

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

Sample Location	outfall 5 GB		
Quarter / Year:	3 20	Date / Time Collected:	7/7 9:50
Date / Time Examined:	1140		
Qualifying Storm Event?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Runoff Source: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt
Collector's Name & Title	M. Lynch, E.T.		
Examiner's Name & Title	M. Lynch, E.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:	
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.			

Stormwater Collector's Signature and Date: *[Signature]* 7/7/20

Stormwater Examiner's Signature and Date: *[Signature]* 7/7/20

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

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

Sample Location		outfall 8 C.B.	
Quarter / Year:	3 70	Date / Time Collected:	7/7 9:00
Date / Time Examined:		7/7 11:40	
Qualifying Storm Event?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Runoff Source: <input checked="" type="checkbox"/> Rainfall <input type="checkbox"/> Snowmelt
Collector's Name & Title	mlunghi E.T.		
Examiner's Name & Title	mlunghi E.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Describe:	
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.			

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

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

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

Sample Location		U Bio Area GB	
Quarter / Year:	4 20	Date / Time Collected:	10/13 9:35
Date / Time Examined:		10/13/20	
Qualifying Storm Event?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Runoff Source:	<input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt
Collector's Name & Title	M Lough: E.T.		
Examiner's Name & Title	M Lough: E.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input checked="" type="radio"/> No <input type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes) very small algae	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date: *[Signature]* 10/13/20
Stormwater Examiner's Signature and Date: *[Signature]* 10/13/20

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

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

Sample Location		Pand G GB	
Quarter / Year:	4 70	Date / Time Collected:	10/13 930
Date / Time Examined:			
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Runoff Source: <input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt
Collector's Name & Title	M Lundy, E.T.		
Examiner's Name & Title	M Lundy, E.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="radio"/> No <input type="radio"/>	Describe: Algae	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input checked="" type="radio"/> No <input type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes) very small Algae	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.			

Stormwater Collector's Signature and Date:

[Signature] 10/13/20

Stormwater Examiner's Signature and Date:

[Signature] 10/13/20

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

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

Sample Location			Outfall #1 GB		
Quarter / Year:	1 21	Date / Time Collected:	3/1 1037	Date / Time Examined:	3/1 220
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	No	Runoff Source:	<input checked="" type="radio"/> Rainfall	Snowmelt
Collector's Name & Title	M Lynch EIT				
Examiner's Name & Title	M Lynch EIT				
Parameter	Parameter Description	Parameter Characteristics			
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:			
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:			
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheen Floating oil globules Other:			
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:			
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:			
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:			
Leave sample undisturbed for 30 minutes.					
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)			
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:			
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.					

Stormwater Collector's Signature and Date: *[Signature]* 3/1/21
 Stormwater Examiner's Signature and Date: *[Signature]* 3/1/21

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

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

Sample Location		Bia Area # 4 GB	
Quarter / Year:	1 21	Date / Time Collected:	3/1 11
Date / Time Examined:	3/1 200		
Qualifying Storm Event?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Runoff Source: <input checked="" type="radio"/> Rainfall <input type="radio"/> Snowmelt
Collector's Name & Title	M Lush, E.T.		
Examiner's Name & Title	M Lush, E.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="radio"/> No <input checked="" type="radio"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="radio"/> No <input type="radio"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="radio"/> No <input checked="" type="radio"/>	Which best describes the sheen? Rainbow sheen Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="radio"/> No <input checked="" type="radio"/>	Describe:	

9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.

Stormwater Collector's Signature and Date:  3/1/21

Stormwater Examiner's Signature and Date:  3/1/21

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

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

Sample Location		outfall 2 GB	
Quarter / Year:	2 21	Date / Time Collected:	6/15 1078
Date / Time Examined:		6/15 110	
Qualifying Storm Event?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Runoff Source:	Rainfall <input checked="" type="checkbox"/> Snowmelt <input type="checkbox"/>
Collector's Name & Title	Mikouhi: E.T.		
Examiner's Name & Title	M. Vaughn: E.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other: <u>Algae</u>	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Describe: <u>Algae</u>	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:	
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.			

