

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

Sample Location	Swm 3 Sadley		
Quarter / Year:	3 20	Date / Time Collected:	7/24/10
Date / Time Examined:	7/24/10		
Qualifying Storm Event?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Runoff Source: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt
Collector's Name & Title	M Lough, E.T.		
Examiner's Name & Title	M Lough, E.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)	If Yes, describe: <u>Yellow</u> Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input checked="" type="checkbox"/> 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="checkbox"/> No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe: Algae	
***Leave sample undisturbed for 30 minutes.***			
7. Settled Solids	Is there anything settled on the bottom of the sample? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe: (note type, size and material after sample is not disturbed for 30 minutes) Algae	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="checkbox"/> 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.  No discharge - sample taken from ponding water			
Stormwater Collector's Signature and Date:		[Signature] 7/24/10	
Stormwater Examiner's Signature and Date:		[Signature] 7/24/10	

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

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

Sample Location	Pond 2 Sudley		
Quarter / Year:	3 <sup>rd</sup> Q	Date / Time Collected:	7/24/08
		Date / Time Examined:	7/24/10
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Runoff Source: <input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt
Collector's Name & Title	M. Lough: E.T.		
Examiner's Name & Title	M. Lough: E.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? <input checked="" type="radio"/> Yes <input type="radio"/> No (Clear)	If Yes, describe: <input checked="" type="radio"/> Yellow <input type="radio"/> Brown <input type="radio"/> Red <input type="radio"/> Gray Other:	
2. Clarity	Is the stormwater clear? <input type="radio"/> Yes <input checked="" type="radio"/> No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids <input checked="" type="radio"/> Milky/Cloudy <input type="radio"/> Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="radio"/> Yes <input checked="" type="radio"/> No	Which best describes the sheen? Rainbow sheet <input type="radio"/> Floating oil globules Other:	
4. Odor	Does the sample have an odor? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Yes, describe: Chemical <input type="radio"/> Musty <input type="radio"/> Rotten Eggs Sewage <input type="radio"/> Sour Milk <input type="radio"/> Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Yes, describe: Suds <input type="radio"/> Oily Film <input type="radio"/> Garbage Sewage <input type="radio"/> Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? <input type="radio"/> Yes <input checked="" type="radio"/> No	Describe:	
<b>***Leave sample undisturbed for 30 minutes.***</b>			
7. Settled Solids	Is there anything settled on the bottom of the sample? <input checked="" type="radio"/> Yes <input type="radio"/> No	Describe: (note type, size and material after sample is not disturbed for 30 minutes) Algae	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? <input type="radio"/> 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:

*[Signature]* 7/24/10

Stormwater Examiner's Signature and Date:

*[Signature]* 7/24/10

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

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

Sample Location	Pond 1 Sodley		
Quarter / Year:	3 20	Date / Time Collected:	7/24/10
Date / Time Examined:	7/24/10		
Qualifying Storm Event?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Runoff Source: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt

Collector's Name & Title	M Lunsh; EIT
Examiner's Name & Title	M Lunsh; EIT.

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Clear)	If Yes, describe: <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray Other:
2. Clarity	Is the stormwater clear? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Opaque Other:
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe: Algae

\*\*\*Leave sample undisturbed for 30 minutes.\*\*\*

7. Settled Solids	Is there anything settled on the bottom of the sample? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe: (note type, size and material after sample is not disturbed for 30 minutes) Algae
8. Foam	Does foam or material form on the top of the sample surface if you shake it? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	 7/24/10
Stormwater Examiner's Signature and Date:	 7/24/10

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

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

Sample Location		Pond 1 Sudley	
Quarter / Year:	4 20	Date / Time Collected:	10/13 1102
Date / Time Examined:		10/13 150	
Qualifying Storm Event?	<input checked="" type="checkbox"/> Yes	No	Runoff Source: <input checked="" type="checkbox"/> Rainfall
Collector's Name & Title		M Lough: E.T.	
Examiner's Name & Title		M Lough: E.T.	
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:	
<b>***Leave sample undisturbed for 30 minutes.***</b>			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	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:

*[Signature]* 10/13/20

Stormwater Examiner's Signature and Date:

*[Signature]* 10/13/20

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

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

Sample Location		Pond 7 Sudley	
Quarter / Year:	4 20	Date / Time Collected:	10/13 1109
Date / Time Examined:		10/13 150	
Qualifying Storm Event?	Yes	No	Runoff Source: <u>Rainfall</u> Snowmelt
Collector's Name & Title	M Lush, E.T.		
Examiner's Name & Title	M Lush, E.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:	
<b>***Leave sample undisturbed for 30 minutes.***</b>			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	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:

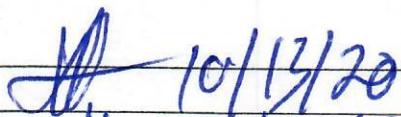
Stormwater Examiner's Signature and Date:

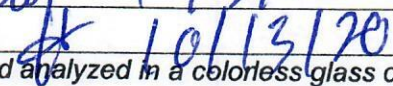
Note - Sample should be collected and analyzed in a colorless glass or plastic bottle.

