF

2. NPDES Permit Tracking No.: MD00021814

3. Facility Physical Address:

a. Street: 7228 Edgewood Road

b. City: Annapolis

c. State: MD

d. Zip Code: 21403

4. Lead Inspectors Name: MICHAEL J SMITH SR Title: TEAM MANAGER

Additional Inspectors Name(s):

5. Contact Person: MICHAEL J SMITH SR Title: TEAM MANAGER

Phone: 410-222-1332 Ext. E-mail: PWSMITH2@AAACOUNTY.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? YES NO

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

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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:

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?

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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 _____:

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 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 _____:

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 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 _____:

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)

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NOTE: Copy this page and attach additional pages as necessary

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)

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)

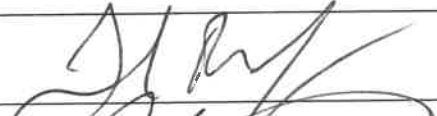


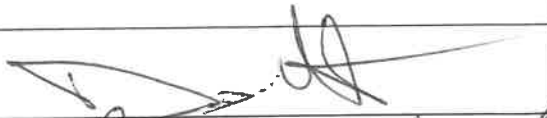
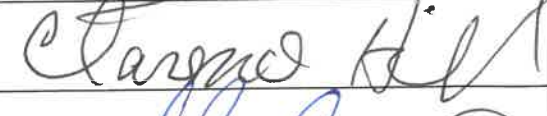

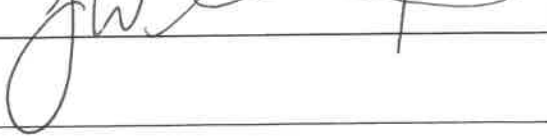
INDUSTRIAL ACTIVITY AREA _____:

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)

Employee training

Training Date: 10/6/20	
Training Description: ANNUAL REVIEW WITH TEAM	
Trainer: MICHAEL J. SMITH SR.	
Employee(s) trained	Employee signature
JOE BARKER	
DEVON RASHARD	
SEAN RYAN	
WILLIAM COUDERMILK	
TIM RAND	
DAVID HAMMETT	
CLARENCE HILL	
BRANDON ROBINSON	
JAMES WEATHERSTEIN	

~~JUNE 2019~~ ~~AUG. 2019~~

~~OCT. 2019~~ ~~JAN. 2020~~

OCT. 2020

Current Facility Staff

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	Renaë 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	

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 Yes (identify substantially identical outfalls):
(CB along Edgewood Rd.)

Person(s)/Title(s) collecting sample: *operator*

Person(s)/Title(s) examining sample:

Date & Time Discharge Began: *4-11-21*

Date & Time Sample Collected: *4-12-21 - 08:47*

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 Before Start of This Storm? Yes No* (explain):

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 No Yes (describe):

Settled Solids** No Yes (describe):

Suspended Solids No Yes (describe):

Foam (gently shake sample) No Yes (describe):

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. Robinson*

B. Title: *operator*

C. Signature: *[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 2**
(Pipe to Edgewood Rd.)

"Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):

Person(s)/Title(s) collecting sample: *B. Roberts*

Person(s)/Title(s) examining sample:

Date & Time Discharge Began:

Date & Time Sample Collected:

Date & Time Sample Examined:

4-11-21

4-12-21 09:05

4-12-21 09:15

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 Before Start of This Storm? Yes No* (explain):

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 No Yes (describe):

Settled Solids** No Yes (describe):

Suspended Solids No Yes (describe):

Foam (gently shake sample) No Yes (describe):

Oil Sheen None Flecks Globs Sheen Slick

Other (describe):

Other Obvious Indicators of Stormwater Pollution No Yes (describe):

* 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. Roberts

B. Title:

operator

C. Signature:

B. Roberts

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 4** "Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):
(Overflow to Chesapeake Harbor Rd.)

Person(s)/Title(s) collecting sample: *B. Robinson operator*

Person(s)/Title(s) examining sample:

Date & Time Discharge Began:

Date & Time Sample Collected:

Date & Time Sample Examined:

4-11-21

4-12-21 - 09:40

4-12-21 - 09:45

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 No Yes (describe):

Settled Solids** No Yes (describe):

Suspended Solids No Yes (describe):

Foam (gently shake sample) No Yes (describe):

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)

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A. Name:

B. Robinson

B. Title:

operator

C. Signature:

B. Robinson

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 Yes (identify 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:

4-11-21

4-12-21 0920

4-12-21 0925

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 Before Start of This Storm? Yes No* (explain):

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 No Yes (describe):

Settled Solids** No Yes (describe):

Suspended Solids No Yes (describe):

Foam (gently shake sample) No Yes (describe):

Oil Sheen None Flecks Globs Sheen Slick
 Other (describe):

Other Obvious Indicators of Stormwater Pollution No Yes (describe):

* 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).

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A. Name: **B. Robinson**

B. Title: **ORCA to**

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 8** "Substantially Identical Outfall"? No Yes (identify substantially identical outfalls):
(CB on Edgewood Rd.)

Person(s)/Title(s) collecting sample: *B. Robinson operator*

Person(s)/Title(s) examining sample:

Date & Time Discharge Began:

Date & Time Sample Collected:

Date & Time Sample Examined:

4-11-21

4-12-21 09:30

4-12-21 09:35

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 No Yes (describe):

Settled Solids** No Yes (describe):

Suspended Solids No Yes (describe):

Foam (gently shake sample) No Yes (describe):

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).

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A. Name: *B. Robinson*

B. Title: *operator*

C. Signature: *[Signature]*

D. Date Signed: *4-12-21*

	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)
3.	TD-2-1 Adjacent to Septage Receiving Station	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4.	CB-2-2 Between Service Building and Influent PS (DA-2B)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5.	CB-2-3 Between Influent PS and Screen and Grit Building (DA-2C)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6.	IT-2-1 Infiltration Trench #5 near Influent PS (DA-2D)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
7.	IT-2-2 Infiltration Trench #4 near Screen and Grit Building (DA-2E)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8.	CB-2-4 Northwest of Primary Clarifier No. 2 (DA-2F)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9.	CB-2-5 In grass west of Blower Building (DA-2G)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10.	CB-2-6 Near Secondary Clarifier Distribution Box No. 2 (DA-2H)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
11.	CB-2-7 Adjacent to Caustic Storage (DA-2J)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
12.	CB-2-8 At northeast corner of Aeration Tank No. 4 (DA-2K)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
13.	CB-2-9 Next to Secondary Clarifier No. 2 (DA-2L)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
14.	CB-2-10 North end of parking lot for Administration Building (DA-2N)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
15.	CB-2-11 North of roll-up door for Incinerator Building (DA-2O)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

	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)
16.	CB-2-12 Between Service and Incinerator Buildings (DA-2P)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
17.	CB-2-13 Plant entrance, north of driveway (DA-2Q)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Drainage Area 3

	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)
18.	IT-3-1 Southeast corner of site near fence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Drainage Area 7

	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)
19.	CB-7-1 Northwest corner of site along Edgewood Road, outside site fence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Drainage Area 8

	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)
20.	CB-8-1 Near back entrance to plant along Edgewood Road, outside site fence (DA-8A)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
21.	IT-8-1 Infiltration Trench #2 south of Contact Tanks (DA-8B)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
22.	IT-8-2 Infiltration Trench #1 north of Contact Tanks (DA-8C)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<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	Erodible areas/construction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	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	
8	Salt storage piles or pile containing salt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Non-Compliance

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

Additional Control Measures

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

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: Michael Smith TEAM LEADER

Signature: Michael J. Smith Date: 5/12/21