

Section I. General Information			
Facility Name: C Street Snow Dispo	sal Site		
APDES Permit Tracking Number: Not Appl	cable		
Facility Physical Address			
Street: 10,000 Block of East 10	Oth Avenu	ie	
City: Anchorage	tate: Alaska	Zip: 99515	
Lead Inspector's Name: Jenny Liljedahl		Title: SWPPP Inspector	
Additional Inspectors Names: Jon Petrun	С		
Contact Person: Eric Hodgson		Title: Superintendent	
Phone: (907) 343-8100		Email: HodgsonED@ci.anchorage	e.ak.us
Inspection Date: 09/18/2019			
Section II. General Inspection Findings			
 As part of this comprehensive site inspection where industrial activity may be exposed to 		ct all potential pollutant sources, including areas	Yes No
If NO, describe why not:			
Note: Complete Section III of this form for each industrial a where pollutants may be exposed to storm water.	ctivity area inspect	ed and included in your SWPPP or as newly defined, in Section II	parts 2 and 3 below,
2. Did this inspection identify any storm water	or non-storm w	vater outfalls not previously identified in your	
SWPPP?		,	Yes No
If YES, for each location, describe the sources of tho control measures in place:	se storm water a	nd non-storm water discharges and any associated	

in your SWPPP? 3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
any control measures in place.
4. Did you review storm water monitoring data as part of this inspection to
identify potential pollutant hotspots? Yes No. NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
No evidence of pollutants entering the drainage system or surface waters was observed. The outfalls are functioning as intended and do not need additional flow dissipation.
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report
submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the
MSGP were addressed by these corrective actions?
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.
uns comprehensive storm water inspection.

Permit	Tracking #	

Section III. Industrial Activity Area Specific Findings								
Complete one block for each industrial activity area where pollutants may be	e exp	posed	to st	torm water. Copy this page for additional industrial				
activity areas. In reviewing each area, you should consider:								
Industrial materials, residue, or trash that may have or could come into cor	ntact	with st	orm	water;				
 Leaks or spills from industrial equipment, drums, tanks, and other containe 	ers;							
 Offsite tracking of industrial or waste materials from areas of no exposure Tracking or blowing of raw, final, or waste material from areas of no exposi 								
Industrial Activity Area: RAP Access Road	ure t	o expos	eu a	reas.				
1. Brief Description:				•				
Industrial equipment utilize this access road during fa	acil	lity o	nai	rations				
madathar equipment utilize this access road during is	aCii	ity O	hei	ations.				
Are any control measures in need of maintenance or repair?	Щ	Yes	V	No				
3. Have any control measures failed and require replacement?	Ц	Yes	V	No				
4. Are any additional/revised control measures necessary in this area?		Yes	✓	No				
If YES to any of these three questions, provide a description of the probl attached Corrective Action Form.)	lem:	(Any r	nece	essary corrective actions should be described on the				
attached corrective Action Form.)								
Industrial Activity Area: Snow Disposal Pad								
1. Brief Description:								
Industrial equipment cross this pad during facility fall	pre	para	itio	n and winter operations.				
				·				
Are any control measures in need of maintenance or repair?								
ave any control measures failed and require replacement?								
4. Are any additional/revised control measures necessary in this area?	П	Yes	7	No				
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the								
attached Corrective Action Form.)								
Industrial Activity Area: Vocastate d. Dufferra	-70, -							
Industrial Activity Area: Vegetated Buffers								
1. Brief Description:								
Stormwater or runoff exposed to industrial equipment flows through these buffers.								
Are any control measures in need of maintenance or repair?		Yes	./	No				
Have any control measures failed and require replacement?	Ħ	Yes	<u>*</u>	No				
4. Are any additional/revised control measures necessary in this area?	H		<u>\</u>	No				
	$\overline{}$	Yes	√	A SOCIAL CONTRACTOR OF THE CON				
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)								

For Agency Use Permit Tracking #_____

		1	Vote	e: Copy this page and attach additional pages as necessary.		
Industrial Activity Area: Temporary Sedimentation Pond						
1. Brief Description:						
Stormwater or runoff exposed to industrial equipment	f	lows	to	these temporary sedimentation ponds		
,				and the same of th		
2. Are any control measures in need of maintenance or repair?		Yes	V	No		
3. Have any control measures failed and require replacement?		Yes	V	No		
4. Are any additional/revised control measures necessary in this area?		Yes	7	No		
If YES to any of these three questions, provide a description of the probl	len	n: (Any	nec	essary corrective actions should be described on the		
attached Corrective Action Form.)						
Industrial Activity Area: Staging area for Summer Wood Lot						
1. Brief Description:						
Industrial equipment travels across and works in the a	are	ea dı	urir	ng summer facility operations.		
2. Are any control measures in need of maintenance or repair?		Yes	✓	No		
3. Have any control measures failed and require replacement?		Yes	✓	No		
4. Are any additional/revised control measures necessary in this area?		Yes	✓	No		
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the						
attached Corrective Action Form.)						
Industrial Activity Area:			***			
1. Brief Description:						
1. Sher Beschption.						
2. Are any control measures in need of maintenance or repair?	٦	Yes	П	No		
Have any control measures failed and require replacement?	=	Yes	Ħ	No		
4. Are any additional/revised control measures necessary in this area?	╡	Yes	H	No		
If YES to any of these three questions, provide a description of the proble	_		nece			
attached Corrective Action Form.)		(,		seem, seemed demand should be described on the		

Permit	Tracking #	

Section IV. Corrective Actions					
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.					
1. Corrective Action # of for this reporting period.					
2. Is this corrective action:					
An update on a corrective action from a previous annual report; or					
A new corrective action?					
3. Identify the condition(s) triggering the need for this review:					
Unauthorized release of discharge					
Numeric effluent limitation exceedance					
Control measures inadequate to meet applicable water quality standards					
Control measures inadequate to meet non-numeric effluent limitations					
Control measures not properly operated or maintained					
Change in facility operations necessitated change in control measures					
Average benchmark value exceedance					
Other (describe):					
4. Briefly describe the nature of the problem identified:					
5. Date problem identified:					
6. How problem was identified:					
Comprehensive site inspection					
Quarterly visual assessment					
Routine facility inspection					
Benchmark monitoring					
Notification by EPA or ADEC					
Other (describe):					
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:					
8. Did/will this corrective action require modification of you SWPPP? Yes No					
9. Date corrective action initiated:					
10. Date corrective action completed: Or expected to be completed:					
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:					

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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.
Name of Authorized Representative: Eric Hodgson Title: Superintendent
Signature: Date Signed: 9/14/2019 Email: HodgsonED@ci.anchorage.ak.us



Section I. General Information					
Facility Name: Dowling Road Snow	Dispos	al S	Site		
APDES Permit Tracking Number: N/A					
Facility Physical Address					
Street: 6351 Spruce Street					
City: Anchorage S	State: Ala	aska	Zip: 99507		
Lead Inspector's Name: Jenny Liljedahl	iljedahl Title: SWPPP Inspector				
Additional Inspectors Names: Jonathan P	etrunic'	1			
Contact Person: Eric Hodgson			Title: Superintendent		
Phone: (907)-343-8100			Email: hodgsoned@ci.anchorage	.ak.us	
Inspection Date: 09-19-2019					
Section II. General Inspection Findings					
 As part of this comprehensive site inspection where industrial activity may be exposed to 		-	t all potential pollutant sources, including areas	Yes No	
If NO, describe why not:					
Note: Complete Section III of this form for each industrial a where pollutants may be exposed to storm water.	ictivity area in	specte	d and included in your SWPPP or as newly defined, in Section II	parts 2 and 3 below,	
2. Did this inspection identify any storm water	or non-stor	rm wa	ater outfalls not previously identified in your		
SWPPP?				Yes V No	
If YES, for each location, describe the sources of tho control measures in place:	se storm wa	ter an	d non-storm water discharges and any associated		

