

Appendix D5 – Management Programs (Property Management and Maintenance)

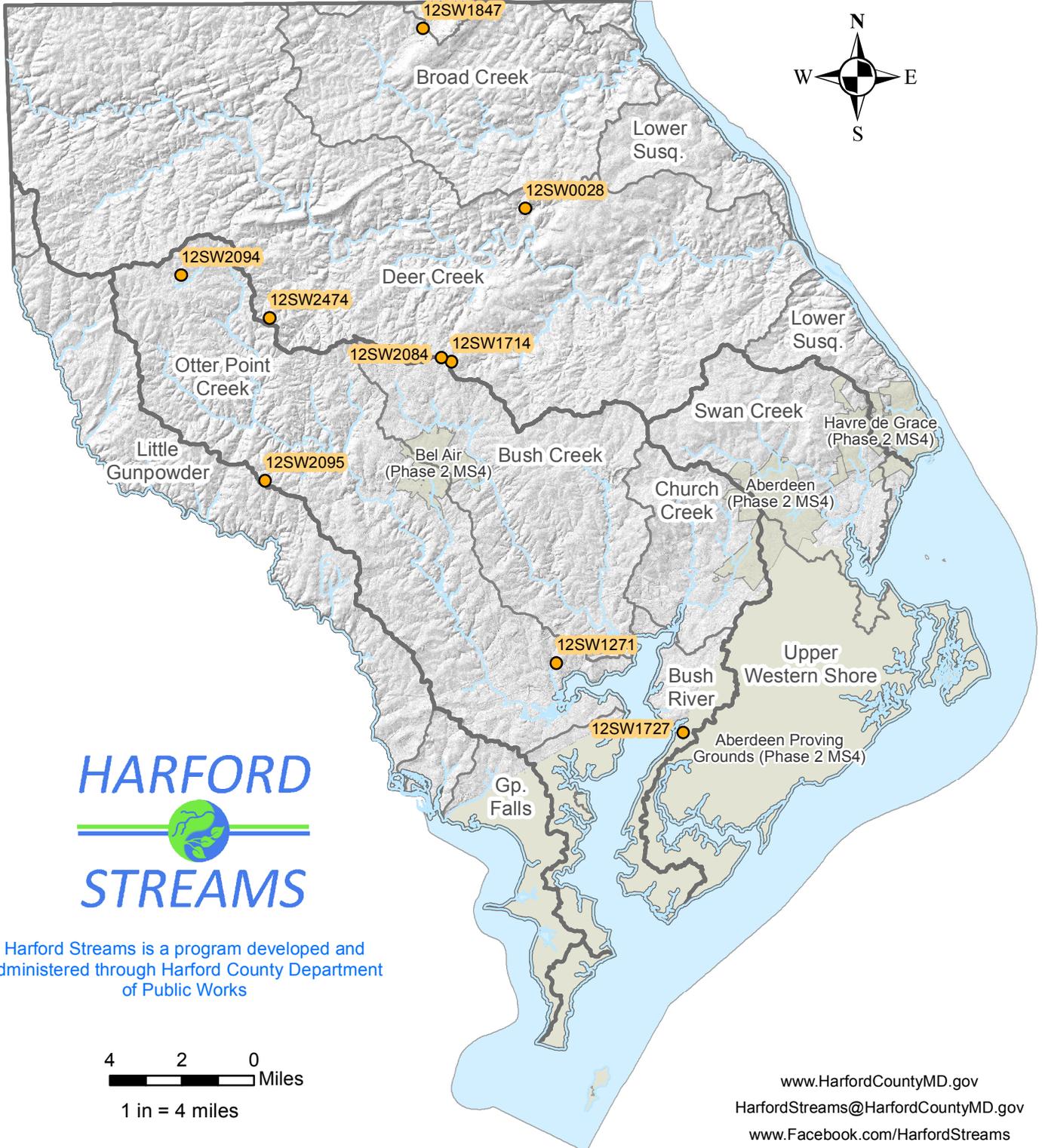
Appendix D5

Harford County, MD Department of Public Works Watershed Protection and Restoration

County Owned Facilities with 12SW Permit Coverage
(July 1, 2018 - June 30, 2019)



Barry Glassman
County Executive



Harford Streams is a program developed and administered through Harford County Department of Public Works

4 2 0 Miles
1 in = 4 miles

www.HarfordCountyMD.gov
HarfordStreams@HarfordCountyMD.gov
[www.Facebook.com/HarfordStreams](https://www.facebook.com/HarfordStreams)
(410) 638-3217

