



# Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information				
Facility Name			APDES Permit Tracking Number	
Anchorage Maintenance Station			AKS-052558	
Facility Physical Address				
Street		City	State	Zip Code
5300 E Tudor		Anchorage	Alaska	99507
Contact Person	Title	Phone	Email	
Jennifer Micolichek	Central Region Enviro.	269-5690	Jennifer.Micolichek@alaska.gov	
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date	
Tim Hanley	Steve Church		4-23-19	

**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:

Permit Tracking #: \_\_\_\_\_

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?  Yes  No

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  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:

Hydro seeding took well in the ditches  
 No pollutants found in Runoff Drainage  
 Waddles @ ~~west~~ east gate are in good shape

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 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 action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions? One - 8.15

**Note:** Complete the attached Corrective Action Form (Section IV) for each condition identified, 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 contact with storm 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 to exposed areas.

Industrial Activity Area: N/W POV Parking Area

1. Brief Description:

Employee Parking Lot

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

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

Industrial Activity Area: South East Fuel Tank & East gate

1. Brief Description:

Diesel Fuel Station for Equipment

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.)

The wattles at east gate have been ~~removed~~ restaked

Industrial Activity Area: *North east Parking + east end of Building*

1. Brief Description: *Light Duty Parking area  
Cutting edge Storage*

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2. Are any control measures in need of maintenance or repair?  Yes  No

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3. Have any control measures failed and require replacement?  Yes  No

---

4. Are any additional/revised control measures necessary in this area?  Yes  No

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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: *Southwest over flow Parking*

1. Brief Description: *over size equipment Parking  
Tractor with Trailers Parking*

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2. Are any control measures in need of maintenance or repair?  Yes  No

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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.)*

**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): Restake wattles at east gate

4. Briefly describe the nature of the problem identified:

wattles moved Due to lack of stakes

5. Date problem identified: 4/23/19

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- Routine facility inspection
- Notification by EPA or DEC
- 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, analysis to be conducted, etc.) or if no modification is needed, basis for that determination.

wattles staked

8. Did/will this corrective action require modification of your SWPPP?  Yes  No

Permit Tracking #: \_\_\_\_\_

9. Date corrective action initiated: 4-23/19

10. Date corrective action completed: 4-23-19 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: wattles stacked 4-23-19

**Section V. Annual Report Certification**  
**Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 6.3 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 person directly responsible for gathering 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.

Steve Church  
 Name of Authorized Representative

SWPP Inspector  
 Title

Steven.Church@alaska.gov  
 Email

[Signature]  
 Signature

4/23/19  
 Date Signed

# Anchorage Station - Tudor

## Annual Inspection

The annual inspection must be completed each year with an individual evaluation of each storage tank. Deficiencies are to be addressed promptly. Provide further description and comments, if necessary, on a separate sheet of paper and attach to this sheet.

Date: 4/23/19		Time: 11:00		Inspector: Steve Church	
✓ = Satisfactory    N/A = Not Applicable    R = Repair required    ¶ = See Comment under Remarks					
<b>Facility Drainage</b>			<b>Pipes</b>		
✓	No noticeable oil sheen on surfaces		✓	Buried pipelines are not exposed, if any	
✓	No trash or debris under or near tanks		✓	Out-of-service pipes are capped, if any	
✓	No standing water under or around tanks		✓	Signs/barriers posted and legible to protect pipelines from vehicles, if any	
✓	No erosion or stressed/dead vegetation under or near tanks		✓	No significant signs of corrosion damage to pipe or supports, if any	
✓	No woody vegetation under or near tanks		✓	Pipes are not bent, significantly rusted, or damaged	
✓	Ground under and around tanks is not cracked or heaving				
<b>Security</b>			<b>Fuel Transfer Area</b>		
R	Fence, gates, and locks operational, if any		✓	Tank dispenser pad is not full of water, if dispense is on pad (if full, squeegee off)	
✓	Sign on fence to keep out trespassers is legible		✓	No new staining or oil sheen on ground (if sheen, wipe up with an absorbent pad)	
✓	Tank dispenser(s) or starter controls locked/off when not in use		✓	Secondary containment is under tank dispenser(s)	
✓	Bollards/tank barriers not damaged				
✓	Lighting is working properly				
<b>Training</b>			<b>Indoor Storage Areas</b>		
✓	Spill prevention briefing held once a year		✓	No spotting or staining on floor (clean-up if present); place pads under all dispensers	
✓	All SPCC-related trainings are recorded		✓	No open containers with fluid in them	
R	New employees trained on spill prevention & response		✓	Oil/Water separator does not have a heavy oil sheen (use absorbent pads to remove)	
			✓	Spill kit equipment is complete (check and note missing items in 'Remarks')	
			✓	Spill kit has a sign marking its location and kit is easy to access (nothing in the way)	
<b>Remarks:</b> Front gate hit by car (under Repair) New employees get training 5/9/19 Oil water separator will get Pumped out week of 5/6/18					