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3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?
N/A
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

	For Agency Use
Permit Tracking #_	N/A

Section III. Industrial Activity Area Specific Findings						
Complete one block for each industrial activity area where pollutants may be activity areas.	e ex	pose	d to	sto	orm water. Copy this page for additional industrial	
In reviewing each area, you should consider:						
Industrial materials, residue, or trash that may have or could come into cor	ntact	with	sto	rm v	water;	
Leaks or spills from industrial equipment, drums, tanks, and other containe						
 Offsite tracking of industrial or waste materials from areas of no exposure Tracking or blowing of raw, final, or waste material from areas of no exposi 						
Industrial Activity Area: RAP access road	ui C (o cap	030	u ui	cas.	
1. Brief Description:						
Industrial equipment utilize this access road during fa	aci	litv	ao	er	ations.	
and the property of the proper		,	- -			
2. Are any control measures in need of maintenance or repair?						
Have any control measures failed and require replacement?	H	Yes	_	<u>V</u>	No	
4. Are any additional/revised control measures necessary in this area?	H	Yes	_	<u> </u>	No	
If YES to any of these three questions, provide a description of the prob	L lem			V		
attached Corrective Action Form.)	ICIII	. (ΑΠ	y iie	ces	sary corrective actions should be described on the	
•						
Industrial Activity Area: Snow disposal pad			A1 XV			
1. Brief Description:						
Industrial equipment travel across this pad during fac	ility	v or	nΔr	ot:	ions	
	iii Ç	y O ₁	JCI	at	10113.	
2. Are any control measures in need of maintenance or repair?	L	Yes	_ļ	✓	No	
3. Have any control measures failed and require replacement?						
4. Are any additional/revised control measures necessary in this area?	L	Yes		√	No	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)						
attached corrective Action Form.)						
Industrial Activity Area: Vegetated buffers						
1. Brief Description:						
Stormwater or runoff exposed to industrial equipment flows through these buffers.						
eterminate. Si ramon expected to industrial equipment news unloagh those bullets.						
2. Are any control measures in need of maintenance or repair?		Yes		✓	No	
3. Have any control measures failed and require replacement?		Yes		✓	No	
4. Are any additional/revised control measures necessary in this area?		Yes		√	No	
If YES to any of these three questions, provide a description of the probl	em:	(Any	ne ne	ces	sary corrective actions should be described on the	
attached Corrective Action Form.)						
					l l	

For Agency Use
Permit Tracking #____N/A

		N	ote	: Copy this page and attach additional pages as necessary.
Industrial Activity Area:				
1. Brief Description:				
Are any control measures in need of maintenance or repair?	Т	Yes	Г	No
3. Have any control measures failed and require replacement?	T	Yes	T	No
4. Are any additional/revised control measures necessary in this area?	T	Yes	一	No
If YES to any of these three questions, provide a description of the pro	obler	n: (Any	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area:				
1. Brief Description:				
Are any control measures in need of maintenance or repair?	Т	Yes		No
Have any control measures failed and require replacement?	T	Yes	匸	No
4. Are any additional/revised control measures necessary in this area?	Т	Yes		No
If YES to any of these three questions, provide a description of the pro	oblen	n: (Any i	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area:				
1. Brief Description:				
1. bilei bescription.				
2. Are any control measures in need of maintenance or repair?		Yes		No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?		Yes		No
If YES to any of these three questions, provide a description of the pro	blen	n: (Any r	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				

Section IV. Corrective Actions			
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.			
1. Corrective Action # 0 of 0 for this reporting period.			
2. Is this corrective action:			
 An update on a corrective action from a previous annual report; or A new corrective action? 			
3. Identify the condition(s) triggering the need for this review:			
 Unauthorized release of discharge Numeric effluent limitation exceedance Control measures inadequate to meet applicable water quality standards Control measures inadequate to meet non-numeric effluent limitations Control measures not properly operated or maintained Change in facility operations necessitated change in control measures 			
Average benchmark value exceedance Other (describe):			
4. Briefly describe the nature of the problem identified:			
5. Date problem identified:			
6. How problem was identified:			
Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe):			
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:			
8. Did/will this corrective action require modification of you SWPPP? Yes No			
9. Date corrective action initiated:			
0. Date corrective action completed: Or expected to be completed:			
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:			

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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.
Name of Authorized Representative: Eric Hodgson Title: Superintendent
Signature: Date Signed: 9/24/2012 mail: hodgsoned@ci.anchorage.ak.us



Section I. General Information
Facility Name: Native Heritage Center Snow Disposal Site
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 8902 Heritage Center Drive
City: Anchorage State: Alaska Zip: 99504
Lead Inspector's Name: Jenny Liljedahl Title: SWPPP Inspector
Additional Inspectors Names: Jonathan Petrunic
Contact Person: Eric Hodgson Title: Superintendent
Phone: (907) 343-8100 Email: hodgsoned@ci.anchorage.ak.us
Inspection Date: 09-19-2019
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? Yes No
If NO, describe why not:
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? Yes No
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
 Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings				
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial				
activity areas.				
In reviewing each area, you should consider: • Industrial materials, residue, or trash that may have or could come into cor	ntaci	t with c	torm	n water:
Leaks or spills from industrial equipment, drums, tanks, and other containe		t With 3	torri	i water,
Offsite tracking of industrial or waste materials from areas of no exposure to				• • • • • • • • • • • • • • • • • • • •
Tracking or blowing of raw, final, or waste material from areas of no exposulation industrial Activity Area: RAP access road	ure t	to expo	sed a	areas.
1. Brief Description:				
Industrial equipment utilizes this access road.				
2. Are any control measures in need of maintenance or repair?		Yes	V	No
3. Have any control measures failed and require replacement?	Г	Yes	V	No
4. Are any additional/revised control measures necessary in this area?	T	Yes	\ <u></u>	No
If YES to any of these three questions, provide a description of the probl	lem	: (Any	nece	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Snow disposal pad				
1. Brief Description:				
Industrial equipment travels across this pad.				
madatiai equipment travels across tilis pad.				
2. Are any control measures in need of maintenance or repair?		Yes	✓	No
3. Have any control measures failed and require replacement?		Yes	✓	No
4. Are any additional/revised control measures necessary in this area?		Yes	✓	No
If YES to any of these three questions, provide a description of the problems and Compating Assign Forms	em	: (Any	nece	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Retention basin				
1. Brief Description:				
,				alt and atoms water
The primary purpose of the retention basin is to collect	د از	SHOW	111	eit and storm water.
2. Are any control measures in need of maintenance or repair?	П	Yes	V	No
Have any control measures failed and require replacement?	П	Yes	Ī	No
4. Are any additional/revised control measures necessary in this area?	Ħ	Yes	Ī	No
If YES to any of these three questions, provide a description of the problem	<u>ட</u> em:		nece	
attached Corrective Action Form.)				,

