

**ADDENDUM NO. 7****BID NO. 25-08****SR-2 CARSINS RUN TRIBUTARY RESTORATION  
CITY OF ABERDEEN, MARYLAND**

To all holders of the specifications, the following corrections are hereby made. All other items shall remain unchanged. This addendum shall become part of the Contract Documents for the above referenced project.

**Acknowledgement of Addendum**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please see the attached and below response for addendum:**

Q1: At the pre-bid meeting, it was mentioned that the City would follow up on turbidity control requirements for the stream (1) if there would be any (2) and what those would be, is so. Has the City determined the requirements, if any?

**A1: The contractor will be responsible for meeting the requirements of the Maryland General Permit No. 20-CP, including compliance with the SWPPP and turbidity standards with monitoring and reporting. KCI has initiated the NOI and drafted a SWPPP. The addendum includes: a revised 308-Erosion and Sediment Control Special Provision, a portable sediment tank detail, and Appendix D 20CP : Turbidity Monitoring Report Form and Instructions. The draft SWPPP is included for your reference as well.**

Q2: In follow up to a previous question on section 4.03 in the General Conditions:

**A2: OMIT "Owner shall provide engineering surveys to establish reference points for construction which in Engineer's judgment are necessary to enable Contractor to proceed with the Work."**

## Appendix D 20CP : Turbidity Monitoring Report Form and Instructions

Part III.B.4.d.iii requires you to use the MDE eReporting system, or “[egov.maryland.gov/mde/npdes/Account/Login](http://egov.maryland.gov/mde/npdes/Account/Login)” system, to submit your report electronically. To be compliance you must complete and submit the following form.

# Turbidity Monitoring Report Form

|                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                      |           |  |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
|                                         |                                                                                                                                                                                                              | <b>Maryland Department of the Environment</b><br>Turbidity Monitoring Report Form for Dewatering Discharges to Tier II and Sediment Impaired Waters Under the 20CP NPDES Construction General Permit |           |  |
| <b>SECTION I. PERMIT INFORMATION</b>    |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                      |           |  |
| Permit                                  | NPDES ID                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                      |           |  |
|                                         | Does this report fulfill turbidity monitoring report obligations of other operators that are covered under this permit for the same project site? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                    |                                                                                                                                                                                                      |           |  |
|                                         | If yes, provide the NPDES ID number(s) for all other such operators at the same project site: _____                                                                                                                                                                                           |                                                                                                                                                                                                      |           |  |
| <b>SECTION II. OPERATOR INFORMATION</b> |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                      |           |  |
| Operator Information                    | Operator Name                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                      |           |  |
|                                         | Mailing Address                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                      |           |  |
|                                         | Street                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                      |           |  |
|                                         | City                                                                                                                                                                                                                                                                                          | State                                                                                                                                                                                                | ZIP Code  |  |
|                                         | County or Similar Government Division:                                                                                                                                                                                                                                                        |                                                                                                                                                                                                      |           |  |
|                                         | Phone Number                                                                                                                                                                                                                                                                                  | Email Address                                                                                                                                                                                        |           |  |
| Preparer                                | Complete if form was prepared by someone other than the certifier:                                                                                                                                                                                                                            |                                                                                                                                                                                                      |           |  |
|                                         | First Name                                                                                                                                                                                                                                                                                    | Middle Initial                                                                                                                                                                                       | Last Name |  |
|                                         | Organization                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                      |           |  |
|                                         | Phone Number                                                                                                                                                                                                                                                                                  | Email Address                                                                                                                                                                                        |           |  |
| <b>SECTION III. SITE INFORMATION</b>    |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                      |           |  |
| Site Address                            | Site Name                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                      |           |  |
|                                         | Street/Location<br><br>City State ZIP Code<br><br>County or Similar Government Division:                                                                                                                                                                                                      |                                                                                                                                                                                                      |           |  |
| <b>SECTION IV. MONITORING QUARTER</b>   |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                      |           |  |
| Monitoring Quarter                      | Identify monitoring quarter (select only one):<br><input type="checkbox"/> Quarter 1 (January 1 – March 31) <input type="checkbox"/> Quarter 3 (July 1 – September 30)<br><input type="checkbox"/> Quarter 2 (April 1 – June 30) <input type="checkbox"/> Quarter 4 (October 1 – December 31) |                                                                                                                                                                                                      |           |  |
|                                         | <b>SECTION V. TURBIDITY MONITORING DATA</b>                                                                                                                                                                                                                                                   |                                                                                                                                                                                                      |           |  |

|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                      |                                  |                           |                                                          |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>Turbidity Monitoring</b>                                                                                                                                                                                                                                                                                                                   | Discharge Point Description/ Name:                                                                                                                                   |                                  |                           |                                                          |                                                          |
|                                                                                                                                                                                                                                                                                                                                               | Was dewatering water discharged during the monitoring quarter? <input type="checkbox"/> Yes (Enter the data below) <input type="checkbox"/> No (Skip to Section VII) |                                  |                           |                                                          |                                                          |
|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                      |                                  |                           |                                                          |                                                          |
|                                                                                                                                                                                                                                                                                                                                               | Specific Week within Monitoring Quarter                                                                                                                              | Daily Maximum (NTU) <sup>1</sup> | Benchmark Threshold (NTU) | Notes                                                    | Average exceeds Benchmark? <sup>2</sup>                  |
|                                                                                                                                                                                                                                                                                                                                               | Week 1                                                                                                                                                               |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                               | Week 2                                                                                                                                                               |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                               | Week 3                                                                                                                                                               |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                               | Week 4                                                                                                                                                               |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                               | Week 5                                                                                                                                                               |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                               | Week 6                                                                                                                                                               |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                               | Week 7                                                                                                                                                               |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                               | Week 8                                                                                                                                                               |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                               | Week 9                                                                                                                                                               |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                               | Week 10                                                                                                                                                              |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                               | Week 11                                                                                                                                                              |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                               | Week 12                                                                                                                                                              |                                  | 150                       |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Week 13                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                      | 150                              |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                          |
| Week 14                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                      | 150                              |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                          |
| <sup>1</sup> Report to the nearest whole number. Enter "N/A" if no dewatering discharge occurred during any particular week.<br><sup>2</sup> If "Yes," the operator must conduct follow-up corrective action pursuant to Part III.D.2. and document any corrective action taken in the corrective action log in accordance with Part III.D.4. |                                                                                                                                                                      |                                  |                           |                                                          |                                                          |

**VI. CERTIFICATION INFORMATION**

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                   |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|
| <b>Certification Information</b> | 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. |                |                   |
|                                  | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Middle Initial | Last Name         |
|                                  | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                   |
|                                  | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | Date (MM/DD/YYYY) |
|                                  | Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | Email Address     |

## General Instructions

### Who Must Submit A Turbidity Monitoring Report to MDE?

Sites covered under the Construction General Permit (20CP) that are required to monitor pursuant to Part III.B.4 of the permit must submit Turbidity Monitoring Reports consistent with the reporting requirements specified in Part III.B.4.d of the permit.

