S	ample Location		. 7		1)				
-		Swn	-		dley				
	uarter / Year:	3 20	-	/ Time Collected:					
	ualifying Storm	Event?	Yes	No	Runoff Source: Rainfall Snowmelt				
	ollector's ame & Title			y bun	shi Eit.				
10.75	xaminer's ame & Title			whom	nobi E.T.				
	Parameter	Parar	neter	Description	Parameter Characteristics				
1.	Color				If Yes, describe: Yellow Brown Red Gray Other.				
		Is the storm	water	clear?	If not clear, which of the following best describes the				
2.	Clarity	Yes	>	No	clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:				
3.	Oil Sheen			nbow effect or r surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
4.	Odor	Does the sample have an odor? Yes			If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
5.	Floating Solids	Is there any the sample? Yes		n the surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:				
6.	Suspended Solids	Is there any sample?	thing s	uspended in the	Describe: $Algae$				
	·	*:	**Leav	e sample undistui	bed for 30 minutes.***				
7.	Settled Solids	Is there any bottom of the		ettled on the ble?	Describe: (note type, size and material after sample is not disturbed for 30 minutes)				
8.	Foam			erial form on the surface if you	Describe:				
9.	If there are any any corrective a		ators i.	of pollution ident	ify (1) where the pollution may come from and (2) ify (1) where the pollution may come from and (2) ify (1) where the pollution may come from and (2) ify (1) where the pollution may come from and (2) ify (1) where the pollution may come from and (2) ify (1) where the pollution may come from and (2)				
St	ormwater Collect	or's Signature	and D	Date:	1/24/20				
St	ormwater Examin	ner's Signatur	e and	Date:	16 7/41/20				
		and the second s			lyzed in a colorless glass or plastic bottle.				

S	ample Location	Pana) 2	5 v	deg
Q	uarter / Year:		Date / Time Co	Constitution of the constitution	
Q	ualifying Storm	Event?	es No		Runoff Source: Rainfall Snowmelt
C	ollector's			un la	male: ET
-	ame & Title			The Co	n79, [
	xaminer's			mL	ungh: E.T.
N	ame & Title Parameter	Parame	eter Descriptio		Parameter Characteristics
-	Parameter		mwater appear		If Yes, describe: Yellow Brown Red Gray
1.	Color	any color?		Clear)	Other.
		Is the stormw	ater clear?		If not clear, which of the following best describes the
2.	Clarity	Yes	(N	18	clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3.	Oil Sheen		a rainbow effect water surface?	~	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4.	Odor	Does the sam	ple have an od	2	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5.	Floating Solids	Is there anyth the sample? Yes	ing on the surfa	ace of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6.	Suspended Solids	Is there anyth sample?	ing suspended	in the	Describe:
No.					bed for 30 minutes.***
7.	Settled Solids	THE RESERVE OF THE PERSON NAMED IN	ing settled on the sample?	he	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
		(es/		lo	
8.	Foam	Does foam or material form on the top of the sample surface if you shake it?		and the second second	Describe:
9.	If there are any any corrective a	actions taken.		on ident	ify (1) where the pollution may come from and (2)
				Un	12.112.67
S	tormwater Exami	1770			2/14/10
	Note	 Sample shot 	uld be collected	andaha	lyzed in a colorless glass or plastic bottle.

Sample Location	Pand 1	500/47
Quarter / Year:	3 PO Date / Time Collecte	
Qualifying Storm	Event? Yes No	Runoff Source: Rainfall Snowmelt
Collector's Name & Title	m Lun;	shi Eit
Examiner's Name & Title	ml	ryshi EIT.
Parameter	Parameter Description	Parameter Characteristics ave If Yes, describe: Yellow Brown Red Gray
1. Color	Does the stormwater appear to ha any color? No (Clear)	Other:
2. Clarity	Is the stormwater clear? Yes	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	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sample have an odor? Yes	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	f If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anything suspended in the sample? Yes No	Describe: Algge
	Leave sample undis	sturbed for 30 minutes.
7. Settled Solids	Is there anything settled on the bottom of the sample?	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	
any corrective	actions taken.	lentify (1) where the pollution may come from and (2)
	iner's Signature and Date:	7/24/20
Note	e – Sample should be collected and	analyzed in a colories glass or plastic bottle.

Sample Locatio	n Po		Sud	
Quarter / Year:	4 20	Date / Tin	ne Collected	10/15 1 (0) Date / Time Examined: 10/13
Qualifying Storr	n Event?	Yes	No	Runoff Source: Rainfell Snowmelt
Collector's Name & Title		11	1 Lung	C
Examiner's Name & Title		n	Lungl	
Parameter		meter Desc		Parameter Characteristics
1. Color	Does the stany color?	ormwater a _l	opear to have	If Yes, describe: Yellow Brown Red Gray Other.
2. Clarity	Is the storm	water clear	? 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 sheen on the Yes	e a rainbow e water surf	effect or ace?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
	Does the sai	mple have a	an odor?	If Yes, describe: Chemical Musty Rotten Eggs
4. Odor	Yes		100	Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anyt the sample? Yes	hing on the	surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
Suspended Solids	Is there anythe sample?	hing susper	nded in the	Describe:
	The second second second second	H eave com		
	Is there anyth	ping settled	on the	bed for 30 minutes.***
. Settled Solids	bottom of the	sample?	No.	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
. Foam	Does foam or top of the san shake it?		rm on the	Describe:
	Yes		AIR .	

Stormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date: Note - Sample should be collected analyzed in a dolorless glass or plastic bottle.

Quarter / Year:	4 20 M		me Collected:	10/13	1109 Date	e / Time Exam	ined:	10/13/15
Qualifying Storm	Event?	Yes	No ,		Source:	Rainfall		nowmelt
Collector's Name & Title		m	1	T.	T			iowincit .
Examiner's		17 1	hungh.	12	-			
Name & Title		M		E	T.			
Parameter		neter Des			Param	eter Characte	ristics	
1. Color	Does the sto any color? Yes	rmwater a	No (Clear)	If Yes, o	describe: \	Yellow Brown	n Red	Gray
2. Clarity	Is the storm	vater clea	r? 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 sheen on the Yes	Can you see a rainbow effect or sheen on the water surface? Yes			Which best describes the sheen? Rainbow sheet Floating oil globules Other:			
4. Odor	Does the sar	nple have	an odor?	If Yes, d Sewage Other:	escribe: Ch Sour Mil		ty Ro	etten Eggs
5. Floating Solids	Is there anythe the sample? Yes	ning on the	e surface of	If Yes, de Sewage Other:		Suds Oily F owl Excremen		Garbage
6. Suspended Solids	Is there anyth sample? Yes	ing suspe	ended in the	Describe	:			
		Leave sa	mple undisturi	hed for 3	0 minutes *	r**		
. Settled Solids	Is there anyth bottom of the	ing settle	d on the	Describe		size and mate	erial afte	er sample
. Foam	Does foam or							

Stormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date: Note - Sample should be collected and analyzed in a colone's glass or plastic bottle.

Fill out a separate form for each outfall sampled.

Quarter / Year:	1 Bio Hrea 3 4 % Date / Time Collect	ted: 10/13 1052 Date / Time Examined: 10/13 /
Qualifying Storn	Event? (S No	Runoff Source: Rainfall Snowmelt
Collector's	101	
Name & Title Examiner's	in Lu	30, E.1.
Name & Title	mhon	shi E.T.
Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to hany color? Yes (Clea	ave If Yes, describe: Yellow Brown Red Gray Other.
2. Clarity	Is the stormwater clear?	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	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
. Odor	Does the sample have an odor? Yes	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
. Floating Solids	Is there anything on the surface of the sample? Yes	f If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
Suspended Solids	Is there anything suspended in the sample? Yes	e Describe:
	Leave sample undi	sturbed for 30 minutes.
. Settled Solids	Is there anything settled on the bottom of the sample? Yes	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes	Describe:

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.

Sample Location	P	1	C	ind.			
Quarter / Year:	10	Data / Time					
		Date / Time					
Qualifying Storm Collector's	Event?	Yes	No	Runoff Source: Rainfell Snowmelt			
Name & Title		un	Lung	oh E.T.			
Examiner's Name & Title			nlvy	A: E.T.			
Parameter		neter Descrip		Parameter Characteristics			
1. Color	Does the sto any color? Yes	ormwater appe	Clear)	If Yes, describe: Yellow Brown Red Gray Other:			
2. Clarity	Is the storm		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			Which best describes the sheen? Rainbow sheet Floating oil globules Other:			
4. Odor	Does the sar	nple have an	odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:			
5. Floating Solids	the sample?		No	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:			
6. Suspended Solids	Is there anyth sample? Yes	ning suspende	d in the	Describe:			
	www	Leave sampl	e undisturi	rbed for 30 minutes.***			
7. Settled Solids	Is there anything settled on the			Describe: (note type, size and material after sample is not disturbed for 30 minutes)			
Foam		material form ople surface if	you	Describe:			
If there are any any corrective ac	visible Indica		tion identif	ify (1) where the pollution may come from and (2)			

		7/4/1	
Stormwater Collector's Signature and Date:	0	11/1/	
Stormwater Examiner's Signature and Date:	W	2/1121	
Note - Sample should be collected	and analyzed	n a coloriess ala	ass or plastic bottle

			riii out a separate formi	or each outian s	sampiea.			
	Sample Location		fond 7	God				
	Quarter / Year:	1 21	Date / Time Collected:		Date / Time Exa	mined: 3/1 2/26		
	Qualifying Storm	Event?	Yes No	Runoff Source	e: Rainfall	Snowmelt		
	Collector's Name & Title		M bunsh;	F.T.				
	Examiner's Name & Title		m L unshi	E.T.				
_	Parameter		neter Description		arameter Charac			
1.	Color	any color?	ormwater appear to have	If Yes, describ	e: Yellow Brov	vn Red Gray		
2.	Clarity	Is the storm		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 sheen on the Yes	e a rainbow effect or e water surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
4.	Odor	Does the sar	mple have an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
5.	Floating Solids	Is there anyth the sample? Yes	hing on the surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:				
6.		Is there anyth sample? Yes	ning suspended in the	Describe:				
		***	Leave sample undisturi	bed for 30 minutes.***				
7.			ning settled on the	Describe: (note type, size and material after sample is not disturbed for 30 minutes)				
3.	Form		material form on the nple surface if you	Describe:				
).	If there are any vany corrective ac	risible indica tions taken.	tors of pollution identif	fy (1) where the	e poliution may o	ome from and (2)		

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.