	For Agency Use
Permit Tracking #	N/A

			lote	:: Copy this page and attach additional pages as necessary.
Industrial Activity Area: Vegetative Buffer				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipmer	nt f	lows	thr	ough these buffers.
2 Are any control managing mand of maintanance as sensing		1 ٧	7	1
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement?	누	Yes	¥	No
	┝	Yes	∀	No
Are any additional/revised control measures necessary in this area? If YES to any of these three questions, provide a description of the pro	hler	Yes	V	No
attached Corrective Action Form.)	ושומו	II. (AIIy	nec	essary corrective actions should be described on the
Industrial Activity Area:				
1. Brief Description:				
2. Are any control measures in need of maintenance or repair?		Yes		No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?		Yes		No
If YES to any of these three questions, provide a description of the pro	blen	n: (Any	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area:				
1. Brief Description:				
1. Bitel Description.				
2. Are any control measures in need of maintenance or repair?		Yes	П	No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?	П	Yes		No
If YES to any of these three questions, provide a description of the prol	blen	n: (Any	nece	essary corrective actions should be described on the
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Section IV. Corrective Actions			
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1. Corrective Action # of for this reporting period.			
2. Is this corrective action:			
An update on a corrective action from a previous annual report; or A new corrective action?			
3. Identify the condition(s) triggering the need for this review:			
 ☐ Unauthorized release of discharge ☐ Numeric effluent limitation exceedance ☐ Control measures inadequate to meet applicable water quality standards ☐ Control measures inadequate to meet non-numeric effluent limitations 			
Control measures not properly operated or maintained			
Change in facility operations necessitated change in control measures			
Average benchmark value exceedance			
Other (describe):			
5. Date problem identified: 6. How problem was identified: Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe):			
7. Description of correction action(s) tales and be talent to disciple to a fault action to the correction of the correc			
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:			
8. Did/will this corrective action require modification of you SWPPP? Yes No			
9. Date corrective action initiated:			
10. Date corrective action completed: Or expected to be completed:			
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:			

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No	_
If No, summarize why you are not in compliance with the permit:	
	_
Annual Report Certification	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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.	
Name of Authorized Representative: Eric Hodgson Title: Superintendent	
Signature: Date Signed: 9/24/20/9 Email: hodgsoned@ci.anchorage.ak.us	



Section I. General Information
Facility Name: North Mountain View Snow Disposal Site
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 4800 Block of Mountain View Drive
City: Anchorage State: Alaska Zip: 99501
Lead Inspector's Name: Jenny Liljedahl Title: SWPPP Inspector
Additional Inspectors Names: Jonathan Petrunic
Contact Person: Eric Hodgson Title: Superintendent
Phone: (907) 343-8100 Email: hodgsoned@ci.anchorage.ak.us
Inspection Date: 09-19-2019
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?
If NO, describe why not:
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
any control measures in place.
4. Did you review storm water monitoring data as part of this inspection to
identify potential pollutant hotspots?
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and
around outfalls, including flow dissipation measure to prevent scouring: No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls
do not need additional flow dissipation.
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any
corrective actions identified as a result of this annual comprehensive site inspection? Yes No
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the
MSGP were addressed by these corrective actions?
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

For Agency Use Permit Tracking #____N/A

Section III. Industrial Activity Area Specific Findings Complete one block for each industrial activity area where pollutants may be activity areas. In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come into containe. Leaks or spills from industrial equipment, drums, tanks, and other containe. Offsite tracking of industrial or waste materials from areas of no exposure to tracking or blowing of raw, final, or waste material from areas of no exposure Industrial Activity Area: RAP access road. Brief Description: Industrial equipment utilize this access road.	ntact ers; to ex	with st	orm	water; s; and
2. Are any control measures in need of maintenance or repair?		Yes	V	No
Have any control measures failed and require replacement?	П	Yes	7	
4. Are any additional/revised control measures necessary in this area?	Ħ	Yes	1	No
Industrial Activity Area: Snow disposal pad 1. Brief Description: Industrial equipment travel across this pad.				
2. Are any control measures in need of maintenance or repair?		Yes	√	No
Have any control measures failed and require replacement?	Ш	Yes	✓	No
4. Are any additional/revised control measures necessary in this area?	Ш	Yes	✓	No
If YES to any of these three questions, provide a description of the probl attached Corrective Action Form.)	em:	(Any r	iece	issaily corrective actions should be described on the
Industrial Activity Area: Vegetated buffers 1. Brief Description: Stormwater or runoff exposed to industrial equipment	flo	ows t	hro	ough these buffers.
2. Are any control measures in need of maintenance or repair?		Yes	√	No
3. Have any control measures failed and require replacement?		Yes	√	No
4. Are any additional/revised control measures necessary in this area?	П	Yes	V	No
If YES to any of these three questions, provide a description of the proble attached Corrective Action Form.)	em:	(Any n	eces	ssary corrective actions should be described on the

For Agency Use
Permit Tracking #____N/A

		N	ote	: Copy this page and attach additional pages as necessary.
Industrial Activity Area:				
1. Brief Description:				
2. Are any control measures in need of maintenance or repair?		Yes		No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?		Yes		No
If YES to any of these three questions, provide a description of the pro	bler	m: (Any i	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area:				
Brief Description:				
1. Brief Description:				
Are any control measures in need of maintenance or repair?	Т	Yes		No
3. Have any control measures failed and require replacement?	T	Yes		No
4. Are any additional/revised control measures necessary in this area?	F	Yes	H	No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the				
attached Corrective Action Form.)				
Industrial Activity Avec				
Industrial Activity Area:				
1. Brief Description:				
Are any control measures in need of maintenance or repair?	П	Yes		No
3. Have any control measures failed and require replacement?	Н	Yes	H	No
4. Are any additional/revised control measures necessary in this area?	H	Yes	H	No
If YES to any of these three questions, provide a description of the prol	ب blen		nece	
attached Corrective Action Form.)				

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # of for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release of discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
✓ Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe):
4. Briefly describe the nature of the problem identified:
5. Date problem identified:
6. How problem was identified:
Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or ADEC
Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:
8. Did/will this corrective action require modification of you SWPPP? Yes No
9. Date corrective action initiated:
10. Date corrective action completed: Or expected to be completed:
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

	For Agency Use
Permit Tracking #	N/A

Section V. Annual Report Certification		
Compliance Certification		
Do you certify that your annual inspection has met the required the results of this inspection, to the best of your knowledge, you		No No
If No, summarize why you are not in compliance with the permi	t:	
Annual Report Certification		
I certify under penalty of law that this document and all attachments were assure that qualified personnel properly gather and evaluate the informati or those persons directly responsible for gathering the information, the information, the information is a manuare that there are significant penalties for submitting fal	on submitted. Based on my inquiry of the person or persons who manage ormation submitted is, to the best of my knowledge and belief, true, accui	the system, rate, and
Name of Authorized Representative: Eric Hodgson	Title: Superintendent	
Signature: Date	Signed: 9/24/2019 Email: hodgsoned@ci.anchorage.ak	k.us



