

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	21540610
Initiated From	HWYOTH HIGHWAYS - OTHER	Project No	SWPPPCC
Problem	H8000 SUPPORT SERVICES	Request Received	6/21/2021
Assigned By	PWBELT68 BELT, CHARLES	Investigation Due	6/28/2021
Assigned To	PWBROW71 BROWN, DONALD	Investigation Date	
Department	1311CO CENTRAL DIST/ ODENTON	Scheduled Date 1	
Requested By	PWBELT68 BELT, CHARLES	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	6/21/2021
Completed By	PWBROW71 BROWN, DONALD	Time Completed	

Problem Information

Problem Details QUARTERLY WET WEATHER INSPECTION ACTION: QUARTERLY WET WEATHER INSPECTION

Address 1847 *1842 Crownsville* Street ~~DUCKENS ST~~
Cross Street Map Book New Map Book
Location
Subdivision ANNAPOLIS City ANNAPOLIS Zip 21113

Customer Information

Customer Name
Address Street
City State MD Zip
Home Phone () Ext. Second Phone () Ext.
Elected/Project Elected Official
E/O Aide



Structure/Equipment Information

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 Date 6/21/2021

Action Taken QUARTERLY WET WEATHER INSPECTION ACTION: QUARTERLY WET WEATHER INSPECTION

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

Sample Location		Crownsville Rear Storm Drain			
Quarter / Year:	2021	Date / Time Collected:	6-21	Date / Time Examined:	10:00
Qualifying Storm Event?	Yes	<input checked="" type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall	Snowmelt
Collector's Name & Title	Charles Belt ROS				
Examiner's Name & Title	Charles Belt ROS				
Parameter	Parameter Description	Parameter Characteristics			
1. Color	Does the stormwater appear to have any color? Yes <input checked="" type="radio"/> No (Clear)	If Yes, describe: Yellow Brown Red Gray Other:			
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:			
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input checked="" type="radio"/> No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:			
4. Odor	Does the sample have an odor? Yes <input checked="" type="radio"/> No	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:			
5. Floating Solids	Is there anything on the surface of the sample? Yes <input checked="" type="radio"/> No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:			
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="radio"/> No	Describe:			
Leave sample undisturbed for 30 minutes.					
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input checked="" type="radio"/> No	Describe: (note type, size and material after sample is not disturbed for 30 minutes)			
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="radio"/> No	Describe:			
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.					

Stormwater Collector's Signature and Date:  6-21-21
Stormwater Examiner's Signature and Date:  6-21-21

Note – Sample should be collected and analyzed in a colorless glass or plastic bottle.

Form C. Comprehensive Site Inspection Reports

Stormwater Industrial Facility Inspection Report

General Information			
Facility Name	Crownsville Yard		
NPDES Tracking No.	Maryland General Discharge Permit 12-SW: 1179		
Date of Inspection	June 22, 2021	Start/End Time	0830
Inspector's Name(s)	Angie Micciche		
Inspector's Title(s)	Urban Roads Superintendent		
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?			
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: Temperature: 75 F			
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			

Control Measures

	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	Surface Sand Filter <ul style="list-style-type: none"> • Outlet structure damaged? • Outlet structure openings clear of debris? • Trash or debris? • Inflow clear of debris? • Storm water bypass 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? • Access clear? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No No Yes No Yes No No Yes No Yes No No Yes No Yes	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Grass mowed on surface and bottom of surface sand filter No trees or woody growth was observed within the SSF during the inspection SSF remains free draining with no standing water observed at time of inspection Storm inlets leading to the SSF were clean at time of inspection. Trench Drain and inlet feeding into SSF were clean at time of inspection. Bottom of SSF was at original grade

	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	N/A	N/A	Waste Oil Tanks and Drains were removed June 2019 before inspection.
3	Salt Barn	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Salt barn free from leaks at time of inspection Wattles in place to eliminate leaching. No spillage of salt observed at time of inspection Installed wooden barrier with wattles behind
4	Calcium Chloride Tank Containment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Secondary containment area dewatering valve was closed at time of inspection Containment area had a small amount of clean rain water present. No "sheen" was apparent on the water; the dewatering valve was opened to allow for drainage and reclosed within several minutes. All calcium chloride tank valves were closed at time of inspection All hoses, clamps and valves are in good condition Signage is in place with instructions listed for proper "Containment Area Dewatering Procedures"

	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Area was swept and neat at time of inspection Material stockpiles are suitably sized, and covered with tarps (crush run, cold mix,). Trash pad was clean at time of inspection
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	Area was swept and neat at time of inspection. Dump trucks are stored in truck stalls Heavy equipment is parked outdoors No leaks or drips observed on equipment parked outdoors
3	Fueling area	N/A	NA	Fuel System has been completely removed by Central Services Contractors on June 30, 2016 and will not be replaced