### When Must I Submit A Turbidity Monitoring Report to MDE?

You must submit your report to MDE no later than 28 days following the end of each monitoring quarter. Submit a form for every quarter the site is active.

| Monitoring Quarter # | Months                  | Reporting Deadline |
|----------------------|-------------------------|--------------------|
| 1                    | January 1 – March 31    | April 28           |
| 2                    | April 1 – June 30       | July 28            |
| 3                    | July 1 – September 30   | October 28         |
| 4                    | October 1 – December 31 | January 28         |

### Completing the Form

Obtain and read a copy of the 20CP, viewable at <https://mdewwp.page.link/CGP>. To complete this form, type or print, using uppercase letters, in the appropriate areas only. Please submit the original document with signature in ink - do not send a photocopied signature. **Photocopy your form for your records before you send the completed original form to the appropriate address.**

### Section I. Permit Information

Provide the NPDES ID (i.e., NOI tracking number starting with "MDRC") assigned to the site for which this form is being submitted. Submit the form only for sites discharging dewatering water to a sediment-impaired water or a water designated as a Tier II water.

Indicate whether this report fulfills turbidity monitoring report obligations of other operators that are covered under this permit for the same project site. If the answer is yes, provide all relevant NPDES ID numbers.

### Section II. Operator Information

Provide the legal name of the person, firm, public organization, or any other entity that is considered the operator of the site. See Part I.B.1 and Appendix A for the definition of "operator." Provide the operator's mailing address, phone number, and e-mail. The operator information in this Section should match the operator information provided on your NOI form.

If this form was prepared by someone other than the certifier, include the name, organization, phone number, and email address of the person who prepared this form.

### Section III. Site Information

Enter the official or legal name and complete street address, including city, State, ZIP code, and county or similar government subdivision of the site. If the site lacks a street address, indicate the general location (e.g., Intersection of State Highways 61 and 34). The site information in this Section should match the site information provided on your NOI form.

### Section IV. Monitoring Quarter

Indicate the appropriate monitoring quarter (Quarter 1, 2, 3, or 4).

| Months                  | Monitoring Quarter |
|-------------------------|--------------------|
| January 1 – March 31    | 1                  |
| April 1 – June 30       | 2                  |
| July 1 – September 30   | 3                  |
| October 1 – December 31 | 4                  |

### Section V. Turbidity Monitoring Data

Provide the discharge point description/name if you are discharging dewatering water from more than one point at the site. If you are discharging from only one point at the site, leave the spaces blank.

Submit Section V data for each dewatering discharge point. For example, if you are discharging dewatering water from two points at the site, then submit two Section Vs (one for each discharge point).

Indicate whether dewatering occurred during the monitoring quarter. If "Yes" enter the data in the data table. If "No" skip to Section VI.

For reporting purposes, a monitoring week starts with a Monday and ends on Sunday. A numerical value is assigned for each week, which is called a Week Number (e.g., 1, 2, 3 etc.).

Next, determine the daily maximum turbidity value for the corresponding monitoring week. The report has a notes field to indicate if multiple days caused an exceedance.

Enter the daily maximum turbidity values for the corresponding week into the table. Enter "N/A" into the table for the turbidity weekly average if no dewatering discharge occurred during the week.

The benchmark threshold for turbidity for this permit is 150 NTUs.

For each week with a value for the daily maximum that exceeds the benchmark, select "Yes" or "No" in the table to indicate whether the weekly average value exceeds the 150 NTU benchmark or the alternate turbidity benchmark (whichever is applicable). If "Yes", the operator must conduct follow-up corrective action pursuant to Part III.D.5 and document any corrective action taken in the corrective action log in accordance with Part III.D.3.

### Section VI. Certification Information

Forms must be signed by a person described in Part II.A.8, or by a duly authorized representative of that person.

An unsigned or undated form will be considered incomplete.

### Revisions to a Submitted Form

If you have previously submitted a form with an error, submit a revised form with the correct information. After discovering the error, submit the revised form as soon as possible. Make a notation on the revised form where the correction was made.

**Stormwater Pollution Prevention Plan (SWPPP)**

**For Construction Activities At:**

**SR-2 CARSINS RUN TRIBUTARY RESTORATION**

Between just North of Nonpareil Road and Shinnicock Road, flowing east to Carsins Run  
Aberdeen, Harford County, MD 21001  
(410) 272-1600

**SWPPP Prepared For:**

City of Aberdeen  
60 N. Parke Street  
Aberdeen MD. 21001

**SWPPP Prepared By:**

KCI Technologies, Inc.  
936 Ridgebrook Road  
Sparks, Md, 21152  
410-316-7800

**SWPPP Preparation Date:**

12/17/2024

**Estimated Project Dates**

**Project Start Date:** 6/1/2025

**Project Completion Date:** 12/31/2025

A SWPPP is required for your site in the following situations (Part III.F.1 of the Permit).  
Indicate which of these conditions apply at your site:

- ☐ My project is within a common plan of development and I am sharing liability between and among operators on the same site. This SWPPP clarifies areas of responsibility.
- ☐ I plan to use Chemical Additives or Polymers for Sediment Control.
- ☒ I have the potential for any of the non-stormwater discharges prohibited in permit Part I.D (also listed below). This may include any of these.
1. Wastewater from the Concrete Washout. (permit Part III.A.3.d).
  2. Wastewater from washout and cleanout of stucco, paint, form release oils, curing compounds, and other construction materials. (permit Part III.A.3.d)
  3. Fuels, oils, or other pollutants used in vehicle and equipment operation and maintenance (permit Parts III.A.3.a and III.A.3.c.iii).
  4. Soaps or solvents, or detergents used in vehicle and equipment washing or external building washdown (permit Part III.A.3.b);
  5. Toxic or hazardous substances from a spill or other release (also see permit Part III.A.3.c iv, III.A.3.f. and VI.J) (whether the site is known to be contaminated by PCBs, PFAS, mercury, lead, or other metals, or any other source of toxic industrial pollution); and
  6. Water contaminated by toxic or hazardous substances from sites managed under Maryland's Voluntary Cleanup Program (VCP) or Land Restoration Program (LRP).
- ☒ I plan on implementing controls associated with the activities requiring pollution prevention measures, referenced in Part III.A.3 of the permit.
- ☐ None of the above, I am voluntarily creating a SWPPP for my construction activity.

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**SECTION 1: CONTACT INFORMATION/RESPONSIBLE PARTIES (Part III.F.2.a of the permit)**

**1.1 Operator(s) / Subcontractor(s)**

**Instructions – Identify the operator(s) who are responsible for construction activities at the site.**

Indicate respective responsibilities, where appropriate.

Remember to include the project's 24-hour emergency contact.

List subcontractors expected to work on-site.

*Notify subcontractors of stormwater requirements applicable to their work.*

Consider using Subcontractor Agreements. (See Appendix 9.3)

List any amendments to this SWPPP in Appendix 9.1.

**Operator(s):**

**City of Aberdeen (Owner)**

60 N. Parke Street,  
Aberdeen, Maryland 21001  
410-272-1600

**TBD (General Contractor)**

**Subcontractor(s):**

**Emergency 24-Hour Contact:**

City of Aberdeen

Public Works

410-272-1600

Stormwater Pollution Prevention Plan (SWPPP)  
SR-2 CARSINS RUN TRIBUTARY RESTORATION

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If part of a common plan of development, include a map delineating areas of responsibility and include a table of those entities so that it is clear to an inspector or other entities at your site, where each entity is responsible for permit compliance. The following is meant to be an example of what to include, however based on site complexities you are free to revise the table to meet your needs.

Common Plan of Development – Roles and Responsibilities.

| Entity                | Contact Info | Project Area          | Responsibility                                  |
|-----------------------|--------------|-----------------------|-------------------------------------------------|
| City of Aberdeen      | 410-272-1600 | Entire project        | coordination of entities within project.        |
| TBD                   | TBD          | Perimeter of the LOD. | Construction including E&SC of the project.     |
| KCI Technologies, Inc | 410-316-7800 | Entire project        | Coordination with the owner and the contractor. |

**1.2 Stormwater Team (Part III.F.2.b of the permit)**

**Instructions – Identify the project's stormwater team.**

Identify everyone by name or position.