Section I. General Information
Facility Name: Commercial Drive Snow Disposal Site
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 2941 Commercial Drive
City: Anchorage State: Alaska Zip: 99501
Lead Inspector's Name: Jenny Liljedahl Title: SWPPP Inspector
Additional Inspectors Names: Jonathan Petrunic
Contact Person: Eric Hodgson Title: Superintendent
Phone: (907) 343-8100 Email: hodgsoned@ci.anchorage.ak.us
Inspection Date: 09-19-2019
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?
If NO, describe why not:
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to Yes No NA, no monitoring performed
identity potential politicant noispois?
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review: 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and
around outfalls, including flow dissipation measure to prevent scouring: No evidence was observed of pollutants entering the drainage system or surrounding surface waters.
All outfalls are performing as intended and do not need additional flow dissipation.
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

For Agency Use Permit Tracking #____N/A___

Section III. Industrial Activity Area Specific Findings	981			
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial				
activity areas.				
In reviewing each area, you should consider:				
 Industrial materials, residue, or trash that may have or could come into co Leaks or spills from industrial equipment, drums, tanks, and other contains 		t with s	torm	water;
Offsite tracking of industrial or waste materials from areas of no exposure		xposed	area	s; and
 Tracking or blowing of raw, final, or waste material from areas of no expos 				
Industrial Activity Area: RAP access roads				
1. Brief Description:				
Industrial equipment directly utilize these access roa	ds	duri	ng	facility operations.
			Ū	, ,
Are any control measures in need of maintenance or repair?	Г	Yes	Ī.7	No
Have any control measures failed and require replacement?	H	Yes	<u> </u>	No
4. Are any additional/revised control measures necessary in this area?	H	Yes	- *	No
If YES to any of these three questions, provide a description of the prob	lem		nece	
attached Corrective Action Form.)		. (/ 111)	11000	assury corrective actions should be described on the
Industrial Activity Area: Snow disposal pad				
1. Brief Description:				
	:	1:4		wation a
Industrial equipment travels across the pads during fa	acı	iity C	pe	rations
2. Are any control measures in need of maintenance or repair?		Yes	✓	No
3. Have any control measures failed and require replacement?		Yes	✓	No
4. Are any additional/revised control measures necessary in this area? Yes V No				
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)				
attached corrective Action Form.)				
Industrial Activity Area: Vegetated buffers				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment	flo	nw th	ıroı	igh these huffers
otenimater of funer expected to industrial equipment	110	, v v Ci		agir triese bariers.
2. Are any control measures in need of maintenance or repair?		Yes	√	No
3. Have any control measures failed and require replacement?		Yes	√	No
4. Are any additional/revised control measures necessary in this area?		Yes	V	No
If YES to any of these three questions, provide a description of the probl	em:	(Any	nece	ssary corrective actions should be described on the
attached Corrective Action Form.)				

Note: Copy this page and attach additional pages as necessary.				
Industrial Activity Area: Detention pond				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipmer	nt f	low t	o tl	his detention pond
otomwater of runon expessed to industrial equipmen	11	iow t	O ti	nis determon pond
Are any control measures in need of maintenance or repair?	_	Vas		7 No
	┝	Yes	<u> </u>	No
3. Have any control measures failed and require replacement?	누	Yes	V	/ No
4. Are any additional/revised control measures necessary in this area?	<u> </u>	Yes	✓	No
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	bier	n: (Any	nec	essary corrective actions should be described on the
and some content of the				
Industrial Activity Area: Retention basin				
1. Brief Description:			4.	this naturally a basis
Stormwater or runoff exposed to industrial equipmen	ונ זו	ows	ιο	this retention basin.
				_
2. Are any control measures in need of maintenance or repair?		Yes	✓	No
3. Have any control measures failed and require replacement?		Yes	✓	No
4. Are any additional/revised control measures necessary in this area?		Yes	✓	No
If YES to any of these three questions, provide a description of the prol	blen	n: (Any	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				
				·
	-			
Industrial Activity Area: Vegetated conveyance channels				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment flows through these channels.				
2. Are any control measures in need of maintenance or repair?		Yes	✓	No
3. Have any control measures failed and require replacement?		Yes	✓	No
4. Are any additional/revised control measures necessary in this area?		Yes	1	No
If YES to any of these three questions, provide a description of the prob	olem	ı: (Any	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				

Section IV. Corrective Actions		
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.		
1. Corrective Action # of for this reporting period.		
2. Is this corrective action:		
An update on a corrective action from a previous annual report; or A new corrective action?		
3. Identify the condition(s) triggering the need for this review:		
Unauthorized release of discharge		
Numeric effluent limitation exceedance		
Control measures inadequate to meet applicable water quality standards		
Control measures inadequate to meet non-numeric effluent limitations		
Control measures not properly operated or maintained		
Change in facility operations necessitated change in control measures		
Average benchmark value exceedance		
Other (describe):		
4. Briefly describe the nature of the problem identified:		
5. Date problem identified:		
6. How problem was identified:		
Comprehensive site inspection		
Quarterly visual assessment		
Routine facility inspection		
Benchmark monitoring		
Notification by EPA or ADEC		
Other (describe):		
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:		
8. Did/will this corrective action require modification of you SWPPP? Yes No		
9. Date corrective action initiated:		
10. Date corrective action completed: Or expected to be completed:		
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:		

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No	
If No, summarize why you are not in compliance with the permit:	
Annual Report Certification	_
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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.	
Name of Authorized Representative: Eric Hodgson Title: Superindendent	
Signature: Date Signed: 9/24/24/Email: hodgsoned@ci.anchorage.ak.us	



Section I. General Information
Facility Name: Sitka Street Snow Disposal Site
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 1505 Sitka Street
City: Anchorage State: Alaska Zip: 99501
Lead Inspector's Name: Jenny Liljedahl Title: SWPPP Inspector
Additional Inspectors Names: Jonathan Petrunic
Contact Person: Eric Hodgson Title: Superintendent
Phone: (907) 343-8100 Email: hodgsoned@ci.anchorage.ak.us
Inspection Date: 09/23/2019
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?
If NO, describe why not:
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?						
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:						
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No.						
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:						
 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation. 						
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No						
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?						
One (1) condition was identified in 2019 as needing corrective action.						
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.						

For Agency Use
Permit Tracking #____N/A

Section III. Industrial Activity Area Specific Findings								
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial								
activity areas.								
In reviewing each area, you should consider:								
Industrial materials, residue, or trash that may have or could come into co		t with	storn	n water;				
 Leaks or spills from industrial equipment, drums, tanks, and other containers; Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and 								
Tracking or blowing of raw, final, or waste material from areas of no exposure				*				
Industrial Activity Area: RAP access road								
1. Brief Description:								
Industrial equipment utilize this access road during f	aci	lity (one	erations				
The second secon		, .	- 1	rationol				
	_	1	_	71				
2. Are any control measures in need of maintenance or repair?	누	Yes	V					
3. Have any control measures failed and require replacement?	ᆫ	Yes	<u></u>	<u> </u>				
4. Are any additional/revised control measures necessary in this area?	L	Yes	V	✓ No				
If YES to any of these three questions, provide a description of the prob	olem	: (Any	nec	essary corrective actions should be described on the				
attached Corrective Action Form.)								
Industrial Activity Area: Sitka Street Snow Disposal Site								
1. Brief Description:								
Industrial equipment travel across this pad during fac	-ilit	v or	ors	ations				
Industrial equipment traver across this pad during rac	JIII (у Ор	CIC	duoris.				
2. Are any control measures in need of maintenance or repair?		Yes	V	No				
3. Have any control measures failed and require replacement?		Yes	V	<u>∕</u> No				
4. Are any additional/revised control measures necessary in this area?		Yes	V	✓ No				
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the								
attached Corrective Action Form.)								
Industrial Activity Arga: \ / + - + ff								
Industrial Activity Area: Vegetated buffers								
1. Brief Description:								
Stormwater or runoff exposed to industrial equipment	t flo	ows	thr	ough these buffers.				
	_	1	_	7				
2. Are any control measures in need of maintenance or repair?	L	Yes	_ ✓					
3. Have any control measures failed and require replacement?		Yes	✓	No				
4. Are any additional/revised control measures necessary in this area?		Yes	✓	/ No				
If YES to any of these three questions, provide a description of the prob	lem	: (Any	nec	essary corrective actions should be described on the				
attached Corrective Action Form.)								