Fill out a separate form for each outfall sampled.									
Sample Location	Pand Bio A	ren 3 sud							
Quarter / Year:	Date / Time Collected:	3// 1/9 Date / Time Examined: 3/1 24							
Qualifying Storm	Event? Yes No	Runoff Source: Rainfall Snowmelt							
Collector's Name & Title	in bough;	E.T.							
Examiner's Name & Title	mlvnh:	Ĕ.T.							
Parameter	Parameter Description	Parameter Characteristics							
1. Color	Does the stormwater appear to have any color? Yes (Clear)	If Yes, describe: Yellow Brown Red Gray Other:							
2. Clarity	Is the stormwater clear?	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	Which best describes the sheen? Rainbow sheet Floating oil globules Other:							
4. Odor	Does the sample have an odor? Yes	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	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:							
6. Suspended Solids	Is there anything suspended in the sample? Yes	Describe:							
	Leave sample undisturi	bed for 30 minutes.							
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes	Describe: (note type, size and material after sample is not disturbed for 30 minutes)							
3. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes	Describe:							
9. If there are any any corrective ac	visible indicators of pollution identifications taken.	fy (1) where the pollution may come from and (2)							

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.

Fill out a separate form for each outfall sampled.

	Sample Location	Va.	nd		rdley				
(Quarter / Year:	7 21	Date / T	ime Collected:	6/16 940 Dat	te / Time Exan	nined:	6/16 111	
	Qualifying Storm		Yes	No	Runoff Source:	Rainfall	Sn	owmelt	
	Collector's lame & Title			Mlvn	ph; E.T.				
	xaminer's lame & Title			ubo					
-	Parameter	NAME AND ADDRESS OF TAXABLE PARTY.	neter Des	The special district of the last of the la		meter Charact			
1.	Color	Does the sto any color? Yes	ormwater	appear to have	If Yes, describe: Other:	Yellow Brow	n Red	Gray	
2.	Clarity	Is the storm	water clea		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 sheen on the Yes			Which best describes the sheen? Rainbow sheet Floating oil globules Other:				
4.	Odor	Does the sa	mple have	e an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:				
5.	Floating Solids	Is there anythe sample?		ne surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:				
6.	Suspended Solids	Is there anyt sample? Yes	thing susp	ended in the	Describe:				
Manager		**	*Leave sa	ample undistur	bed for 30 minutes	***			
7.	Settled Solids	Is there anyt	Is there anything settled on the bottom of the sample?		Describe: (note type, size and material after sample is not disturbed for 30 minutes)			er sample	
8.	Foam	Does foam of top of the sa shake it? Yes			Describe:				
9.	If there are any any corrective a	visible indic ctions taken	ators of	pollution identi	fy (1) where the po	ollution may o	come fro	m and (2)	

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

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

			FIII OUT 8	a separa	te torm to	or eacn ουτταιι samp	ilea.			
S	sample Location	Po	nd	7	50	dly			,	
C	Quarter / Year:	7-21	Date / T	ime Co	llected:	6/16 949 Dat	e / Time Examir	ned:	6/16	111
C	Qualifying Storm	Event?	Yes	No		Runoff Source:	Rainfal	Sr	owmelt	
	ollector's			N	1	1 16	T			
_	lame & Title			1,	inv	1711, F1	1,			
	xaminer's				ML	wash. K.	1.			
	lame & Title Parameter	Para	neter De	scriptio	, ,	Paran	neter Character	ietice		
-	Palameter	Does the st	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON	THE RESERVE OF THE PERSON NAMED IN	The second second second second second	If Yes, describe:	Yellow Brown	Red	Gray	
1.	Color	any color?	ommudion	арросі	10 11010	Other.	ronov Brown	, 100	o, u,	
•••	00.01	Yes		Nerco	Clear)					
2.	Clarity	Is the stormwater clear?				If not clear, which clarity of the storm Suspended Solids	water?			the
					0	Other:	willy, cloudy	Opaq	uo	
_		Can you see	e a rainbo	ow effect	or	Which best describ	es the sheen?			
3.	Oil Sheen	sheen on the water surface?				Rainbow sheet Floating oil globules				
		Yes		(N	8	Other:				
(month)		Does the sa	mple hav	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	NAME OF TAXABLE PARTY.	If Yes, describe: C	Chemical Must	y Ro	tten Eg	gs
4.	Odor	Yes			•	Sewage Sour Milk Oil/Petroleum Other:				
5	Floating	Is there any	thing on t	he surfa	ce of	If Yes, describe:	Suds Oily Fil	m	Garbage	е
J .	Solids	the sample?			Į.		Fowl Excrement			
		Yes		N		Other:				
6.	Suspended Solids	Is there any sample?	thing sus			Describe:				
		Yes		N	Section in which the last					
		**	*Leave s	sample	undistur	bed for 30 minutes	***			
7.	Settled Solids	Is there anythere bottom of the			ne	Describe: (note typis not disturbed for		rial aft	er samp	le
-		Yes		N	3					
8.	Does foam or material for top of the sample surface shake it? Yes			al form o	n the	Describe:				
9.	If there are any any corrective a	visible indic		pollutio	on ident	fy (1) where the p	ollution may co	me fro	om and	(2)
					A	-(14/2	1			