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
4	Dumpsters and trash cans	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	All trash receptacles were in good repair, and lined with appropriate trash can liners Roll-off containers are used to contain materials pending transport to the recycling and waste disposal facilities operated by Anne Arundel County
5	Salt barn	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Area around salt barn is well kept and clean The entire facility was swept at the time of the inspection Wattles are in place to reduce leaching. No spillage of salt observed at time of inspection
6	Calcium Chloride tank, containment wall and application area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Secondary containment area dewatering valve was closed at time of inspection Containment area had a small amount of clean rain water present. No "sheen" was apparent on the water; the dewatering valve was opened to allow for drainage and reclosed within several minutes. All calcium chloride tank valves were closed at time of inspection All hose penetrations through the concrete containment wall are sealed All hoses, clamps and valves are in good condition.. Signage is in place with instructions listed for proper "Containment Area Dewatering Procedures"
7	Dust generation and 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	Area was swept and neat at time of inspection No tracking of dirt or dust was observed at time of inspection.

Non-Compliance

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

All items are in compliance.
Additional "Routine Maintenance" items are listed in red above.

Additional Control Measures

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

All Control Measures are in compliance.

Routine maintenance issues are listed in Red in the individual appropriate "Area/Activity" section.

Notes

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

Rick Davis, Angie Micciche, Charles Belt, Donald Brown participated in this inspection.

1. The site was mowed at the time of the inspection
2. "No Equipment Washing" sign is installed near the hose bib behind the equipment sheds.
3. A site gauge for determining quantity on hand has been installed on the Liquid Calcium Chloride tank .
4. 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 *Charles Belt* ROS

Signature:

Charles Belt

Date:

6-30-21

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	20499218
Initiated From	HSDS HWY SERVICE DELIVERY SYSTEM	Project No	SWPPPCC
Problem	H8000 SUPPORT SERVICES	Request Received	9/2/2020
Assigned By	PWBELT68 BELT, CHARLES	Investigation Due	9/9/2020
Assigned To	PWMAGO28 MAGORKA, MATTHEW	Investigation Date	9/2/2020
Department	1311CC CENTRAL DIST/CROWNSVILLE	Scheduled Date 1	9/2/2020
Requested By	PWMAGO28 MAGORKA, MATTHEW	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	9/2/2020
Completed By	PWMAGO28 MAGORKA, MATTHEW	Time Completed	

Problem Information

Problem Details SWPPPCC QUARTERLY TRAINING

Address	1847	Street	CROWNSVILLE RD	Map Book	New Map Book
Cross Street	CHESTERFIELD RD				
Location	CROWNSVILLE YARD				
Subdivision	ANNAPOLIS	City	ANNAPOLIS		Zip 21401

Customer Information

Customer Name		Street		State	MD	Zip
Address						
City						
Home Phone	()	Ext.	Second Phone	()	Ext.	
Elected/Project						
E/O Aide			Elected Official			

Structure/Equipment Information

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 Date 9/2/2020

Action Taken WIL HAVE CREW ATTEND TRAINING, TOPIC: WHEN IT RAINSI T DRAINS.

Costing Information

AT	AT Description	Units/Hours	Costs
P	PERSONNEL - IN HOUSE	4.00	\$92.39
Total		4.00	\$92.39



ANNE ARUNDEL COUNTY
Department of Public Works

For Training Office Use Only:
Course Code: _____
Type Code: _____

ROSTER & 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'S SAFETY COORDINATOR AT MS-4285.

Class Title

SwPPP

(IF SAFETY VIDEO, PLEASE LIST TAPE TITLE AND TAPE NUMBER FROM VIDEO LISTING.)

Class Start Date	9/2/2020	Class End Date		Class Hours	
Instructor's Name				Instructor's ID# (if in-house instructor)	
Synopsis of class purpose and content					
<hr/>					
Employee Name	Employee ID Number		Division Code		
Dennis Padley					
Josh Thompson			1311CC		
CASEY Muhammad			1311CC		
Gary Emerson			1311CC		
Dan/Elmar			1311CC		
Seth Cogor			1311CC		
Mike Hendrickson			1311CC		
Matt Magork			1311CC		



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Department of Public Works**

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Class Title

SWPP Training

(IF SAFETY VIDEO, PLEASE LIST TAPE TITLE AND TAPE NUMBER FROM VIDEO LISTING.)