Stormwater Collector's Signature and Date:

Stormwater Examiner's Signature and Date:

[Handwritten signatures and dates]
6/15/21
6/15/21

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

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

Sample Location		Outfall 5 GB	
Quarter / Year:	2 21	Date / Time Collected:	6/15 1040
Date / Time Examined:	6/15 110	Runoff Source:	Rainfall
Qualifying Storm Event?	Yes	No	Snowmelt
Collector's Name & Title	M Loughi E.T.		
Examiner's Name & Title	M Loughi E.T.		
Parameter	Parameter Description	Parameter Characteristics	
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Clear)	If Yes, describe: Yellow Brown Red Gray Other:	
2. Clarity	Is the stormwater clear? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If not clear, which of the following best describes the clarity of the stormwater? Suspended Solids Milky/Cloudy Opaque Other:	
3. Oil Sheen	Can you see a rainbow effect or sheen on the water surface? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Which best describes the sheen? Rainbow sheet Floating oil globules Other:	
4. Odor	Does the sample have an odor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Chemical Musty Rotten Eggs Sewage Sour Milk Oil/Petroleum Other:	
5. Floating Solids	Is there anything on the surface of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, describe: Suds Oily Film Garbage Sewage Water Fowl Excrement Other:	
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Describe: Algae	
Leave sample undisturbed for 30 minutes.			
7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes)	
8. Foam	Does foam or material form on the top of the sample surface if you shake it? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Describe:	
9. If there are any visible indicators of pollution identify (1) where the pollution may come from and (2) any corrective actions taken.			

Stormwater Collector's Signature and Date:

[Signature] 6/15/21

Stormwater Examiner's Signature and Date:

[Signature] 6/15/21

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

NRC Quarterly Routine Inspection Certification (3rd Quarter 2020)

Location	In Compliance (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 Manager

Signature:  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

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

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
	Date of Inspection:		7/7/2020					
Main Gate, Main Haul Road and Paved Surfaces								
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					X			
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

Operations and Maintenance Area	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
	Date of Inspection: 7/7/2020							
Shop Floor Clean and Free of Debris					X			
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly					X			
Drip Pans Under Equipment Empty					X			
No Leaks/Spills in Maintenance Building or adjacent Parking Areas					X			
Materials/Equipment Stored All Drums have Lids					X			
Adjacent Parking Areas Clean					X			
Shed Area Clean					X			
Recycling Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Organic Debris Area Clean and Orderly - Police Litter					X			
Asphalt Shingles, Tires, Rubble Areas Clean and Orderly					X			
Signs in Place					X			
Drainage System Stable (Erosion)					X			
Sediment Deposition in Perimeter Swales					X			

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: 7/7/2020
 Time: 10:00 to 11:30 a.m.
 Weather: After Heavy Rains/Cloudy/Warm

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

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. 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		
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		X		

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

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

Northern Recycling Center Stormwater Management Inspection Checklist

Date: 7/7/2020
Time: 10:00 to 11:30 a.m.
Weather: After Heavy Rains/Cloudy/Warm

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

	Operating Effectively	Maintenance Required	Date Scheduled	Date Completed
	Y / N	Y / N		
Structural Stormwater Management Controls				
Structure #1 Detention Pond	YES	NO		
Structure #2 Detention Pond	YES	NO		
Structure #3 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 Corrective Actions	
SWM Facility	Action Item
<u>#4</u>	Structure #4 does not appear to be draining properly. (See Corrective Action Page Item #2).
Note:	Unwanted vegetation will be removed as part of routine maintenance occurring in the 4th quarter.

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

Stormwater Management Ponds	Structure#5	Structure#6	
1. Erosion	X	X	
2. Vegetative Cover (other than erosion)	X	X	
3. Seepage Through Pond Embankment	X	X	
4. Woody Vegetation	X	X	
5. Holes in Embankment (burrowing animals)	X	X	
6. Trash Racks	X	X	
7. Inside Riser and Barrel Structures	X	X	
8. Riprap Inlet and Outfall Aprons	X	X	
9. Structure (SWM) Culvert Inlet Structures	X	X	
10. Dewatering Devices	X	X	
11. Sediment Deposition	X	X	
12. Pre-Treatment Devices	X	X	
13. Cleanouts and Underdrains	X	X	

NRC Quarterly Routine Inspection Certification (4th Quarter 2020)

Location	In Compliance (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

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

CERTIFICATION STATEMENT

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

Print Name and Title: Mark Morris, Environmental Monitoring Manager

Signature:  Date: 10/15/2020

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

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 Operations and Maintenance Area/Recycling Yard Inspection Checklist

Operations and Maintenance Area	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
	Date of Inspection:						10/15/2020	
Shop Floor Clean and Free of Debris							X	
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly							X	
Drip Pans Under Equipment Empty							X	
No Leaks/Spills in Maintenance Building or adjacent Parking Areas							X	
Materials/Equipment Stored All Drums have Lids							X	
Adjacent Parking Areas Clean							X	
Shed Area Clean							X	
Recycling Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Organic Debris Area Clean and Orderly - Police Litter							X	
Asphalt Shingles, Tires, Rubble Areas Clean and Orderly							X	
Signs in Place							X	
Drainage System Stable (Erosion)							X	
Sediment Deposition in Perimeter Swales							X	

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

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. 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		
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		X		

Comments (If Maintenance Required is Checked "YES" for any Items, a Comment is Required):
 Note: Any woody vegetation will be removed as part of the routine maintenance occurring in the 4th quarter.