Above Ground Storage Tank #1 (10,000 gallon)	Above Ground Storage Tank #2 (120 gallon)
✓ Tank surfaces checked for signs of leakage or drips	✓ Tank surfaces checked for signs of leakage or drips
✓ Tank is not damaged, significantly rusted, or deteriorated	✓ Tank is not damaged, significantly rusted, or deteriorated
✓ Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted	✓ Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted
✓ No leaks at valves, flanges, seals or other tank fittings	✓ No leaks at valves, flanges, seals or other fittings connecting to tank
✓ Tank foundation checked for cracks, erosion, settling, deterioration, or damage	✓ Pressure gauge operative
✓ Vents are not obstructed	✓ Vents are not obstructed
✓ Level gauges and emergency shut offs tested and operative	✓ Tank contents clearly labeled on tank
✓ Tank contents clearly labeled on tank	✓ Tank fluid quantity clearly labeled (e.g. '120 gallons')
✓ Tank fluid quantity clearly labeled (e.g. '10,000 gallons')	✓ Hazard placards are intact and readable
✓ Hazard placards are intact and readable	✓ Tank marked with a distinctive, legible number (e.g. #2)
✓ Tank marked with a distinctive, legible number (e.g. #1)	
✓ Tank surfaces checked for signs of leakage or drips	

Above Ground Storage Tank #3 (107 gallon)	Above Ground Storage Tank #4 (6 x 50 gallon)
✓ Tank surfaces checked for signs of leakage or drips	✓ Tank surfaces checked for signs of leakage or drips
✓ Tank is not damaged, significantly rusted, or deteriorated	✓ Tank is not damaged, significantly rusted, or deteriorated
✓ Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted	✓ Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted
✓ No leaks at valves, flanges, seals or other fittings connecting to tank	✓ No leaks at valves, flanges, seals or other fittings connecting to tank
✓ Pressure gauge operative	✓ Tank foundation checked for cracks, erosion, settling, deterioration, or damage
✓ Vents are not obstructed	✓ Tank contents clearly labeled on tank
✓ Tank contents clearly labeled on tank	✓ Tank fluid quantity clearly labeled (e.g. '300 gallons')
✓ Tank fluid quantity clearly labeled (e.g. '107 gallons')	✓ Hazard placards are intact and readable
✓ Hazard placards are intact and readable	✓ Tank marked with a distinctive, legible number (e.g. #4)
✓ Tank marked with a distinctive, legible number (e.g. #3)	

Remarks:



55 Gallon Drums	Hazardous Waste Storage Area (HWSA) - fill out only if storing hazardous waste	
✓	Drum surfaces checked for signs of leakage or drips (no significant rusting, corrosion, discoloration, etc.)	N/A HWSA is secure (fenced and/or locked)
8	General drum condition (P) poor, (F) fair, (G) good, or (E) excellent	'Restricted Access' sign is readable
✓	Lids on drums are securely closed (must be closed unless actively being used)	HWSA log is current (if storing hazardous waste)
2	Drum storage has secondary containment with no liquid or debris	All containers are marked properly (with contents and date filled)
✓	Drums stored inside or under cover	There are at least 36 inches between drums
✓	Used fluids being disposed of regularly (not an excess of drums in the facility)	All container lids are completely closed when not actively being used
2	All containers are marked properly (with contents and date filled)	Containers have no cracks, holes, or significant rust
		Containers are on secondary containment with curb (a concrete pad and portable plastic containment)
		Hazardous Waste Determination Form is current (if storing hazardous waste)
		✓ Manifest Log is current (if transporting hazardous waste)

Remarks:

## Birchwood Annual Inspection (SPCC)

The annual inspection must be completed each year with an individual evaluation of each storage tank. Deficiencies are to be addressed promptly. Provide further description and comments, if necessary, on a separate sheet of paper and attach to this sheet. The inspection checklist is to be kept with the SPCC Plan.