*[Handwritten signatures and dates: 10/13/20]*

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

Sample Location		Bio Area 3 Sudley			
Quarter / Year:	4 20	Date / Time Collected:	10/13 1052	Date / Time Examined:	10/13 150
Qualifying Storm Event?	<input checked="" type="checkbox"/> Yes	No	Runoff Source:	<input checked="" type="checkbox"/> Rainfall	Snowmelt
Collector's Name & Title	M. Lunghi E.T.				
Examiner's Name & Title	M. Lunghi E.T.				
Parameter	Parameter Description		Parameter Characteristics		
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)		If Yes, describe: Yellow Brown Red Gray Other:		
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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 type="checkbox"/> No <input checked="" type="checkbox"/>		Which best describes the sheen? Rainbow sheet Floating oil globules Other:		
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 type="checkbox"/> No <input checked="" type="checkbox"/>		If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:		
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Describe:		
<b>***Leave sample undisturbed for 30 minutes.***</b>					
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 type="checkbox"/> No <input checked="" type="checkbox"/>		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:  10/13/20

Stormwater Examiner's Signature and Date:  10/13/20

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**Quarterly Visual Monitoring Form**  
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Sample Location	Pond 1 Sud.		
Quarter / Year:	1 21	Date / Time Collected:	3/1 1756 Date / Time Examined: 3/1 220
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Runoff Source: <input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt
Collector's Name & Title	M Lynch E.T.		
Examiner's Name & Title	M Lynch E.T.		
<b>Parameter</b>	<b>Parameter Description</b>	<b>Parameter Characteristics</b>	
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	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 type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	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 type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	
<b>***Leave sample undisturbed for 30 minutes.***</b>			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	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 type="radio"/> No <input checked="" type="radio"/>	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:

*[Signature]* 3/1/21

Stormwater Examiner's Signature and Date:

*[Signature]* 3/1/21

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

Sample Location		pond 2 sud	
Quarter / Year:	1 21	Date / Time Collected:	3/1 102
Qualifying Storm Event?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date / Time Examined: 3/1 220
Collector's Name & Title		Runoff Source: <u>Rainfall</u> Snowmelt	
Examiner's Name & Title		M Lush: E.T. M Lush: E.T.	
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:	
<b>***Leave sample undisturbed for 30 minutes.***</b>			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	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:

A 3/1/21

Stormwater Examiner's Signature and Date:

A 3/1/21

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



**Quarterly Visual Monitoring Form**  
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Sample Location	Pond Bio Area 3 Sud		
Quarter / Year:	1 21	Date / Time Collected:	3/1/19
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Date / Time Examined: 3/1/20
Collector's Name & Title	MLundh: E.T.		
Examiner's Name & Title	MLundh: E.T.		
Runoff Source:	<input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	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 type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	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 type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	

\*\*\*Leave sample undisturbed for 30 minutes.\*\*\*

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	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 type="radio"/> No <input checked="" type="radio"/>	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: [Signature] 3/1/21  
Stormwater Examiner's Signature and Date: [Signature] 3/1/21

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

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

Sample Location		Pond 1 Sudley	
Quarter / Year:	7/21	Date / Time Collected:	6/16 940
Date / Time Examined:		6/16 1115	
Qualifying Storm Event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Runoff Source:	<input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt
Collector's Name & Title	M Lunghi EIT		
Examiner's Name & Title	M Lunghi EIT		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:	
<b>***Leave sample undisturbed for 30 minutes.***</b>			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	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:

*[Signature]* 6/16/21

Stormwater Examiner's Signature and Date:

*[Signature]* 6/16/21

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

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

Sample Location	pond 2 sudley		
Quarter / Year:	2 21	Date / Time Collected:	6/16 949
		Date / Time Examined:	6/16 1115
Qualifying Storm Event?	<input checked="" type="checkbox"/> Yes	No	Runoff Source: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt
Collector's Name & Title	M Lough, E.T.		
Examiner's Name & Title	M Lough, E.T.		

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:

\*\*\*Leave sample undisturbed for 30 minutes.\*\*\*

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	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:

*M Lough* 6/16/21

Stormwater Examiner's Signature and Date:

*M Lough* 6/16/21

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

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

Sample Location: <u>Outfall 3 Sudley</u>			
Quarter / Year: <u>2 21</u>	Date / Time Collected: <u>6/16 909</u>	Date / Time Examined: <u>6/16 1115</u>	
Qualifying Storm Event? <u>Yes</u>	No	Runoff Source: <u>Rainfall</u>	Snowmelt

Collector's Name & Title: <u>M Loughi E.T.</u>
Examiner's Name & Title: <u>M Loughi E.T.</u>

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:

\*\*\*Leave sample undisturbed for 30 minutes.\*\*\*

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>	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: <u>[Signature] 6/16/21</u>
Stormwater Examiner's Signature and Date: <u>[Signature] 6/16/21</u>

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

**SRC Quarterly Routine Inspection Certification (3rd Quarter 2020)**

<b>Location</b>	<b>In Compliance (Yes/No) *</b>
<b>Recycling Center</b>	
Main Gate, Main Haul Road and Paved Surfaces	NO
Recycling Center Area	YES
Oil, Batteries and AntiFreeze Recycling Area	YES
<b>Maintenance Area</b>	
Maintenance Building	YES
Maintenance Yard	YES
<b>Landfill / Borrow Area Post-Closure</b>	YES
<b>Stormwater Management</b>	YES

\* For each item not in compliance, complete a Corrective Action Form

**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:

Mark Morris, Environmental Monitoring Manager

Signature:



Date:

7/7/2020

**Note: This routine inspection was completed after heavy rains when all pond were discharging on a cloudy, warm summer day.**

**SRC Quarterly Routine Inspection Corrective Action Form**

Complete a separate copy of this page for each specific condition identified during the inspection as not in compliance.