NPDES Phase 1 MS4 Permit 11-DP-3310

Printed 12/2019

Harford County Owned Facilities with 12SW Permit Coverage

MUNI_FACILITIES_ID: HA17MUN000001

FACILITY_NAME: ABINGDON HIGHWAY MAINTENANCE FACILITY

NOI_NUM: 12SW1271

MUNI_FACILITIES_ID: HA17MUN000002

FACILITY_NAME: HICKORY HIGHWAY MAINTENANCE FACILITY

NOI_NUM: 12SW1714

MUNI_FACILITIES_ID: HA17MUN000003

FACILITY_NAME: WHITEFORD HIGHWAY MAINTENANCE FACILITY

NOI_NUM: 12SW1847

MUNI_FACILITIES_ID: HA17MUN000004

FACILITY_NAME: JARRETTSVILLE HIGHWAY MAINTENANCE FACILITY

NOI_NUM: 12SW2474

MUNI_FACILITIES_ID: HA17MUN000005

FACILITY_NAME: FALLSTON PARKS & REC MAINTENANCE FACILITY

NOI_NUM: 12SW2095

MUNI_FACILITIES_ID: HA17MUN000006

FACILITY_NAME: JARRETTSVILLE PARKS & REC MAINTENANCE FACILITY

NOI_NUM: 12SW2094

MUNI_FACILITIES_ID: HA17MUN000007

FACILITY_NAME: HARFORD COUNTY SCHOOLS MAINTENANCE FACILITY

NOI_NUM: 12SW2084

MUNI_FACILITIES_ID: HA17MUN000008

FACILITY_NAME: SCARBORO LANDFILL

NOI_NUM: 12SW0028

MUNI_FACILITIES_ID: HA17MUN000009

FACILITY_NAME: SOD RUN WASTEWATER TREATMENT PLANT

NOI_NUM: 12SW1727



Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: Abingdon Highway Maintenance Facility
Facility Physical Address: 3111 Philadelphia Rd.
Abingdon, MD 21009

2. NPDES Permit Tracking No.: MDR0000

3. Lead Inspectors Name: Michele Dobson Title: Civil Engineer
Additional Inspectors Name(s):

4. Contact Person: Matt McKay Title: Supervisor
Phone: (410)612-1616 E-mail: mbmckay@harfordcountymd.gov

5. Inspection Date: 7/18/2018

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?
 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 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 stormwater or non-stormwater discharges not previously identified in your SWPPP?
YES NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated 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, not monitoring performed

Monthly evaluation reports and quarterly visual monitoring reports were reviewed. No stormwater issues or pollutant hot spots reported.

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.

There was no evidence of pollutants entering the drainage system or discharging to surface waters.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 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

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

7

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.

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 1:

1. Brief Description:

Transformers

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 2:

2. Brief Description:

Salt Dome

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)

**Salt dome berm is in place.
Evidence of leak from plow blade.**

INDUSTRIAL ACTIVITY AREA 3:

3. Brief Description:

Stone Piles

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)

**All stone piles neat and labeled.
Buckets stored outside along west edge of property.**

INDUSTRIAL ACTIVITY AREA 4:

4. Brief Description:

Asphalt and Slate Storage

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 5:

5. Brief Description:

Water & Sewer Administrative Offices

- | | | |
|--|---|--|
| 2. Are any control measures in need of maintenance or repair? | YES | <input checked="" type="checkbox"/> NO |
| 3. Have any control measures failed and require replacement? | YES | <input checked="" type="checkbox"/> NO |
| 4. Are any additional/revised control measures necessary in this area? | <input checked="" type="checkbox"/> 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)

Dumpster lid missing on tall dumpster.

Multiple oil stains in parking lot behind the garage due to leaking equipment and in far left corner between container and shed due to possible spill.

Multiple oil stains in side lot due to leaking equipment.

INDUSTRIAL ACTIVITY AREA 6:

6. Brief Description:

Highways Administrative Offices

- | | | |
|--|---|--|
| 2. Are any control measures in need of maintenance or repair? | YES | <input checked="" type="checkbox"/> NO |
| 3. Have any control measures failed and require replacement? | YES | <input checked="" type="checkbox"/> NO |
| 4. Are any additional/revised control measures necessary in this area? | <input checked="" type="checkbox"/> 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)

Sediment accumulation in grassed swale.

INDUSTRIAL ACTIVITY AREA 7:

7. Brief Description:

Fueling Area

- | | | |
|--|-----|--|
| 2. Are any control measures in need of maintenance or repair? | YES | <input checked="" type="checkbox"/> NO |
| 3. Have any control measures failed and require replacement? | YES | <input checked="" type="checkbox"/> NO |
| 4. Are any additional/revised control measures necessary in this area? | YES | <input checked="" type="checkbox"/> 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 8:

8. Brief Description:

Oil/Antifreeze drop-off

- | | | |
|--|-----|--|
| 2. Are any control measures in need of maintenance or repair? | YES | <input checked="" type="checkbox"/> NO |
| 3. Have any control measures failed and require replacement? | YES | <input checked="" type="checkbox"/> NO |
| 4. Are any additional/revised control measures necessary in this area? | YES | <input checked="" type="checkbox"/> NO |