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

Stormwater Collector's Signature and Date: Stormwater Examiner's Signature and Date:

J	ample Location	Out	tall 3	50	0149
Q	uarter / Year:	2 21	Date / Time	Collected:	(2114 111
Q	ualifying Storm	Event?	Yes	No	Runoff Source: Rainfall Snowmelt
N	ollector's ame & Title		mli	,u _z h;	F.T.
	xaminer's ame & Title		141	Lughi	E.J.
	Parameter	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	neter Descrip	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	Parameter Characteristics
1.	Color	any color?	ormwater appe	Clear)	If Yes, describe: Yellow Brown Red Gray Other:
2.	Clarity	Is the storm	water clear?	No	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3.	Oil Sheen		e a rainbow eff e water surfac		Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4.	Odor	Does the sa	mple have an	Oleron?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5.	Floating Solids	Is there anyt the sample? Yes	hing on the su	rface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6.	Suspended Solids	Is there anyt sample?	hing suspende	ed in the	Describe:
		**	*Leave samp	le undistur	bed for 30 minutes.***
7.	Settled Solids	All the Control of th	hing settled or e sample?	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8.	Foam	Does foam o	r material forn	n on the	Describe:
Mariane	If there are any any corrective a	ctions taken		ution ident	fy (1) where the pollution may come from and (2)
St	ormwater Examin	er's Signature	and Date:	1	- 6/16/21
	Note -	- Sample sho	ould be collecte	ed and anal	vzed in a colorless glass or plastic hottle

SRC Quarterly Routine Inspection Certification (3rd Quarter 2020) In Compliance (Yes/No) * Location Recycling Center Main Gate, Main Haul Road and Paved NO Surfaces Recycling Center Area YES Oil, Batteries and AntiFreeze Recycling Area YES Maintenance Area YES Maintenance Building Maintenance Yard YES Landfill / Borrow Area Post-Closure YES YES Stormwater Management

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 Mana	ger		
Signature:	Marl Mun	Date:	7/7/2020	

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

^{*} For each item not in compliance, complete a Corrective Action Form

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
X 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								
	Qua	Quarter 1	Quai	Quarter 2	Quar	Quarter 3	Quarter 4	ter 4
Date of Inspection:					7/1/1	7/7/2020		
Main Gate, Main Haul Road and Paved Surfaces	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Upper and Lower Area Clean					×			
Entrance/Exit Roads and Paved Area Clean					×			
Recycling Area Clean, Dry, and Orderly					X			
Recycling Center Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Spills/Leaks or Containers Leaking					X			
Trash Cans Empty					×			
Organic Debris/Mulch Area Clean and Orderly					×			
Stormdrain Inlet Grates Clean					×			
Drainage System (Ditches and Stormdrain)					×			
Oil, Batteries and AntiFreeze Recycling Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels					×			
Full Tanks Locked					×			
Screens Cleaned					×			
Tanks Cleaned					×			
Containment Basins Clean					×			
Sorbent Mats and Material Maintained or Disposed of Properly					×			
No Leaks/Spills					×			
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 croding. (See Corrective Action Page Item #1). Underway

Southern Recycling Center Maintenance Building and Yard Inspection Checklist	Inspection	n Checklist						
	Quarter 1	ter 1	Quai	Quarter 2	Qua	Quarter 3	Qua	Quarter 4
Date of Inspection:					/L//L	7/7/2020		
Maintenance Building	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
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					×			
Maintenance Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
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.	Inspector's N	Mark Morris		
Weather: After Heavy Rains/Cloudy/Warm	Inspector's T	itle(s)	EMM	
	Inspector's C	Contact Info	443-623-0605	5
		e Required	Date	Date
	Yes	No	Scheduled	Completed
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
Vegetative Cover (other than erosion)		Х		
3. Subsidence Areas		Х		
4. Leachate Seeps		Х		
5. Woody Vegetation		Х		
6. Access Roads		Х		
7. Borrow Area Haul Road		X		
8. Sediment Deposition		X		
B. Drainage Control Systems				
1. Cover Terrace		X		
2. Borrow Area Drainage Terrace		Х		
3. Riprap Downchutes		X		
4. Grassed and Riprap Swales		X		
5. Drainage Layer Toe Drains		X		
6. Riprap Slope Protection		Х		
7. Earth Dike (Borrow Area Haul Road)		Х		
8. Culvert at Tracey's Creek		X		
9. Sediment Deposition		X		
C. Other Inspections	1271			
Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		
Note: Any woody vegetation will be removed as part of the routi				