Date problem identified: 7/7/2020

Identify the condition(s) triggering the need for this action (Check box):

Unauthorized release or discharge

Control measures inadequate

Control measures not properly operated or maintained

Change in facility operations necessitated change in control measures

Other (describe): \_\_\_\_\_

Briefly describe the nature of the problem identified:

1. Lower roll-off area and south ramp asphalt is breaking down and eroding. Underway  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Item #1. Repair asphalt in lower roll-off area and south ramp in FY2019/2021. Underway  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date corrective action to be completed: FY 2019 - 2021

Name of person responsible: Item #1: Michael Porath/Jonathan Rossetti/Russell Gartside

**Southern Recycling Center Inspection Checklist**

Date of Inspection:	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
<b>Main Gate, Main Haul Road and Paved Surfaces</b>								
Upper and Lower Area Clean					X			
Entrance/Exit Roads and Paved Area Clean					X			
Recycling Area Clean, Dry, and Orderly					X			
<b>Recycling Center Area</b>	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Spills/Leaks or Containers Leaking					X			
Trash Cans Empty					X			
Organic Debris/Mulch Area Clean and Orderly					X			
Stormdrain Inlet Grates Clean					X			
Drainage System (Ditches and Stormdrain)					X			
<b>Oil, Batteries and Antifreeze Recycling Area</b>	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels					X			
Full Tanks Locked					X			
Screens Cleaned					X			
Tanks Cleaned					X			
Containment Basins Clean					X			
Sorbent Mats and Material Maintained or Disposed of Properly					X			
No Leaks/Spills					X			
Drain Valves Shut					X			
Batteries Stacked in Containment Tray					X			
Pavement Clean (Powerwash Needed?)					X			
Trash Cans Emptied					X			

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.

Note: Lower roll-off area and south ramp asphalt is breaking down and eroding. (See Corrective Action Page Item #1). Underway

**Southern Recycling Center Maintenance Building and Yard Inspection Checklist**

Date of Inspection:	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
<b>Maintenance Building</b>								
Shop Floor Clean and Free of Debris								
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly								
Drip Pans Under Hanging Nozzles and Equipment Empty								
Liquid Storage Room Sorbent Materials in Place and Clean/No Leaks								
Materials/Equipment Stored								
Storage Room Standing Water/Oil Residue								
<b>Maintenance Yard</b>								
Police Litter								
Ground Free of Debris								
Latex Paint Dumpster Organized/No Leaks								
Mechanical and Vegetative Stabilization Maintained								
Storage Area Clean and Organized								
300 Gallon Diesel Storage Tank Containment Maintained								

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.



## Sudley Landfill/Borrow Area Post-Closure Inspection Checklist

Date: 7/7/2020  
 Time: Noon to 1:00 p.m.  
 Weather: After Heavy Rains/Cloudy/Warm

Inspector's Name(s): Mark Morris  
 Inspector's Title(s): EMM  
 Inspector's Contact Info: 443-623-0605

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		
<b>Required Quarterly Inspections</b>				
<b>A. Final Cover Systems</b>				
1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. Borrow Area Haul Road		X		
8. Sediment Deposition		X		
<b>B. Drainage Control Systems</b>				
1. Cover Terrace		X		
2. Borrow Area Drainage Terrace		X		
3. Riprap Downchutes		X		
4. Grassed and Riprap Swales		X		
5. Drainage Layer Toe Drains		X		
6. Riprap Slope Protection		X		
7. Earth Dike (Borrow Area Haul Road)		X		
8. Culvert at Tracey's Creek		X		
9. Sediment Deposition		X		
<b>C. Other Inspections</b>				
1. Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		

**Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):**

Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.

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**Southern Recycling Center Stormwater Management Inspection Checklist**

Date: 7/7/2020  
 Time: Noon to 1:00 p.m.  
 Weather: After Heavy Rains/Cloudy/Warm

Inspector's Name(s) Mark Morris  
 Inspector's Title(s) EMM  
 Inspector's Contact Info 443-623-0605

	Operating Effectively	Maintenance Required	Date Scheduled	Date Completed
	Y / N	Y / N		
<b>Structural Stormwater Management Controls</b>				
SWM #1 Wet Pond	YES	NO		
SWM #2 Wet Pond	YES	NO		
SWM #3 Bioretention Pond	YES	NO		
SWM #3 Sand Filter	YES	NO		
SWM #4 Sand Filter	YES	NO		
SWM #5 Bioretention	YES	NO		
<b>Describe Corrective Actions</b>				
SWM Facility	Action Item			
_____	_____			
_____	_____			
_____	_____			
Note:	Unwanted vegetation will be removed as part of the routine maintenance occurring in 4th quarter.			

Inspection Items	Check When Feature Is Inspected		
	SWM #1WP	SWM #2WP	SWM #3BP
<b>Stormwater Management Ponds</b>			
1. Erosion	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X
3. Seepage Through Pond Embankment	X	X	X
4. Woody Vegetation	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X
6. Trash Racks	X	X	X
7. Inside Riser and Barrel Structures	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X
9. Pond Culvert Inlet Structures	X	X	X
10. Dewatering Devices	X	X	X
11. Sediment Deposition	X	X	X
12. Pond/Discharge Clarity	X	X	X
<b>Sand Filters / Bioretention</b>	<b>SWM #3</b>	<b>SWM #4</b>	<b>SWM #5</b>
1. Erosion	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X
3. Seepage Through Pond Embankment	X	X	X
4. Woody Vegetation	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X
6. Trash Racks	X	X	X
7. Inside Riser and Barrel Structures	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X
9. Pond Culvert Inlet Structures	X	X	X
10. Dewatering Devices	X	X	X
11. Sediment Deposition	X	X	X
12. Pre-Treatment Devices	X	X	X
13. Cleanouts and Underdrains	X	X	X