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

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action **1 of 7** for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
 A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release or discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): _____
4. Briefly describe the nature of the problem identified:
**Evidence of oil staining in the rear parking lot of the W&S Administration Building. Sources may include equipment leaks and possible spill near the storage shed.
Photo 9 and Photo 12**
5. Date problem identified: 7/18/18
6. How problem was identified:
 Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or State or local authorities
Other (describe): _____
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g. describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
Use absorbents to clean up oil leaks and spills. Inspect equipment for leaks.
8. Did/will this corrective action require modification of your SWPPP? YES NO
9. Date corrective action initiated: **11/26/18**
10. Date corrective action completed:
Or expected to be completed: **12/31/18**
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action **2 of 7** for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
 A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release or discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): _____
4. Briefly describe the nature of the problem identified:
**Tall dumpster behind W&S Administration building is missing one lid.
Photo 15**
5. Date problem identified: 7/18/18
6. How problem was identified:
 Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or State or local authorities
Other (describe): _____
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g. describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
Replace dumpster lid.
8. Did/will this corrective action require modification of your SWPPP? YES NO
9. Date corrective action initiated: **11/26/18**
10. Date corrective action completed:
Or expected to be completed: **12/31/18**
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action **3 of 7** for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
 A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release or discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): _____
4. Briefly describe the nature of the problem identified:
Evidence of oil staining in the side parking lot of the W&S Administration Building. Sources are likely equipment leaks. Photo 19 and Photo 20
5. Date problem identified: 7/18/18
6. How problem was identified:
 Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or State or local authorities
Other (describe): _____
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g. describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
Use absorbents to clean up oil leaks. Inspect equipment for leaks.
8. Did/will this corrective action require modification of your SWPPP? YES NO
9. Date corrective action initiated: **11/26/18**
10. Date corrective action completed:
Or expected to be completed: **12/31/18**
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action **4 of 7** for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
 A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release or discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): _____
4. Briefly describe the nature of the problem identified:
Evidence of hydraulic fluid leak from plow blade.
Photo 28
5. Date problem identified: 7/18/18
6. How problem was identified:
 Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or State or local authorities
Other (describe): _____
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g. describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
Use absorbents to clean up leaks. Inspect equipment for leaks.
8. Did/will this corrective action require modification of your SWPPP? YES NO
9. Date corrective action initiated: **11/26/18**
10. Date corrective action completed:
Or expected to be completed: **12/31/18**
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action **5 of 7** for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
 A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release or discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): _____
4. Briefly describe the nature of the problem identified:
Buckets containing concrete curing compound stored outdoor along west edge of property.
Photo 33
5. Date problem identified: 7/18/18
6. How problem was identified:
 Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or State or local authorities
Other (describe): _____
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g. describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
Move buckets to indoor storage.
8. Did/will this corrective action require modification of your SWPPP? YES NO
9. Date corrective action initiated: **11/26/18**
10. Date corrective action completed:
Or expected to be completed: **12/31/18**
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action **6 of 7** for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
 A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release or discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): _____
4. Briefly describe the nature of the problem identified:
Liquid storage containers are not labeled.
Photo 34
5. Date problem identified: 7/18/18
6. How problem was identified:
 Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or State or local authorities
Other (describe): _____
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g. describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
Label containers.
8. Did/will this corrective action require modification of your SWPPP? YES NO
9. Date corrective action initiated: **11/26/18**
10. Date corrective action completed:
Or expected to be completed: **12/31/18**
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action **7 of 7** for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
 A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release or discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): _____
4. Briefly describe the nature of the problem identified:
Excessive sediment in grassed swale at Outfall A. While the grassed swale is currently effective at preventing sediment transport offsite, it is recommended to add straw bales to extend the useful function of the grassed swale, reducing the frequency of rehabilitation.
5. Date problem identified: 7/18/18
6. How problem was identified:
 Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or State or local authorities
Other (describe): _____
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g. describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
Add straw bales at the grassed swale inflow point.
Photo 36
8. Did/will this corrective action require modification of your SWPPP? YES NO
9. Date corrective action initiated: **11/26/18**
10. Date corrective action completed:
Or expected to be completed: **12/31/18**
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:



Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: Hickory II Highway Maintenance Facility
Facility Physical Address: 1807 N Fountain Green Rd
Bel Air, MD 21015
2. NPDES Permit Tracking No.: MDR0000
3. Lead Inspectors Name: Michele Dobson Title: Civil Engineer
Additional Inspectors Name(s):
4. Contact Person: Jeff Pangburn Title: Supervisor
Phone: (410)638-3560 E-mail: jwpangburn@harfordcountymd.gov
5. Inspection Date: 6/13/2019

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?
 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 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 stormwater or non-stormwater discharges not previously identified in your SWPPP?
YES NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated 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, not monitoring performed

Monthly evaluation reports and quarterly visual monitoring reports were reviewed. No stormwater issues or pollutant hot spots reported.

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.

There was no evidence of pollutants entering the drainage system or discharging to surface waters.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 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

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

4

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.

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 1:

1. Brief Description:

First Vehicle: Fuel Station

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 2:

2. Brief Description:

Generator

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 3:

3. Brief Description:

First Vehicle: Building and lot

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 4:

4. Brief Description:

Covered Storage

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)

Hydraulic fluid leaks

INDUSTRIAL ACTIVITY AREA 5:

5. Brief Description:

Dumpsters

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)

Overflowing dumpster with open lid

INDUSTRIAL ACTIVITY AREA 6:

6. Brief Description:

Salt Dome

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 7:

7. Brief Description:

Stockpile Area

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

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

**Sediment accumulation and ineffective straw bales at stormwater outlet
Accumulation of trash**

INDUSTRIAL ACTIVITY AREA 8:

8. Brief Description:

Administrative Offices

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 9:

9. Brief Description:

Garage

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)

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 4** for this reporting period.
2. Is this corrective action:
 - An update on a corrective action from a previous annual report; or
 - A new corrective action?
3. Identify the condition(s) triggering the need for this review:
 - Unauthorized release or discharge
 - Numeric effluent limitation exceedance
 - Control measures inadequate to meet applicable water quality standards
 - Control measures inadequate to meet non-numeric effluent limitations
 - Control measures not properly operated or maintained
 - Change in facility operations necessitated change in control measures
 - Average benchmark value exceedance
 - Other (describe): _____

4. Briefly describe the nature of the problem identified:

Evidence of hydraulic fluid leaks from various pieces of equipment

5. Date problem identified: 6/13/19
6. How problem was identified:
 - Comprehensive site inspection
 - Quarterly visual assessment
 - Routine facility inspection
 - Benchmark monitoring
 - Notification by EPA or State or local authorities
 - Other (describe): _____
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g. describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Use absorbents to clean up leaks. Use drip pans if necessary. Drain hydraulic fluid from equipment if in long-term storage.

