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

Sample Location	ent	Call	5 G	, B
Quarter / Year:	3 20		me Collected:	717 950 Date / Time Examined: 1140
Qualifying Storm	Event?	YES	No	Runoff Source: Rainfall Snowmelt
Collector's Name & Title			mbingl	ri E.T.
Examiner's Name & Title			mlin	sh E.T.
Parameter		meter Des	The second secon	Parameter Characteristics If Yes, describe: Yellow Brown Red Gray
l. Color	Does the stany color? Yes		(N) (Clear)	Other:
2. Clarity	Is the storm	water clea	r? No	If not clear, which of the following best describes th clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:
3. Oil Sheen	Can you se sheen on th Yes	ne water su	w effect or urface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
l. Odor	Does the sa		e an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there any the sample Yes	?	ne surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
Suspended Solids	Is there any sample?		pended in the	Describe:
		Leave s	ample undistu	rbed for 30 minutes.
7. Settled Solids	Is there any bottom of the	ne sample		Describe: (note type, size and material after sample is not disturbed for 30 minutes)
3. Foam	Does foam top of the s shake it?	ample surf	I form on the face if you	Describe:
	Yes y visible ind	icators of		tify (1) where the pollution may come from an

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.

S	ample Location	Out	Call	8	6B
Q	uarter / Year:	3 20		ne Collected:	7/7 970 Date / Time Examined: 1/7 //4
Q	ualifying Storm	Event?	Yes	No	Runoff Source: Rainfall Snowmelt
C	ollector's ame & Title			mb	vughi E.T
100000	xaminer's ame & Title			m	Lunghi E.T.
	Parameter		meter Des	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	Does the st any color? Yes		appear to have	If Yes, describe: Yellow Brown Red Gray Other:
2.	Clarity	Is the storm		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 se sheen on th Yes	ne water su		Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4.	Odor	Does the sa		an odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5.	Floating Solids	Is there any the sample Yes	?	e surface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6.	Suspended Solids	Is there any sample?		ended in the	Describe:
		1	**Leave sa	ample undistu	rbed for 30 minutes.***
7.	Settled Solids	Is there any bottom of the	ne sample?		Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8.	Foam	Does foam top of the s shake it? Yes	or material ample surfa	form on the ace if you	Describe: tify (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.

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

. 8	sample Location	U	B.0	Areu	63				
-	uarter / Year:	4 20	Date / Ti	me Collected:	10/13 935	Date / T	ime Exam	ined:	10/13/4
1	ualifying Storm		(es	No	Runoff Source	ce:	Rainfall	Sr	nowmelt
C	collector's lame & Title			mlv	igh : E	T.			
-	ixaminer's lame & Title				indi: E	E.T.			
-	Parameter		rameter Des		The second secon	THE RESERVE OF THE PERSON NAMED IN	r Characte	STATE OF THE OWNER, WHEN	
1.	Color	Does the any color	?	nppear to have	If Yes, describ		ow Browi		
2.	Clarity	Is the stor	rmwater clear	r? No	If not clear, which clarity of the sign of	tormwate	er?		
3.	Oil Sheen		see a rainbow the water sur		Which best de Rainbow shee Other:			ules	
4.	Odor	Does the	sample have s	an odor?	If Yes, describ Sewage So Other:	e: Chem our Milk			otten Eggs
5.	Floating Solids	Is there and the sample Ye		e surface of	If Yes, describ Sewage W Other:		ls Oily F I Excremen		Garbage
6.	Suspended Solids	Is there are sample?	nything suspe	ended in the	Describe:				
	•		***Leave sa	mple undistur	bed for 30 min	utes.***			
7.	Settled Solids		nything settled the sample?	d on the	Describe: (not is not disturbed	d for 30 n	ze and mat ninutes) nev		
8.	Foam		or material sample surfa		Describe:				
9.	If there are any any corrective a	visible inc	licators of p		ify (1) where the	he pollut	ion may c	ome fro	om and (2)
St	ormwater Collecte	or's Signatu	re and Date:	1	100	1 PC			
St	ormwater Examin				10	1177	20)		
	Note	- Sample s	hould be coll	ected and ana	red in a colorl	ass glass	or plastic	hottle	

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

. 5	Sample Location	Pand 6	6	B		
-	Quarter / Year:	4 70 Date / Time C	ollected:	10/13 930 Dat	e / Time Examin	ned:
C	ualifying Storm	Event? Kes N	lo	Runoff Source:	Rainfall	Snowmelt
1	collector's lame & Title		m bo	n,hi E.T		
100	xaminer's lame & Title		NAME AND ADDRESS OF TAXABLE PARTY.	inthi; Fi	<u>r. </u>	
-	Parameter	Parameter Descripti	AND REAL PROPERTY AND REAL PRO	CONTRACTOR OF THE PROPERTY OF	neter Characteri	
1.	Color	Does the stormwater appearany color? Yes	Clear)	Other:		
2.	Clarity	Is the stormwater clear?	No ·	If not clear, which of clarity of the storms Suspended Solids Other:	water?	
3.	Oil Sheen	Can you see a rainbow effe sheen on the water surface Yes		Which best describ Rainbow sheet F Other:		98
4.	Odor	Does the sample have an o	dor?	If Yes, describe: O Sewage Sour M Other:	AND ASSESSMENT OF THE PROPERTY	
5.	Floating Solids		Ro		Suds Oily Fili Fowl Excrement	m Garbage
6.	Suspended Solids	Is there anything suspended sample?	in the	Describe: Algae		
	·	***Leave sample	undistur	bed for 30 minutes	destricts .	
7.	Settled Solids	Is there anything settled on bottom of the sample?	the No	Describe: (note typis not disturbed for	e, size and mater 30 minutes)	rial after sample
8.	Foam	Does foam or material form top of the sample surface if shake it?	on the	Describe:	11194-6	
9.	If there are any any corrective a	visible indicators of pollut		fy (1) where the po	ollution may con	me from and (2)
SI	tormwater Collect	or's Signature and Date:	464	10/17/		
S	tormwater Examir	ner's Signature and Date:		10/13	120	
-	Note	- Sample should be collected	d and anal	vzed in a coloniese	dass or plastic bo	ottle

