# **Work Activity Work Order**

Page 8:26 6/22/2021

Work Order Information

Activity Type Initiated From **Problem** Assigned By

Assigned To

Department

Status

Activity

**Priority** 

Requested By

Completed By

**ROUTINE WORK** HWYOTH HIGHWAYS - OTHER H8000

**PWBELT68** 

PWPAPE84

SUPPORT SERVICES

BELT, CHARLES PAPENBERG, DEBORAH

PWPAPE84 1311CO CENTRAL DIST/ ODENTON PWMAGA10

MAGAYNA, MEGAN

CL H8062

H2

SAFETY FUNCTIONS & FACILITY IN

PAPENBERG, DEBORAH

Work Order No 21529360 **SWPPPCO Project No** 3/31/2021 Request Received 6/1/2021 Investigation Due Investigation Date

Scheduled Date 1

Scheduled Date 2 Scheduled Date 3 Scheduled Date 4

Completed Date

Time Completed

6/22/2021

**Problem Information** 

**Problem Details** 

PERFORM A WET WEATHER INSPECTION QUARTERLY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTE OF ANY PRECIPITATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMELT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS.

Address

1427

Street DUCKENS ST

New Map Book

**Cross Street** Location

Subdivision

City ODENTON

Map Book

Zip 21113

**Customer Information** 

**Customer Name** 

**Address** 

1427

Street DUCKENS ST

State MD

Zip 21113

City Home Phone

**ODENTON** )

Ext.

Second Phone (

Ext.

Elected/Project

E/O Aide

**Elected Official** 

Structure/Equipment Information

Structure/Equipment No

DS

No. Of Structures

Structure/Equipment Type

Address

Street

**Cross Street** Area Designator

Miss Utility Number **Activity** 

H8062

SAFETY FUNCTIONS & FACILITY IN

Completed Date6/22/2021

Action Taken 4TH QUARTER OUTFALL INSPECTION

**Costing Information** 

AT Description AT PERSONNEL - IN HOUSE P

Units/Hours

Costs \$23.15

Total 1.00

1.00

\$23.15

# Form B. Quarterly Visual Monitoring Form

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

# Quarterly Visual Monitoring Form Fill out a separate form for each outfall sampled.

	CM OUL & SCHWISE MAIN IN	d certs and a conference		
Sample Location	Odenton (hear stor	mdran)		
Quarter / Year:	2021 Date / Time Collected:	(-27-217:0 Date / Time Examined:		
Qualifying Storm		Runoff Source: Rainfalb Snowmelt		
Collector's	~ 1			
Name & Title	Cody			
Examiner's	Jesus Roiss			
Name & Title	Parameter Description	Parameter Characteristics		
Falaticics	Does the stormwater appear to have	If Yes, describe: Yellow Brown Red Col		
1. Color	any color? No (Clear)	Other. Gray		
	is the stormwater clear?	If not clear, which of the following best describes the		
n Oleville	18 the Sanithmeter Creat:	clarity of the stormwater? Suspended Solids Milky/Cloudy Opeque		
2. Clarity	Yes N	Other:		
	Can you see a rainbow effect or	Which best describes the sheen? Rainbow sheet Floating oil globules		
3. Oil Sheen	sheen on the water surface?	Other:		
	Yes (N)	If Yes, describe: Chemical (Musty) Rotten Eggs		
	Does the sample have an odor?	Sewage Sour Milk Oil/Petroleum		
4. Odor	(Ye) No	Other:		
	Is there anything on the surface of	If Yes, describe: Suds Oily Film Garbage		
5. Floating	the sample?	Sewage Water Fowl Excrement		
Solids	Yes (No)	Other:		
6. Suspended	Is there anything suspended in the	Describe:		
Solids	sample?	Dirt and grass		
Johns	( 0.00	to die 20 minutes 640		
	***Leave sample undistur	Describe: (note type, size and material after sample		
	is there anything settled on the	is not disturbed for 30 minutes)		
7. Settled Solids	bottom of the sample?	Oirt		
	Yes No	Describe:		
	Does foam or material form on the top of the sample surface if you	LUCSGREG.		
8. Foam	shake it?			
	C No	very little foaim		
n 18 th or	visible indicators of pollution ident	ify (1) where the pollution may come from and (2)		
9. If there are any corrective a	actions taken.	int		
mery contractor .		II &		
	//			
Stormwoter Collect	or's Signature and Date:	-72-2021		
	ner's Signature and Date			
Stormweter Exertin	Comple should be collected and ana	lyzed in a colorless glass or plastic bottle.		