Describe everyone's responsibilities.

Indicate which members are responsible for inspections.

At a minimum, the stormwater team is comprised of individuals who are responsible for:

Overseeing the development of the SWPPP

Any later modifications to the SWPPP

Compliance with the permit requirements (i.e., installing and maintaining stormwater controls, conducting site inspections, and taking corrective actions where required)

Each member of the stormwater team must have ready access to either an electronic or a paper copy of the 20-CP and the SWPPP.

| Stormwater Team                                                             |                               |                                                                  |
|-----------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------|
| Name and/or position, and contact                                           | Responsibilities              | I Have Read the 20-CP and Understand the Applicable Requirements |
| Harford County Construction Inspector,<br>TBD<br>telephone number and email | E&SC inspection               | <input type="checkbox"/> Yes<br><br>Date:                        |
| MDE Inspector, TBD<br>position, telephone number and email                  | Responsibility                | <input type="checkbox"/> Yes<br><br>Date:                        |
| Contractor TBD<br>position, telephone number and email                      | E&SC installation             | <input type="checkbox"/> Yes<br><br>Date:                        |
| Shannon Lucas<br>443-330-7535<br>Shannon.Lucas@kci.com                      | Construction oversight/design | <input type="checkbox"/> Yes<br><br>Date:                        |

**Commented [YH1]:** This needs to be signed by each responsible person.

**SECTION 2: NATURE OF CONSTRUCTION ACTIVITIES (Part III.F.2.c of the permit)**

**2.1 Project/Site Information**

**Instructions – Provide basic site information.**

Provide the nearest cross street if a physical address is unavailable.  
The Latitude and Longitude Coordinates must be in Decimal Degrees.

**Project Name and Address**

Project/Site Name: SR-2 CARSINS RUN TRIBUTARY RESTORATION

Project Street/Location: on the City of Aberdeen property between the I-95 corridor on the northern and western boundary, Shinnicock Road on the southern boundary and Carsins Run on the eastern boundary, in Aberdeen, MD

City: Aberdeen

State: Maryland

ZIP Code: 21001

County or Similar Subdivision: Harford County

Business days and hours for the project: Monday-Friday, 7 am to 5 pm

**Project Latitude/Longitude**

Latitude: 39.5287° N  
(decimal degrees)

Longitude: -76.1807° W  
(decimal degrees)

Latitude/longitude data source:

☒ Map ☐ GPS ☐ Other (please specify): \_\_\_\_\_

**Additional Project Information**

Are you requesting permit coverage as a state or federal entity? ☐ Yes ☒ No

Have you received an assigned MDE SF number for the Erosion and Sediment Control Plan? ☐ Yes ☒ No

If yes, please provide the assigned number:

## 2.2 Discharge Information

### Instructions – Include information relating to your site's discharge.

List all the stormwater points of discharge from your site.

Identify each point of discharge with a unique 3-digit ID (e.g., 001, 002).

For each unique point of discharge listed, specify the name of the receiving water of this State that the stormwater directly discharges.

You may have multiple points of discharge to the same receiving water.

Specify whether any waters of this State that you discharge to are listed as impaired.

List the pollutants causing the impairment.

Identify any completed Total Maximum Daily Loads (TMDL) for any of the waters of this State that you discharge to.

List the pollutants for which there is a TMDL.

Indicate whether any water of this State that you discharge to is designated as a Tier II.

Does your project/site discharge stormwater into a Municipal Separate Storm  
Sewer System (MS4)? ☐ Yes ☒ No

Are there any waters of this State within 50 feet of your project's earth  
disturbances? ☒ Yes ☐ No

Provide the Watershed Basin Code below. If your project discharges to more than one watershed, please  
provide all basin codes.

|            |          |
|------------|----------|
| Swan Creek | 02130706 |
|------------|----------|

| Outfall ID | Name of receiving water  | Is the receiving water impaired (on the CWA 303(d) list)?           | List the pollutants that are causing the impairment | Is there a completed TMDL for this receiving waterbody ?            | Is this receiving water designated as a Tier II?                    |
|------------|--------------------------|---------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| Project    | Tributary to Carsins Run | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Sediment and Nutrients                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

### 2.3 Description of the Construction Activities (Part III.F.2.c.i - v of the permit)

#### Instructions – Provide a general description of the construction activities at your site.

Indicate the size of the property (in acres), the total acreage to be disturbed by the construction activities, and the maximum acreage expected to be disturbed at any one time.

Indicate the type of construction site. Include any demolition activities, and if the predevelopment land use was for agriculture.

Provide a list and description of all pollutant-generating activities.

Examples: paving operations; concrete, paint, and stucco washout and waste disposal; solid waste storage and disposal; and dewatering operations

Indicate for each activity the type of pollutant that will be generated with potential to be discharged in stormwater from your site.

Examples: sediment, fertilizers, pesticides, paints, caulks, sealants, fluorescent light ballasts, contaminated substrates, solvents, fuels

Describe the construction support activities covered by this permit.

Examples: concrete or asphalt batch plants, equipment staging yards, material storage areas, excavated material disposal areas, borrow areas

#### General Description of Project

Provide a general description of the nature of your construction activities. For any demolition, include the dates of past renovations:

Work involves the enhancement of 700 linear feet of stream corridor to improve infrastructure protection, wetland creation, and floodplain reconnection. Key objectives include reducing bank height ratios and raising the channel invert to facilitate floodplain reconnection. Work includes stabilizing eroding banks, improving channel diversity, channel and floodplain grading, and installation of instream and floodplain structures including brush/cobble riffles, rock lined pools, sills, boulder and log grade control elements, woody toe protection, toe boulders, woody debris plugs, clay plugs, microtopography, and live fence

#### Size of Construction Site

Size of Property: 1.85 ac

Total Acreage Expected to be Disturbed by Construction Activities: 1.85 ac

Maximum Acreage Expected to be Disturbed at Any One Time: 1.85 ac

**Type of Construction Site** *(check all that apply):*

- ☐ Single-Family Residential   ☐ Multi-Family Residential   ☐ Commercial   ☐ Industrial  
☐ Institutional   ☐ Highway or Road   ☐ Utility   ☒ Other [Stream Restoration](#)

Will there be demolition of any structure built or renovated before January 1, 1980?

☐ Yes   ☒ No

If yes, do any of the structures being demolished have at least 10,000 square feet of floor space? ☐

Yes   ☐ No   ☒ N/A

**Pollutant-Generating Activities (Part III.F.c.vii)**

– List and describe all pollutant-generating activities. Indicate for each activity the type of pollutant that will be generated. Consider where potential spills and leaks could occur, and any known hazardous or toxic substances, such as PCBs or asbestos, which will be disturbed during construction.

**Potential sources of sediment to stormwater runoff:**

- Clearing and grubbing operations.
- Grading and site excavation operations.
- Vehicle tracking.
- Topsoil stripping and stockpiling.
- Landscaping operations.
- Stockpiling of materials.