			riii out a sej	parate ronn i	or each outfall sampled.	
	Sample Location	Out	Call	#1	GB	
1	Quarter / Year:	121	Date / Time	Collected:	3/1 1037 Date / Time Exami	ned: 3/1 220
	Qualifying Storm	Event?	Yes	No	Runoff Source: Raipfall	Snowmelt
	Collector's Name & Title			ML	soli" Eit.	4
_	Examiner's Name & Title		*	/ • •	nh. E.T.	
_	Parameter	The second secon	neter Descri	And the second law are not to the second law	Parameter Character	
1.	Color	any color?	ormwater app	Clear)	If Yes, describe: Yellow Brown Other:	Red Gray
2.	Clarity	Is the storm	water clear?	No.	if not clear, which of the following to clarity of the stormwater? Suspended Solids Milky/Cloudy Other:	
3.	Oll Sheen	sheen on the Yes	a rainbow el water surfac	No No	Which best describes the sheen? Rainbow sheet Floating oil globul Other:	
4.	Odor	Does the sar	mple have an	odor?	If Yes, describe: Chemical Must Sewage Sour Milk Oil/Petrole Other:	
5.	Floating Solids	the sample?	hing on the s	(No)	If Yes, describe: Suds Olly Fil Sewage Water Fowl Excrement Other:	
6.	Suspended Solids	Is there anythe sample?	hing suspend	ed in the	Describe:	
		Wells	Leave samp	le undisturi	bed for 30 minutes.***	
7.	Settled Solids	Is there anythe bottom of the Yes		n the	Describe: (note type, size and mate is not disturbed for 30 minutes)	rial after sample
B.	Foam	Does foam of top of the sar shake it? Yes			Describe:	
₿.	if there are any any corrective a			ution Identi	fy (1) where the pollution may co	me from and (2)

	n	7	11	12/		
Stormwater Collector's Signature and Date:	Ala	-51	1/6	01		
Stormwater Examiner's Signature and Date:	U	7	11	71		
Alata Cample should be calleded and	1 abble	and in the	habel	ann diann a	r niantia hatti	

	Fill out a separate form for each outfall sampled.									
- 1	Sample Location	Bid	Anea	# 1	1 GB					
Ī	Quarter / Year:	1 21	Date / Time	Collected:	3/1 11	Date	/ Time Exam	ined:	3/1 20	\mathcal{H}
	Qualifying Storm	Event?	Yes	No	Runoff Sour	ce:	Rainfall	Sno	owmelt	
	Collector's Name & Title		w	Lungl	i EJ	•			55	
_	Examiner's Name & Title			Linst	bi Eiti					
_	Parameter		neter Descrip	THE RESERVE OF THE PERSON NAMED IN			ter Characte		0	_
1.	Color	any color?	omwater app	(Clear)	if Yes, descri		ellow Browi		Gray	
2.	Clarity	Is the stormwater clear?			If not clear, w clarity of the s Suspended S	stormwa	ater?			-
_					Other:					
3.	Oll Sheen		a rainbow ef water surfac		Which best de Rainbow shee Other:			ules		
4.	Odor	Does the sai	mple have an	odor?	If Yes, describ Sewage S Other:	oe: Che our Milk		-	ten Eggs	
5 .	Floating Solids	Is there anythere the sample?	hing on the su	Irface of	If Yes, descrit Sewage W Other:		uds Oily F wl Excremen		arbage	_
6.	Suspended Solids	is there anythe sample?	hing suspend	ed in the	Describe:					
		Make	Leave samp	le undistur	bed for 30 min		THE RESERVE OF THE PARTY OF THE			_
7.	Settled Solids	Is there anythe bottom of the Yes	hing settled or sample?	n the	Describe: (not is not disturbe	e type, d for 30	size and mat) minutes)	erial afte	r sample	
B.	27 m m m m	Does foam o	r material form	n on the	Describe:					•
		Yes	(Np						
9.	if there are any any corrective as			ution identi	fy (1) where t	he poli	ution may c	ome from	n and (2)	

	. /	11 0	1.1	2/
Stormwater Collector's Signature and Date:	N	# 31	1/10	4
Stormwater Examiner's Signature and Date:	2	2	1/2	
Note - Sample should be collected	d and an	alyzed in a	bolorie	ess glass or plastic bottle.

Fill out a separate form for each outfall sampled.