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

9. Date corrective action initiated: **6/18/19**

10. Date corrective action completed:

Or expected to be completed: **7/18/19**

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action 2 of 4 for this reporting period.

2. Is this corrective action:

An update on a corrective action from a previous annual report; or

A new corrective action?

3. Identify the condition(s) triggering the need for this review:

Unauthorized release or discharge

Numeric effluent limitation exceedance

Control measures inadequate to meet applicable water quality standards

Control measures inadequate to meet non-numeric effluent limitations

Control measures not properly operated or maintained

Change in facility operations necessitated change in control measures

Average benchmark value exceedance

Other (describe): _____

4. Briefly describe the nature of the problem identified:

Dumpster overflowing and lid not closed

5. Date problem identified: 6/13/19

6. How problem was identified:

Comprehensive site inspection

Quarterly visual assessment

Routine facility inspection

Benchmark monitoring

Notification by EPA or State or local authorities

Other (describe): _____

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

Empty dumpster more frequently if required. Keep lids closed.

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

9. Date corrective action initiated: 6/18/19

10. Date corrective action completed:

Or expected to be completed: 7/18/19

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action 3 of 4 for this reporting period.

2. Is this corrective action:

An update on a corrective action from a previous annual report; or

A new corrective action?

3. Identify the condition(s) triggering the need for this review:

Unauthorized release or discharge

Numeric effluent limitation exceedance

Control measures inadequate to meet applicable water quality standards

Control measures inadequate to meet non-numeric effluent limitations

Control measures not properly operated or maintained

Change in facility operations necessitated change in control measures

Average benchmark value exceedance

Other (describe): _____

4. Briefly describe the nature of the problem identified:

Sediment accumulation at stormwater outlet of stockpile area. Ineffective straw bales.

5. Date problem identified: 6/13/19

6. How problem was identified:

Comprehensive site inspection

Quarterly visual assessment

Routine facility inspection

Benchmark monitoring

Notification by EPA or State or local authorities

Other (describe): _____

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

Clean out accumulated sediment and replace straw bales. Where feasible, stabilize stockpile areas to prevent sediment transport.

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

9. Date corrective action initiated: 6/18/19

10. Date corrective action completed:

Or expected to be completed: 7/18/19

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action **1 of 4** for this reporting period.

2. Is this corrective action:

An update on a corrective action from a previous annual report; or

A new corrective action?

3. Identify the condition(s) triggering the need for this review:

Unauthorized release or discharge

Numeric effluent limitation exceedance

Control measures inadequate to meet applicable water quality standards

Control measures inadequate to meet non-numeric effluent limitations

Control measures not properly operated or maintained

Change in facility operations necessitated change in control measures

Average benchmark value exceedance

Other (describe): _____

4. Briefly describe the nature of the problem identified:

Trash accumulation in stockpile area

5. Date problem identified: 6/13/19

6. How problem was identified:

Comprehensive site inspection

Quarterly visual assessment

Routine facility inspection

Benchmark monitoring

Notification by EPA or State or local authorities

Other (describe): _____

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

Remove trash

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

9. Date corrective action initiated: **6/18/19**

10. Date corrective action completed:

Or expected to be completed: **7/18/19**

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

E. ANNUAL REPORT CERTIFICATION

1. Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ✓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:

Michele Dobson

Title:

Civil Engineer

Michele Dobson

6/18/19

Signature: _____

Date Signed: _____



Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: Jarrettsville Highway Maintenance Facility
Facility Physical Address: 1348 Cooptown Rd
Forest Hill, MD 21050
2. NPDES Permit Tracking No.: MDR0000
3. Lead Inspectors Name: Michele Dobson Title: Civil Engineer
Additional Inspectors Name(s):
4. Contact Person: William Williams Title: Supervisor
Phone: (410)692-7878 E-mail: wpwilliams@harfordcountymd.gov
5. Inspection Date: 5/14/2019

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?
 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 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 stormwater or non-stormwater discharges not previously identified in your SWPPP?
YES NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated 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, not monitoring performed

Monthly evaluation reports and quarterly visual monitoring reports were reviewed. No stormwater issues or pollutant hot spots reported.

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.

There was no evidence of pollutants entering the drainage system or discharging to surface waters.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 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

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

3

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.

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 1:

1. Brief Description:

Administrative offices

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 2:

2. Brief Description:

Fueling area

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

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

INDUSTRIAL ACTIVITY AREA 3:

3. Brief Description:

Garage and covered storage

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)

Spills and leaks noted

INDUSTRIAL ACTIVITY AREA 4:

4. Brief Description:

Salt Domes

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 5:

5. Brief Description:

Stockpile Area

- | | | |
|--|---|--|
| 2. Are any control measures in need of maintenance or repair? | YES | <input checked="" type="checkbox"/> NO |
| 3. Have any control measures failed and require replacement? | YES | <input checked="" type="checkbox"/> NO |
| 4. Are any additional/revised control measures necessary in this area? | <input checked="" type="checkbox"/> 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)

Eroded area below stockpile area.

Accumulated sediment at truckbed wash area.