Southern Recycling Center Stormwater Management Inspection Checklist

Date:	7/7/2020	Inspector's Name(s)	Mark Morris	
Time:	Noon to 1:00 p.m.			
Weather	: After Heavy Rains/Cloudy/Warm	Inspector's Title(s)	ЕММ	
		Inspector's Contact Info	443-623-0605	

YES YES YES YES	NO NO NO NO	Scheduled	Completed
YES YES	NO NO		
YES	NO		
YES	NO		
	110		
YES	NO		
YES	NO		
	ed as part o	ed as part of the routine maint	ed as part of the routine maintenance occuring

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

In Compliance

Location	(Yes/No) *	
Recycling Center		
Main Gate, Main Haul Road and Paved		
Surfaces	NO	
Recycling Center Area	YES	
Oil, Batteries and AntiFreeze Recycling		
Area	YES	
Maintenance Area		
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 Manage	r		
Signature:	Mark Mon	_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	
Complete a separate copy of this page f compliance.	for each specific condition identified during the inspection as not in
Date problem identified:	10/27/2020
Identify the condition(s) triggering the ne	eed for this action (Check box):
Unauthorized release	or discharge
Control measures ina	adequate
X Control measures no	t properly operated or maintained
Change in facility ope	erations necessitated change in control measures
Other (describe):	
Briefly describe the nature of the problem 1. Lower roll-off area and south	m identified: ramp asphalt is breaking down and eroding. Underway
describe modifications or repairs to con-	or to be taken to eliminate or further investigate the problem (e.g., trol measures, analyses to be conducted, etc.) or if no modifications in: 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								
	Quarter 1	ter 1	Quar	Quarter 2	Quai	Quarter 3	Quarter 4	ter 4
Date of Inspection:							10/27/2020	2020
Main Gate, Main Haul Road and Paved Surfaces	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Upper and Lower Area Clean							×	
Entrance/Exit Roads and Paved Area Clean							×	
Recycling Area Clean, Dry, and Orderly							X	
Recycling Center Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Spills/Leaks or Containers Leaking							X	
Trash Cans Empty							×	
Organic Debris/Mulch Area Clean and Orderly					^		X	
Stormdrain Inlet Grates Clean							×	
Drainage System (Ditches and Stormdrain)							X	
Oil, Batteries and AntiFreeze Recycling Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels							×	
Full Tanks Locked							X	
Screens Cleaned							×	
Tanks Cleaned							×	
Containment Basins Clean							×	
Sorbent Mats and Material Maintained or Disposed of Properly							×	
No Leaks/Spills							×	
Drain Valves Shut							×	
Batteries Stacked in Containment Tray							×	
Pavement Clean (Powerwash Needed?)							×	
Trash Cans Emptied							×	

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	Inspection	n Checklist						
	Quai	Quarter 1	Qua	Quarter 2	Qua	Quarter 3	Qua	Quarter 4
Date of Inspection:							10/27	10/27/2020
Maintenance Building	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
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							×	
Maintenance Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
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							×	
CALL TOTAL OF THE TAIL OF THE	11.	The state of the s	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1-4-				

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.	Inspector's N	ame(s):	Mark Morris	
Weather: After Rain/Cloudy/Cool	Inspector's T	itle(s)	EMM	
Weather. Aiter Ram/Gloudy/Good	ороског с	(-/		
	Inspector's C	ontact Info	443-623-0605	5
	•			
	Maintenanc		Date	Date
	Yes	No	Scheduled	Completed
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
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		
Borrow Area Drainage Terrace		Х		
3. Riprap Downchutes		X		
4. Grassed and Riprap Swales		X		
5. Drainage Layer Toe Drains		X		
Riprap Slope Protection		X		
7. Earth Dike (Borrow Area Haul Road)		X	-	
Culvert at Tracey's Creek		X		
9. Sediment Deposition		X		
C. Other Inspections				
Security (Perimeter Fence and Locking Gates)		X		
Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X	t in Demoined	
Comments (If Maintenance Required is Checked "YES	o" for any Item	s, a Comme	nt is Kequirea;):
Note: Any woody vegetation will be removed as part of the routing	ne maintenance o	ccurring in the	4th quarter.	

Southern Recycling Center Stormwater Management Inspection Checklist

Date: 10/27/2020	Inspector's Name(s)	Mark Morris	
Time: 8:00 to 9:00 a.m. Weather: After Rain/Cloudy/Cool	Inspector's Title(s)	ЕММ	
	Inspector's Contact Info	443-623-0605	

		Operating Effectively Y / N	Maintenance Required Y / N	Date Scheduled	Date Completed
Structural Stormwater Mana	gement Controls				
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		
Describe Corrective Actions SWM Facility	Action Item				
Note:	Unwanted vegetation	will be removed as part	of the routine main	tenance occurinç	g in 4th quarter.