. 5	Sample Location	oute	Fall 2 61	3
C	Quarter / Year:	7 21	Date / Time Collected:	C/16 1078 Date / Time Examined: (15)
C	Qualifying Storm	Event?	Yes No	Runoff Source: Rainfell Snowmelt
N	collector's lame & Title		Mitonh	ET.
1	xaminer's lame & Title		Mhony	
-	Parameter	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	neter Description	Parameter Characteristics
1.	Color	Does the sto any color? Yes	ormwater appear to have	If Yes, describe: Yellow Brown Red Gray Other:
2.	Clarity	Is the storm	water clear?	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 effect or e water surface?	Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4.	Odor	Does the sa	mple 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 anyt sample?	thing suspended in the	Describe: Algae
		ylesh.	*Leave sample undistur	bed for 30 minutes.***
7.	Settled Solids	Is there anyt bottom of the Yes	hing settled on the e sample?	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8.	Foam	top of the sa shake it? Yes	or material form on the mple surface if you	Describe:
9.	If there are any any corrective a	visible indic ections taken	ators of polition ident	fy (1) where the pollution may come from and (2)
-	ormwater Collecto			,615/21
St	ormwater Examin			(16/21
	Note	- Sample sho	ould be collected and ana	yzed in a colories glass or plastic bottle.

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

×		riii out a sep	Jarate IOIIII	or each outlan sampled.
Sample Location	Ou}		5 (GB.
Quarter / Year:	12 21	Date / Time	Collected:	GIM 1040 Date / Time Examined: C/15 110
Qualifying Storm	Event?	Yes °	No	Runoff Source: Rainfall Snowmelt
Collector's Name & Title		N	1 Luna	h: FT
Examiner's	 		1	
Name & Title			mhir	ghi F.T.
Parameter	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	neter Descri	THE RESERVE OF THE PARTY OF THE	Parameter Characteristics
1. Color	Does the steamy color? Yes	ormwater app	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 e e water surfa		Which best describes the sheen? Rainbow sheet Floating oil globules Other:
4. Odor	Does the sa	mple have ar	odor?	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:
5. Floating Solids	Is there anythere the sample?	thing on the s	urface of	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:
6. Suspended Solids	Is there anythere sample?	thing suspend	ded in the	Describe: A gare
	tirk	*Leave samp	ole undistu	rbed for 30 minutes.***
7. Settled Solids	Is there anythe bottom of the Yes	hing settled o	on the	Describe: (note type, size and material after sample is not disturbed for 30 minutes)
8. Foam	Does foam o	or material for mple surface	m on the	Describe:
9. If there are any any corrective a				dify (1) where the pollution may come from and (2)
				1 160/21

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

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

NRC Quarterly Routine Inspection Certification (3rd Quarter 2020)

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

^{*} 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	er		
Signature:	Mark Mons	Date:	07/07/2020	

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

NRC 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. Blowing debris from the lower area of the Recycling Center continues to enter wooded area between Pond #6 and the Maintenance Building requiring frequent litter pickup in this area. 2. Structure #4 does not appear to be draining properly.
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. Install new litter fencing (approx. 400 feet) along south and west side of lower area of Recycling Center from Pond #6 to Maintenance Building in FY2020/2021, or increase frequency of litter pickups. Note: As of this inspection litter pickups seem to be working (good job). Item #2. Inspect and if necessary perform maintenance to Structure #4 per the as-built drawings to improve infiltration in FY2019/2020.
Date corrective action to be completed: FY2020/FY2021

Name of person responsible: Item #1: Jonathan Rossetti/Travis Fare.

Item #2: Michael Porath/Jonathan Rossetti/Travis Fare.

Northern Recycling Center Inspection Checklist								
	Qua	Quarter 1	Qua	Quarter 2	Qua	Quarter 3	Quarter	ter 4
Date of Inspection:					/L//L	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					×			
Recycling Center Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Attendant on Duty					×			
Stormdrain Inlet Grates Clean					X			
Signs in Place					×			
Spills/Leaks or Containers Leaking					×			
Trash Cans Empty					×			
HazMat Locker Secure/Clean					×			
Latex Paint Dumpster Organized/No Leaks					×			
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					X			
Drain Valves Shut					×			
Batteries Stored in Metal Locker					×			
Pavement Clean (Powerwash Needed?)					×			
Trash Cans Emptied					X			

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

Northern Recycling Center Operations and Maintenance Area/Recycling Yard Inspection Checklist	Yard Inspe	ction Checkli	st					
	Qua	Quarter 1	Qua	Quarter 2	Quar	Quarter 3	Qua	Quarter 4
Date of Inspection:					CILIL	7/7/2020		
Operations and Maintenance Area	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 Equipment Empty					×			
No Leaks/Spills in Maintenance Building or adjacent Parking Areas					×			
Materials/Equipment Stored All Drums have Lids					×			
Adjacent Parking Areas Clean					×			
Shed Area Clean					×			
Recycling Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Organic Debris Area Clean and Orderly - Police Litter					×			
Asphalt Shingles, Tires, Rubble Areas Clean and Orderly					×			
Signs in Place					×			
Drainage System Stable (Erosion)					×			
Sediment Deposition in Perimeter Swales					×			
the state of the s								