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 3** for this reporting period.
2. Is this corrective action:
 - An update on a corrective action from a previous annual report; or
 - A new corrective action?
3. Identify the condition(s) triggering the need for this review:
 - Unauthorized release or discharge
 - Numeric effluent limitation exceedance
 - Control measures inadequate to meet applicable water quality standards
 - Control measures inadequate to meet non-numeric effluent limitations
 - Control measures not properly operated or maintained
 - Change in facility operations necessitated change in control measures
 - Average benchmark value exceedance
 - Other (describe): _____
4. Briefly describe the nature of the problem identified:

Spills and leaks noted in garage.
5. Date problem identified: 5/14/19
6. How problem was identified:
 - Comprehensive site inspection
 - Quarterly visual assessment
 - Routine facility inspection
 - Benchmark monitoring
 - Notification by EPA or State or local authorities
 - Other (describe): _____
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g. describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Use absorbents to clean up spills and leaks. Train staff on leak prevention and clean-up.
8. Did/will this corrective action require modification of your SWPPP? YES NO
9. Date corrective action initiated: **5/22/19**
10. Date corrective action completed:

Or expected to be completed: **6/22/19**
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action **2 of 3** for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
 A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release or discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): _____
4. Briefly describe the nature of the problem identified:

Eroded area below stockpile
5. Date problem identified: 5/14/19
6. How problem was identified:
 Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or State or local authorities
Other (describe): _____
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g. describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Develop a plan to address erosion issue. Coordinate with Office of Watershed Protection and Restoration.
8. Did/will this corrective action require modification of your SWPPP? YES NO
9. Date corrective action initiated: **5/22/19**
10. Date corrective action completed:

Or expected to be completed: **8/22/19**
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action 3 of 3 for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
 A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release or discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): _____
4. Briefly describe the nature of the problem identified:

Accumulated sediment at truckbed wash station.
5. Date problem identified: 5/14/19
6. How problem was identified:
 Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or State or local authorities
Other (describe): _____
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g. describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Sweep up accumulated sediment.
8. Did/will this corrective action require modification of your SWPPP? YES NO
9. Date corrective action initiated: 5/22/19
10. Date corrective action completed:

Or expected to be completed: 6/22/19
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:



Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: Whiteford Highway Maintenance Facility
Facility Physical Address: 1405 Pylesville Rd
Whiteford, MD 21160

2. NPDES Permit Tracking No.: MDR0000

3. Lead Inspectors Name: Michele Dobson Title: Civil Engineer
Additional Inspectors Name(s):

4. Contact Person: Jeffrey Griffith Title: Supervisor
Phone: (410)638-3606 E-mail: jagriffith@harfordcountymd.gov

5. Inspection Date: 6/06/2019

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?
 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 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 stormwater or non-stormwater discharges not previously identified in your SWPPP?
YES NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated 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, not monitoring performed

Monthly evaluation reports and quarterly visual monitoring reports were reviewed. No stormwater issues or pollutant hot spots reported.

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.

There was no evidence of pollutants entering the drainage system or discharging to surface waters.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 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

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?

3

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.

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 1:

1. Brief Description:

Stockpile area

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

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

**Accumulated sediment in riprap plunge pool
Rills forming in lot**

INDUSTRIAL ACTIVITY AREA 2:

2. Brief Description:

Salt dome

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 3:

3. Brief Description:

Truck shed

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 4:

4. Brief Description:

Fueling station

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 5:

5. Brief Description:

Administrative offices and truck bays

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 6:

6. Brief Description:

Parking lot

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)

Hydraulic fluid leaks from plow blades

INDUSTRIAL ACTIVITY AREA 7:

7. Brief Description:

Oil recycling drop-off – operated by Maryland Environmental Service

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)

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 3** for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
 A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release or discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): _____

4. Briefly describe the nature of the problem identified:

Accumulated sediment in riprap plunge pool

5. Date problem identified: 6/06/19

6. How problem was identified:
 Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or State or local authorities
Other (describe): _____

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

Remove sediment from plunge pool

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

9. Date corrective action initiated: **06/10/19**

10. Date corrective action completed:

Or expected to be completed: **07/10/19**

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

- 1. Corrective Action **2 of 3** for this reporting period.
- 2. Is this corrective action:
An update on a corrective action from a previous annual report; or
 A new corrective action?
- 3. Identify the condition(s) triggering the need for this review:
Unauthorized release or discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe): _____

4. Briefly describe the nature of the problem identified:

Rills forming in lot

5. Date problem identified: 6/06/19

- 6. How problem was identified:
 Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or State or local authorities
Other (describe): _____

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

Grade/fill rills

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

9. Date corrective action initiated: **06/10/19**

10. Date corrective action completed:

Or expected to be completed: **07/10/19**

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action **3 of 3** for this reporting period.

2. Is this corrective action:

An update on a corrective action from a previous annual report; or

A new corrective action?

3. Identify the condition(s) triggering the need for this review:

Unauthorized release or discharge

Numeric effluent limitation exceedance

Control measures inadequate to meet applicable water quality standards

Control measures inadequate to meet non-numeric effluent limitations

Control measures not properly operated or maintained

Change in facility operations necessitated change in control measures

Average benchmark value exceedance

Other (describe): _____

4. Briefly describe the nature of the problem identified:

Hydraulic fluid leaks from plow blades

5. Date problem identified: 6/06/19

6. How problem was identified:

Comprehensive site inspection

Quarterly visual assessment

Routine facility inspection

Benchmark monitoring

Notification by EPA or State or local authorities

Other (describe): _____

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

Drain plow blades of hydraulic fluid for off-season storage. Use absorbent materials to clean up leaks.