# Form C. Comprehensive Site Inspection Reports Stormwater Industrial Facility Inspection Report

	General	Information			
Facility Name	Odenton Yard				
NPDES Tracking No.	Maryland General	Discharge Permit 12-	SW: 1177		
Date of Inspection	June 22, 2021	Start/End Time	9:30		
Inspector's Name(s)	Angie Micciche				
Inspector's Title(s)	Urban Roads Supe	erintendent			
Inspector's Contact Information	1847 Crownsville Rd, Annapolis MD 21401 410-222-7940				
Inspector's Qualifications	Pollution Prevention Team Leader				
	Weather	Information			
Weather at time of this inspection  ☐ Clear ☐ Cloudy ☐ Rain ☐ Other:	☐ Sleet ☐ Fog	☐ Snow ☐ High V rature: 75 °F	Vinds		
Have any previously unidentifie If yes, describe:	d discharges of pollu	tants occurred since th	e last inspection? □Yes ☑No		
Are there any discharges occurr If yes, describe:	ring at the time of ins	pection? □Yes ☑No			

#### Control Measures

Structural Control Measure    Maintenance, Operating Effectively?   Maintenance, Repair, or Replacement?	Co	ntrol Measures			Corrective Action Needed and Notes
Outlet structure damaged? Outlet structure openings clear of debris? Trash or debris? Inflow clear of debris? Storm water by-pass the filter? Erosion (anywhere)? Only grass on the embankment? Dead or diseased vegetation? Animal burrows? Bottom covered with 1 inch or more of sediment, crust, debris? Discoloration or sediment at the outfail?  Area was mowed, and well vegetated with grass at time of inspection  No woody growth was found within the area at time of inspection  No erosion present in SSF area  Bottom of SSF was cleaned and restored to its original grade  Some water on the bottom of the pond surface		Structural Control Measure	Operating	Repair, or	(identify needed maintenance and repairs, or any failed control measures that need replacement)
	1	Outlet structure damaged? Outlet structure openings clear of debris? Trash or debris? Inflow clear of debris? Storm water by-pass the filter? Erosion (anywhere)? Only grass on the embankment? Dead or diseased vegetation? Animal burrows? Bottom covered with 1 inch or more of sediment, crust, debris? Discoloration or sediment at the outfall?	No Yes No Yes No No No No No No No No	☐ Repair	<ul> <li>Area was mowed, and well vegetated with grass at time of inspection</li> <li>No woody growth was found within the area at time of inspection</li> <li>No erosion present in SSF area</li> <li>Bottom of SSF was cleaned and restored to its original grade</li> <li>Some water on the bottom of the pond</li> </ul>

	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)
2	Waste Oil Tank System	NA	N/A	<ul> <li>Waste Oil Tank has been removed</li> <li>Drain filled and sealed June 2019</li> </ul>
3	Salt Barn	☑Yes □No	☐ Maintenance ☐ Repair ☐ Replacement	<ul> <li>Installed wooden barrier with wattles behind</li> </ul>
4	Calcium Chloride Tank Containment	☑Yes □No	☐ Maintenance ☐ Repair ☐ Replacement	<ul> <li>Secondary containment area dewatering valve was in the closed position at time of inspection</li> <li>Secondary containment area was dry at time of inspection and did not need to be drained</li> <li>All tank valves were closed at time of inspection</li> <li>Penetrations through the secondary containment walls were sealed at time of inspection</li> <li>Signs detailing dewatering procedure are installed to assist staff</li> <li>All hoses, clamps and valves are in good condition</li> </ul>
5	Vacuum Truck Material Drying Pit	☑Yes □No	☐ Maintenance ☐ Repair ☐ Replacement	<ul> <li>Pit is free draining as evidenced by no standing water at time of inspection</li> <li>Filter media is clean.</li> <li>Will Monitor to insure that the device remains free draining</li> </ul>