Note: Copy this page and attach additional pages as necessary.								
Industrial Activity Area: Sedimentation pond								
1. Brief Description:								
The primary purpose of the sedimentation pond is to collect both snow melt and storm water								
, parties and a same result in the same result in t								
2. Are any control measures in need of maintenance or repair?		Yes	√	No				
3. Have any control measures failed and require replacement?		Yes	√	No				
4. Are any additional/revised control measures necessary in this area?		Yes	√	No				
If YES to any of these three questions, provide a description of the pro	bler	n: (Any	nec	essary corrective actions should be described on the				
attached Corrective Action Form.)								
Industrial Activity Area:								
1. Brief Description:								
2. Are any control measures in need of maintenance or repair?		Yes		No				
3. Have any control measures failed and require replacement?		Yes		No				
4. Are any additional/revised control measures necessary in this area?		Yes		No				
If YES to any of these three questions, provide a description of the prol attached Corrective Action Form.)	blen	n: (Any	nec	essary corrective actions should be described on the				
attached corrective Action Form.)								
Industrial Activity Area:								
1. Brief Description:								
2. Are any control measures in need of maintenance or repair?	Ц	Yes	L	No				
3. Have any control measures failed and require replacement?	Ц	Yes	L	No				
4. Are any additional/revised control measures necessary in this area?	Ц	Yes		No				
If YES to any of these three questions, provide a description of the prol attached Corrective Action Form.)	blen	n: (Any	nece	essary corrective actions should be described on the				
attached confective Action Form.								

Section IV. Corrective Actions								
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy								
this page for additional corrective actions or reviews.								
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems								
identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your								
previous annual report.								
1. Corrective Action # 1 of 1 for this reporting period.								
2. Is this corrective action:								
An update on a corrective action from a previous annual report; or								
A new corrective action?								
3. Identify the condition(s) triggering the need for this review:								
Unauthorized release of discharge								
Numeric effluent limitation exceedance								
Control measures inadequate to meet applicable water quality standards								
Control measures inadequate to meet non-numeric effluent limitations								
✓ Control measures not properly operated or maintained								
Change in facility operations necessitated change in control measures								
Average benchmark value exceedance								
Other (describe):								
4. Briefly describe the nature of the problem identified:								
Spill kit needs to be replenished.								
opin kit needs to be replenished.								
5. Date problem identified: 09/23/2019								
6. How problem was identified:								
Comprehensive site inspection								
Quarterly visual assessment								
Routine facility inspection								
Benchmark monitoring								
Notification by EPA or ADEC								
Other (describe):								
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Replenish spill kit.								
8. Did/will this corrective action require modification of you SWPPP? Yes V No								
9. Date corrective action initiated: 09/23/2019								
10. Date corrective action completed: Or expected to be completed: 10/07/2019								
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action: The corrective action is anticipated to be resolved by 10/07/2019.								

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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.
Name of Authorized Representative: Eric Hodgson Title: Superintendent
Signature: Date Signed: 9/25/20/Gmail: hodgsoned@ci.anchorage.ak.us



Section I. General Information						
Facility Name: Tudor Road Snow I	Dispos	sal Sit	e			
APDES Permit Tracking Number: Not App	licabl	le				
Facility Physical Address						
Street: 6135 East Tudor Road						
City: Anchorage	State:	Alaska	Zip: 99507			
Lead Inspector's Name: Jenny Liljedahl	ead Inspector's Name: Jenny Liljedahl Title: SWPPP Inspector					
Additional Inspectors Names: Jonathan	Petru	nic				
Contact Person: Eric Hodgson			Title: Superintendent			
Phone: (907) 343-8100			Email: HodgsonED@ci.anchorag	e.ak.us		
Inspection Date: 09/23/2019		200				
Section II. General Inspection Findings						
As part of this comprehensive site inspection where industrial activity may be exposed to			ct all potential pollutant sources, including areas	√ Yes No		
If NO, describe why not:						
Note: Complete Section III of this form for each industria where pollutants may be exposed to storm water.	l activity a	rea inspecte	ed and included in your SWPPP or as newly defined, in Section II	parts 2 and 3 below,		
2. Did this inspection identify any storm water SWPPP?	er or non	-storm w	ater outfalls not previously identified in your	Yes No		
If YES, for each location, describe the sources of the control measures in place:	nose storr	n water ar	nd non-storm water discharges and any associated			

Permit	Tracking #	

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
any services in place.
4 Bid was an investment of the latest and the lates
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No. Wes. No. No. No. No. No. No. No. No. No. No
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
There is no evidence of pollutants entering the drainage system or discharge from surface waters.
The sedimentation pond is surrounded by vigorous growing vegetation and the outfalls require no additional flow dissipation.
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any
corrective actions identified as a result of this annual comprehensive site inspection? Yes No
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?
One (1) condition was identified in 2019 as needing corrective action.
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

Permit	Tracking #		

Section III. Industrial Activity Area Specific Findings				苏州美国苏州西北 州 (1985年)	
Complete one block for each industrial activity area where pollutants may be activity areas.	e exp	osed t	o st	torm water. Copy this page for additional industrial	
In reviewing each area, you should consider:					
Industrial materials, residue, or trash that may have or could come into cor		with st	orm	water;	
 Leaks or spills from industrial equipment, drums, tanks, and other containe Offsite tracking of industrial or waste materials from areas of no exposure 		nosed a	reas	s; and	
Tracking or blowing of raw, final, or waste material from areas of no expositions.					
Industrial Activity Area: RAP Access Road					
1. Brief Description:					
Industrial equipment utilize this access road during fa	acil	ity o	oei	rations.	
2. Are any control measures in need of maintenance or repair?		Yes	1	No	
3. Have any control measures failed and require replacement?		Yes	√	No	
4. Are any additional/revised control measures necessary in this area?		Yes	√	No	
If YES to any of these three questions, provide a description of the prob attached Corrective Action Form.)	lem:	(Any r	ece	essary corrective actions should be described on the	
attached corrective Action Form.)					
Industrial Activity Area: Consul Diamond I Dod					
Industrial Activity Area: Snow Disposal Pad					
1. Brief Description:					
Industrial equipment cross this pad during facility fall	pre	para	itio	on and winter operations.	
2. Are any control measures in need of maintenance or repair?		Yes	✓	No	
3. Have any control measures failed and require replacement?		Yes	✓	No	
4. Are any additional/revised control measures necessary in this area?	Ш	Yes	✓	No	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the					
attached Corrective Action Form.)					
Industrial Activity Area: Vegetated Buffers			7, 7, 7		
1. Brief Description:					
Stormwater or runoff exposed to industrial equipment flows through these buffers.					
eterminates of ration expected to industrial equipment home timedegit these bullets.					
2. Are any control measures in need of maintenance or repair?		Yes	√	No	
3. Have any control measures failed and require replacement?		Yes	√	No	
4. Are any additional/revised control measures necessary in this area?	-	Yes	✓	No	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the					
attached Corrective Action Form.)					