Inspection Items	Check When F			
Stormwater Management Ponds	SWM #1WP	SWM #2WP	SWM #3BP	
1. Erosion	X	X	X	
Vegetative Cover (other than erosion)	X	X	X	
Seepage Through Pond Embankment	X	Х	X	
4. Woody Vegetation	X	X	X	
5. Holes in Embankment (burrowing animals)	X	Х	X	
6. Trash Racks	X	Х	X	
7. Inside Riser and Barrel Structures	X	X	X	
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	Х	X	
¥				
Sand Filters / Bioretention	SWM #3	SWM #4	SWM #5	
1. Erosion	X	X	X	
Vegetative Cover (other than erosion)	X	X	X	
Seepage Through Pond Embankment	X	X	X	
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	Х	X	

SRC Quarterly Routine Inspection Certification (1st Quarter 2021)

In Compliance

Location	(Yes/No) *	
Recycling Center		
Main Gate, Main Haul Road and Paved		
Surfaces	NO	
Recycling Center Area	YES	
Oil, Batteries and AntiFreeze Recycling		
Area	YES	
Maintenance Area		
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:	Michael Porath, Disposal & Maintenance Manager	
Signature:	Munumel True 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
X 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								
	Quarter	ter 1	Quai	Quarter 2	Qua	Quarter 3	Quai	Quarter 4
Date of Inspection:	3/23/2021	2021						
Main Gate, Main Haul Road and Paved Surfaces	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Upper and Lower Area Clean	X							
Entrance/Exit Roads and Paved Area Clean	X							
Recycling Area Clean, Dry, and Orderly	X					25 6		
Recycling Center Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Spills/Leaks or Containers Leaking	X							
Trash Cans Empty	×							
Organic Debris/Mulch Area Clean and Orderly	X							
Stormdrain Inlet Grates Clean	X							
Drainage System (Ditches and Stormdrain)	X							
Oil, Batteries and AntiFreeze Recycling Area	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	×							
No Leaks/Spills	X					7.5		
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.	o be done, by	whom, and th	e expected c	completion dat	9.			

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	Inspection	n Checklist						
	Qua	Quarter 1	Qua	Quarter 2	Quar	Quarter 3	Quarter 4	ter 4
Date of Inspection:	3/23,	3/23/2021						
Maintenance Building	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
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	×							
Maintenance Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
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	×							
on of the special profession of the second o	1	Later and the	and a comment of the same of the	4040				

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 N Inspector's T Inspector's C	itle(s)	Michael Pora Michael Lung D&M Manage Environment 410-222-6108	ghi er tal Tech
		e Required	Date	Date
	Yes	No	Scheduled	Completed
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps	7	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		
Culvert at Tracey's Creek		X		
9. Sediment Deposition		X		
C. Other Inspections				
Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		
Note: Any woody vegetation will be removed as part of the routi):

Southern Recycling Center Stormwater Management Inspection Checklist

Date:	3/23/2021	Inspector's Name(s)	Michael Porath
	9:30 to 10:30 a.m.	-	Michael Lunghi
	Mostly Sunny/Cool	Inspector's Title(s)	D&M Manager
***************************************			Environmental Technician
		Inspector's Contact	Info 410-222-6108

		Operating Effectively	Maintenance Required	Date	Date
		Y/N	Y/N	Scheduled	Completed
Structural Stormwater Ma	nagement Controls	1111			
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		
Describe Corrective Actio	ns				
SWM Facility	Action Item				
Note:	Unwanted vegetation	will be removed as part	of the routine main	tenance occuring	in 2nd quarter.

Inspection Items		eature Is Inspe	
Stormwater Management Ponds	SWM #1WP	SWM #2WP	SWM #3BP
1. Erosion	X	X	X
Vegetative Cover (other than erosion)	X	Х	X
Seepage Through Pond Embankment	X	Х	X
4. Woody Vegetation	X	Х	X
5. Holes in Embankment (burrowing animals)	X	X	X
6. Trash Racks	X	Х	X
7. Inside Riser and Barrel Structures	X	X	X
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	Х	X
Sand Filters / Bioretention	SWM #3	SWM #4	SWM #5
1. Erosion	X	X	X
Vegetative Cover (other than erosion)	X	X	X
Seepage Through Pond Embankment	X	X	X
Woody Vegetation	X	Х	X
Holes in Embankment (burrowing animals)	X	Х	X
6. Trash Racks	X	Х	X
7. Inside Riser and Barrel Structures	X	X	X
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	Х	X	X
12. Pre-Treatment Devices	X	X	X
	X	X	X

SRC Quarterly Routine Inspection Certification (2nd Quarter 2021)

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

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 Manage	er		
Signature:	Mark Morres	Date:	5/26/2021	