**SRC Quarterly Routine Inspection Certification (4th Quarter 2020)**

<b>Location</b>	<b>In Compliance (Yes/No) *</b>
<b>Recycling Center</b>	
Main Gate, Main Haul Road and Paved Surfaces	NO
Recycling Center Area	YES
Oil, Batteries and AntiFreeze Recycling Area	YES
<b>Maintenance Area</b>	
Maintenance Building	YES
Maintenance Yard	YES
<b>Landfill / Borrow Area Post-Closure</b>	YES
<b>Stormwater Management</b>	YES

\* For each item not in compliance, complete a Corrective Action Form

**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: Mark Morris, Environmental Monitoring Manager

Signature:  Date: 10/27/2020

**Note: This routine inspection was completed after light rains when all pond were discharging on a cloudy, cool fall day.**

**SRC Quarterly Routine Inspection Corrective Action Form**

Complete a separate copy of this page for each specific condition identified during the inspection as not in compliance.

Date problem identified: 10/27/2020

Identify the condition(s) triggering the need for this action (Check box):

Unauthorized release or discharge

Control measures inadequate

Control measures not properly operated or maintained

Change in facility operations necessitated change in control measures

Other (describe): \_\_\_\_\_

Briefly describe the nature of the problem identified:

1. Lower roll-off area and south ramp asphalt is breaking down and eroding. Underway  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Item #1. Repair asphalt in lower roll-off area and south ramp in FY2019/2021. Underway  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date corrective action to be completed: FY 2019 - 2021

Name of person responsible: Item #1: Michael Porath/Jonathan Rossetti/Eric Pindell

### Southern Recycling Center Inspection Checklist

Date of Inspection:	Quarter 1								Quarter 2				Quarter 3				Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
<b>Main Gate, Main Haul Road and Paved Surfaces</b>																		
Upper and Lower Area Clean																		X
Entrance/Exit Roads and Paved Area Clean																		X
Recycling Area Clean, Dry, and Orderly																		X
<b>Recycling Center Area</b>																		
Spills/Leaks or Containers Leaking	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Trash Cans Empty																		X
Organic Debris/Mulch Area Clean and Orderly																		X
Stormdrain Inlet Grates Clean																		X
Drainage System (Ditches and Stormdrain)																		X
<b>Oil, Batteries and Antifreeze Recycling Area</b>																		
Check Fluid Levels	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Full Tanks Locked																		X
Screens Cleaned																		X
Tanks Cleaned																		X
Containment Basins Clean																		X
Sorbent Mats and Material Maintained or Disposed of Properly																		X
No Leaks/Spills																		X
Drain Valves Shut																		X
Batteries Stacked in Containment Tray																		X
Pavement Clean (Powerwash Needed?)																		X
Trash Cans Emptied																		X

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.

Note: Lower roll-off area and south ramp asphalt is breaking down and eroding. (See Corrective Action Page Item #1). Underway

### Southern Recycling Center Maintenance Building and Yard Inspection Checklist

Date of Inspection:	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
							10/27/2020	
<b>Maintenance Building</b>								
Shop Floor Clean and Free of Debris							X	
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly							X	
Drip Pans Under Hanging Nozzles and Equipment Empty							X	
Liquid Storage Room Sorbent Materials in Place and Clean/No Leaks							X	
Materials/Equipment Stored							X	
Storage Room Standing Water/Oil Residue							X	
<b>Maintenance Yard</b>	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Police Litter							X	
Ground Free of Debris							X	
Latex Paint Dumpster Organized/No Leaks							X	
Mechanical and Vegetative Stabilization Maintained							X	
Storage Area Clean and Organized							X	
300 Gallon Diesel Storage Tank Containment Maintained							X	

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.

## Sudley Landfill/Borrow Area Post-Closure Inspection Checklist

Date: 10/27/2020  
 Time: 8:00 to 9:00 a.m.  
 Weather: After Rain/Cloudy/Cool

Inspector's Name(s): Mark Morris  
 Inspector's Title(s): EMM  
 Inspector's Contact Info: 443-623-0605

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		

**Required Quarterly Inspections**

**A. Final Cover Systems**

1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. Borrow Area Haul Road		X		
8. Sediment Deposition		X		

**B. Drainage Control Systems**

1. Cover Terrace		X		
2. Borrow Area Drainage Terrace		X		
3. Riprap Downchutes		X		
4. Grassed and Riprap Swales		X		
5. Drainage Layer Toe Drains		X		
6. Riprap Slope Protection		X		
7. Earth Dike (Borrow Area Haul Road)		X		
8. Culvert at Tracey's Creek		X		
9. Sediment Deposition		X		

**C. Other Inspections**

1. Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		

**Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):**

Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.