	Note: Copy this page and attach additional pages as necessary.					
Industrial Activity Area: Sedimentation Pond						
1. Brief Description:						
Stormwater or runoff exposed to industrial equipmen	t f	lows	to t	this sedimentation pond.		
2. Are any control measures in need of maintenance or repair?		Yes	✓	No		
3. Have any control measures failed and require replacement?		Yes	√	No		
4. Are any additional/revised control measures necessary in this area?		Yes	✓	No		
If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)	olen	n: (Any	nec	essary corrective actions should be described on the		
attached corrective Action Form.)						
Industrial Activity Area:						
1. Brief Description:						
2. Are any control measures in need of maintenance or repair?		Yes		No		
3. Have any control measures failed and require replacement?		Yes		No		
4. Are any additional/revised control measures necessary in this area?		Yes	Ш	No		
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)						
and an active redom only						
Industrial Activity Area:						
1. Brief Description:						
	_		_			
2. Are any control measures in need of maintenance or repair?	_	Yes	Н	No		
3. Have any control measures failed and require replacement?	_	Yes	닏	No		
4. Are any additional/revised control measures necessary in this area?	lo	Yes		No		
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)						
•						

Permit	Tracking #	

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 1 for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release of discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures Average benchmark value exceedance
Other (describe):
4. Briefly describe the nature of the problem identified:
Trash and debris in the facility
5. Date problem identified: 09/23/2019
6. How problem was identified:
Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or ADEC
Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to
control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:
Remove trash and debris from facility
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 09/23/2019
10. Date corrective action completed: Or expected to be completed: 10/07/2019
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action: The corrective action is anticipated to be resolved on 10/07/2019.

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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.
Name of Authorized Representative: Eric Hodgson Title: Superintendent
Signature: Date Signed: 9/15/2019 mail: HodgsonED@ci.anchorage.ak.us



Section I. General Information					
Facility Name: Muldoon Maintenan	ce/Storage Facility				
APDES Permit Tracking Number: N/A					
Facility Physical Address					
Street: 7909 Boundary Avenue	9				
City: Anchorage State	e: Alaska Zip: 99504				
Lead Inspector's Name: Jenny Liljedahl	ead Inspector's Name: Jenny Liljedahl Title: SWPPP Inspector				
Additional Inspectors Names: Jonathan Pet	runic				
Contact Person: Eric Hodgson	Title: Superintendent				
Phone: (907) 343-8100	Email: hodgsoned@ci.anchorage	ak.us			
Inspection Date: 09/23/2019					
Section II. General Inspection Findings					
 As part of this comprehensive site inspection, di where industrial activity may be exposed to stor 	id you inspect all potential pollutant sources, including areas rm water?	Yes No			
If NO, describe why not:					
Note: Complete Section III of this form for each industrial activity where pollutants may be exposed to storm water.	ty area inspected and included in your SWPPP or as newly defined, in Section II	parts 2 and 3 below,			
2. Did this inspection identify any storm water or n SWPPP?	non-storm water outfalls not previously identified in your	Yes No			
If YES, for each location, describe the sources of those st	torm water and non-storm water discharges and any associated				
control measures in place:	,				

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No. WA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
No evidence was observed of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

For Agency Use Permit Tracking #____N/A

Section III. Industrial Activity Area Specific Findings	Section III. Industrial Activity Area Specific Findings					
Complete one block for each industrial activity area where pollutants may be	e ex	posed	to st	torm water. Copy this page for additional industrial		
activity areas.						
In reviewing each area, you should consider: • Industrial materials, residue, or trash that may have or could come into con	tact	with ct	orm	water		
Leaks or spills from industrial equipment, drums, tanks, and other containe		WILII 30	.01111	water,		
 Offsite tracking of industrial or waste materials from areas of no exposure t 						
Tracking or blowing of raw, final, or waste material from areas of no exposul Industrial Activity Area: Access road	ure t	o expos	sed a	ıreas.		
1. Brief Description:						
Industrial equipment utilize this access road during fa	acil	lity o	pei	rations.		
2. Are any control measures in need of maintenance or repair?		Yes	V	No		
3. Have any control measures failed and require replacement?		Yes	√	No		
4. Are any additional/revised control measures necessary in this area?		Yes	V	No		
If YES to any of these three questions, provide a description of the probl	em:	(Any ı	nece	essary corrective actions should be described on the		
attached Corrective Action Form.)						
Industrial Activity Area: RAP storage pads						
1. Brief Description:						
Industrial equipment is stored in these areas.						
Are any control measures in need of maintenance or repair?						
Have any control measures failed and require replacement? Yes ✓ No Are any additional required control measures represent in this area? Yes ✓ No						
4. Are any additional/revised control measures necessary in this area?	<u> </u>	Yes	✓	No		
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)						
acadisa corrective action formit						
Industrial Activity Area: Vegetated buffers						
1. Brief Description:						
Stormwater or runoff exposed to industrial equipment flows through these buffers.						
property of the property of th						
2. Are any control measures in need of maintenance or repair?		Yes	✓	No		
3. Have any control measures failed and require replacement?		Yes	✓	No		
4. Are any additional/revised control measures necessary in this area?	4. Are any additional/revised control measures necessary in this area? Yes Vo					
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the						
attached Corrective Action Form.)						

Note: Copy this page and attach additional pages as necessary.					
Industrial Activity Area:					
1. Brief Description:					
1. biter bescription.					
2. Are any control measures in need of maintenance or repair?		Yes	Γ	No	
3. Have any control measures failed and require replacement?		Yes	Г	No	
4. Are any additional/revised control measures necessary in this area?		Yes	Ī	No	
If YES to any of these three questions, provide a description of the pro	oble	m: (Any	nec	cessary corrective actions should be described on the	
attached Corrective Action Form.)					
Industrial Activity Area:					
1. Brief Description:					
1. bitel bescription.					
2. Are any control measures in need of maintenance or repair?		Yes		No	
3. Have any control measures failed and require replacement?		Yes		No	
4. Are any additional/revised control measures necessary in this area?		Yes		No	
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	obler	m: (Any	nec	essary corrective actions should be described on the	
attached corrective Action Form.)					
Industrial Activity Area:					
1. Brief Description:					
2. Are any control measures in need of maintenance or repair?	<u> </u>	Yes		No	
3. Have any control measures failed and require replacement?	누	Yes	L	No	
4. Are any additional/revised control measures necessary in this area? Yes No					
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	bler	n: (Any i	nece	essary corrective actions should be described on the	