Northern Recycling Center Stormwater Management Inspection Checklist

Date: 10/15/2020
Time: 11:00 to noon
Weather: Mostly Sunny/Cool

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

	Operating Effectively	Maintenance Required	Date Scheduled	Date Completed
	Y / N	Y / N		
Structural Stormwater Management Controls				
Structure #1 Detention Pond	YES	NO		
Structure #2 Detention Pond	YES	NO		
Structure #3 Detention Pond	YES	NO		
Structure #4 Bioretention/Infiltration	NO	YES	FY2019/2020	Sep-20
Structure #5 Detention Pond	YES	NO		
Structure #6 Detention Pond	YES	NO		

Describe Corrective Actions	
SWM Facility	Action Item
<u>#4</u>	Structure #4 does not appear to be draining properly. Completed 9/2020.
Note:	Unwanted vegetation will be removed as part of routine maintenance occurring in the 4th quarter.

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

Stormwater Management Ponds	Structure#5	Structure#6		
1. Erosion	X	X		
2. Vegetative Cover (other than erosion)	X	X		
3. Seepage Through Pond Embankment	X	X		
4. Woody Vegetation	X	X		
5. Holes in Embankment (burrowing animals)	X	X		
6. Trash Racks	X	X		
7. Inside Riser and Barrel Structures	X	X		
8. Riprap Inlet and Outfall Aprons	X	X		
9. Structure (SWM) Culvert Inlet Structures	X	X		
10. Dewatering Devices	X	X		
11. Sediment Deposition	X	X		
12. Pre-Treatment Devices	X	X		
13. Cleanouts and Underdrains	X	X		

NRC Quarterly Routine Inspection Certification (1st Quarter 2021)


Location	In Compliance (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

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

CERTIFICATION STATEMENT

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

Print Name and Title: Michael Porath, Disposal & Maintenance Manager

Signature:  Date: 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

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

Date of Inspection:	Quarter 1												Quarter 2			Quarter 3			Quarter 4		
	3/23/2021																				
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT			
Main Gate, Main Haul Road and Paved Surfaces																					
Upper and Lower Area Clean	X																				
Entrance/Exit Roads and Paved Area Clean	X																				
Recycling Area Clean, Dry, and Orderly	X																				
Recycling Center Area																					
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																					
Check Fluid Levels	X																				
Full Tanks Locked	X																				
Screens Cleaned	X																				
Tanks Cleaned	X																				
Containment Basins Clean	X																				
Sorbent Mats and Material Maintained or Disposed of Properly	X																				
No Leaks/Spills	X																				
Drain Valves Shut	X																				
Batteries 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

Operations and Maintenance Area	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	3/23/2021							
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Shop Floor Clean and Free of Debris	X							
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly	X							
Drip Pans Under Equipment Empty	X							
No Leaks/Spills in Maintenance Building or adjacent Parking Areas	X							
Materials/Equipment Stored - All Drums have Lids	X							
Adjacent Parking Areas Clean	X							
Shed Area Clean	X							
Recycling Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Organic Debris Area Clean and Orderly - Police Litter	X							
Asphalt Shingles, Tires, Rubble Areas Clean and Orderly	X							
Signs in Place	X							
Drainage System Stable (Erosion)	X							
Sediment Deposition in Perimeter Swales	X							

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: 3/23/2021
Time: 11:30 a.m. to 12:30 p.m.
Weather: Mostly Sunny/Cool

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

	Maintenance Required		Date Scheduled	Date Completed
	Yes	No		
Required Quarterly Inspections				
A. Final Cover Systems				
1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. 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		
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		X		

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

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

NRC Quarterly Routine Inspection Certification (2nd Quarter 2021)

Location	In Compliance (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

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

CERTIFICATION STATEMENT

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

Print Name and Title: Mark Morris, Environmental Monitoring Manager

Signature:  Date: 20-May-21

Note: This routine inspection was on a warm 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: 5/20/2021

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

Unauthorized release or discharge

Control measures inadequate

Control measures not properly operated or maintained

Change in facility operations necessitated change in control measures

Other (describe): _____

Briefly describe the nature of the problem identified:

1. 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.

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.