**Potential pollutants and sources other than sediment to stormwater runoff:**

- Combined staging area; Small fueling activities, minor equipment maintenance sanitary facilities and hazardous waste storage.
  - o Kerosene; coal oil, petroleum distillates.
  - o Diesel Fuel; petroleum distillate, oil and grease, naphthalene, xylenes.
  - o Gasoline; benzene, ethyl benzene, toluene, xylene, MTBE.
  - o Hydraulic fluids; mineral oil.
  - o Sanitary toilets; bacteria, parasites and viruses
  - o Antifreeze/coolant; Ethylene glycol, propylene, glycol, heavy metals (zinc, copper, lead).
- Landscape operations; seeding, planting, fertilizing and pesticides.
  - o Pesticides; chlorinated hydrocarbons, organophosphates, carbamates, arsenic.
  - o Fertilizer; nitrogen and phosphorous.

**Construction Support Activities** *(only provide if applicable)*

Describe any construction support activities for the project  
(e.g., concrete or asphalt batch plants, equipment staging yards, material storage areas, excavated material disposal areas, borrow areas)

Excavated material will be disposed offsite (a site with an active grading permit)

Contact information for construction support activity:

Name: City of Aberdeen

Telephone number 410-272-1600

Email:

Address: 60 North Parke, Aberdeen, MD 210

**2.4 Sequence and Estimated Dates of Construction Activities (Part III.F.2.c.vi of the permit)**

**Instructions – Describe the intended construction sequence and duration of major activities.**

For each portion or phase of the construction site, include the following:

Commencement and duration of construction activities, including clearing and grubbing, mass grading, demolition activities, site preparation (i.e., excavating, cutting and filling), final grading, and creation of soil and vegetation stockpiles requiring stabilization

Temporary or permanent cessation of construction activities

Temporary or final stabilization of areas of exposed soil

Removal of temporary stormwater controls and construction equipment or vehicles, and cessation of any pollutant-generating activities

**Phase I and Phase II**

|                                                                                                                                                     |                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Install Excavate and install stream restoration improvements. For each phase, refer to sequence of construction (SOC) on sheet ESN-02 of the plans. |                                                                                         |
| Estimated Start Date of Construction Activities for this Phase                                                                                      | 06/01/2025 (refer to SOC for each phase).<br>In channel work to start after 06/01/2025. |
| Estimated End Date of Construction Activities for this Phase                                                                                        | 12/30/2025 (refer to SOC for each phase)                                                |
| Estimated Date(s) of Application of Stabilization Measures for Areas of the Site Required to be Stabilized                                          | Refer to SOC for each phase                                                             |
| Estimated Date(s) when Stormwater Controls will be Removed                                                                                          | NA                                                                                      |

**2.5 Authorized Non-Stormwater Discharges (Part III.F.2.e of the permit)**

**Instructions - Identify all authorized sources of non-stormwater discharges.**

- a. Discharges from emergency fire-fighting activities;
- b. Landscape irrigation;
- c. Water used to wash vehicles and equipment, if there is no discharge of soaps, solvents, or detergents used for such purposes;
- d. Water used to control dust;
- e. External building washdown, provided soaps, solvents, and detergents are not used, and external surfaces do not contain hazardous substances (as defined in Appendix A) (e.g., paint or caulk containing polychlorinated biphenyls (PCBs));
- f. Pavement wash waters – if spills or leaks of toxic or hazardous substances have not occurred (unless all spill material has been removed) and where soaps, solvents, and detergents are not used. You are prohibited from directing pavement wash waters directly into any Waters of this State, storm drain inlet, or stormwater conveyance, unless the conveyance is connected to a sediment basin, sediment trap, or similarly effective control;
- g. Uncontaminated air conditioning or compressor condensate;
- h. Uncontaminated, non-turbid discharges of ground water or spring water;
- i. Foundation or footing drains where flows are not contaminated with process materials such as solvents or contaminated ground water; and
- j. Construction dewatering water discharged in accordance with Part III.A.4.

**List of Authorized Non-Stormwater Discharges Present at the Site**

| <b>Type of Authorized Non-Stormwater Discharge</b><br><i>You are required to identify the locations of these authorized non-stormwater discharges on your site map.</i> | <b>Present at the construction site?</b>                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Discharges from emergency fire-fighting activities                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Landscape irrigation;                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Waters used to wash vehicles and equipment                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Water used to control dust                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Potable water including uncontaminated water line flushing (requires separate "HT" permit)                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| External building washdown (soaps/solvents are not used, and external surfaces do not contain hazardous substances)                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Pavement wash waters                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Uncontaminated air conditioning or compressor condensate                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Uncontaminated, non-turbid discharges of ground water or spring water                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Construction dewatering water                                                                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

### SECTION 3: DEWATERING AND USE OF CHEMICAL TREATMENT (Part III.F.2.c of the permit)

#### Ta3.1 Dewatering Practices

##### Instructions – Describe any dewatering practices

Include a description of all dewatering practices that are installed and maintained at the construction site.

Excavations  
Trenches  
Foundations  
Vaults or other similar points of accumulation

##### General

Excavations including stream bank and bed grading will use a pump around with a filter bag and portable sediment tank as the dewatering practice.

### Specific Dewatering Practices

| Pump around with a filter bag and portable sediment tank                                                                                               |                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Description:</b> Filter bags and portable sediment tank will be used to dewater the working area to filter sediment-laden water prior to discharge. |                                                                                                                                                                                                                                                                                            |
| <b>Installation</b>                                                                                                                                    | Throughout the whole construction during                                                                                                                                                                                                                                                   |
| <b>Maintenance Requirements</b>                                                                                                                        | If the filter bag clogs, it needs to be replaced. Rips, tears, and punctures also necessitate replacement of the filter bag. The connection between the pump hose and the filter bag needs to be kept water tight during operation. If the bedding becomes displaced, it must be replaced. |

### 3.2 Chemical Treatment

#### Instructions - If you are using treatment chemicals at your site, provide details in the tables below

Complete the tables with all applicable requested information.  
Attach copies of applicable manufacturer's specifications regarding the use of your specific treatment chemicals and/or chemical treatment systems.  
Refer to the Maryland List of Pre-Approved Flocculants available on MDE's website.  
  
Receive approval from the Department prior to the use of Cationic Chemicals.

Will this site use treatment chemicals? ☐ YES ☒ NO

#### Soil Types

List all the soil types (include soil types expected to be found in fill material) that are expected to be exposed during construction in areas of the project that will drain to chemical treatment systems:

#### Treatment Chemicals

List all treatment chemicals that will be used at the site and explain why these chemicals are suited to the soil characteristics:

Anionic flocculants if deemed necessary and with prior amendment to this SWPPP.

#### Special Controls for Cationic Treatment Chemicals (if applicable)

If MDE authorized you to use cationic treatment chemicals, include the official authorization letter or other communication, and identify the specific controls and implementation procedures designed to ensure that your use of cationic treatment chemicals will not lead to an exceedance of water quality standards. Also, include any other approval authorities contacted for the approval.

## SECTION 4: POLLUTION PREVENTION STANDARDS (Part III.A.3 of the Permit)

### 4.1 Potential Sources of Pollution

#### Instructions – Describe all pollutant generating activities

Identify and describe all pollutant-generating activities at your site

Paving operations

Concrete

Paint

Stucco washout and waste disposal

Solid waste storage and disposal

For each pollutant generating activity, include an inventory of pollutants or pollutant constituents associated with that activity that may be exposed to rainfall or snowmelt.