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### Southern Recycling Center Stormwater Management Inspection Checklist

Date: 10/27/2020  
 Time: 8:00 to 9:00 a.m.  
 Weather: After Rain/Cloudy/Cool

Inspector's Name(s) Mark Morris  
 Inspector's Title(s) EMM  
 Inspector's Contact Info 443-623-0605

	Operating Effectively Y / N	Maintenance Required Y / N	Date Scheduled	Date Completed
<b>Structural Stormwater Management Controls</b>				
SWM #1 Wet Pond	YES	NO		
SWM #2 Wet Pond	YES	NO		
SWM #3 Bioretention Pond	YES	NO		
SWM #3 Sand Filter	YES	NO		
SWM #4 Sand Filter	YES	NO		
SWM #5 Bioretention	YES	NO		
<b>Describe Corrective Actions</b>				
<u>SWM Facility</u>	<u>Action Item</u>			
_____	_____			
_____	_____			
_____	_____			
_____	_____			
Note:	Unwanted vegetation will be removed as part of the routine maintenance occurring in 4th quarter.			

Inspection Items	Check When Feature Is Inspected		
	SWM #1WP	SWM #2WP	SWM #3BP
<b>Stormwater Management Ponds</b>			
1. Erosion	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X
3. Seepage Through Pond Embankment	X	X	X
4. Woody Vegetation	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X
6. Trash Racks	X	X	X
7. Inside Riser and Barrel Structures	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X
9. Pond Culvert Inlet Structures	X	X	X
10. Dewatering Devices	X	X	X
11. Sediment Deposition	X	X	X
12. Pond/Discharge Clarity	X	X	X
<b>Sand Filters / Bioretention</b>			
	SWM #3	SWM #4	SWM #5
1. Erosion	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X
3. Seepage Through Pond Embankment	X	X	X
4. Woody Vegetation	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X
6. Trash Racks	X	X	X
7. Inside Riser and Barrel Structures	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X
9. Pond Culvert Inlet Structures	X	X	X
10. Dewatering Devices	X	X	X
11. Sediment Deposition	X	X	X
12. Pre-Treatment Devices	X	X	X
13. Cleanouts and Underdrains	X	X	X



## SRC Quarterly Routine Inspection Certification (1st Quarter 2021)

Location	In Compliance (Yes/No) *
<b>Recycling Center</b>	
Main Gate, Main Haul Road and Paved Surfaces	NO
Recycling Center Area	YES
Oil, Batteries and AntiFreeze Recycling Area	YES
<b>Maintenance Area</b>	
Maintenance Building	YES
Maintenance Yard	YES
<b>Landfill / Borrow Area Post-Closure</b>	YES
<b>Stormwater Management</b>	YES

\* For each item not in compliance, complete a Corrective Action Form

### 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 Porath, Disposal & Maintenance Manager

Signature:  Date: 3/24/2021

**Note: This routine inspection was completed on a mostly sunny, cool spring day.**



**SRC Quarterly Routine Inspection Corrective Action Form**

Complete a separate copy of this page for each specific condition identified during the inspection as not in compliance.

Date problem identified: 3/23/2021

Identify the condition(s) triggering the need for this action (Check box):

Unauthorized release or discharge

Control measures inadequate

Control measures not properly operated or maintained

Change in facility operations necessitated change in control measures

Other (describe): \_\_\_\_\_

Briefly describe the nature of the problem identified:

1. Lower roll-off area asphalt is breaking down and eroding. Bid Documents Underway  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Item #1. Repair asphalt in lower roll-off area FY2021. Bid Documents Underway  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date corrective action to be completed: FY 2021

Name of person responsible: Item #1: Michael Porath/Jonathan Rossetti/Eric Pindell

### Southern Recycling Center Inspection Checklist

Date of Inspection:	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	3/23/2021							
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
<b>Main Gate, Main Haul Road and Paved Surfaces</b>								
Upper and Lower Area Clean	X							
Entrance/Exit Roads and Paved Area Clean	X							
Recycling Area Clean, Dry, and Orderly	X							
<b>Recycling Center Area</b>	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Spills/Leaks or Containers Leaking	X							
Trash Cans Empty	X							
Organic Debris/Mulch Area Clean and Orderly	X							
Stormdrain Inlet Grates Clean	X							
Drainage System (Ditches and Stormdrain)	X							
<b>Oil, Batteries and Antifreeze Recycling Area</b>	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels	X							
Full Tanks Locked	X							
Screens Cleaned	X							
Tanks Cleaned	X							
Containment Basins Clean	X							
Sorbent Mats and Material Maintained or Disposed of Properly	X							
No Leaks/Spills	X							
Drain Valves Shut	X							
Batteries Stacked in Containment Tray	X							
Pavement Clean (Powerwash Needed?)	X							
Trash Cans Emptied	X							

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.  
 Note: Lower roll-off area asphalt is breaking down and eroding. (See Corrective Action Page Item #1). Underway

### Southern Recycling Center Maintenance Building and Yard Inspection Checklist

Date of Inspection:	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	3/23/2021							
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
<b>Maintenance Building</b>								
Shop Floor Clean and Free of Debris	X							
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly	X							
Drip Pans Under Hanging Nozzles and Equipment Empty	X							
Liquid Storage Room Sorbent Materials in Place and Clean/No Leaks	X							
Materials/Equipment Stored	X							
Storage Room Standing Water/Oil Residue	X							
<b>Maintenance Yard</b>	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Police Litter	X							
Ground Free of Debris	X							
Latex Paint Dumpster Organized/No Leaks	X							
Mechanical and Vegetative Stabilization Maintained	X							
Storage Area Clean and Organized	X							
300 Gallon Diesel Storage Tank Containment Maintained	X							

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.