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

9. Date corrective action initiated: **06/10/19**

10. Date corrective action completed:

Or expected to be completed: **07/10/19**

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:



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: PARKS & REC FALLSTON SHOP

2. NPDES Permit Tracking No.: MDR00000

3. Facility Physical Address:

a. Street: 1809 FALLSTON RD

b. City: FALLSTON

c. State: MD d. Zip Code: 21047

4. Lead Inspectors Name: MICHELE DOBSON

Title: CIVIL ENGINEER

Additional Inspectors Name(s):

5. Contact Person: DANNY JONES

Title: SUPERINTENDANT

Phone: 410 - 638 - 3535 Ext. E-mail: DJONES@HARFORDCOUNTYMD.GOV

6. Inspection Date: 11 / 14 / 2018

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?

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 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:

No pollutants observed leaving the site. Outfall in good repair, including flow dissipation measures.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 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 3.1 and 3.2 were addressed by these corrective actions?

02

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.

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 1:

1. Brief Description:

Fueling station

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)

New permanent fueling station in place

INDUSTRIAL ACTIVITY AREA 2:

1. Brief Description:

Used oil/antifreeze

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)

Water, plastic containers and debris accumulating in secondary containment unit.

INDUSTRIAL ACTIVITY AREA 3:

Brief Description:

Maintenance garage

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)

Marking paint and tile adhesive containers stored outdoors.

NOTE: Copy this page and attach additional pages as necessaryINDUSTRIAL ACTIVITY AREA 4:

1. Brief Description:

Wash bay

2. Are any control measures in need of maintenance or repair? YES NO3. Have any control measures failed and require replacement? YES NO4. 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 5:

1. Brief Description:

Monitoring wells

2. Are any control measures in need of maintenance or repair? YES NO3. Have any control measures failed and require replacement? YES NO4. 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)

Not applicable. Underground storage tanks have been removed. Monitoring wells have been capped.

INDUSTRIAL ACTIVITY AREA 6:

1. Brief Description:

Equipment shed

2. Are any control measures in need of maintenance or repair? YES NO3. Have any control measures failed and require replacement? YES NO4. 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 7:

1. Brief Description:

Offices

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 8:

1. Brief Description:

Underground fuel tanks

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)

Underground fuel tanks have been removed. All fuel now stored in above-ground storage tanks.

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

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

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

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

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

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action #

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 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
- A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release or discharge
- Numeric effluent limitation exceedance
- Control measures inadequate to meet applicable water quality standards
- Control measures inadequate to meet non-numeric effluent limitations
- Control measures not properly operated or maintained
- Change in facility operations necessitated change in control measures
- Average benchmark value exceedance
- Other (describe): _____

4. Briefly describe the nature of the problem identified:

Marking paint and tile adhesive containers stored outdoors.

5. Date problem identified:

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6. How problem was identified:

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

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

Move marking paint and tile adhesive containers indoors, recycle or dispose of properly.

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

9. Date corrective action initiated:

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10. Date correction action completed:

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 or expected to be completed:

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11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

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 # 02 of 02 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
 A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release or discharge
 Numeric effluent limitation exceedance
 Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
 Change in facility operations necessitated change in control measures
 Average benchmark value exceedance
 Other (describe): _____

4. Briefly describe the nature of the problem identified:

Water, plastic containers and debris accumulating in secondary containment unit.

5. Date problem identified: 11 / 14 / 2018

6. How problem was identified:

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

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

Water should be filtered and drained and all debris should be removed from secondary containment. These items take up capacity in the secondary containment unit. In the event of a spill, this could cause an overflow. The system should be under-roof to avoid accumulation of rainwater and snow-melt. Plastic containers and debris should be disposed of properly or stored elsewhere.

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

9. Date corrective action initiated: 11 / 14 / 2018

10. Date correction action completed: / / or expected to be completed: 02 / 14 / 2019

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

E. ANNUAL REPORT CERTIFICATION

1. Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? 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:

MICHELE DOBSON | | | | | | | | | | | | | | | |

Title:

CIVIL ENGINEER | | | | | | | | | | | | | | | |

Signature:

Michele Dobson

Date Signed:

11/20/18



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

A. GENERAL INFORMATION

1. Facility Name: PARKS & REC JARRETTSVILLE SHOP

2. NPDES Permit Tracking No.: MDR00000

3. Facility Physical Address:

a. Street: 3804 FEDERAL HILL RD

b. City: JARRETTSVILLE c. State: MD d. Zip Code: 21084

4. Lead Inspectors Name: MICHELE DOBSON Title: CIVIL ENGINEER

Additional Inspectors Name(s):

5. Contact Person: DANNY JONES Title: SUPERINTENDANT

Phone: 410 - 638 - 3535 Ext. E-mail: DJONES@HARFORDCOUNTYMD.GOV

6. Inspection Date: 11 / 14 / 2018

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?

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 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:

Quarterly Visual Monitoring at Outfall 1 is required.

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:

No pollutants observed leaving the site.

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 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 3.1 and 3.2 were addressed by these corrective actions?

03

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.

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 1:

1. Brief Description:

Workshop

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 2:

1. Brief Description:

Dome storage

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)

Athletic field soil not contained in dome.

INDUSTRIAL ACTIVITY AREA 3:

Brief Description:

Covered storage

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 necessaryINDUSTRIAL ACTIVITY AREA 4:

1. Brief Description:

Outside storage

2. Are any control measures in need of maintenance or repair? YES NO3. Have any control measures failed and require replacement? YES NO4. 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 5:

1. Brief Description:

Aggregate storage

2. Are any control measures in need of maintenance or repair? YES NO3. Have any control measures failed and require replacement? YES NO4. 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 6:

1. Brief Description:

Fill dirt storage

2. Are any control measures in need of maintenance or repair? YES NO3. Have any control measures failed and require replacement? YES NO4. 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)

Roof in need of repair.