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

^{*} For each item not in compliance, complete a Corrective Action Form

SRC Quarterly Routine Inspection	Certification (2nd Quarter 2021)
Complete a separate copy of this page for compliance.	or each specific condition identified during the inspection as not in
Date problem identified:	5/26/2021
Identify the condition(s) triggering the nee	ed for this action (Check box):
Unauthorized release	or discharge
Control measures inac	dequate
X Control measures not	properly operated or maintained
Change in facility oper	rations necessitated change in control measures
Other (describe):Mark Morris, Environmental Mon	itoring Manager
Briefly describe the nature of the problem 1. Lower roll-off area asphalt is br	reaking down and eroding. Bid Documents Underway
describe modifications or repairs to contr needed, basis for that determination:	or to be taken to eliminate or further investigate the problem (e.g., ol measures, analyses to be conducted, etc.) or if no modifications are
Item #1. Repair asphalt in lower r	oll-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	(2nd Quarter 2021)	2021)						
	Qua	Quarter 1	Quai	Quarter 2	Quai	Quarter 3	Quarter 4	ter 4
Date of Inspection:			5/26	5/26/2021				
Main Gate, Main Haul Road and Paved Surfaces	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Upper and Lower Area Clean			×					
Entrance/Exit Roads and Paved Area Clean			X					
Recycling Area Clean, Dry, and Orderly			X					
Recycling Center Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Spills/Leaks or Containers Leaking			X					
Trash Cans Empty			×					
Organic Debris/Mulch Area Clean and Orderly			X					
Stormdrain Inlet Grates Clean			X					
Drainage System (Ditches and Stormdrain)			×					
Oil, Batteries and AntiFreeze Recycling Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Check Fluid Levels			X					
Full Tanks Locked			X					
Screens Cleaned			X					
Tanks Cleaned			×					
Containment Basins Clean			×					
Sorbent Mats and Material Maintained or Disposed of Properly			×					
No Leaks/Spills			×					
Drain Valves Shut			×					
Batteries Stacked in Containment Tray			×					
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)	ter 2021)							
	Ona:	Quarter 1	Qua	Quarter 2	Qua	Quarter 3	Quarter 4	ter 4
Date of Inspection:			5/26	5/26/2021				
Maintenance Building	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
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			×					
Maintenance Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
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			×					
The state of the s	,							

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	Inspector's N	lame(s):	Mark Morris	
Time: 9:30 to 11:00 a.m. eather: Partly Sunny/Warm		ЕММ		
	Inspector's C	ontact Info	443-623-0605	Date Completed
	Maintenand	e Required	Date	Date
	Yes	No	Scheduled	Completed
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
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. Drain: Mark Morris, Environmental Monitoring Ma	nager			
1. Cover Terrace		X		
2. Borrow Area Drainage Terrace		X		
Riprap Downchutes		X		
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				
Security (Perimeter Fence and Locking Gates)		X		
Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		
Comments (If Maintenance Required is Checked "YES Note: Any woody vegetation will be removed as part of the routing the contraction of the contrac				

SRC Quarterly Routine Inspection Certification (2nd Quarter 2021)

Date:	5/26/2021	Inspector's Name(s): Mark Morris					
Time:	9:30 to 11:00 a.m.						
Weather:	Partly Sunny/Warm	Inspector's Title(s)	EMM				
		Inspector's Contact	Info	443-623-0605			
		Operating Effectively	Maintenance Required	Date	Date		
		Y/N	Y/N	Scheduled	Completed		
Structura	al Stormwater Management Controls						
SWM #1	Wet Pond	YES	NO				
SWM #2	Wet Pond	YES	NO				
SWM #3	Bioretention Pond	YES	NO				
	Sand Filter	YES	NO				
SWM #4	Sand Filter	YES	NO				
SWM #5	Bioretention	YES	NO				

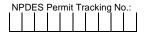
Unwanted vegetation will be removed as part of the routine maintenance occuring in 4th quarter.

Describe Corrective Actions SWM Facility

Note:

Action Item

Note: This routine inspection was completed on a Stormwater Management Ponds	SWM #1WP	SWM #2WP	SWM #3BP	
1 Frosion	X	X	X	
Vegetative Cover (other than erosion)	X	X	X	
Seepage Through Pond Embankment	X	X	X	
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	
Riprap Inlet and Outfall Aprons	X	X	X	
Pond Culvert Inlet Structures	X	X	X	
10. Dewatering Devices	X	X	X	
11. Sediment Deposition	X	X	X	
12. Pond/Discharge Clarity	X	Х	X	_
	SWM #3	SWM #4	SWM #5	
Sand Filters / Bioretention			X X	
1. Erosion	X	X	X	
Vegetative Cover (other than erosion)	X		X	
Seepage Through Pond Embankment	X	X		
Woody Vegetation	X	X	X	
Holes in Embankment (burrowing animals)	X	X	X	_
6. Trash Racks	X	X	X	_
7. Inside Riser and Barrel Structures	X	X	X	
Riprap Inlet and Outfall Aprons	X	X	X	
Pond Culvert Inlet Structures	X	X	X	_
10. Dewatering Devices	X	X	X	
11. Sediment Deposition	X	X	X	
40 Des Tenetment Devices	X	X	X	
12. Pre-Treatment Devices	X	X	X	





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION	
1. Facility Name: SOUTHERN RECYCILNG CENTER	
2. NPDES Permit Tracking No.: REGISTRATION # 12SW0297 NPDES # MDR000297	
3. Facility Physical Address: 5400 Nutwell Sudley Road, Deale, Mary	yland 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	
As part of this comprehensive site inspection, did you inspect all po X YES □ NO	stential pollutant sources, including areas where industrial activity may be exposed to stormwater?
If NO, describe why not:	
NOTE: Complete Section C of this form for each industrial activity are may be exposed to stormwater.	ea inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants
2. Did this inspection identify any stormwater or non-stormwater outfa	lls not previously identified in your SWPPP? ☐ YES X NO
If YES, for each location, describe the sources of those st	tormwater and non-stormwater discharges and any associated control measures in place:

NPDES Permit Tracking No.:								

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? TYPES X 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?
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?
X 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? See attached 4th Quarter Reutine 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.

