

Work Activity Work Order

Work Order Information

Activity Type	ROUTINE WORK	Work Order No	20489153
Initiated From	HMMS HWY MAINTENANCE MANAGEMENT	Project No	SWPPPSF21
Problem	H8000 SUPPORT SERVICES	Request Received	7/15/2020
Assigned By	PWSHEN31 SHENTON JR, JOHN	Investigation Due	7/22/2020
Assigned To	PWJETT10 JETT, DERRICK	Investigation Date	7/15/2020
Department	1312SD SOUTHERN DIST/DAVIDSONVILLE	Scheduled Date 1	5/31/2021
Requested By	PWSHEN31 SHENTON JR, JOHN	Scheduled Date 2	
Status	CL	Scheduled Date 3	
Activity	H8062 SAFETY FUNCTIONS & FACILITY IN	Scheduled Date 4	
Priority	H2	Completed Date	6/3/2021
Completed By	PWJETT10 JETT, DERRICK	Time Completed	

Problem Information

Problem Details PERFORM A WET WEATHER INSPECTION QUARTLEY AT EACH DISCHARGE POINT (OUTFALL). WITHIN 30 MINUTES OF ANY PERCIPIATION EVENT WHERE THERE IS A MEASURABLE DISCHARGE. AT LEAST ONE QUARTERLY VISUAL ASSESSMENT MUST CAPTURE SNOWMENT DISCHARGE. IF THERE IS NO DISCHARGE, THEN NOTE "NO DISCHARGE" BUT COMPLETE AND RETAIN DOCUMENTATION. FORM B: MDE QUARTERLY VISUAL MONITORING FORM OUTFALLS: 001 STORMWATER POND BMP OVERFLOW (BY DOVER RD) 002 SAND FILTER OVERFLOW (NORTH SIDE OF FACILTY ADJACENT TO WALMART)

Address 6657 Street OLD SOLOMONS ISLAND RD
 Cross Street Map Book New Map Book
 Location
 Subdivision City FRIENDSHIP Zip 20758

Customer Information

Customer Name
 Address 6657 Street OLD SOLOMONS ISLAND RD
 City FRIENDSHIP State MD Zip 20758
 Home Phone () Ext. Second Phone () Ext.
 Elected/Project
 E/O Aide Elected Official

Structure/Equipment Information

Structure/Equipment No US DS No. Of Structures
 Structure/Equipment Type
 Address Street
 Cross Street
 Area Designator
 Miss Utility Number
 Activity H8062 SAFETY FUNCTIONS & FACILITY IN Completed Date 6/3/2021

Action Taken MAY 2021 QUARTERLY WET WEATHER INSPECTION

Quarterly Visual Monitoring Form

Fill out a separate form for each outfall sampled.

Sample Location	1312 SF		
Quarter / Year:	2021	Date / Time Collected:	26 May
		Date / Time Examined:	1300
Qualifying Storm Event?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Runoff Source:	Rainfall <input checked="" type="checkbox"/> Snowmelt <input type="checkbox"/>
Collector's Name & Title	Derrick E. Jett RMS		
Examiner's Name & Title			

Parameter	Parameter Description	Parameter Characteristics
1. Color	Does the stormwater appear to have any color? Yes <input type="checkbox"/> No (Clear) <input checked="" type="checkbox"/>	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:
6. Suspended Solids	Is there anything suspended in the sample? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Describe: Sediments

Leave sample undisturbed for 30 minutes.

7. Settled Solids	Is there anything settled on the bottom of the sample? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Describe: (note type, size and material after sample is not disturbed for 30 minutes) Small Sediments Dirt/Sand
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.
None

Stormwater Collector's Signature and Date: Jett, Derrick E 26 May 21

Stormwater Examiner's Signature and Date: _____

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

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
2	Hydrodynamic Device <ul style="list-style-type: none"> No Discoloration or sediment at the outfall? Pipes clear? Holding tanks not more than half full of sediment or debris? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<ul style="list-style-type: none"> Approximately 1' sediment accumulation observed in first chamber. No discoloration or sediment at outfall. Outfall stabilized by IMD project in 2011.
3	Waste Oil Tank System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<ul style="list-style-type: none"> Annual spill bucket hydrostatic test performed in 2018 with passing results; system is not in use
4	Salt Barn	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<ul style="list-style-type: none"> Salt covered and contained within containment area. Barrier installed at barn Area around barn is neat and well kept.
5	Calcium Chloride Tank Containment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<ul style="list-style-type: none"> Containment area dewatered on this date. Containment area valve observed in the closed position at time of inspection. 6/30/2020
6	Vacuum Truck Material Drying Pit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<ul style="list-style-type: none"> The area remains free draining with no standing rain water

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Vehicle maintenance material (hydraulic fluids , lubricants, etc.) loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> All vehicle fluids are maintained indoors under roof. Additional steps taken to place other construction materials under roof.
2	Equipment operations and maintenance areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Vehicle maintenance is completed at Davidsonville Yard
3	Fueling area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Signs in place. Spill kit in place Emergency Shut-Off is present at fuel island New above ground tanks were installed and Concrete around fuel station was repaired by Central Service All paperwork is onsite at time of inspection 6/30/2020

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
4	Dumpsters and trash cans	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Outdoor trash cans are lined. Dumpsters empty with no evidence of leakage.
5	Salt barn	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Salt contained within barn. Straw bales in place. Area around barn is neat and well kept. New Barrier installed at entrance to salt barn
6	Calcium Chloride tank, containment wall and application area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> Containment area dewatered on 6/30/2020. Containment area valve was placed in the closed position at time of inspection on 6/30/2020. Tank valves closed. Area around tank is neat and well kept.
7	Dust generation and vehicle tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> No dust observed. Construction vehicle use is limited to the stockpile area thereby preventing tracking. Swept Material storage yard on June 29, 2020
8	Vacuum Truck Material Drying Pit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> The area remains free draining with no standing rain water

Non-Compliance

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

Additional Control Measures

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

- 1) Wattles have been purchased and are on-hand for deployment, if required.

Notes

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

All inlets and trench drains were clean at time of inspection

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: Joe Shenton Urban Roads Superintendent

Signature: 

Date: June 23, 2021