**Sudley Landfill/Borrow Area Post-Closure Inspection Checklist**

**Date:** 3/23/2021  
**Time:** 9:30 to 10:30 a.m.  
**Weather:** Mostly Sunny/Cool

**Inspector's Name(s):** Michael Porath  
Michael Lunghi  
**Inspector's Title(s)** D&M Manager  
Environmental Tech  
**Inspector's Contact Info** 410-222-6108

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		

**Required Quarterly Inspections**

**A. Final Cover Systems**

1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. Borrow Area Haul Road		X		
8. Sediment Deposition		X		

**B. Drainage Control Systems**

1. Cover Terrace		X		
2. Borrow Area Drainage Terrace		X		
3. Riprap Downchutes		X		
4. Grassed and Riprap Swales		X		
5. Drainage Layer Toe Drains		X		
6. Riprap Slope Protection		X		
7. Earth Dike (Borrow Area Haul Road)		X		
8. Culvert at Tracey's Creek		X		
9. Sediment Deposition		X		

**C. Other Inspections**

1. Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		

**Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):**

Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 2nd quarter.

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## Southern Recycling Center Stormwater Management Inspection Checklist

**Date:** 3/23/2021  
**Time:** 9:30 to 10:30 a.m.  
**Weather:** Mostly Sunny/Cool

**Inspector's Name(s)** Michael Porath  
Michael Lunghi  
**Inspector's Title(s)** D&M Manager  
Environmental Technician  
**Inspector's Contact** Info 410-222-6108

	<b>Operating Effectively</b>	<b>Maintenance Required</b>	<b>Date Scheduled</b>	<b>Date Completed</b>
	<b>Y / N</b>	<b>Y / N</b>		
<b>Structural Stormwater Management Controls</b>				
SWM #1 Wet Pond	YES	NO		
SWM #2 Wet Pond	YES	NO		
SWM #3 Bioretention Pond	YES	NO		
SWM #3 Sand Filter	YES	NO		
SWM #4 Sand Filter	YES	NO		
SWM #5 Bioretention	YES	NO		
<b>Describe Corrective Actions</b>				
<u>SWM Facility</u>	<u>Action Item</u>			
<u>        </u>	<u>        </u>			
<u>        </u>	<u>        </u>			
<u>        </u>	<u>        </u>			
<u>        </u>	<u>        </u>			
<u>Note:</u>	<u>Unwanted vegetation will be removed as part of the routine maintenance occurring in 2nd quarter.</u>			

<b>Inspection Items</b>	<b>Check When Feature Is Inspected</b>		
	<b>SWM #1WP</b>	<b>SWM #2WP</b>	<b>SWM #3BP</b>
<b>Stormwater Management Ponds</b>			
1. Erosion	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X
3. Seepage Through Pond Embankment	X	X	X
4. Woody Vegetation	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X
6. Trash Racks	X	X	X
7. Inside Riser and Barrel Structures	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X
9. Pond Culvert Inlet Structures	X	X	X
10. Dewatering Devices	X	X	X
11. Sediment Deposition	X	X	X
12. Pond/Discharge Clarity	X	X	X
<b>Sand Filters / Bioretention</b>	<b>SWM #3</b>	<b>SWM #4</b>	<b>SWM #5</b>
1. Erosion	X	X	X
2. Vegetative Cover (other than erosion)	X	X	X
3. Seepage Through Pond Embankment	X	X	X
4. Woody Vegetation	X	X	X
5. Holes in Embankment (burrowing animals)	X	X	X
6. Trash Racks	X	X	X
7. Inside Riser and Barrel Structures	X	X	X
8. Riprap Inlet and Outfall Aprons	X	X	X
9. Pond Culvert Inlet Structures	X	X	X
10. Dewatering Devices	X	X	X
11. Sediment Deposition	X	X	X
12. Pre-Treatment Devices	X	X	X
13. Cleanouts and Underdrains	X	X	X





**SRC Quarterly Routine Inspection Certification (2nd Quarter 2021)**

Location	In Compliance (Yes/No) *
<b>Recycling Center</b>	
Main Gate, Main Haul Road and Paved Surfaces	NO
Recycling Center Area	YES
Oil, Batteries and AntiFreeze Recycling Area	YES
<b>Maintenance Area</b>	
Maintenance Building	YES
Maintenance Yard	YES
Landfill / Borrow Area Post-Closure	YES
Stormwater Management	YES

\* For each item not in compliance, complete a Corrective Action Form

**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: Mark Morris, Environmental Monitoring Manager

Signature:  Date: 5/26/2021

**Note: This routine inspection was completed on a partly sunny, warm spring day.**

**SRC Quarterly Routine Inspection Certification (2nd Quarter 2021)**

Complete a separate copy of this page for each specific condition identified during the inspection as not in compliance.

Date problem identified: 5/26/2021

Identify the condition(s) triggering the need for this action (Check box):

Unauthorized release or discharge

Control measures inadequate

Control measures not properly operated or maintained

Change in facility operations necessitated change in control measures

Other (describe): \_\_\_\_\_  
Mark Morris, Environmental Monitoring Manager

Briefly describe the nature of the problem identified:

1. Lower roll-off area asphalt is breaking down and eroding. Bid Documents Underway  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Item #1. Repair asphalt in lower roll-off area FY2021/2022. Bid Documents Underway  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date corrective action to be completed: FY 2021/2022

Name of person responsible: Item #1: Michael Porath/Jonathan Rossetti/Eric Pindell