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 # 01 of 03 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
 A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release or discharge
 Numeric effluent limitation exceedance
 Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
 Change in facility operations necessitated change in control measures
 Average benchmark value exceedance
 Other (describe): _____

4. Briefly describe the nature of the problem identified:

Drainage and/or erosion and sediment control measures needed

5. Date problem identified: 11 / 14 / 2018

6. How problem was identified:

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

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

Correct drainage pattern and install erosion and sediment control measures. Replace straw bales at outfall. Clean up piles of soil to eliminate sediment accumulating and being discharged from the site. Add stone or aggregate to pot holes and areas with damaged blacktop.

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

9. Date corrective action initiated: 11 / 14 / 2018

10. Date correction action completed: / / or expected to be completed: 02 / 14 / 2019

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 02 of 03 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
 A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release or discharge
 Numeric effluent limitation exceedance
 Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
 Change in facility operations necessitated change in control measures
 Average benchmark value exceedance
 Other (describe): _____

4. Briefly describe the nature of the problem identified:

Athletic field soil not contained in dome.

5. Date problem identified: 11 / 14 / 2018

6. How problem was identified:

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

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

Create berm to keep soil contained in the dome or clean up soil as spills occur to minimize sediment discharging from the site.

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

9. Date corrective action initiated: 11 / 14 / 2018

10. Date correction action completed: / / or expected to be completed: 12 / 14 / 2018

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 03 of 03 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
 A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release or discharge
 Numeric effluent limitation exceedance
 Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
 Change in facility operations necessitated change in control measures
 Average benchmark value exceedance
 Other (describe): _____

4. Briefly describe the nature of the problem identified:

Roof on outside storage is damaged.

5. Date problem identified: 11 / 14 / 2018

6. How problem was identified:

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

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

Repair roof on outside storage shed so the erodible stockpile of soil stored inside does not contribute to ES issues and discharge from the site.

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

9. Date corrective action initiated: 11 / 14 / 2018

10. Date correction action completed: 02 / 14 / 2019 or expected to be completed:

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

E. ANNUAL REPORT CERTIFICATION

1. Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? 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: MICHELE DOBSON | | | | | | | | | | | | | | | | Title: CIVIL ENGINEER | | | | | | | | | | | | | | | |

Signature: Michele Dobson Date Signed: 11/20/18

2019

PESTICIDE APPLICATION RECORDS

Name of Applicator	Time and Date	Customer Name and Address of Property Treated	Site of Application and Target Pest	Size of Area Treated	Common Name of Pesticide(s) Used	EPA Reg. No. of Pesticide(s) Used	Rate and Concentration of Pesticide(s)	Total Amount of Pesticide(s) Used	Type of Application Equipment	Wind Speed and Direction (MPH, direction)	Additional Comments
Delano	6/17	212 Bend 220 man	Weeb Parking 1015	20 K sq ft	Farmwork 41% Gly Phosphate	84009 -13	10%	1 gal	BPS	still	spot spray
Delano	6/17	DISTRICT COURT	Mulch Beds	1 K sq ft	"	"	"	1/2 gal	"	"	
Delano	6/17	220 Main St sherris office	"	150 sq ft	"	"	"	1/2 gal	"	"	
Delano	6/17	Circuit CART	"	250 sq ft	"	"	"	10 oz	"	"	
Delano	6/25	Francis silver	Tree mulch	620 sq ft	Jewel		Greater	17 oz	Brookly		
Delano	6/27	SHF	Mulch parking walks drives	10 ac +	Farmwork 41% Gly Phosphate	84009 -12	10%	3/4 gal	BPS	South	spot spray
Delano	7/1	220 Main	Parking lot	Spot spray	"	"	10%	1 qt.	"	8 mph	spot spray
Delano	7/3	Kahoe Bldg	Parking lot & back	"	"	"	"	1 gal	BPS	10 mph variable	

PESTICIDE APPLICATION RECORDS

Name of Applicator	Time and Date	Customer Name and Address of Property Treated	Site of Application and Target Pest	Size of Area Treated	Common Name of Pesticide(s) Used	EPA Reg. No. of Pesticide(s) Used	Rate and Concentration of Pesticide(s)	Total Amount of Pesticide(s) Used	Type of Application Equipment	Wind Speed and Direction (if applicable)	Additional Comments
Delano	25 Sept	SHF	flower Beds	210 sq ft.	Freehand	9505 1A D01	Granular	4 cups	Broad-cast spreader	still	
Delano	26 Sept	Hd G Activity ctr. Parking lot	combs & walks	10 ac	Honcho plus	524-454	10%	2 4 Gal	BPS	5 mph	
Delano	Oct 10 2018	SHF	front flower Beds	800 sq ft	Freehand	9505 1A D01	Granular	6 cups	Broadcast spreader	6 mph	
Delano	Oct 10 2018	SHF	walkway & flower Beds	10 K 39 ft	Honcho plus	524 454	10%	1 gal	BPS	6 mph	spot spray
Delano	10/11/18	SHF	Beds by croquet	1000 sq ft.	Freehand	9505 1A D01	Granular	5 cups	Broadcast	4 mph	