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

Glen Burnie Landfill Post-Closure Inspection Checklist

j
Date
Completed

Northern Recycling Center Stormwater Management Inspection Checklist

Date:	7/7/2020	Inspector's Name(s)		Mark Morris	
Time: Weather:	10:00 to 11:30 a.m. After Heavy Rains/Cloudy/Warm	Inspector's Title(s)		EMM	
	, ato. Hour, Hamorotour, Ham	mopostor o rimo(o)			
		Inspector's Contact	Info	443-623-0605	
		Operating	Maintenance	1	
		Effectively	Required	Date	Date
		Y/N	Y/N	Scheduled	Completed
Structural St	tormwater Management Controls				
	Detention Pond	YES	NO		
Structure #2	Detention Pond	YES	NO		
	Detention Pond	YES	NO		
Structure #4	Bioretention/Infiltration	NO	YES	FY2019/2020	
Structure #5	Detention Pond	YES	NO		
Structure #6	Detention Pond	YES	NO		
Describe Co	rrective Actions				
	SWM Facility Action Item				
	#4 Structure #4 doe:	s not appear to be draining pr	operly. (See Corr	ective Action Pag	e Item #2).
	<u> </u>				
	Note: Unwanted vegeta	tion will be removed as part of	of routine mainter	nance occurring in	the 4th quarter.
		<u> </u>			
Inspection It	ems	Check When F			04 4 44
	Management Ponds	Structure#1	Structure#2	Structure#3	Structure#4
1. Erosion	0	X	X	X	X
	Cover (other than erosion)	X	X	X	X
	Through Pond Embankment	X	X		X
4. Woody Ve		X	X	X	X
	mbankment (burrowing animals)	X	X	X	X
6. Trash Rac			X	X	X
	er and Barrel Structures	X	X		X
6. Riprap inie	et and Outfall Aprons	X	X	X	X
	(SWM) Culvert Inlet Structures	X		×	
10. Dewateri		X	X	x	X
11. Sedimen		X	×	×	X
	tment Devices charge Clarity	X	X	X	X
13. POHO/DIS	charge Clarity		^	_ ^	^
Stormwater	Management Ponds	Structure#5	Structure#6		
1. Erosion	management i onas	X	X		
	Cover (other than erosion)	X	X		
3. Seepage 1	Through Pond Embankment	X	X		
4. Woody Ve		X	X		
5 Holes in F	mbankment (burrowing animals)	X	X		
6. Trash Rac		X	X		
	er and Barrel Structures	X	X		
	et and Outfall Aprons	X	X	7	
	SWM) Culvert Inlet Structures	X	X		
10. Dewateri		X	X		
11. Sediment		X	X		,
	tment Devices	X	X		
	s and Underdrains	X	x		

NRC Quarterly Routine Inspection Certification (4th Quarter 2020)

In Compliance

(Yes/No) *	
YES	
YES	
YES	
YES	
YES	
YES	
YES	
	YES YES YES YES YES YES YES 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:	Mark Morris Date: 10/15/2020	

Note: This routine inspection was on a mostly sunny fall day.

NRC 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: 10/15/2020
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.Blowing debris from the lower area of the Recycling Center continues to enter wooded area between Pond #6 and the Maintenance Building requiring frequent litter pickup in this area. 2. Structure #4 does not appear to be draining properly.
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. Install new litter fencing (approx. 400 feet) along south and west side of lower area of Recycling Center from Pond #6 to Maintenance Building in FY2020/2021, and/or increase frequency of litter pickups. Note: As of the 3rd and 4th quarter inspections litter pickups seem to be working (great job). Item #2. Inspect and if necessary perform maintenance to Structure #4 per the as-built drawings to improve infiltration in FY2019/2020. Completed 9/2020.
Date corrective action to be completed: FY2020/FY2021

Name of person responsible: Item #1: Jonathan Rossetti/Travis Fare.

Item #2: Michael Porath/Jonathan Rossetti/Travis Fare.

Northern Recycling Center Inspection Checklist								
	Quarter	ter 1	Quarter	ter 2	Qua	Quarter 3	Quarter 4	ter 4
Date of Inspection:							10/15/2020	/2020
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	
Recycling Center Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Attendant on Duty							X	
Stormdrain Inlet Grates Clean							X	
Signs in Place							X	
Spills/Leaks or Containers Leaking							X	
Trash Cans Empty							X	
HazMat Locker Secure/Clean							X	
Latex Paint Dumpster Organized/No Leaks							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							×	
Containment Basins Clean							×	
Sorbent Mats and Material Maintained or Disposed of Properly							×	
No Leaks/Spills							×	
Drain Valves Shut							X	
Batteries Stored in Metal Locker							X	
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	to be done,	by whom, and	d the expect	ed completic	n date.			

Northern Recycling Center Operations and Maintenance Area/Recycling Yard Inspection Checklist	Yard Inspe	ction Checkli	st					
	Qua	Quarter 1	Qua	Quarter 2	Quai	Quarter 3	Quarter 4	ter 4
Date of Inspection:							10/15/2020	/2020
Operations and Maintenance Area	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 Equipment Empty							×	
No Leaks/Spills in Maintenance Building or adjacent Parking Areas							×	
Materials/Equipment Stored All Drums have Lids							×	
Adjacent Parking Areas Clean							×	
Shed Area Clean							×	
Recycling Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Organic Debris Area Clean and Orderly - Police Litter							×	
Asphalt Shingles, Tires, Rubble Areas Clean and Orderly							×	
Signs in Place							×	
Drainage System Stable (Erosion)							×	
Sediment Deposition in Perimeter Swales							×	

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

Glen Burnie Landfill Post-Closure Inspection Checklist

Date: 10/15/2020 Time: 11:00 to noon. Weather: Mostly Sunny/Cool	Inspector's N		Mark Morris	
	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)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		Х		
5. Woody Vegetation		X		
6. Access Roads		X		
7. Sediment Deposition		X		
B. Drainage Control Systems				
1. Cover Terrace		X		
2. Riprap Downchutes		X		
3. Grassed and Riprap Swales		X		
4. Drainage Layer Toe Drains		X		
5. Riprap Slope Protection		X		
Culverts under Dover Road/Access Roads		X		
7. Sediment Deposition		X		
C. Other Inspections			_	
Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		X		
Comments (If Maintenance Required is Checked "YE Note: Any woody vegetation will be removed as part of the rout	S" for any Item ine maintenance o	s, a Commer	4th quarter.):