Sediment

Fertilizers and/or pesticides

Paints

Solvents

Fuels

#### Construction Site Pollutants

You must consider where potential spills and leaks could occur that contribute pollutants to stormwater discharges, and any known hazardous or toxic substances, such as PCBs and asbestos that will be disturbed or removed during construction.

| Pollutant-Generating Activity | Pollutants or Pollutant Constituents<br>(That could be discharged if exposed to stormwater) | Location on Site<br>(Or reference SWPPP site map where this is shown)     |
|-------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Combined staging area         | Diesel Fuel, Kerosene, antifreeze, coolant, hydraulic fluid, gasoline                       | Secondary containment, staging area, leaks or broken hoses from equipment |
| Sanitary toilets              | Bacteria, parasites, viruses                                                                | Staging area                                                              |
| Pesticide                     | Chlorinated hydrocarbons, organophosphates, carbamates, arsenic                             | Newly seeded areas as needed                                              |
| Fertilizer                    | Nitrogen, phosphorus                                                                        | Newly seeded areas                                                        |
| Clearing and grubbing         | Sediments                                                                                   | Active site zone                                                          |

|                                           |           |                  |
|-------------------------------------------|-----------|------------------|
| Grading and vehicle excavation operations | Sediments | Active site zone |
| Vehicle tracking                          | Sediments | Active site zone |
| Topsoil stripping and stockpiling         | Sediments | Active site zone |
| Landscaping operations                    | Sediments | Active site zone |

#### 4.2 Spill Prevention and Response

Spill prevention and response procedures (see Part I.D.5 and Part III.A.3.c.iv of the permit). You must include the following:

- Procedures for expeditiously stopping, containing, and cleaning up spills, leaks, and other releases. Identify the name or position of the employee(s) responsible for detection and response of spills or leaks; and
- Procedures for notification of appropriate facility personnel, emergency response agencies, and regulatory agencies where a leak, spill, or other release containing a hazardous substance or oil in an amount equal to or in excess of a reportable quantity consistent with Part III.A.3.f. and established under either 40 CFR 110, 40 CFR 117, or 40 CFR 302, occurs during a 24-hour period (see Part III.A.3.f). Contact information must be in locations that are readily accessible and available to all employees. You may also reference the existence of Spill Prevention Control and Countermeasure (SPCC) plans developed for the construction activity under Part 311 of the CWA, or spill control programs otherwise required by an NPDES permit for the construction activity, provided that you keep a copy of that other plan on site.

The construction activities will have low risks of spills or leaks. A spill kit will be provided onsite in the event of a spill or leak, and it will be sealed and disposed in compliance with state/local requirements.

#### 4.3 Fueling and Maintenance of Equipment or Vehicles (Part III.A.3.a in the Permit)

##### Instructions – Describe fueling and maintenance practices

Describe equipment/vehicle fueling and maintenance practices that will be implemented to eliminate the discharge of spilled or leaked chemicals

- Secondary containment
- Spill berms
- Decks
- Spill containment pallets
- Spill kits

##### General

Provide a spill kit available on site and ensure personnel are available to respond expeditiously in the event of a leak or spill. No fueling tanks or storage of fuel is permitted.

**Specific Pollution Prevention Practices**

| Provide pollution prevention practice |                               |
|---------------------------------------|-------------------------------|
| Description: Spill kits               |                               |
| Installation                          | 06/01/2025                    |
| Maintenance Requirements              | Replace spill kits as needed. |

**4.4 Washing of Equipment and Vehicles (Part III.A.3.b in the Permit)****Instructions – Describe washing practices**

Describe equipment/vehicle washing practices that will be used to minimize the discharge of pollutants from equipment and vehicle washing, wheel wash water, and other types of wash waters

- Locate activities away from waters of this State and stormwater inlets or conveyances
- Direct wash waters to a sediment basin or sediment trap
- Use filtration devices
- filter bags or sand filters
- Use other effective controls

Describe how you will prevent the discharge of soaps, detergents, or solvents

- Plastic sheeting
- Temporary roofs
- Other method of design to prevent the discharge of pollutants from these areas

**General**

Vehicles and Equipment will not be washed on site.

#### 4.5 Storage, Handling, and Disposal

##### Instructions – Describe storage, handling, and disposal of building products, materials, and wastes

Asphalt sealants, copper flashing, roofing materials, adhesives, concrete admixtures, gravel and mulch stockpiles  
Pesticides, herbicides, insecticides, fertilizers, and landscape materials  
Diesel fuel, oil, hydraulic fluids, other petroleum products, and other chemicals  
Hazardous or toxic waste, paints, solvents, petroleum-based products, wood preservatives, additives, curing compounds, acids  
Construction and Domestic Waste, packaging materials, scrap construction materials, masonry products, timber, pipe and electrical cuttings, plastics, styrofoam, concrete, and other trash or building materials  
Sanitary waste  
Describe used applicator and container washing  
Paint, Concrete or Other Materials  
Describe pollution prevention for the use of fertilizers  
Describe any additional pollution prevention practices

#### 4.5.1 Building Products (Part III.A.3.c.i in the Permit)

##### General

There will be no Building Products on site.

#### 4.5.2 Pesticides, Herbicides, Insecticides, Fertilizers, and Landscape Materials (Part III.A.3.c.ii in the Permit)

##### General

Fertilizers, and landscape materials will be used for the areas to be vegetatively stabilized. The storage areas and the landscaping areas are protected using ES&C measures.

##### Specific Pollution Prevention Practices

| Provide pollution prevention practice |                                  |
|---------------------------------------|----------------------------------|
| Description: Perimeter ES&C measures  |                                  |
| Installation                          | 06/01/2025                       |
| Maintenance Requirements              | Maintain ES&C measures as needed |

**4.5.3 Diesel Fuel, Oil, Hydraulic Fluids, Other Petroleum Products, and Other Chemicals (Part III.A.3.c.iii in the Permit)**

**General**

Provide a spill kit available on site and ensuring personnel are available to respond expeditiously in the event of a leak or spill.

**Specific Pollution Prevention Practices**

| Provide pollution prevention practice |                               |
|---------------------------------------|-------------------------------|
| Description: Spill kits               |                               |
| Installation                          | 06/01/2025                    |
| Maintenance Requirements              | Replace spill kits as needed. |

**4.5.4 Hazardous or Toxic Waste (Part III.A.3.c.iv in the Permit)**

**General**

There will be no toxic waste on site.

**4.5.5 Construction and Domestic Waste (Part III.A.3.c.v in the Permit)**

**General**

Provide waste containers of sufficient size to contain construction waste. Dispose waste containers to the designated site.

**Specific Pollution Prevention Practices**

| Provide pollution prevention practice |                                     |
|---------------------------------------|-------------------------------------|
| Description: Waste containers         |                                     |
| Installation                          | 06/01/2025                          |
| Maintenance Requirements              | Replace waste containers as needed. |

#### 4.5.6 Sanitary Waste (Part III.A.3.c.vi in the Permit)

##### General

There are portable toilets onsite for construction workers to use

##### Specific Pollution Prevention Practices

###### Provide pollution prevention practice

**Description:** Position portable toilets so that they are secure and will not be tipped or knocked over and are located away from Waters of this State and stormwater inlets or conveyances.

**Installation** 06/01/2025

**Maintenance Requirements** Check and empty portable toilets regularly, at least once a week.

#### 4.5.7 Washing of Applicators and Containers used for Paint, Concrete or Other Materials (Part III.A.3.d in the Permit)

##### General

There will be no washing of applicators or containers on site.

#### 4.5.8 Fertilizers (Part III.A.3.e in the Permit)

##### General

Fertilizers, and landscape materials will be used for the areas to be vegetatively stabilized. The storage areas and the landscaping areas are protected using ES&C measures.