2018

PESTICIDE APPLICATION RECORDS

Name of Applicator	Time and Date	Customer Name and Address of Property Treated	Species Application and Target Pest	Size of Area Treated	Common Name of Pesticide(s) Used	EPA Reg. No. of Pesticide(s) Used	Rate and Concentration of Pesticide(s)	Total Amount of Pesticide(s) Used	Type of Application Equipment	Wind Speed and Direction (if applicable)	Additional Comments
Delano	Aug 4	1980 Brookside dr edgewater	Mulch Bed	200 sq FT	Gly 4	7269	7.5%	10 oz	BPS	7 mph	
Delano	Aug 8 2018	SFF	Gazebos Gardens Trees.	5000 FT ²	Gly 4	7269	7.5%	1 qt.	BPS	still	
Delano	Aug 9 2018	145 N. Hickory Bel Air office on aging	Mulch Beds	600 sq FT	Freehand	9505 1A DOI	granular	6 cups	Broadcast	5-10 mph	
Delano	Aug 15 2018	Churchville complex Glenville	Mulch Beds	1000 sq FT	"	"	"	6 cups	"	still	
Delano	Aug 16	SFF	Mulch Beds Trees	10 K	Gly 4	7269	7.5%	1 Gal	BPS	1 mph N	S
Delano	Aug 21 2018	Churchville complex Glenville	AC enclos	5 K sq FT	"	"	"	2 Gal	"	still	Heavy vegetation enclosed area
Delano	Aug 22	Bel Air Library	Mulch Beds	10 K sq FT	"	"	"	1.5 gal	"	still	
Delano	Sept 4	B.A. Colored school	Beds & walks	3 K sq FT	"	"	"	1 gal	"	5 mph	

PESTICIDE APPLICATION RECORDS

Name of Applicator	Date	Customer Name and Address of Property Treated	Site of Application and Target Pest	Size of Area Treated	Common Name of Pesticide(s) Used	FPA Reg. No. of Pesticide(s) Used	Rate and Concentration of Pesticide(s)	Total Amount of Pesticide(s) Used	Type of Application Equipment	Wind Speed and Direction (if applicable)	Additional Comments
Delano 6/20/18	6/21/18	SHF	Mulch Beds sidewalks	10K sq ft spot spray	Gly 4	7269	7.5%	1 Gal	BPS	3-5 mph	
Delano 7/9/18	7/9/18	Kahoe Bldg 1125 Hickory Ave 21014	sidewalks and along Building	2K sq ft	Gly 4	7269	7.5%	1 qt.	BPS	3 mph	spot spray
Delano 7/10/18	7/10/18	Main office Tollgate Rd	Mulch Beds sidewalks trees	1K sq ft	Gly 4	7269	7.5%	1 qt.	BPS	still	spot spray
Delano	7/11/18	Equestrian center Tollgate rd	Front Bed	500 sq	Gly 4	7269	7.5%	1/2 gal	BPS	3-5 mph	
Delano 7/20/18	7/20/18	SHF	sidewalks Driveway	10K sq ft	Gly 4	7269	7.5	1/2 Gal	BPS	3-5 mph	spot spray
Delano 7/20 18	7/20 18	SHF	Building Foundation	10 sq ft	spectracide weed & grass	9688 265 8845	pre mixed	2oz	Trigger sprayer	3-5 variable	
Delano 7/30	7/30	Distrit COURT RISTEAM	Mulch Beds	800 sq ft	Gly 4	7269	7.5%	1/2 Gal	BPS	5-N variable	
Delano 7/30	7/30	SHF 220-212 Belair	Mulch Beds sidewalks	1,700 sq ft	Gly 4	7269	7.5%	3qt	BPS	still to 5 mph	

Harford County Noxious Weed Control Program
FY2019 Herbicide Application

1. County Highways:

Mad Dog Plus - 9 Gallons
Rodeo - 4 Gallons
Hi-Dep - 3 Gallons
80/20 Surfactant - 16 Quarts

2. Harford Waste Disposal Center and other Environmental Services Properties:

Mad Dog Plus - 17 Quarts, 3 Pints
Rodeo - 4 Gallons
Hi-Dep - 4 Gallons
80/20 Surfactant - 26 Quarts, 2 Pints

3. Other residential properties within the County:

Mad Dog Plus - 2 Gallons, 1 Pint
Hi-Dep - 12 Gallons
Ranger Pro - 1 Gallon
Aqua Neat - 2 Gallons
Transline - 2 Quarts
80/20 Surfactant - 16 Gallons, 1 Pint
90/10 Surfactant - 2 Quarts

4. SHA-State Highway Administration:

Element 3A - .5 Gallons
Aqua Neat - 6 Gallons
Razor Pro - 6 Gallons
80/20 Surfactant - 6 Quarts
90/10 Surfactant - 6 Quarts

**Property Management and Maintenance
Training Records**

Date	Location	Number of Trainees	Group
7/23/2018	Abingdon Highways	16	District 1
8/14/2018	Hickory Highways	1	Drainage
9/1/2018	Hickory Highways	6	Bridges
9/17/2018	Hickory Highways	14	District 2
9/28/2018	Jarrettsville Highways	13	District 4
10/2/2018	Whiteford Highways	17	District 3
11/5/2018	Hickory Highways	10	Sealing
1/25/2019	Fallston Parks & Rec	4	Supervisors
2/15/2019	Harford County Public Schools	307	All employees
2/20/2019	Sod Run WWTP	35	WWTP Operations
2/21/2019	Scarboro Landfill	33	Solid Waste
4/3/2019	Abingdon Highways	15	District 1
6/3/2019	Hickory Highways	6	Road Marking
4/30/2019	Hickory Highways	13	Sealing