Northern Recycling Center Stormwater Management Inspection Checklist

Date:	10/15/2020		Inspe	ctor's Name(s)	<u> </u>	Mark Morris	
Time: Weather:	11:00 to noon Mostly Sunny/Cool		Inena	ctor's Title(s)		EMM	
weather.	MOStry Guilly/Cool		iiispe	ctor s Title(s)		LIVIIVI	
			Inspe	ctor's Contact	Info	443-623-0605	
				Operating	Maintenance		
				Effectively	Required	Date	Date
				Y/N	Y/N	Scheduled	Completed
	tormwater Manageme	ent Controls					
	Detention Pond			YES	NO		
Structure #2	Detention Pond			YES	NO		
	Detention Pond			YES	NO		
	Bioretention/Infiltratio	n		NO	YES	FY2019/2020	Sep-20
	Detention Pond			YES	NO		
	Detention Pond			YES	NO		
Describe Co	rrective Actions						
	SWM Facility	Action Item					
	#4	Structure #4 does not	appea	r to be draining pı	roperly. Complete	d 9/2020.	
		-					
		-					
	Note:	Unwanted vegetation v	will be	removed as part	of routine mainter	ance occurring in	the 4th quarter.
Inspection I	tems				eature Is Inspe		
	Management Ponds			Structure#1	Structure#2	Structure#3	Structure#4
1. Erosion				X	X	X	X
	e Cover (other than ero			X	X	X	Х
	Through Pond Embanl	kment		X	X	X	X
4. Woody Ve				X	X	X	Χ
	mbankment (burrowin	g animals)		X	X	X	X
6. Trash Rad				X	X	X	Χ
	er and Barrel Structure	es		X	X	X	X
Riprap Inl	et and Outfall Aprons			X	X	X	Χ
	(SWM) Culvert Inlet St	ructures		Х	X	X	Х
10. Dewater				X	X	X	X
11. Sedimer				X	X	Х	X
	atment Devices			X	X	X	Χ
13. Pond/Dis	scharge Clarity			X	X	Х	Х
						· · · · · · · · · · · · · · · · · · ·	
	Management Ponds			Structure#5			
1. Erosion				X	X		
	e Cover (other than ero			X	X		
	Through Pond Embanl	kment		X	X		
4. Woody Ve				X	X		
	Embankment (burrowing	g animals)		X	X		
6. Trash Rad				X	X		
	er and Barrel Structure	es		X	X		
	et and Outfall Aprons			X	X		
	(SWM) Culvert Inlet St	ructures		X	X		
10. Dewater				X	X		
11. Sedimer				X	X		
	atment Devices			X	X		
13. Cleanou	ts and Underdrains			X	X		

NRC Quarterly Routine Inspection Certification (1st Quarter 2021)

In Compliance

Location	(Yes/No) *	
Recycling Center		
Main Gate, Main Haul Road and Paved		
Surfaces	YES	
Recycling Center Area	YES	
Oil, Batteries and AntiFreeze Recycling		
Area	YES	
Maintenance Area		
Operations and Maintenance Area	YES	
Recycling Yard	YES	
Post Closure Inspection	YES	
Stormwater Management	YES	
7.		

^{*} 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:	Munumul Date:	24-Mar-21	

Note: This routine inspection was on a mostly sunny spring day.

NRC 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.Blowing debris from the lower area of the Recycling Center continues to enter wooded area between Pond #6 and the Maintenance Building requiring frequent litter pickup in this area.
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. Install new litter fencing (approx. 400 feet) along south and west side of lower area of Recycling Center from Pond #6 to Maintenance Building in FY2021, and/or increase frequency of litter pickups.
Note: As of the last three (3) quarterly inspections litter pickups seem to be working (great job). Outfall 4 maintenance (step pools from SWM Structure #4) was completed in January 2021.
Date corrective action to be completed: FY2021

Name of person responsible: Item #1: Jonathan Rossetti/Travis Fare.

Northern Recycling Center Inspection Checklist								
	Qua	Quarter 1	Quar	Quarter 2	Qua	Quarter 3	Quarter	ter 4
Date of Inspection:	3/23,	3/23/2021						
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	×					я		
Recycling Area Clean, Dry, and Orderly	×							
Recycling Center Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Attendant on Duty	×							
Stormdrain Inlet Grates Clean	X							
Signs in Place	X							
Spills/Leaks or Containers Leaking	X							
Trash Cans Empty	X							
HazMat Locker Secure/Clean	X							
Latex Paint Dumpster Organized/No Leaks	×							
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	×					ŏ		
No Leaks/Spills	X							
Drain Valves Shut	×							
Batteries Stored in Metal Locker	×							
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.

Northern Recycling Center Operations and Maintenance Area/Recycling	Yard Inspe	ycling Yard Inspection Checklist	st					
	Quar	Quarter 1	Qua	Quarter 2	Qua	Quarter 3	Qua	Quarter 4
Date of Inspection:	3/23/	3/23/2021						
Operations and Maintenance Area	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 Equipment Empty	×							
No Leaks/Spills in Maintenance Building or adjacent Parking Areas	×							
Materials/Equipment Stored All Drums have Lids	×							
Adjacent Parking Areas Clean	×							
Shed Area Clean	×							
Recycling Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Organic Debris Area Clean and Orderly - Police Litter	×							
Asphalt Shingles, Tires, Rubble Areas Clean and Orderly	×							
Signs in Place	×							
Drainage System Stable (Erosion)	×							
Sediment Deposition in Perimeter Swales	×							
Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.	by whom, a	and the expect	ed completion	on date.				