##### Specific Pollution Prevention Practices

###### Provide pollution prevention practice

**Description:** Perimeter ES&C measures.

**Installation** 06/01/2025

**Maintenance Requirements** Maintain ES&C measures as needed

**4.5.9 Releases in Excess of Reportable Quantities. (Part III.A.3.f in the Permit)**

Discharges of hazardous substances and oil resulting from on-site spills are not authorized by this permit. (Part I.D.5). In the event of a discharge resulting from a spill of hazardous substances or oil from a construction site (Parts III.A.3.c.iii and Part III.A.3.c.iv), where the release is an amount equal to or in excess of a reporting quantity established under either 40 CFR Part 110, 40 CFR Part 117, or 40 CFR Part 302, occurring during a 24 hour period:

i. You shall notify the National Response Center (NRC) as soon as you have knowledge of the discharge in accordance with the requirements of 40 CFR Part 110, 40 CFR Part 117, and 40 CFR Part 302;

- 1-800-424-8802 or

- 202-267-2675 (in the Washington, DC metropolitan area)

ii. You shall notify the Maryland Department of the Environment as soon as you have knowledge of the discharge;

- Between 8AM and 5PM at 410-537-3510

- All other hours at (866) 633-4686

You must also, within seven (7) calendar days of knowledge of the release, provide a description of the release, the circumstances leading to the release, and the date of the release to the Department's compliance program. Local requirements may necessitate additional reporting of spills or discharges to local emergency response, public health, or drinking water supply agencies. No condition of this general permit shall release the permittee from any responsibility or requirements under other environmental statutes or regulations.

**SECTION 5: INSPECTION, MAINTENANCE, AND CORRECTIVE ACTION**

**5.1 Inspection Personnel and Procedures (Part III.C of the Permit)**

| Personnel Responsible for Inspections                                                                                                                        |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Name                                                                                                                                                         | City of Aberdeen Construction Inspector                                               |
| Certificate of attendance for a Responsible Personnel Training Program <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | City to distribute to the County inspector to fill out                                |
| Has the Approval Authority waived the Certificate of Training requirement?                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

### Inspection Schedule

|                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Standard Frequency:</b>                                                                                                                                                                              |
| <input type="checkbox"/> Every 7 calendar days<br><input type="checkbox"/> Every 14 days and within 24 hours of a 0.25" rain or the occurrence of runoff from snowmelt sufficient to cause a discharge  |
| <b>Increased Frequency (if applicable):</b>                                                                                                                                                             |
| <b>For areas of sites discharging to sediment or nutrient-impaired waters or to waters designated as Tier II.</b><br><input type="checkbox"/> Every 4 business days and within 24 hours of a 0.25" rain |
| <b>Rain Gauge Location (if applicable)</b>                                                                                                                                                              |
|                                                                                                                                                                                                         |

### Inspection Report Forms

**5.2 Corrective Action (Part III.D of the Permit)**

**Instructions – Describe correction action**

Describe the procedures for taking corrective action in compliance

**Personnel Responsible for Corrective Actions**

Name and Title: Contractor to fill out if applicable

Telephone number:

Email:

Area of site responsible for:

**Corrective Action Forms**

**SECTION 6: TRAINING (Part III.E of the Permit)**

**Instructions – Describe training**

The following personnel, at a minimum, must receive training, and therefore should be listed individually in the table below:

- Personnel who are responsible for the design, installation, maintenance, and repair of stormwater controls
- Personnel responsible for the application and storage of treatment chemicals
- Personnel who are responsible for conducting inspections
- Personnel who are responsible for taking corrective actions
- Personnel who are responsible for spill response

Personnel must be trained to understand the following if related to the scope of their job duties:

- The permit deadlines associated with installation, maintenance, and removal of stormwater controls and with stabilization;
- The location of all stormwater controls on the site required by this permit, and how they are to be maintained;
- The proper procedures to follow with respect to the permit's pollution prevention requirements; and
- When and how to conduct inspections, record applicable findings, and take corrective actions.

Document all training.

**Documentation for Completion of Training**

| Name                   | Describe Training | Completion date |
|------------------------|-------------------|-----------------|
| Contractor to fill out |                   |                 |
|                        |                   |                 |
|                        |                   |                 |
|                        |                   |                 |

## SECTION 7: EROSION AND SEDIMENT CONTROLS (Part III.F.f.i)

### General Instructions – Describe the erosion and sediment controls

**This section is included for your use. However, you may refer to your approved E&SC rather than list everything in this plan. Focus on areas not addressed by the E&SC.**

Describe any applicable stormwater control design specifications

Include references to any manufacturer specifications and/or erosion and sediment control manuals/ordinances relied upon

Describe any routine stormwater control maintenance specifications.

Describe the projected schedule for stormwater control installation/implementation.

**Refer to approved E&SC plan: Harford SCD / City of Aberdeen DPW Approved ESC Plan (11-01-2024) for Section 7.**

### 7.1 Stream Protection Zone (Natural Buffers or Equivalent Sediment Controls) (Part III.F.f.ii)

#### Instructions – Indicate buffer(s)

This section only applies to you if a water of this State is located within 50 feet of your site's earth disturbances (or 100 feet if the watershed is considered a Tier II).

Describe the compliance alternative that was chosen to meet the buffer requirements

Include any required documentation supporting the alternative selected.

The compliance alternative selected must be maintained throughout the duration of permit coverage.

If you select a different compliance alternative during your period of permit coverage, you must modify your SWPPP to reflect this change.

#### Buffer Compliance Alternatives

Are there any disturbance within the Stream Protection Zone? ☐ YES ☐ NO

Check the compliance alternative that you have chosen:

- ☐ (i) I will provide and maintain a 50-foot (100-foot average within a Tier II) undisturbed natural buffer.

(Note (1): You must show the 50-foot boundary line of the natural buffer on your site map.)

(Note (2): You must show on your site map how all discharges from your construction disturbances through the natural buffer area will first be treated by the site's erosion and sediment controls. Also, show on the site map any velocity dissipation devices used to prevent erosion within the natural buffer area.)

- ☐ (ii) I will provide and maintain an undisturbed natural buffer that is less than 50 feet and is supplemented by additional erosion and sediment controls, which in combination achieves the sediment load reduction equivalent to a 50-foot undisturbed natural buffer.

(Note (1): You must show the boundary line of the natural buffer on your site map.)

(Note (2): You must show on your site map how all discharges from your construction disturbances through the natural buffer area will first be treated by the site's erosion and sediment controls. Also, show on the site map any velocity dissipation devices used to prevent erosion within the natural buffer area.)

## 7.2 Perimeter Controls (Part III.F.f.ii)

### Instructions – Describe sediment controls

Provide a description of sediment controls that are along the perimeter areas of the site.

silt fences

filter berms

temporary diversion dikes

fiber rolls

If you have determined that the use of perimeter controls is infeasible, list other practices implemented.

### General

[Refer to Harford SCD / City of Aberdeen DPW Approved ESC Plan \(11-01-2024\)](#)

## 7.3 Sediment Track-Out (Part III.F.f.ii)

### Instructions – Describe controls used to minimize sediment track-out

Describe location(s) of vehicle exit(s).

Describe procedures to remove accumulated sediment off-site.

vehicle tracking

Describe stabilization practices.

stone pads

wash racks

both stone pads and wash racks

Describe the design, installation, and maintenance specifications for each control.

### General

[Refer to Harford SCD / City of Aberdeen DPW Approved ESC Plan \(11-01-2024\)](#)

#### 7.4 Site Stabilization

##### Instructions – Describe site stabilization

Describe the specific vegetative and/or non-vegetative practices that will be used to stabilize exposed soils where construction activities have temporarily or permanently ceased.