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Vehicle maintenance material (hydraulic fluids , lubricants, etc.) loading/unloading and storage areas	☑Yes □No □ N/A	☑Yes □No	<ul> <li>Cold mix material was stored under roof, and under a tarp</li> <li>Silt sack insert was in place in the inlet adjacent to the unpaved stockpile area</li> <li>Asphalt berms are in place to minimize runoff from lower end and sides of unpaved stockpile area</li> <li>Asphalt curbs are adjacent to material storage bins for clean stone and sand as an additional practice</li> </ul>
2	Equipment operations and maintenance areas	MYes □No □ N/A	☑Yes □No	<ul> <li>Dump trucks were parked in truck stalls under roof</li> <li>Heavy equipment was parked under roof where possible</li> <li>Mowers and other implements were parked outdoors – no leaks or drips were noted during the inspection</li> <li>Yard hydrant was locked with a padlock at time of inspection</li> </ul>

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
3	Fueling area	N/A	N/A	All Fuel pumps were removed and will not be replaced
4	Dumpsters and trash cans	☑Yes ☐No ☐ N/Ā	☑Yes □No	Trash receptacles were lined and covered (with hinged lids)
5	Salt barn	☑Yes □No □ N/A	⊠Yes □No	<ul> <li>Wooden barrier and wattles were in place at the front of the barn at the time of inspection to reduce leaching from barn.</li> <li>The back of the barn was completely closed in during extensive maintenance done to the barn this year.</li> </ul>
6	Calcium Chloride tank, containment wall and application area	MYes □No □ N/A	⊠Yes □No	<ul> <li>Secondary containment area dewatering valve was in the closed position at time of inspection</li> <li>Secondary containment area was dry, no draining required</li> <li>All tank valves were closed at time of inspection</li> <li>Penetrations through the secondary containment walls were tightly sealed.</li> <li>Signs detailing dewatering procedure are in place to assist staff</li> <li>Brine pump covered</li> </ul>
7	Dust generation and vehicle tracking	✓Yes □No □ N/A	☑Yes □No	<ul> <li>Facility was swept and neat at time of inspection</li> <li>No dust or dirt was being tracked off of the facility at time of inspection</li> </ul>
8	Vacuum Truck Material Drying Pit	☑Yes □No □ N/A	⊠Yes □No	<ul> <li>Pit is free draining as evidenced by no standing water at time of inspection</li> <li>Filter media is clean.</li> </ul>

Non-Compliance Non-Compliance	
Describe any incidents of non-compliance observed and not described above:	
All items are either in compliance or are already listed above.	

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

All Control Measures are in compliance.

Routine maintenance issues are listed either in the individual appropriate "Area/Activity" sections or in the notes section below.

#### Notes

Use this space for any additional notes or observations from the inspection: Rick Davis, Angie Micciche, Charles Belt and Debbie Papenberg participated in the inspection.

- 1. The site was mowed and swept at the time of the inspection
- 2.. All hoses, fittings and valves on the Calcium Chloride dispenser system were in good condition

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: Charles Belt	105	
W/smile	Date:	6-30-2
Signature:	Date: _	

Work Order Information Activity Type ROUTINE WORK Initiated From HSDS HWY SERVICE DELIVERY SYSTEM Project No Problem H8000 SUPPORT SERVICES Request Received Resigned By PWBELT68 BELT, CHARLES Investigation Department 1311CO CENTRAL DIST/ ODENTON Scheduled Data Requested By PWPAPE84 PAPENBERG, DEBORAH Scheduled Data Requested By PWPAPE84 PAPENBERG, DEBORAH Scheduled Data	
Initiated From HSDS HWY SERVICE DELIVERY SYSTEM Project No Problem H8000 SUPPORT SERVICES Request Received Resigned By Assigned By PWBELT68 BELT, CHARLES Investigation D PWPAPE84 PAPENBERG, DEBORAH Investigation D Department 1311CO CENTRAL DIST/ ODENTON Scheduled Date	
Initiated From HSDS HWY SERVICE DELIVERY SYSTEM Project No Problem H8000 SUPPORT SERVICES Request Received Assigned By PWBELT68 BELT, CHARLES Investigation Department 1311CO CENTRAL DIST/ODENTON Scheduled Data	21531511
Problem H8000 SUPPORT SERVICES Request Received Assigned By PWBELT68 BELT, CHARLES Investigation D Assigned To PWPAPE84 PAPENBERG, DEBORAH Investigation D Department 1311CO CENTRAL DIST/ODENTON Scheduled Date 1311CO CENTRAL DATE 1311CO CENTRAL DATE 1311CO CENTRAL DIST/ODENTON SCHEDULED DATE 1311CO CENTRAL DATE 1	19460151
Assigned By PWBELT68 BELT, CHARLES Investigation D Assigned To PWPAPE84 PAPENBERG, DEBORAH Investigation D Department 1311CO CENTRAL DIST/ ODENTON Scheduled Dat	ed 8/28/2020
Assigned To PWPAPE84 PAPENBERG, DEBORAH Investigation D Department 1311CO CENTRAL DIST/ ODENTON Scheduled Date	e 9/4/2020
Department 1311CO CENTRAL DIST/ ODENTON Scheduled Date	te 8/28/2020
· · · · · · · · · · · · · · · · · · ·	1
Requested By PWPAPE84 PAPENBERG, DEBORAH Scheduled Date	2
Status CL Scheduled Dat	3
Activity H8062 SAFETY FUNCTIONS & FACILITY IN Scheduled Date	4
Priority H2 Completed Day	8/28/2020
Completed By PWPAPE84 PAPENBERG, DEBORAH Time Complete	l