Glen Burnie Landfill Post-Closure Inspection Checklist

Date: 3/23/2021	Inspector's N	ame(s):	Michael Pora	th
Time: 11:30 a.m. to 12:30 p.m.		. ,	Michael Lung	ghi
Weather: Mostly Sunny/Cool	Inspector's T	itle(s)	D&M Manage	r
	•	. ,	Environment	al Tech
	Inspector's C	ontact Info	410-222-6108	
	·		-	
	Maintenanc	e Required	Date	Date
	Yes	No	Scheduled	Completed
D 1 10 () 1 ()	100	110	Joincaulea	Gempletou
Required Quarterly Inspections				
A. Final Cover Systems	· · · · · · · · · · · · · · · · · · ·	T 37		
1. Erosion		Х	l	
Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		Х		
5. Woody Vegetation		Х		
6. Access Roads		Х		
7. Sediment Deposition		Х		
B. Drainage Control Systems				
1. Cover Terrace		X		
2. Riprap Downchutes		X		
3. Grassed and Riprap Swales		X		
4. Drainage Layer Toe Drains		X		
5. Riprap Slope Protection		X		
6. Culverts under Dover Road/Access Roads		X		
7. Sediment Deposition		X		
C. Other Inspections		1		
Security (Perimeter Fence and Locking Gates)		X		
2. Groundwater Monitoring Wells		X		
3. Gas Monitoring Wells		Х		
Comments (If Maintenance Required is Checked "YES	" for any Items	s, a Comme	nt is Required)	:
Note: Any woody vegetation will be removed as part of the routing				

Northern Recycling Center Stormwater Management Inspection Checklist

Date:

Date: Fime: Weather:	3/23/2021 11:30 a.m. to 12:30 p.r Mostly Sunny/Cool	n .	-		Michael Porath Michael Lungh D&M Manager		
rreatiff.	moday cannyooo				Environmental	Technician	
			Inspe	ctor's Contact		410-222-6108	
				Operating Effectively	Maintenance Required Y / N	Date Scheduled	Date Completed
				Y/N	T/IN	Scrieduled	Completed
	tormwater Managemen	t Controls		VEC	NO		
Structure #1	Detention Pond			YES YES	NO		
	Detention Pond			YES	NO		
Structure #3	Detention Pond						
	Bioretention/Infiltration			YES	NO		
	Detention Pond ,			YES	NO		
	Detention Pond			YES	NO		
Describe Co	rrective Actions						
	SWM Facility A	Action Item					
	Note:	Jnwanted vegetation	n will be	removed as part	of routine mainten	ance occurring in	the 4th quarter.
	11010.						
Inspection I	tome			Check When F	eature Is Inspe	cted	
Stormwater	Management Ponds			Structure#1	Structure#2	Structure#3	Structure#4
1. Erosion	Management 1 onus			X	X	X	X
2. Vesetetiv	e Cover (other than eros	ion)		X	X	X	X
2. Vegetativ	Through Pond Embankn	ont		X	X	X	X
3. Seepage	Through Fond Embankii	ien		X	X	X	X
4. Woody V	egetation	onimala)		X	X	X	X
5. Holes in E	Embankment (burrowing	animais)		X	X	X	X
6. Trash Ra	cks			X	X	X	X
	ser and Barrel Structures				X	×	X
Riprap In	let and Outfall Aprons			X		X	X
Structure	(SWM) Culvert Inlet Stru	ctures		X	X		
Dewater				X	X	X	X
	nt Deposition			X	X	X	X
12. Pre-Trea	atment Devices			X	X	X	X
13. Pond/Di	scharge Clarity			X	Х	X	X
Stormwater	Management Ponds			Structure#5	Structure#6		
1. Erosion				X	X		
	e Cover (other than eros	ion)		X	X		
	Through Pond Embankn			X	X		
4. Woody V				X	X		
5 Holes in F	Embankment (burrowing	animals)		X	Х		
6. Trash Ra				X	X		
7 Inside Ris	ser and Barrel Structures			X	X		
2. Diprop le	let and Outfall Aprons			X	X		
O. Ciprap III	(SWM) Culvert Inlet Stru	ictures		X	X		
9. Structure 10. Dewatei	ring Dovices	iotai co		X	X		
				X	X		
	nt Deposition			x	X		
12. Pre-Trea	atment Devices			X	X		
13. Cleanou	its and Underdrains				^		

NRC Quarterly Routine Inspection Certification (2nd Quarter 2021)

In Compliance (Yes/No) * Location **Recycling Center** Main Gate, Main Haul Road and Paved Surfaces YES YES Recycling Center Area Oil, Batteries and AntiFreeze Recycling YES Area Maintenance Area YES Operations and Maintenance Area Recycling Yard YES YES **Post Closure Inspection** 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 Manag	jer		
Signature:	Mark Mon	Date:	20-May-21	

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

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

NRC 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: 5/20/2021
dentify 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.Blowing debris from the lower area of the Recycling Center continues to enter wooded area between Pond #6 and the Maintenance Building requiring frequent litter pickup in this area. Completed.
and the state of t
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. Install new litter fencing (approx. 400 feet) along south and west side of lower area of Recycling
Center from Pond #6 to Maintenance Building in FY2021, and/or increase frequency of litter pickups. April 2021.
Cerker from 1 ond #0 to Maintenance Building in 1 12021, dries of included in equation of the property of the
Note: As of the last three (3) quarterly inspections litter pickups seem to be working (great job).
Outfall 4 maintenance (step pools from SWM Structure #4) was completed in January 2021.
Oddail 4 Maintenance (cop poole nom overm outdoor wy mass)
Date corrective action to be completed: FY2021

Name of person responsible: Item #1: Jonathan Rossetti/Travis Fare.