**SRC Quarterly Routine Inspection Certification (2nd Quarter 2021)**

Date of Inspection:	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
			5/26/2021					
<b>Main Gate, Main Haul Road and Paved Surfaces</b>								
Upper and Lower Area Clean			X					
Entrance/Exit Roads and Paved Area Clean			X					
Recycling Area Clean, Dry, and Orderly			X					
<b>Recycling Center Area</b>	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Spills/Leaks or Containers Leaking			X					
Trash Cans Empty			X					
Organic Debris/Mulch Area Clean and Orderly			X					
Stormdrain Inlet Grates Clean			X					
Drainage System (Ditches and Stormdrain)			X					
<b>Oil, Batteries and Antifreeze Recycling Area</b>	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels			X					
Full Tanks Locked			X					
Screens Cleaned			X					
Tanks Cleaned			X					
Containment Basins Clean			X					
Sorbent Mats and Material Maintained or Disposed of Properly			X					
No Leaks/Spills			X					
Drain Valves Shut			X					
Batteries Stacked in Containment Tray			X					
Pavement Clean (Powerwash Needed?)			X					
Trash Cans Emptied			X					

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.

Note: Lower roll-off area asphalt is breaking down and eroding. (See Corrective Action Page Item #1). Underway

**SRC Quarterly Routine Inspection Certification (2nd Quarter 2021)**

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
			5/26/2021					
<b>Maintenance Building</b>								
Shop Floor Clean and Free of Debris			X					
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly			X					
Drip Pans Under Hanging Nozzles and Equipment Empty			X					
Liquid Storage Room Sorbent Materials in Place and Clean/No Leaks			X					
Materials/Equipment Stored			X					
Storage Room Standing Water/Oil Residue			X					
<b>Maintenance Yard</b>	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Police Litter			X					
Ground Free of Debris			X					
Latex Paint Dumpster Organized/No Leaks			X					
Mechanical and Vegetative Stabilization Maintained			X					
Storage Area Clean and Organized			X					
300 Gallon Diesel Storage Tank Containment Maintained			X					

Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.

**SRC Quarterly Routine Inspection Certification (2nd Quarter 2021)**

Date: 5/26/2021  
 Time: 9:30 to 11:00 a.m.  
 Weather: Partly Sunny/Warm

Inspector's Name(s): Mark Morris  
 Inspector's Title(s): EMM  
 Inspector's Contact Info: 443-623-0605

Maintenance Required		Date Scheduled	Date Completed
Yes	No		

**Required Quarterly Inspections**

**A. Final Cover Systems**

	Yes	No	Date Scheduled	Date Completed
1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. Borrow Area Haul Road		X		
8. Sediment Deposition		X		

**B. Drainage: Mark Morris, Environmental Monitoring Manager**

	Yes	No	Date Scheduled	Date Completed
1. Cover Terrace		X		
2. Borrow Area Drainage Terrace		X		
3. Riprap Downchutes		X		
4. Grassed and Riprap Swales		X		
5. Drainage Layer Toe Drains		X		
Note: This routine inspection was completed on a sunny, cool spring day.		X		
7. Earth Dike (Borrow Area Haul Road)		X		
8. Culvert at Tracey's Creek		X		
9. Sediment Deposition		X		

**C. Other Inspections**

	Yes	No	Date Scheduled	Date Completed
1. Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		

**Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):**

Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.

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**SRC Quarterly Routine Inspection Certification (2nd Quarter 2021)**

Date: 5/26/2021  
 Time: 9:30 to 11:00 a.m.  
 Weather: Partly Sunny/Warm

Inspector's Name(s): Mark Morris  
 Inspector's Title(s): EMM  
 Inspector's Contact Info: 443-623-0605

	Operating Effectively	Maintenance Required	Date Scheduled	Date Completed
	Y / N	Y / N		
<b>Structural Stormwater Management Controls</b>				
SWM #1 Wet Pond	YES	NO		
SWM #2 Wet Pond	YES	NO		
SWM #3 Bioretention Pond	YES	NO		
SWM #3 Sand Filter	YES	NO		
SWM #4 Sand Filter	YES	NO		
SWM #5 Bioretention	YES	NO		
<b>Describe Corrective Actions</b>				
<u>SWM Facility</u>	<u>Action Item</u>			
_____	_____			
_____	_____			
_____	_____			
Note:	Unwanted vegetation will be removed as part of the routine maintenance occurring in 4th quarter.			

<b>Note: This routine inspection was completed on a sunny Check When Feature Is Inspected</b>				
<b>Stormwater Management Ponds</b>	<b>SWM #1WP</b>	<b>SWM #2WP</b>	<b>SWM #3BP</b>	
1. Erosion	X	X	X	
2. Vegetative Cover (other than erosion)	X	X	X	
3. Seepage Through Pond Embankment	X	X	X	
4. Woody Vegetation	X	X	X	
5. Holes in Embankment (burrowing animals)	X	X	X	
6. Trash Racks	X	X	X	
7. Inside Riser and Barrel Structures	X	X	X	
8. Riprap Inlet and Outfall Aprons	X	X	X	
9. Pond Culvert Inlet Structures	X	X	X	
10. Dewatering Devices	X	X	X	
11. Sediment Deposition	X	X	X	
12. Pond/Discharge Clarity	X	X	X	
<b>Sand Filters / Bioretention</b>	<b>SWM #3</b>	<b>SWM #4</b>	<b>SWM #5</b>	
1. Erosion	X	X	X	
2. Vegetative Cover (other than erosion)	X	X	X	
3. Seepage Through Pond Embankment	X	X	X	
4. Woody Vegetation	X	X	X	
5. Holes in Embankment (burrowing animals)	X	X	X	
6. Trash Racks	X	X	X	
7. Inside Riser and Barrel Structures	X	X	X	
8. Riprap Inlet and Outfall Aprons	X	X	X	
9. Pond Culvert Inlet Structures	X	X	X	
10. Dewatering Devices	X	X	X	
11. Sediment Deposition	X	X	X	
12. Pre-Treatment Devices	X	X	X	
13. Cleanouts and Underdrains	X	X	X	