Avoid using impervious surfaces for stabilization whenever possible.

Delayed stabilization

Record stabilization data (See Appendix V)

- Stabilization measures (see Part III.A.2.f). You must include the following:
  - The specific vegetative and/or non-vegetative practices that will be used;
  - The stabilization deadline that will be met in accordance with Part III.A.2.f;
  - If complying with deadlines for sites affected by unforeseen circumstances that delay the initiation and/or completion of vegetative stabilization, document the circumstances and the schedule for initiating and completing stabilization.

#### 7.5 Stockpiled Sediment or Soil

##### Instructions – Describe controls to minimize discharge of sediment from stockpiles

Describe stormwater controls and other measures you will take to minimize the discharge of sediment or soil particles from stockpiled sediment or soil.

Include a description of structural practices

Diversions

Berms

Ditches

Storage basins

Describe the design, installation, and maintenance specifications, used to divert flows from stockpiled sediment or soil, retain or detain flows, or otherwise limit exposure and the discharge of pollutants from stockpiled sediment or soil.

For piles that will be unused for 14 or more days, describe what cover or other appropriate temporary stabilization.

Describe any controls or procedures used to minimize exposure resulting from adding to or removing materials from the pile.

##### General

[Refer to Harford SCD / City of Aberdeen DPW Approved ESC Plan \(11-01-2024\).](#)

#### 7.6 Minimize Dust

**Instructions – Describe controls used to minimize dust.**

Describe controls you will use to minimize the generation of dust.  
List the procedures you will use at your site to minimize the generation of dust.

**General**

[Refer to Harford SCD / City of Aberdeen DPW Approved ESC Plan \(11-01-2024\).](#)

#### 7.7 Minimize Steep Slope Disturbances

**Instructions – Describe minimization of disturbance to steep slopes**

Describe how you will minimize the disturbance to steep slopes.  
Describe controls  
    Erosion control blankets  
    Tackifiers  
Describe the design, installation, and maintenance specifications that used to minimize sediment discharges from slope disturbances.

**General**

[Refer to Harford SCD / City of Aberdeen DPW Approved ESC Plan \(11-01-2024\).](#)

## 7.8 Topsoil

### Instructions – Describe how topsoil will be preserved

Identify the areas where the topsoil will be preserved  
Indicate the associated control measures on your site map.  
Provide an explanation as to why the topsoil may not be preserved at your site

### General

[Refer to Harford SCD / City of Aberdeen DPW Approved ESC Plan \(11-01-2024\).](#)

## 7.9 Soil Compaction

### Instructions – Describe controls for final vegetative stabilization or installation of infiltration practices

Describe the controls, including design, installation, and maintenance specifications  
Restrict vehicle or equipment access  
Condition the soil for seeding or planting

### General

[Refer to Harford SCD / City of Aberdeen DPW Approved ESC Plan \(11-01-2024\).](#)

## 7.10 Storm Drain Inlets

### Instructions – Describe controls to protect inlets

Describe design, installation and maintenance specifications  
Inserts  
Rock-filled bags  
Block and gravel

### General

[Refer to Harford SCD / City of Aberdeen DPW Approved ESC Plan \(11-01-2024\).](#)

**7.11 Compliance with Other Requirements**

- i. *Threatened and Endangered Species Protection. Include documentation required in Part III.A.2.n supporting your eligibility with regard to the protection of State threatened and endangered species and designated critical habitat.*
- ii. *Safe Drinking Water Act Underground Injection Control (UIC) Requirements for Certain Subsurface Stormwater Controls. If you are using any of the following stormwater controls at your site, document any contact you have had with the Department for implementing the requirements for underground injection wells in the Safe Drinking Water Act and EPA's implementing regulations at 40 CFR 144 -147. Such controls would generally be considered Class V UIC wells:*
- iii. *Infiltration trenches (if stormwater is directed to any bored, drilled, driven shaft or dug hole that is deeper than its widest surface dimension, or has a subsurface fluid distribution system);*
- iv. *Commercially manufactured pre-cast or pre-built proprietary subsurface detention vaults, chambers, or other devices designed to capture and infiltrate stormwater flow; and*
- v. *Drywells, seepage pits, or improved sinkholes (if stormwater is directed to any bored, drilled, driven shaft or dug hole that is deeper than its widest surface dimension, or has a subsurface fluid distribution system).*

**SECTION 8: CERTIFICATION AND NOTIFICATION**

**Instructions – Certification statement**

The following certification statement must be signed and dated by a person who meets the requirements.  
This certification must be re-signed in the event of a SWPPP Modification.

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 have no personal knowledge that the information submitted is other than 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.

|                     |                 |  |
|---------------------|-----------------|--|
| Name and Title:     | Project Manager |  |
| Signature and Date: |                 |  |

Commented [SL2]: Costa to sign

## SECTION 9: Appendices

### 9.1 Amendment Log

Use the table below to record any SWPPP Amendments.

| No. | Description of the Amendment | Date of Amendment | Amendment Prepared by<br>[Name(s) and Title] |
|-----|------------------------------|-------------------|----------------------------------------------|
|     |                              |                   |                                              |

## 9.2 Site Maps (Part III.F.2.d of the permit)

### Instructions – Attach site maps

For most projects, a series of site maps is necessary and recommended.

The first should show the undeveloped site and its current features.

An additional map or maps should be created to show the developed site or, for more complicated sites, show the major phases of development.

Site maps must include the following features:

- Boundaries of the property;

- Locations where earth-disturbing activities will occur, noting any phasing of construction activities and any demolition activities;

- Approximate slopes before and after major grading activities;

- Note areas of steep slopes

- Locations where sediment, soil, or other construction materials will be stockpiled;

- Locations of any crossings of waters of this State;

- Designated points where vehicles will exit onto paved roads;

- Locations of structures and other impervious surfaces upon completion of construction; and

- Locations of on-site and off-site construction support activity areas covered by this permit.

Locations of all waters of this State, including wetlands, on your site and within one mile downstream of the site's discharge point.

- Indicate which waterbodies are listed as impaired

- Indicate which are identified as Tier II waters

Areas of federally listed critical habitat for endangered or threatened species within the site and/or at discharge locations.

Type and extent of pre-construction cover on the site

- Examples: vegetative cover, forest, pasture, pavement, structures

- Drainage pattern(s) of stormwater and authorized non-stormwater before and after major grading activities.

Stormwater and authorized non-stormwater discharge locations, including:

- Locations where stormwater and/or authorized non-stormwater will be discharged to storm drain inlets; and

- Locations where stormwater or allowable non-stormwater will be discharged to waters of this State (including wetlands).

- Locations of all potential pollutant-generating activities.

- Locations of stormwater controls, including natural buffer areas and any shared controls utilized to comply with the permit.

- Locations where polymers, flocculants, or other treatment chemicals will be used and stored.

Refer to Harford SCD / City of Aberdeen DPW Approved ESC Plan (11-01-2024).