Northern Recycling Center Inspection Checklist								
	Qua	Quarter 1	Qua	Quarter 2	Qua	Quarter 3	Quai	Quarter 4
Date of Inspection:			5/20/	5/20/2021				
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			×					
Recycling Area Clean, Dry, and Orderly			×					
Recycling Center Area	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Attendant on Duty			X					
Stormdrain Inlet Grates Clean			×					
Signs in Place			X					
Spills/Leaks or Containers Leaking			X					
Trash Cans Empty			X					
HazMat Locker Secure/Clean			X					
Latex Paint Dumpster Organized/No Leaks			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			×					
Tanks Cleaned			Х					
Containment Basins Clean			X					
Sorbent Mats and Material Maintained or Disposed of Properly			X					
No Leaks/Spills			X					
Drain Valves Shut			X					
Batteries Stored in Metal Locker			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.

Northern Recycling Center Operations and Maintenance Area/Recycling Yard Inspection Checklist	Yard Inspe	ction Checkli	st					
	Quarter 1	rter 1	Qua	Quarter 2	Quar	Quarter 3	Quarter 4	ter 4
Date of Inspection:			5/20	5/20/2021				
Operations and Maintenance Area	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 Equipment Empty			×					
No Leaks/Spills in Maintenance Building or adjacent Parking Areas			×					
Materials/Equipment Stored All Drums have Lids			×					
Adjacent Parking Areas Clean			×					
Shed Area Clean			×					
Recycling Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Organic Debris Area Clean and Orderly - Police Litter			×					
Asphalt Shingles, Tires, Rubble Areas Clean and Orderly			×					
Signs in Place			×					
Drainage System Stable (Erosion)			×					
Sediment Deposition in Perimeter Swales			×					
Organization Interest AT CITE STATE OF THE S	1	4 41.	1.1	1 - 1				

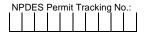
Comments: If UNSAT (Unsatisfactory) is checked, list what needs to be done, by whom, and the expected completion date.

Glen Burnie Landfill Post-Closure Inspection Checklist

Date: 5/20/2021	Inspector's I	Name(s):	Mark Morris		
Time: 9:30 a.m. to 11:00 a.m.			C 		
Weather: Warm/Sunny	Inspector's 1	Γitle(s):	EMM		
	Inspector's (Contact Info:	443-623-0605	5	
	Maintanan	ce 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		Х			
6. Access Roads		X			
7. Sediment Deposition		X			
B. Drainage Control Systems				Y	
1. Cover Terrace		X			
2. Riprap Downchutes		X			
Grassed and Riprap Swales		X			
Drainage Layer Toe Drains		X			
5. Riprap Slope Protection		X			
6. Culverts under Dover Road/Access Roads		X			
7. Sediment Deposition		X			
C. Other Inspections					
Security (Perimeter Fence and Locking Gates)		X			
2. Groundwater Monitoring Wells		X			
3. Gas Monitoring Wells		X			
Comments (If Maintenance Required is Checked "Note: Any woody vegetation will be removed as part of the ro	/ES" for any Items outine maintenance or	s, a Comment	is Required): th quarter.		

Northern Recycling Center Stormwater Management Inspection Checklist

Date: 5/20/2021			Inspector's Name(s):	Mark Morris				
Time:	9:30 to 11:00 p.m.							
Weather:	Warm/Sunny		Inspector's Title(s):	EMM				
			•					
			Inspector's Contact Ir	nfo:	443-623-0605			
			Operating	Maintenance				
			Effectively	Required	Date	Date		
			Y/N	Y/N	Scheduled	Completed		
Structural S	tormwater Managem	ent Controls						
	Detention Pond		YES	NO				
	Detention Pond		YES	NO				
	Detention Pond		YES	NO				
	Bioretention/Infiltration	on .	YES	NO				
	Detention Pond		YES	NO				
	Detention Pond		YES	NO				
	prective Actions							
Describe oc	SWM Facility	Action Item						
	3 V VIVI T acility	Addon item						
	(
	·							
						. Ath microston		
	Note:	Unwanted vegetation	n will be removed as part of	routine maintenan	ce occurring in the	e 4th quarter.		
Inspection I				ature Is Inspec				
Stormwater	Management Ponds		Structure#1	Structure#2	Structure#3	Structure#4		
1. Erosion			X	X	X	X		
2. Vegetativ	e Cover (other than er	osion)	X	X	X	X		
3. Seepage	Through Pond Emban	kment	X	X	X	X		
4. Woody V			X	X	X	X		
	Embankment (burrowir	ng animals)	X	X	X	X		
6. Trash Ra			X	X	X	X		
	er and Barrel Structur	es	X	X	X	X		
	et and Outfall Aprons		X	X	X	X		
	(SWM) Culvert Inlet S	Structures	X	X	X	X		
10. Dewater			X	X	X	X		
11. Sedimer			X	X	X	X		
	atment Devices		Х	X	X	X		
	scharge Clarity		X	X	X	X		
10. 1 ona bi	Bonargo Granty		•					
Stormwater	Management Ponds		Structure#5	Structure#6				
1. Erosion	management onas		X	X				
	e Cover (other than er	meion)	X	X				
	Through Pond Emban		X	X				
4. Woody V		IKITICITE	X	X				
	Embankment (burrowir	no animale)	X	X				
		ig animais/	X	X				
6. Trash Ra	cks ser and Barrel Structur	200	X	X				
		C3	X	X				
	let and Outfall Aprons	`trusturoo	X	X				
	(SWM) Culvert Inlet S	otructures	X	X				
10. Dewater			X	X				
11. Sedimer			X	X				
	atment Devices		X	X				
13. Cleanou	ts and Underdrains		^					