Date: 5/9/19		Time: 9:00 am		Inspector: Steve Church	
✓ = Satisfactory    N/A = Not Applicable    R = Repair required    ¶ = See Comment under remarks					
<b>Facility Drainage</b>			<b>Pipes</b>		
✓	Any noticeable oil or fuel sheen on ground surfaces.		✓	No signs of corrosion damage to pipe or supports.	
✓	Tank area free of debris.		✓	Buried pipelines not exposed.	
✓	No debris in secondary containment area.		✓	Out-of-service pipes capped.	
✓	No standing water in secondary containment area.		✓	Signs/barriers to protect pipelines from vehicles.	
✓	No cracks, discoloration, or corrosion of secondary containment.		✓	No leaks at valves, flanges, or other fittings.	
✓	No erosion or stressed vegetation around tank.		✓	Containment curbing or trenches intact.	
<b>Security</b>			<b>Fuel Transfer Area</b>		
✓	Fence, gates, and locks intact.		✓	Emergency shut off valve operational.	
✓	Bollards or protective barriers intact.		✓	Warning signs posted and readable.	
✓	Starter controls for pumps locked or shut off when not in use.		✓	No leaks or cracks in hoses.	
✓	Lighting is working properly.		✓	Drip pans, if in use, are not overflowing.	
			✓	Catch basins free of contamination.	
			✓	Fuel spill kit equipment is complete.	
				ASTs locked when not in use.	
<b>Training</b>			<b>Indoor Storage Areas</b>		
✓	Spill prevention briefing held.		✓	Spotting or staining on floor.	
	Training records are in order.		✓	Waste oil properly stored and disposed of.	
			✓	Drum storage has secondary containment.	
			N/A	Oil/Water Separator has oil sheen: soak up oil sheen with an absorbent pad.	
Notes:					

Above Ground Storage Tank #1			
✓	Tank surfaces checked for signs of leakage or drips.		
✓	Tank general condition is good (no rusting, corrosion, discoloration, etc.).		
✓	Bolts, rivets, or seams are not damaged.		
✓	Tank foundation checked for cracks, discoloration, puddles, settling, and damage caused by vegetation.		
✓	No evidence of seepage from any valves, flanges, seals, or other fittings on tank.		
✓	Vents are not obstructed.		
✓	No localized dead vegetation.		
✓	Has the tank foundation settled and the tank is no longer level.		good condition

# Alaska Department of Environmental Conservation MSGP Annual Reporting Form

### Section I. General Information

Facility Name <u>Birchwood Station</u>		APDES Permit Tracking Number <u>AKS-052559</u>	
Facility Physical Address			
Street <u>20651 Birchwood Spur</u>		City <u>Chugiak</u>	State <u>Alaska</u>
		Zip Code <u>99567</u>	
Contact Person <u>Steven Church</u>	Title <u>SWPP Inspector</u>	Phone <u>440-8460</u>	Email <u>Steven.Church.@Alaska.gov</u>
Lead Inspector's Name <u>Steve Church</u>	Additional Inspector's Name	Additional Inspector's Name	Inspection Date <u>5/9/19</u>

### 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?  Yes  No  
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  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 signs of Pollutants (Rained Day before Requesting)

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 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 action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions? 8.1.5 was addressed

Note: Complete the attached Corrective Action Form (Section IV) for each condition identified, 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 contact with storm 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 to exposed areas.

Industrial Activity Area: Fuel tank

1. Brief Description:

Spill Kit Full  
 Tank Clean  
 Containment Clean

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.)

Checked wattles Replaced 2 stakes

Industrial Activity Area:

1. Brief Description Maintenance Building

4 bays for equipment. 2 Bays for fire equipment  
 2 Bays for DOT.  
 Spill Kit full

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: Sand Storage & buildings

1. Brief Description:

5000gal Brine Storage  
Good Spill Kit

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: warm Storage Building

1. Brief Description:

Equipment Storage Building

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.)

Housekeeping Needed

### 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):

*Right side of sand storage needs ditch cleaned out*

4. Briefly describe the nature of the problem identified:

*Sand was plowed into ditch line  
wattles need installed*

5. Date problem identified: 5/9/19

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- Routine facility inspection
- Notification by EPA or DEC
- 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, analysis to be conducted, etc.) or if no modification is needed, basis for that determination.

*Ditch line to be cleaned out and wattles installed*

8. Did/will this corrective action require modification of your SWPPP?  Yes  No



Permit Tracking #:

9. Date corrective action initiated: 5-9-19

10. Date corrective action completed: 5-16-19 Or expected to be completed: 8-9-19

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 6.3 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 person directly responsible for gathering 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.

Steve Church  
Name of Authorized Representative

SWPP Inspector  
Title

Steven.Church@alaska.gov  
Email



Signature

5/9/19  
Date Signed

Date Signed



# Alaska Department of Environmental Conservation

## MSGP Annual Reporting Form

### Section I. General Information

Facility Name: Hiland Snow dump sight

APDES Permit Tracking Number: AKS-052558

#### Facility Physical Address

Street: 8500 Hiland Rd

City: Eagle River

State: Alaska

Zip: 99577

Lead Inspector's Name: Steven Church Title: SWPP Inspection

Additional Inspectors Names:

Contact Person: Renee Goentzel

Title: environmental analyst

Phone: 907-269-0714

Email: Renee.Goentzel@Alaska.gov

Inspection Date: 9/27/19

### 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?  Yes  No

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  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 found*

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?