NP	DE	S	Per	mit	Tra	ack	ing	No	o.:	

C.	INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS										
Cc	mplete one block for each industrial activity area where pollutants may	be expose	d 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.										
INI	DUSTRIAL ACTIVITY AREA: Recycling Center										
1.	I. Brief Description: Recycling Center allows citizens to drop off recyclables in specific containers.										
2. /	Are any control measures in need of maintenance or repair?	X YES	□NO								
3.	Have any control measures failed and require replacement?	☐ YES	X NO								
4.	Are any additional/revised control measures necessary in this area?	☐ YES	X NO								
	If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any nece	essary corrective a	actions should be described on the attached							
	pair asphalt in lower roll-off area. e attached 4 th Quarter Routine Inspection for additional details.										
INI	DUSTRIAL ACTIVITY AREA: Operations and Maintenance Area										
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 control measures necessary in this area?	☐ YES	X NO								
	If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any nece	essary corrective a	actions should be described on the attached							
	DUSTRIAL ACTIVITY AREA: Fueling Facility		araanal .								
Bri	ef Description: Fueling facility consists of diesel AST and dispenser for use b	y county pe	ersonnei.								
2. /	Are any control measures in need of maintenance or repair?	☐ YES	X NO								
	Have any control measures failed and require replacement?	☐ YES	X NO								
	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: Corrective Action Form)	_		ctions should be described on the attached							

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							ľ			

		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	R 258 require	ements 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	ne problem:	(Any necessary corrective actions should be described on the attached
Corrective Action Form)		
INDUSTRIAL ACTIVITY AREA:		
1. Brief Description:		
Are any control measures in need of maintenance or repair?	☐ YES	□NO
·		
3. Have any control measures failed and require replacement? Assembly additional facilities and PMDs assessment in this area?	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 tr Corrective Action Form)	ne problem:	(Any necessary corrective actions should be described on the attached
INDUSTRIAL ACTIVITY AREA		
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
	ne problem:	(Any necessary corrective actions should be described on the attached
Corrective Action Form)		

NPDES	S Pe	rmit	Tra	ckir	ıg N	No.:	:	

D. CORRECTIVE ACTIONS
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 1 for this reporting period.
2. Is this corrective action:
X 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
X 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 th Quarter Routine Inspection for additional details.
Lower roll-off area ashphalt is breaking down and eroding. See attached 4 th Quarter Routine Inspection for additional details.
See attached 4 ··· Quarter Routine inspection for additional details.
5. Date problem identified: See attached 4 th Quarter Routine Inspection for additional details.
6. How problem was identified:
☐ Comprehensive site inspection
☐ Quarterly visual assessment
X 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 th Quarter Routine Inspection for additional details.
8. Did/will this corrective action require modification of your SWPPP?
9. Date corrective action initiated: See attached 4 th Quarter Routine Inspection for additional details.
10. Date correction action completed:
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

NPD	ES F	ermit	Tracl	king N	No.:	

D. CORRECTIVE ACTIONS
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Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # of for this reporting period.
2. Is this corrective action:
☐ An update on a corrective action from a previous annual report; or
☐ A new corrective action?
3. Identify the condition(s) triggering the need for this review:
☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☐ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
☐ Other (describe):
4. Briefly describe the nature of the problem identified:
5. Date problem identified: / / / / / / / / / / / / / / / / / / /
6. How problem was identified:
☐ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
☐ Other (describe):
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:
measures, analyses to be conducted, etc.) or into modifications are necessary, basis for that determination.
8. Did/will this corrective action require modification of your SWPPP?
9. Date corrective action initiated:
10. Date correction action completed: / / / / or expected to be completed: / / / / / / / / / / / / / / / / / / /
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

E. ANNUAL REPORT CERTIFICATION
1. Compliance Certification
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? X 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: MARK MORRIS Title: ENVIR MONIT. MANAGER Data Signature (10/26/2 d.2d)
Signature: Date Signed: 10/29/2020

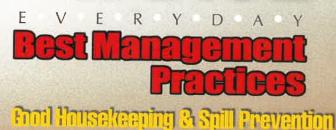
NPDES Permit Tracking No.:

Municipal Storm Water POLLUTION PREVENTION

13

113

Storm



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

TRAINER'S GUIDE

Storm Watch

Municipal Storm Water POLLUTION PREVENTION

Acknowledgment of Training

Signature(s) below are acknowledgment that on (date)	April 28, 2021
these individuals participated in a training session at the (location name) Souther Recycling Center	
(address) 5400 Nwhuel Sudley Rd	
given by (print trainer's name) Eric Pinclell SR	
(print trainer's title) Solld Waste Che	W 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 LAMS	JGM
charles colliner	
BETHARD SEARS	Berneno Scrall
EDEN AVERY	Ed Cay
KennyknopE Michael Brawson	Tenuth a Knowl
MICHALL BRAWSON	hatel De ha
Richard Morely	ALL MA
ENIC PINDELL	Eric Pindell