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460

Annual Reporting Form

	,g	
A. GENERAL INFORMATION	ON	
1. Facility Name: NORTHERN	N RECYCILNG CENTER	
2. NPDES Permit Tracking No.:	REGISTRATION # 12SW0298 NPDES # MDR000298	
3. Facility Physical Address: 100 l	Dover Road, Glen Burnie, Maryland 21600	
a. Street: Dover Road		
b. City: Glen Burnie	c. State: MD d. Zip Code: 21600	
4. Lead Inspectors Name: Mark	k Morris Title: Environmental Monitoring Manager	
Additional Inspectors Name(s):	Mike 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 15,	, 2020, 11:00 a.m. to noon.	
B. GENERAL INSPECTION	N FINDINGS	
1. As part of this comprehensive sit	site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwa	ater?
If NO, describe why not:		
,		
NOTE: Complete Section C of this may be exposed to stormwater.	is form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where po	ollutants
2. Did this inspection identify any s	stormwater or non-stormwater outfalls not previously identified in your SWPPP?	
If YES, for each location, d	describe the sources of those stormwater and non-stormwater discharges and any associated control measures in	n place:

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3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? TYES 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? YES X 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 were 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 4 th 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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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 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: (Any necessary corrective actions should be described on the attached Corrective Action Form): 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? X YES □ NO X NO 3. Have any control measures failed and require replacement? ☐ YES ☐ YES 4. Are any additional/revised c necessary in this area? 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) Structure #4 next to the maintenance area does not appear to be draining properly. See attached 4th Quarter Routine Inspection for additional details. INDUSTRIAL ACTIVITY AREA: Landfill Closed Cells Brief Description: NRC has two (2) closed cells, as per the consent agreement with MDE during the late 1990's. X NO ☐ YES 2. Are any control measures in need of maintenance or repair? 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)

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		NOTE: Copy this page and attach additional pages as necessary
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?	☐ YES	□NO
4. Are any additional/revised BMPs necessary in this area?	☐ YES	□NO
	the problem:	: (Any necessary corrective actions should be described on the attached
Corrective Action Form)		
WENGTENAL ACTIVITY AREA		
INDUSTRIAL ACTIVITY AREA:		
1. Brief Description:		
Are any control measures in need of maintenance or repair?	☐ YES	□ NO
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 Corrective Action Form)	the problem:	: (Any necessary corrective actions should be described on the attached
INDUSTRIAL ACTIVITY AREA:		
Brief Description:		
Are any control measures in need of maintenance or repair?	☐ YES	□NO
Have any control measures failed and require replacement?	☐ YES	□NO
4. Are any additional/revised BMPs necessary in this area?	☐ YES	□NO
		: (Any necessary corrective actions should be described on the attached
Corrective Action Form)	•	

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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. See attached 4 th Quarter Routine Inspection for additional details.
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):
4. Briefly describe the nature of the problem identified: See attached 4th Quarter Inspection for details on all corrective actions.
Structure #4 next to the maintenance area does not appear to be draining properly.
See attached 4th 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:
Inspect and if necessary perform maintenance to Structure #4 per the as-built drawings to improve infiltration. See attached 4 th Quarter Routine Inspection for additional details.
8. Did/will this corrective action require modification of your SWPPP? YES X NO
9. Date corrective action initiated: See attached 4 th Quarter Routine Inspection for additional details.
10. Date correction action completed: 0 9 / 2 5 / 2 0 2 0 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:

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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 #					
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: / / / / / / / / / / / / / / / / / / /					
☐ 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?					
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:					

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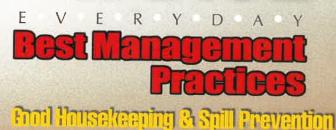
E. ANNUAL REPORT CERTIFICATION
1. Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? X YES NO
If NO, summarize 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
Signature:

Municipal Storm Water POLLUTION PREVENTION

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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

MAY BE COPIED AS NEEDED

Signature(s) below are acknowledgment that on (date)	4/20/21
these individuals participated in a training session at the	e (location name) Northern Recycling Center,
(address) 100 Dover Road Glen Burnie	nd. 21060
given by (print trainer's name) Travis Fare	,
(print trainer's title) Solid Woste Crew Sup	DECNISOF.
This training session presented information on Municipal viewed the visual multimedia program:	Stormwater Pollution Prevention. During this session, I
Storm Watch: Municipal S	tormwater Pollution Prevention
My signature below affirms that I was given adequate to and how I can best conduct these activities in compliance.	ime to ask questions about my particular job activities ce with the applicable regulations.
PRINT NAME HERE	SIGNATURE HERE
Robert Utwoods	h byth
PARIS HOLLAWAY	Pi Hollan
RODORIC HOLLAND	PIN
Joseph Shinski	Mos Shilo
ANDREW RUSSELL	Lever Mund
SIN WEOD JULY	God francis
BRAD CUGLE	Herrief Geryl.
Travis Fare	1557
Dien 13 1995	Charles lack
DERRICH Scoil	Weight Eath
Amos Thompson III	Do Jhopa 14
Jonathan Henry SWPP:SW-ack0802 EXCAL V	Consulty Villy
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