Class Start Date	<u>11-16-20</u>	Class End Date	Class Hours
Instructor's Name	<u>Seth Cozz</u>	Instructor's ID# (if in-house instructor)	

Synopsis of class purpose and content

Employee Name	Employee ID Number	Division Code
<u>Gary Emerson</u>		<u>1311cc</u>
<u>CASEY McKeown</u>		<u>1311cc</u>
<u>Tremain Calhoun</u>		<u>1311cc</u>
<u>MICHAEL HENDRICKSON</u>		<u>134cc</u>

SAFETY COORDINATOR:
Ashenfelter, Terry MS-4285

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	21528728
Initiated From	HWYOTH HIGHWAYS - OTHER	Project No	SWPPPCC
Problem	H8000 SUPPORT SERVICES	Request Received	3/24/2021
Assigned By	PWBELT68 BELT, CHARLES	Investigation Due	3/31/2021
Assigned To	PWMAGO28 MAGORKA, MATTHEW	Investigation Date	3/24/2021
Department	1311CC CENTRAL DIST/CROWNSVILLE	Scheduled Date 1	3/24/2021
Requested By	PWMAGO28 MAGORKA, MATTHEW	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8060 TRAINING	Scheduled Date 4	
Priority	H2	Completed Date	3/24/2021
Completed By	PWMAGO28 MAGORKA, MATTHEW	Time Completed	

Problem Information

Problem Details TRAINING

Address	1847	Street	CROWNSVILLE RD		
Cross Street	CHESTERFIELD RD		Map Book		New Map Book
Location	CROWNSVILLE YARD				
Subdivision	ANNAPOLIS		City	ANNAPOLIS	Zip 21401

Customer Information

Customer Name		Street		State	MD	Zip	
Address							
City							
Home Phone	()	Ext.		Second Phone	()	Ext.	
Elected/Project							
E/O Aide				Elected Official			

Structure/Equipment Information

Structure/Equipment No	US	DS	No. Of Structures	
Structure/Equipment Type				
Address		Street		
Cross Street				
Area Designator				
Miss Utility Number				
Activity	H8060 TRAINING		Completed Date	3/24/2021

Action Taken SWPPPCC TRAINING SECTION 2

Costing Information

AT	AT Description	Units/Hours	Costs
P	PERSONNEL - IN HOUSE	2.50	\$65.64
	Total	2.50	\$65.64



**ANNE ARUNDEL COUNTY
Department of Public Works**

For Training Office Use Only:
Course Code: _____
Type Code: _____

ROSTER & 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'S SAFETY COORDINATOR AT MS-4285.

Class Title SWPPP

(IF SAFETY VIDEO, PLEASE LIST TAPE TITLE AND TAPE NUMBER FROM VIDEO LISTING.)

Class Start Date	Class End Date	Class Hours
3-24-21	3-24-21	
Instructor's Name	Instructor's ID# (if in-house instructor)	
Seth Cooper		
Synopsis of class purpose and content		
Section 2		
Employee Name	Employee ID Number	Division Code
Gary Emerson		1311cc
Tremain Calhoun		1311CC
CASEY Muhammad		1311CC
MIKE HENDRICKSON		1311CC

SAFETY COORDINATOR:
Ashenfelter, Terry MS-4285

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	21540592
Initiated From	HWYOTH HIGHWAYS - OTHER	Project No	SWPPPCC
Problem	H8000 SUPPORT SERVICES	Request Received	6/30/2021
Assigned By	PWBELT68 BELT, CHARLES	Investigation Due	7/7/2021
Assigned To	PWBROW71 BROWN, DONALD	Investigation Date	
Department	1311CC CENTRAL DIST/CROWNSVILLE	Scheduled Date 1	
Requested By	PWBELT68 BELT, CHARLES	Scheduled Date 2	
Status	PR	Scheduled Date 3	
Activity	H8060 TRAINING	Scheduled Date 4	
Priority	H2	Completed Date	
Completed By		Time Completed	

Problem Information

Problem Details SWPPP TRAINING
WHATS SWPPP STANDS FOR

Address 1847 Street CROWNSVILLE RD
Cross Street Map Book New Map Book
Location
Subdivision ANNAPOLIS City ANNAPOLIS Zip 21401

Customer Information

Customer Name
Address Street
City State MD Zip
Home Phone () Ext. Second Phone () Ext.
Elected/Project Elected Official
E/O Aide

Structure/Equipment Information

Structure/Equipment No US DS No. Of Structures
Structure/Equipment Type
Address Street
Cross Street
Area Designator
Miss Utility Number
Activity H8060 TRAINING Completed Date _____

Action Taken SWPPP TRAINING
WHATS SWPPP STANDS FOR



ANNE ARUNDEL COUNTY

Department of Public Work

Roster and Notice of Training Delivered

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Class Title: SWPPR Training
(If Safety Video, Please list tape Title and Tape Number From Video Listing)

Class Date: 6-30-21

Class Time: _____

Instructor's Name: Charles Bula

Location: _____

Synopsis of class purpose and content: _____

Employee Name

MICHAEL HENDRICKSON

JOSHUA THOMPSON

GARY EMERSON

IBRAHIM GERIS

TREMAIN CALHOUN

~~PAUL BSA~~
WORLD

Employee Name

Michael Hendrickson

GH