#### **Problem Information**

**Problem Details** 

PROVIDE QUARTERLY SWAPP TRAINNING TO STAFF, ROTATING THROUGH ALL FOUR TRANING PROGRAM SESSIONS AND SUPPLEMENTING WITH ADDITIONAL, SWAPP TOPICS OF INTEREST. DOCUMENT ALL TRAINING ON THE SIGN-IN SHEET AND SPECIFY THE TRAINING TOPIC IN WO. FORM; ROSTER &NOTICE OF TRANING ACTION: SECONDARY CONTAINMENT WHEN TO INSPECT

1

**Page** 

Address Cross Street	142	7	Street	DUCKEN	S ST Map Book	New Map B	ook
Location Subdivision					City ODENTON		Zip 21113
Customer Information Customer Name							
Address City			Street		State MD	Zip	
Home Phone Elected/Project	(	)	Ext.	Se	econd Phone ( )	Ext.	
E/O Aide					Elected Official		
Structure/Equipment No.	nforr	nation		DS	No. Of	Structures	

Structure/Equipment No US DS No. Of Structures

Structure/Equipment Type

Address Street

Cross Street Area Designator Miss Utility Number

Activity H8062 SAFETY FUNCTIONS & FACILITY IN Completed Date8/28/2020

Action Taken WHEN IT RAINS IT POURS

W.O # 213 31311



# ANNE ARUNDEL COUNTY

# Department of Public Work

# Roster and Notice of Training Delivered

PLEASE PRINT OR TYPE. Fill in all applicable information and return to your Bureau Training Coordinator. IF SAFETY TRAINING, COPY OF THIS RECORD MUST ALSO BE SENT TO THE OFFICE OF THE DEPARTMENT' SAFETY COORDINATOR AT MS – 7201

Class Title: When the Plane list tone Title at 17	It Dans
(If Safety Video, Please list tape Title and Tape Number F Class Date: 08-28-2020	rom Video Listing)
Class Time: 0630 - 0730	
Instructor's Name:	
Location: 1427 Ducken She	et Odeb Ml 210721113
Synopsis of class purpose and content: 500 PP	P
Employee Name	Employee Name
Debaul Papabag "	Maurice Matthewic
Alonzo Galloway	Deslis Rover -
hytri	- JUSIO 110, 4 Z
STARUEY BROWN	
Derect onkins	
The he	
George H Note	
Nowell Thomas	
Walter mans	
Walter Man!	
9	-

Phone: 410/222-7940 MS-5084 FAX: 410/222-7293 Web Site: www.aadpw.org

	Work Activity Work Order	4/16/2021	9:07
Work Order Informati			
Activity Type	ROUTINE WORK	Work Order No	21531519
Initiated From	HSDS HWY SERVICE DELIVERY SYSTEM	Project No	19460151
Problem	H8000 SUPPORT SERVICES	Request Received	11/30/2020
Assigned By	PWBELT68 BELT, CHARLES	Investigation Due	12/7/2020
Assigned To	PWPAPE84 PAPENBERG, DEBORAH	Investigation Date	11/30/2020
Department	1311CO CENTRAL DIST/ ODENTON	Scheduled Date 1	
Requested By	PWPAPE84 PAPENBERG, DEBORAH	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	11/30/2020
Completed By	PWPAPE84 PAPENBERG, DEBORAH	Time Completed	