Section IV. Corrective Actions			
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.			
1. Corrective Action # of for this reporting period.			
2. Is this corrective action:			
An update on a corrective action from a previous annual report; or A new corrective action?			
A new corrective action? 3. Identify the condition(s) triggering the need for this review:			
Unauthorized release of discharge			
Numeric effluent limitation exceedance			
Control measures inadequate to meet applicable water quality standards			
Control measures inadequate to meet non-numeric effluent limitations			
Control measures not properly operated or maintained			
Change in facility operations necessitated change in control measures			
Average benchmark value exceedance			
Other (describe):			
5. Date problem identified:			
6. How problem was identified:			
Comprehensive site inspection			
Quarterly visual assessment			
Routine facility inspection			
Benchmark monitoring			
☐ Notification by EPA or ADEC ☐ Other (describe):			
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:			
8. Did/will this corrective action require modification of you SWPPP? Yes No			
9. Date corrective action initiated:			
10. Date corrective action completed: Or expected to be completed:			
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:			

Section V. Annual Report Certification		
Compliance Certification		
Do you certify that your annual inspection has met the requirements of the results of this inspection, to the best of your knowledge, you are in a		Yes No
If No, summarize why you are not in compliance with the permit:		
Annual Report Certification		
I certify under penalty of law that this document and all attachments were prepared assure that qualified personnel properly gather and evaluate the information submit or those persons directly responsible for gathering the information, the information complete. I am aware that there are significant penalties for submitting false information.	itted. Based on my inquiry of the person or persons who i I submitted is, to the best of my knowledge and belief, tru	manage the system, ue, accurate, and
Name of Authorized Representative: Eric Hodgson	Title: Superintendent	
Signature: Date Signed:	9/25/20/Email: hodgsoned@ci.anchor	rage.ak.us



Section I. General Information				
Facility Name: Kloep Station Snow Disposal Site				
APDES Permit Tracking Number: N/A				
Facility Physical Address				
Street: 5600 Block of Northwood Drive				
City: Anchorage State: Alaska Zip: 99502				
Lead Inspector's Name: Jenny Liljedahl Title: SWPP Inspector				
Additional Inspectors Names: Jonathan Petrunic				
Contact Person: Eric Hodgson Title: Superintendent				
Phone: (907) 343-8100 Email: hodgsoned@ci.anchorage.ak.us				
Inspection Date: 09/26/2019				
Section II. General Inspection Findings				
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?				
If NO, describe why not:				
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.				
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your				
SWPPP?				
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:				

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No. Wes No. No. No. no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and
around outfalls, including flow dissipation measure to prevent scouring: No evidence was observed of pollutants entering the drainage system or discharging to surface
waters. The outfalls do not need additional flow dissipation.
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings					
Complete one block for each industrial activity area where pollutants may be activity areas.	e ex	pose	to:	sto	orm water. Copy this page for additional industrial
In reviewing each area, you should consider:					
 Industrial materials, residue, or trash that may have or could come into cor 		with	storr	n v	vater;
Leaks or spills from industrial equipment, drums, tanks, and other containe					
Offsite tracking of industrial or waste materials from areas of no exposure to the control of the control					
Tracking or blowing of raw, final, or waste material from areas of no exposus Industrial Activity Area: RAP access roads	ure t	о ехр	osed	are	eas.
1. Brief Description:					
	. .	foo	:1:4.		an a wati a wa
Industrial equipment utilizes these access roads duri	ng	iac	шц	(operations.
2. Are any control measures in need of maintenance or repair?		Yes	V		No
3. Have any control measures failed and require replacement?		Yes	V		No
4. Are any additional/revised control measures necessary in this area?		Yes	V	_	No
If YES to any of these three questions, provide a description of the probl	em:	(Any	nec	es	sary corrective actions should be described on the
attached Corrective Action Form.)					
Industrial Activity Area: Snow disposal pad					
1. Brief Description:					
Industrial equipment travels across these pads during	, fo	\alia		n	orations
madstral equipment travels across triese paus during) Ic	CIII	y C	þ	erations.
2. Are any control measures in need of maintenance or repair?		Yes	V		No
3. Have any control measures failed and require replacement?		Yes	✓	7	No
4. Are any additional/revised control measures necessary in this area?		Yes	V	_	No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the					
attached Corrective Action Form.)					
Industrial Activity Areas V					
Industrial Activity Area: Vegetated buffers					
1. Brief Description:					
Stormwater or runoff exposed to industrial equipment flows through these buffers.					
2.4			_	7	
2. Are any control measures in need of maintenance or repair?	4	Yes	✓	=	No
3. Have any control measures failed and require replacement?	Ц	Yes	✓	1	No
4. Are any additional/revised control measures necessary in this area?		Yes	✓	_	No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the					
attached Corrective Action Form.)					

For Agency Use Permit Tracking # N/A

Note: Copy this page and attach additional pages as necessary.					
Industrial Activity Area:					
1. Brief Description:					
	_	_	_	7	
2. Are any control measures in need of maintenance or repair?	Ļ	Yes	_	No	
3. Have any control measures failed and require replacement?	Ļ	Yes	L	No	
4. Are any additional/revised control measures necessary in this area? If YES to any of these three questions, provide a description of the pro-	<u></u>	Yes	L	No	
attached Corrective Action Form.)	obiei	m: (Any	nec	essary corrective actions should be described on the	
,					
			227		
Industrial Activity Area:					
1. Brief Description:					
	_	1			
2. Are any control measures in need of maintenance or repair?	L	Yes	L	No	
3. Have any control measures failed and require replacement?	누	Yes	L	No	
4. Are any additional/revised control measures necessary in this area?	Ļ	Yes		No	
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	bler	n: (Any	nec	essary corrective actions should be described on the	
,					
Industrial Activity Area:					
1. Brief Description:					
		1			
2. Are any control measures in need of maintenance or repair?	-	Yes		No	
3. Have any control measures failed and require replacement?	누	Yes		No	
4. Are any additional/revised control measures necessary in this area? Yes No If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the					
attached Corrective Action Form.)	bien	n. (Any i	nece	essary corrective actions should be described on the	

Section IV. Corrective Actions		
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.		
1. Corrective Action # 0 of 0 for this reporting period.		
2. Is this corrective action:		
An update on a corrective action from a previous annual report; or A new corrective action?		
3. Identify the condition(s) triggering the need for this review:		
Unauthorized release of discharge		
Numeric effluent limitation exceedance		
Control measures inadequate to meet applicable water quality standards		
Control measures inadequate to meet non-numeric effluent limitations		
Control measures not properly operated or maintained		
Change in facility operations necessitated change in control measures		
Average benchmark value exceedance		
Other (describe):		
4. Briefly describe the nature of the problem identified:		
5. Date problem identified:		
6. How problem was identified:		
Comprehensive site inspection		
Quarterly visual assessment		
Routine facility inspection		
Benchmark monitoring		
Notification by EPA or ADEC Other (describe):		
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:		
8. Did/will this corrective action require modification of you SWPPP? Yes No		
9. Date corrective action initiated:		
10. Date corrective action completed: Or expected to be completed:		
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:		

	For Agency Use
Permit Tracking #	N/A

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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, including the persons directly responsible for gathering the information, the information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson Title: Superintendent
Signature: Date Signed: 9/27/20/Email: hodgsoned@ci.anchorage.ak.us