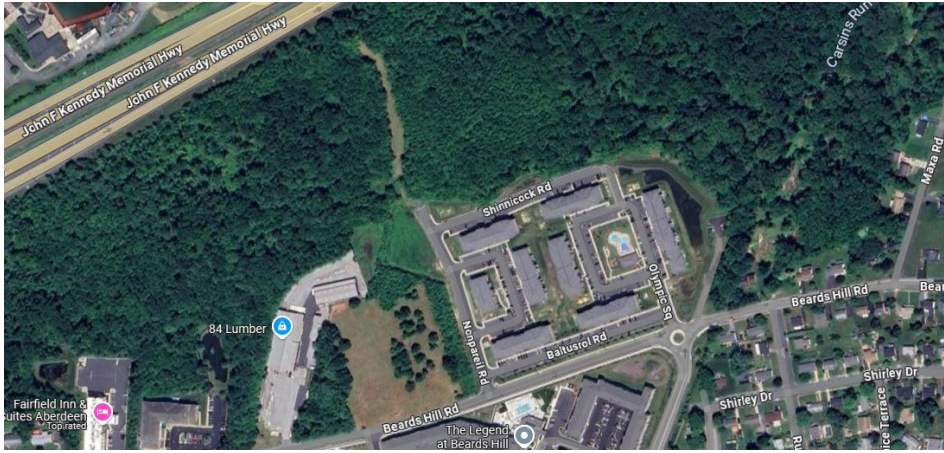


Figure 1: Aerial view of Tributary to Carsins Run north of Shinnicoch Road.

### 9.3 Sample Subcontractor Certifications/Agreements

You may use the sample below as a template to record any subcontractor agreements.

#### SUBCONTRACTOR CERTIFICATION STORMWATER POLLUTION PREVENTION PLAN

Project Number: \_\_\_\_\_

Project Title: \_\_\_\_\_

Operator(s): \_\_\_\_\_

As a subcontractor, you are required to comply with the Stormwater Pollution Prevention Plan (SWPPP) for any work that you perform on-site. Any person or group who violates any condition of the SWPPP may be subject to substantial penalties or loss of contract. You are encouraged to advise each of your employees working on this project of the requirements of the SWPPP. A copy of the SWPPP is available for your review at the office trailer.

Each subcontractor engaged in activities at the construction site that could impact stormwater must be identified and sign the following certification statement:

**I certify under the penalty of law that I have read and understand the terms and conditions of the SWPPP for the above designated project and agree to follow the practices described in the SWPPP.**

This certification is hereby signed in reference to the above-named project:

**Company:**

**Address:**

**Telephone Number:**

**Type of construction service to be provided:**

**Signature:**

**Title:**

**Date:**

#### **9.4 Cationic Chemical Treatment Approval Form**

Use the form found on the construction website for approval for the use of Cationic Chemical Additives:  
[https://mde.maryland.gov/programs/water/wwp/Pages/gp\\_construction.aspx](https://mde.maryland.gov/programs/water/wwp/Pages/gp_construction.aspx)

When submitting for the approval of Cationic Chemical Additives, the form must be accompanied with the information contained in section 4.12 of the SWPPP. The approval authority may request additional information.

Remember that final approval from the appropriate authority must be received prior to the use of Cationic Chemical Additives.

**9.5 Grading and Stabilization Activities Log**

Commented [YH3]: HTI to fill out during construction.

Use the table below to record any grading/stabilization activities.

| Date Grading Activity Initiated | Description of Grading Activity | Description of Stabilization Measure and Location | Date Grading Activity Ceased<br>(Temporary or Permanent)                         | Date When Stabilization Measures Initiated |
|---------------------------------|---------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------|
| Date                            |                                 |                                                   | Date<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Permanent | Date                                       |
| Date                            |                                 |                                                   | Date<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Permanent | Date                                       |
| Date                            |                                 |                                                   | Date<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Permanent | Date                                       |
| Date                            |                                 |                                                   | Date<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Permanent | Date                                       |

**9.6 Rainfall Log**

Commented [YH4]: HTI to fill out during construction

Use the table below to record the rainfall gauge readings at the beginning and end of each workday.

| Month/Year |            |          | Month/Year |            |          | Month/Year |            |          |
|------------|------------|----------|------------|------------|----------|------------|------------|----------|
| Day        | Start time | End time | Day        | Start time | End time | Day        | Start time | End time |
| 1          |            |          | 1          |            |          | 1          |            |          |
| 2          |            |          | 2          |            |          | 2          |            |          |
| 3          |            |          | 3          |            |          | 3          |            |          |
| 4          |            |          | 4          |            |          | 4          |            |          |
| 5          |            |          | 5          |            |          | 5          |            |          |
| 6          |            |          | 6          |            |          | 6          |            |          |
| 7          |            |          | 7          |            |          | 7          |            |          |
| 8          |            |          | 8          |            |          | 8          |            |          |
| 9          |            |          | 9          |            |          | 9          |            |          |
| 10         |            |          | 10         |            |          | 10         |            |          |
| 11         |            |          | 11         |            |          | 11         |            |          |
| 12         |            |          | 12         |            |          | 12         |            |          |
| 13         |            |          | 13         |            |          | 13         |            |          |
| 14         |            |          | 14         |            |          | 14         |            |          |
| 15         |            |          | 15         |            |          | 15         |            |          |
| 16         |            |          | 16         |            |          | 16         |            |          |
| 17         |            |          | 17         |            |          | 17         |            |          |
| 18         |            |          | 18         |            |          | 18         |            |          |
| 19         |            |          | 19         |            |          | 19         |            |          |
| 20         |            |          | 20         |            |          | 20         |            |          |
| 21         |            |          | 21         |            |          | 21         |            |          |
| 22         |            |          | 22         |            |          | 22         |            |          |

|            |            |          |            |            |          |            |            |          |
|------------|------------|----------|------------|------------|----------|------------|------------|----------|
| 23         |            |          | 23         |            |          | 23         |            |          |
| 24         |            |          | 24         |            |          | 24         |            |          |
| Month/Year |            |          | Month/Year |            |          | Month/Year |            |          |
| Day        | Start time | End time | Day        | Start time | End time | Day        | Start time | End time |
| 25         |            |          | 25         |            |          | 25         |            |          |
| 26         |            |          | 26         |            |          | 26         |            |          |
| 27         |            |          | 27         |            |          | 27         |            |          |
| 28         |            |          | 28         |            |          | 28         |            |          |
| 29         |            |          | 29         |            |          | 29         |            |          |
| 30         |            |          | 30         |            |          | 30         |            |          |
| 31         |            |          | 31         |            |          | 31         |            |          |

#### 9.6 SWPPP Training Log

*You may use the sample below as a template to record specific personnel training.*

**Commented [YH5]:** The County to fill out/distribute for SWPPP trainings.

#### Stormwater Pollution Prevention Training Log

|                               |
|-------------------------------|
| <b>Project Name:</b>          |
| <b>Project Location:</b>      |
| <b>Instructor's Name(s):</b>  |
| <b>Instructor's Title(s):</b> |

| Course Location | Date | Course Length (hours) |
|-----------------|------|-----------------------|
|                 |      |                       |

Stormwater Training Topic: *(check as appropriate)*

- |                                                        |                                                         |
|--------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Sediment and Erosion Controls | <input type="checkbox"/> Emergency Procedures           |
| <input type="checkbox"/> Stabilization Controls        | <input type="checkbox"/> Inspections/Corrective Actions |
| <input type="checkbox"/> Pollution Prevention Measures | <input type="checkbox"/> Other: _____                   |

|                                     |
|-------------------------------------|
| <b>Specific Training Objective:</b> |
|                                     |
|                                     |
|                                     |

Attendee Roster:

| No. | Name of Attendee | Company |
|-----|------------------|---------|
| 1   |                  |         |
| 2   |                  |         |
| 3   |                  |         |
| 4   |                  |         |
| 5   |                  |         |
| 6   |                  |         |
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| 18  |                  |         |
| 19  |                  |         |
| 20  |                  |         |