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

Date of Inspection:	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT
Main Gate, Main Haul Road and Paved Surfaces	5/20/2021							
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			X					
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									
Date of Inspection:	Quarter 1		Quarter 2		Quarter 3		Quarter 4		
	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	
Operations and Maintenance Area									
Shop Floor Clean and Free of Debris			X						
Sorbent Material in Place and Clean, Used Sorbent Disposed of Properly			X						
Drip Pans Under Equipment Empty			X						
No Leaks/Spills in Maintenance Building or adjacent Parking Areas			X						
Materials/Equipment Stored All Drums have Lids			X						
Adjacent Parking Areas Clean			X						
Shed Area Clean			X						
Recycling Yard	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	
Organic Debris Area Clean and Orderly - Police Litter			X						
Asphalt Shingles, Tires, Rubble Areas Clean and Orderly			X						
Signs in Place			X						
Drainage System Stable (Erosion)			X						
Sediment Deposition in Perimeter Swales			X						

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
 Time: 9:30 a.m. to 11:00 a.m.
 Weather: Warm/Sunny

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

Maintenance Required		Date Scheduled	Date Completed
Yes	No		

Required Quarterly Inspections

A. Final Cover Systems

1. Erosion		X		
2. Vegetative Cover (other than erosion)		X		
3. Subsidence Areas		X		
4. Leachate Seeps		X		
5. Woody Vegetation		X		
6. Access Roads		X		
7. 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		
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		X		

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

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

Northern Recycling Center Stormwater Management Inspection Checklist

Date: 5/20/2021
 Time: 9:30 to 11:00 p.m.
 Weather: Warm/Sunny

Inspector's Name(s): Mark Morris

Inspector's Title(s): EMM

Inspector's Contact Info: 443-623-0605

	Operating Effectively	Maintenance Required	Date Scheduled	Date Completed
	Y / N	Y / N		
Structural Stormwater Management Controls				
Structure #1 Detention Pond	YES	NO		
Structure #2 Detention Pond	YES	NO		
Structure #3 Detention Pond	YES	NO		
Structure #4 Bioretention/Infiltration	YES	NO		
Structure #5 Detention Pond	YES	NO		
Structure #6 Detention Pond	YES	NO		

Describe Corrective Actions

SWM Facility	Action Item
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Note: _____	Unwanted vegetation will be removed as part of routine maintenance occurring in the 4th quarter.

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

Stormwater Management Ponds	Structure#5	Structure#6		
1. Erosion	X	X		
2. Vegetative Cover (other than erosion)	X	X		
3. Seepage Through Pond Embankment	X	X		
4. Woody Vegetation	X	X		
5. Holes in Embankment (burrowing animals)	X	X		
6. Trash Racks	X	X		
7. Inside Riser and Barrel Structures	X	X		
8. Riprap Inlet and Outfall Aprons	X	X		
9. Structure (SWM) Culvert Inlet Structures	X	X		
10. Dewatering Devices	X	X		
11. Sediment Deposition	X	X		
12. Pre-Treatment Devices	X	X		
13. Cleanouts and Underdrains	X	X		

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: NORTHERN RECYCLING CENTER

2. NPDES Permit Tracking No.: REGISTRATION # 12SW0298
NPDES # MDR000298

3. Facility Physical Address: 100 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 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 FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
X YES NO

If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? YES X NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? YES NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? YES NO NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

None observed and condition of and around outfalls 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?

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 Routine Inspection for additional details.

NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

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C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA: Recycling Center

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

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

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

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

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

INDUSTRIAL ACTIVITY AREA: Operations and Maintenance Area

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

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

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

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

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

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.

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

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

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

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

NOTE: Copy this page and attach additional pages as necessary

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

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

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

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

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

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

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

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

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

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

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

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

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

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

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

Municipal Storm Water POLLUTION PREVENTION

Storm Watch

E • V • E • R • Y • D • A • Y

Best Management Practices

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



TRAINER'S GUIDE

Storm Watch

Municipal Storm Water POLLUTION PREVENTION

Acknowledgment of Training

Signature(s) below are acknowledgment that on (date) 4/20/21,
these individuals participated in a training session at the (location name) Northern Recycling Center,
(address) 100 Dover Road Glen Burnie Md. 21060,
given by (print trainer's name) Travis Fare,
(print trainer's title) Solid Waste Crew Supervisor.

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

Storm Watch: Municipal Stormwater Pollution Prevention

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

PRINT NAME HERE

SIGNATURE HERE

Robert Karpelt
Paris Hollaway
Roderic Hollard
Joseph Shinski
Andrew Russell
Cliff Wood Jr
Brad Cogle
Travis Fare
Dion Diggs
Derrick Scott
Amos Thompson III
Jonathan Henry

Robert Karpelt
Paris Hollaway
R. Wood
Joe Shinski
Andrew Russell
Cliff Wood Jr
Brad Cogle
T. Fare
Dion Diggs
Derrick Scott
Amos Thompson III
Jonathan Henry