**Problem Details** 

PROVIDE QUARTERLY SWAPP TRAINNING TO STAFF, ROTATING THROUGH ALL FOUR TRANING PROGRAM SESSIONS AND SUPPLEMENTING WITH ADDITIONAL, SWAPP TOPICS OF INTEREST. DOCUMENT ALL TRAINING ON THE SIGN-IN SHEET AND SPECIFY THE TRAINING TOPIC IN WO. FORM; ROSTER &NOTICE OF TRANING ACTION: SECONDARY CONTAINMENT WHEN TO INSPECT ACTION: WHEN IT RAINS IT POURS

1

Page

Street DUCKENS ST 1427 Address

New Map Book Map Book **Cross Street** 

Location

Zip 21113 Subdivision City ODENTON

#### **Customer Information**

**Customer Name** 

Street Address

State MD Zip City

Ext. Ext. Second Phone ( Home Phone ) )

Elected/Project

E/O Aide **Elected Official** 

Structure/Equipment Information

No. Of Structures DS Structure/Equipment No US

Structure/Equipment Type

Address Street

**Cross Street** Area Designator Miss Utility Number

Completed Date11/30/2020 H8062 SAFETY FUNCTIONS & FACILITY IN Activity

Action Taken SECONDARY CONTAINMENT



# ANNE ARUNDEL COUNTY

# Department of Public Work

# Roster and Notice of Training Delivered

PLEASE PRINT OR TYPE. Fill in all applicable information and return to your Bureau Training Coordinator. IF SAFETY TRAINING, COPY OF THIS RECORD MUST ALSO BE SENT TO THE OFFICE OF THE DEPARTMENT' SAFETY COORDINATOR AT MS – 7201

Class Title: Sweet Title and Tape Number From Video	onday Containt		
Class Date: //- 30 - 2020	Listing)		
Class Time: 06'.30			
Instructor's Name:			
Location: 1427 Ducky Street	t Odda Me zuis		
Synopsis of class purpose and content: When all what to look for			
Employee Name	Employee Name		
Alonzo Calloway			
Promote - (P. Mande)			
The low (G. Sawyn)			
fre (J. Sielin)			
L-PURDA - (KHenn)			
Man (C. Cellola)			
Maurice Matthews			
1 Partice / lattnews			
Cabbe Japher			

1	Work Acti	vity Work Order	Page 4/16/2021	1 9:18
Work Order Ir	formation			
Activity Type	ROUTINE WORK		Work Order No	21531522
Initiated From	HSDS HWY SERVICE	DELIVERY SYSTEM	Project No	19460151
Problem	H8000 SUPPORT SERVICES		Request Received	2/26/2021
Assigned By	PWBELT68 BELT, CHARLES		Investigation Due	3/5/2021
Assigned To	PWPAPE84 PAPENBERG, DEBORAH		Investigation Date	2/26/2021
Department	1311CO CENTRAL DIST	/ ODENTON	Scheduled Date 1	
Requested By	PWPAPE84 PAI	PENBERG, DEBORAH	Scheduled Date 2	
Status	CL		Scheduled Date 3	
Activity	H8062 SAFETY FUI	NCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2		Completed Date	2/26/2021
Completed By	PWPAPE84 PAP	PENBERG, DEBORAH	Time Completed	
Problem Inform	ation			
Problem Details	PROVIDE QUARTERLY SWAPP TRAIN	INING TO STAFF, ROTATING THROUG	H ALL FOUR TRANING P	ROGRAM
		TH ADDITIONAL, SWAPP TOPICS OF II		
		•		
	TRAINING ON THE SIGN-IN SHEET AN	ND SPECIFY THE TRAINING TOPIC IN V	WO. FORM; ROSTER &NO	OTICE
	OF TRANING ACTION: SECONDARY	CONTAINMENT WHEN TO INSPECT A	CTION: WHEN IT RAINS I	T POURS
	ACTION: SECONDARY CONTAINMEN	Т		
Address	1427 Street	DUCKENS ST		
Cross Street		Map Book	New Map Book	
Location		•		
Subdivision		City ODENTON		Zip 21113
<b>Customer Infor</b>	mation			
<b>Customer Name</b>				
Address	Street			
City		State MD	Zip	
•			<b>—</b> .	