Section I. General Information					
Facility Name: Kloep Station Mainte	nance &	Storage Facility			
APDES Permit Tracking Number: N/A					
Facility Physical Address					
Street: 5601 Northwood Drive					
City: Anchorage State:	Alaska	Zip: 99502			
Lead Inspector's Name: Jenny Liljedahl Title: SWPPP Inspector					
Additional Inspectors Names: Jonathan Petru	ınic				
Contact Person: Eric Hodgson	Titl	e: Superintendent			
Phone: (907)343-8100	Er	nail: hodgsoned@ci.anchorage	e.ak.us		
Inspection Date: 09-26-2019					
Section II. General Inspection Findings					
As part of this comprehensive site inspection, did where industrial activity may be exposed to storm		potential pollutant sources, including areas	Yes No		
If NO, describe why not:					
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.					
2. Did this inspection identify any storm water or no SWPPP?	ı-storm water o	utfalls not previously identified in your	Yes 🗸 No		
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:					

	For Agency Use
Permit Tracking #_	N/A

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?					
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:					
4 Pidemanian de la companya del companya de la companya del companya de la compan					
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No. WA, no monitoring performed					
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:					
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:					
No evidence was observed of pollutants entering the drainage system or surrounding surface waters.					
All outfalls are operating as intended and do not need additional flow dissipation.					
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any					
corrective actions identified as a result of this annual comprehensive site inspection? Yes No					
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the					
MSGP were addressed by these corrective actions? Two (2) conditions were identified since the last annual inspection as needing corrective actions. All corrective actions					
were completed.					
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.					

For Agency Use
Permit Tracking #____N/A

Section III. Industrial Activity Area Specific Findings			165		
Complete one block for each industrial activity area where pollutants may be activity areas.	e ex	posed t	to st	orm water. Copy this page for additional industrial	
In reviewing each area, you should consider:					
 Industrial materials, residue, or trash that may have or could come into cor 	ntact	with st	orm	water;	
Leaks or spills from industrial equipment, drums, tanks, and other containe Office to spills a of industrial equipment.					
 Offsite tracking of industrial or waste materials from areas of no exposure Tracking or blowing of raw, final, or waste material from areas of no exposi 					
Industrial Activity Area: Pavement / access road	ure	o expos	eu a	reds.	
1. Brief Description:					
Industrial equipment utilize the access road and pave	he	aroa			
Industrial equipment utilize the access road and pave	zu	area	5.		
2. Are any control measures in need of maintenance or repair?		Yes	√	No	
3. Have any control measures failed and require replacement?		Yes	✓	No	
4. Are any additional/revised control measures necessary in this area?		Yes	V	No	
If YES to any of these three questions, provide a description of the problem	lem	: (Any r	nece	essary corrective actions should be described on the	
attached Corrective Action Form.)					
Industrial Activity Area: Vegetated buffers					
1. Brief Description:			ı	and the second of the first	
Stormwater or runoff exposed to industrial equipment	TIC	ows t	nrc	ough the vegetated buffers.	
2. Are any control measures in need of maintenance or repair?		Yes	√	No	
3. Have any control measures failed and require replacement?		Yes	V	No	
4. Are any additional/revised control measures necessary in this area?		Yes	V	No	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the					
attached Corrective Action Form.)					
Industrial Activity Area: Vac truck disposal area					
1. Brief Description:					
Sedimentation basin for vac truck disposal					
ecamentation basin for vac track disposal					
2. Are any control measures in need of maintenance or repair?	П	Yes	√	No	
3. Have any control measures failed and require replacement?	П	Yes	1	No	
4. Are any additional/revised control measures necessary in this area?	П	Yes	1	No	
If YES to any of these three questions, provide a description of the probl	<u>ட</u> em:		ece		
attached Corrective Action Form.)					

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Note: Copy this page and attach additional pages as necessary.							
Industrial Activity Area:							
1. Brief Description:							
1. biter bescription.							
2. Are any control measures in need of maintenance or repair?	Г	Yes	Г] No			
Have any control measures failed and require replacement?	T	Yes	F	No			
4. Are any additional/revised control measures necessary in this area?	十	Yes	F] No			
If YES to any of these three questions, provide a description of the pro	bler		nec				
attached Corrective Action Form.)				·			
Industrial Activity Area:							
1. Brief Description:							
	_	1					
2. Are any control measures in need of maintenance or repair?	_	Yes	L	No			
3. Have any control measures failed and require replacement?	L	Yes		No			
4. Are any additional/revised control measures necessary in this area?	Ļ	Yes		No			
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	bler	n: (Any r	iec	essary corrective actions should be described on the			
Industrial Activity Area:							
1. Brief Description:							
2. Are any control measures in need of maintenance or repair?		Yes		No			
3. Have any control measures failed and require replacement?		Yes		No			
4. Are any additional/revised control measures necessary in this area?		Yes		No			
If YES to any of these three questions, provide a description of the pro	blen	n: (Any r	ece	essary corrective actions should be described on the			
attached Corrective Action Form.)							

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 2 for this reporting period.
2. Is this corrective action:
 □ An update on a corrective action from a previous annual report; or ☑ A new corrective action?
3. Identify the condition(s) triggering the need for this review:
 Unauthorized release of discharge Numeric effluent limitation exceedance Control measures inadequate to meet applicable water quality standards Control measures inadequate to meet non-numeric effluent limitations ✓ Control measures not properly operated or maintained Change in facility operations necessitated change in control measures Average benchmark value exceedance Other (describe):
4. Briefly describe the nature of the problem identified: Clean out inlet protection at the MS4 drain inlet located north of the vehicle maintenance building
5. Date problem identified: 08/29/2019
6. How problem was identified:
Comprehensive site inspection Quarterly visual assessment ✓ Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Clean out inlet protection.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 09/12/2019
10. Date corrective action completed: 09/12/2019 Or expected to be completed:
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action: Corrective action complete.

Section IV. Corrective Actions					
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.					
1. Corrective Action # 2 of 2 for this reporting period.					
2. Is this corrective action:					
☐ An update on a corrective action from a previous annual report; or☑ A new corrective action?					
3. Identify the condition(s) triggering the need for this review:					
 Unauthorized release of discharge Numeric effluent limitation exceedance Control measures inadequate to meet applicable water quality standards Control measures inadequate to meet non-numeric effluent limitations ✓ Control measures not properly operated or maintained Change in facility operations necessitated change in control measures Average benchmark value exceedance 					
Other (describe):					
4. Briefly describe the nature of the problem identified: Clean all three OGSs onsite					
5. Date problem identified: 08/29/2019					
6. How problem was identified:					
Comprehensive site inspection Quarterly visual assessment					
Routine facility inspection					
□ Benchmark monitoring□ Notification by EPA or ADEC					
Other (describe):					
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Clean out all three OGSs onsite					
8. Did/will this corrective action require modification of you SWPPP? Yes V No					
9. Date corrective action initiated: 09/12/2019					
10. Date corrective action completed: 09/12/2019 Or expected to be completed:					
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action: Corrective action complete.					

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Section V. Annual Report Certification					
Compliance Certification					
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No					
If No, summarize why you are not in compliance with the permit:					
Annual Report Certification					
Annual Report Certification					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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.					
Name of Authorized Representative: Eric Hodgson Title: Superintendent					
Signature: Date Signed: 9/27/20/Egrail: hodgsoned@ci.anchorage.ak.us					