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

## Annual Reporting Form

### A. GENERAL INFORMATION

1. Facility Name: SOUTHERN RECYCLING CENTER

2. NPDES Permit Tracking No.: REGISTRATION # 12SW0297  
NPDES # MDR000297

3. Facility Physical Address: 5400 Nutwell Sudley Road, Deale, Maryland 20751

a. Street: Nutwell Sudley Road

b. City: Deale

c. State: MD d. Zip Code: 20751

4. Lead Inspectors Name: Mark Morris

Title: Environmental Monitoring Manager

Additional Inspectors Name(s): Michael Lunghi

5. Contact Person: Mark Morris

Title: Environmental Monitoring Manager

Phone: 410-222-6108

Ext. 3715

E-mail: pwmorr12@aacounty.org

6. Inspection Date: October 27, 2020 8:00 a.m. to 9:00 a.m.

### 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?  
X 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 X 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:

None observed and condition of and around outfalls was in good condition.

6. Have you taken or do you plan to take any corrective actions, as specified in Part IV 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 IV.A and IV.B were addressed by these corrective actions?

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See attached 4<sup>th</sup> Quarter Routine Inspection for additional details.

**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: Recycling Center

1. Brief Description: Recycling Center allows citizens to drop off recyclables in specific containers.

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)

Repair asphalt in lower roll-off area.

See attached 4<sup>th</sup> Quarter Routine Inspection for additional details.

INDUSTRIAL ACTIVITY AREA: Operations and Maintenance Area

1. Brief Description: Operations and maintenance area is a typical administrative office and mechanic shop. No discharges are allowed to leave this area.

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: Fueling Facility

Brief Description: Fueling facility consists of diesel AST and dispenser for use by county personnel.

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

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

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

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

**NOTE: Copy this page and attach additional pages as necessary**

**INDUSTRIAL ACTIVITY AREA:** Landfill Closed Cells

1. Brief Description: SRC has one (1) closed cell, closed per 40 CFR 258 requirements in mid-1990s.

- 2. Are any control measures in need of maintenance or repair?       YES    X NO
- 3. Have any control measures failed and require replacement?       YES    X NO
- 4. Are any additional/revised BMPs necessary in this area?       YES    X 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)

**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 # 

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 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): Woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.

4. Briefly describe the nature of the problem identified: See attached 4<sup>th</sup> Quarter Routine Inspection for additional details.

Lower roll-off area asphalt is breaking down and eroding.  
See attached 4<sup>th</sup> Quarter Routine Inspection for additional details.

5. Date problem identified: 

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See attached 4<sup>th</sup> Quarter Routine Inspection for additional details.

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- Routine facility inspection
- Benchmark monitoring
- Notification by EPA or State or local authorities
- Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Repair asphalt in lower roll-off area to south ramp.  
See attached 4<sup>th</sup> Quarter Routine Inspection for additional details.

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

9. Date corrective action initiated: 

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See attached 4<sup>th</sup> Quarter Routine Inspection for additional details.

10. Date correction action completed: 

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 or expected to be completed: 

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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:

**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 # 

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 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: 

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6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- Routine facility inspection
- Benchmark monitoring
- Notification by EPA or State or local authorities
- Other (describe): \_\_\_\_\_

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

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

9. Date corrective action initiated: 

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10. Date correction action completed: 

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 or expected to be completed: 

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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:

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**E. ANNUAL REPORT CERTIFICATION**

## 1. Compliance Certification

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

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

## 2. Annual Report Certification

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

Authorized Representative  
Printed Name:

M A R K M O R R I S

Title:

E N V I R. M O N I T. M A N A G E R

Signature:

*Mark Morris*

Date Signed:

*10/29/2020*

# Municipal Storm Water POLLUTION PREVENTION

## Storm Watch

E • V • E • R • Y • D • A • Y

### **Best Management Practices**

**Good Housekeeping & Spill Prevention**  
**Vehicle & Equipment Washing**  
**Vehicle & Equipment Maintenance**  
**Spill Reporting & Response**  
**Street Maintenance**  
**Outdoor Storage of Materials & Wastes**  
**Landscaping & Lawn Care**



TRAINER'S GUIDE

Signature(s) below are acknowledgment that on (date) April 28, 2021,  
these individuals participated in a training session at the (location name) Southern Recycling Center,  
(address) 5400 Nutwell Sudley Rd,  
given by (print trainer's name) Eric Pindell SR,  
(print trainer's title) Solid Waste Crew Supervisor.

This training session presented information on Municipal Stormwater Pollution Prevention. During this session, I viewed the visual multimedia program:

**Storm Watch: Municipal Stormwater Pollution Prevention**

My signature below affirms that I was given adequate time to ask questions about my particular job activities and how I can best conduct these activities in compliance with the applicable regulations.

PRINT NAME HERE

SIGNATURE HERE

James Lamb  
Charles Colonna  
Bernard Sears  
EDEN AVERY  
Kenneth KNOFF  
Michael Brawson  
Richard Moreland  
Eric Pindell

JCL  
Bernard Sears  
Eden Avery  
Kenneth A Knoff  
Michael Brawson  
Richard Moreland  
Eric Pindell