Second Phone ( Ext. ) Ext. ) Home Phone

Elected/Project

**Elected Official** E/O Aide

**Structure/Equipment Information** 

Structure/Equipment No DS No. Of Structures US

Structure/Equipment Type

Street Address

**Cross Street** Area Designator

Miss Utility Number

Completed Date2/26/2021 Activity H8062 SAFETY FUNCTIONS & FACILITY IN

Action Taken CONFINE AREA CALCUIM TANK



# ANNE ARUNDEL COUNTY

### Department of Public Work

### Roster and Notice of Training Delivered

PLEASE PRINT OR TYPE. Fill in all applicable information and return to your Bureau Training Coordinator. IF SAFETY TRAINING, COPY OF THIS RECORD MUST ALSO BE SENT TO THE OFFICE OF THE DEPARTMENT' SAFETY COORDINATOR AT MS – 7201

Class Title: Sweff Congre Area	
(If Safety Video, Please list tape Title	and Tape Number From Video Listing)
Class Date: 02-26-2021	
Class: OLSO SWPP Conf	on Area Colema Tak
Time: OLSO	
Instructor's Name:	
Location: 1427 Ducker Street	t Odubn Md
Synopsis of class purpose and content:	
Employee Name/ Unit	Employee Name/ Unit
Dereck Hopkins	Alunzo Galloway
Robert megde	Alonzo Calloway
Maurice Matthews	. 8
HARVES BROWN	
The win b	
elem Short	
Manuel Rajas	
HowEll Thomas	

PERSONNEL - IN HOUSE

MISCELLANEOUS - PERSONNEL

Ρ

MP

`	Work Activity Work Order	Page 6/11/2021	1 8:33
Work Order Information Activity Type Initiated From Problem Assigned By Assigned To Department Requested By Status Activity Priority Completed By	ROUTINE WORK HWYOTH HIGHWAYS - OTHER H8000 SUPPORT SERVICES PWBELT68 BELT, CHARLES PWPAPE84 PAPENBERG, DEBORAH 1311CO CENTRAL DIST/ ODENTON PWMAGA10 MAGAYNA, MEGAN CL H8060 TRAINING H2 PWPAPE84 PAPENBERG, DEBORAH	Work Order No Project No Request Received Investigation Due Investigation Date Scheduled Date 1 Scheduled Date 2 Scheduled Date 3 Scheduled Date 4 Completed Date Time Completed	21529367 SWPPPC0 3/31/2021 6/1/2021 6/10/2021
Problem Information Problem Details SWPPPCO	) TRAINING		
Address Cross Street Location Subdivision	1427 Street DUCKENS ST  Map Book  City ODENTON	New Map Book	Zip 21113
Customer Information Customer Name Address City Home Phone Elected/Project E/O Aide	1427 Street DUCKENS ST ODENTON ( ) Ext. Second Phone ( )  Elected Official	O Zip 21113 Ext.	
Structure/Equipment In Structure/Equipment No Structure/Equipment Type Address Cross Street Area Designator Miss Utility Number	oformation US DS No. C Street  H8060 TRAINING	Of Structures  Completed Date	6/10/2021
Activity  Action Taken QUARTERLY	TRAINING: SWPPP SECTION 4	Sompletion 2 and	
Costing Information AT AT Description	Units/Hours Costs		

\$161.93

\$161.93

\$0.00

5.50

0.50

Total 6.00

21529367



## ANNE ARUNDEL COUNTY

### Department of Public Work

### Roster and Notice of Training Delivered

PLEASE PRINT OR TYPE. Fill in all applicable information and return to your Bureau Training Coordinator. IF SAFETY TRAINING, COPY OF THIS RECORD MUST ALSO BE SENT TO THE OFFICE OF THE DEPARTMENT' SAFETY COORDINATOR AT MS – 7201

Class Title: Containent W	all
(If Safety Video, Please list tape Title and Tape Number Fron	video Listing)
Class Date: 6-10.21	
Class Time: 06:30 - 0700	
Instructor's Name: Debbie	-
Location:	
Synopsis of class purpose and content: How to	Draw Out Water
Employee Name	Employee Name
5-80-52 H HA/E	E. Popenberg
Alones Ballossa	
frans	
Marvel 190jas	
Jesus Rojas	
Then has	The state of the s
ALRUGY BROWN	
Mourice Motthews	
Keron H.	
CODY JUBA	

Phone: 410/222-7940 MS-5084 FAX: 410/222-7293 Web Site: www.aadpw.org