*1*

Note: Complete the attached Corrective Action Form (Section IV) for each condition identified, 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 contact with storm 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 to exposed areas.

Industrial Activity Area:

1. Brief Description: *Snow Disposal*

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.)

*Boom Ripped  
Wattles on outfall Need Replaced*

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 problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair?  Yes  No

3. Have any control measures failed and require replacement?  Yes  No

4. Are any additional/revised 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:

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 problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair?  Yes  No

3. Have any control measures failed and require replacement?  Yes  No

4. Are any additional/revised 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:

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.)

**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 # 12 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:

1. Boom Ripped  
 2. Wattles need Replaced

5. Date problem identified: 9/27/19

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:

Replaced Ripped Boom with New Boom  
 Replaced Bad wattles with new wattles

8. Did/will this corrective action require modification of you SWPPP?  Yes  No

9. Date corrective action initiated: 9/27/19

10. Date corrective action completed: 9/27/19 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: Steven Church

Title: SWPP Inspector

Signature: 

Date Signed: 9/27/09

Email: Steven.Church@alaska.gov



# Alaska Department of Environmental Conservation

## MSGP Annual Reporting Form

**Section I. General Information**

 Facility Name: O'Malley Snow Storage Sight

 APDES Permit Tracking Number: AKS-052558

## Facility Physical Address

 Street: O'Malley + Old Seward Hwy

 City: Anchorage

 State: Alaska

 Zip: 99516

 Lead Inspector's Name: Stuechurch

 Title: SWPP Inspector

Additional Inspectors Names:

 Contact Person: Renee Goentzel

 Title: environmental analyst

 Phone: 907-269-0714

 Email: Renee.Goentzel@Alaska.gov

 Inspection Date: 9/27/19
**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?  Yes  No

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  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 showing*

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?

*1 action Staked Waddles on East fallout*

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 contact with storm 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 to exposed areas.

Industrial Activity Area:

1. Brief Description: *Snow disposal*

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.)

*wallets not staked on East fallout*

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 problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair?  Yes  No

3. Have any control measures failed and require replacement?  Yes  No

4. Are any additional/revised 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:

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 problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair?  Yes  No

3. Have any control measures failed and require replacement?  Yes  No

4. Are any additional/revised 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:

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.)

**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:

Waddles on East outfall not staked

5. Date problem identified: 9/27/19

6. How problem was identified:

- Comprehensive site inspection
- Quarterly visual assessment
- Routine facility inspection
- Benchmark monitoring
- Notification by EPA or ADEC
- Other (describe): annual inspection

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:

Staked waddles down.

8. Did/will this corrective action require modification of you SWPPP?  Yes  No

9. Date corrective action initiated: 9/27/19

10. Date corrective action completed: 9/27/19 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?

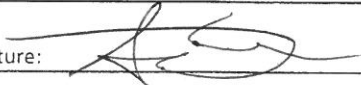
Yes  No

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: Steven Church Title: SWPP Inspector

Signature:  Date Signed: 9/27/19 Email: Steven.Church@Alaska.gov

# Girdwood SPCC Annual Inspection Checklist

The annual inspection must be completed each year with a more thorough individual evaluation of each oil storage tank, secondary containment, and piping. Deficiencies are to be addressed promptly by repairing or ordering parts. Provide further description and comments, if necessary, on a separate sheet of paper and attach to this sheet. An annual inspection replaces a monthly inspection in the month in which it was performed.

Date: 4/10/2019		Time: 12:30pm		Inspector: Paul Berthold	
✓ = Satisfactory    N/A = Not Applicable    R = Repair required    ¶ = See Comment under Remarks					
<b>Facility Drainage Around Tanks</b>			<b>Pipes</b>		
✓ No noticeable oil sheen on surfaces			✓ Buried pipelines are not exposed		
✓ No erosion issues			✓ Out-of-service pipes are capped		
✓ No stressed or woody vegetation			✓ Signs/barriers posted and legible to protect pipelines from vehicles		
✓ Outfalls protected from spills (BMPs in place)			✓ Pipes is not bent or damaged		
			✓ No leaks at valves, seals, flanges, or other fittings		
			No significant signs of corrosion damage to pipe or supports		
<b>Security</b>			<b>Fuel Transfer Area</b>		
✓ Fence, gates, and locks functioning properly			✓ Emergency shut off valve operational (test)		
✓ Bollards/tank barriers around tank(s), install if there are none			✓ Warning signs are posted and legible		
✓ Lighting adequate for safety in work areas (install additional lighting if there is not enough)			✓ Secondary containment under fuel dispenser hose to catch drips		
✓ Danger and warning signs on fence intact and legible (No Smoking, Authorized Personnel Only)			✓ Front of fuel dispenser unit opened to verify no leaks or spills have collected in the bottom pan		
✓ Fire extinguishers have current inspections					
✓ Correct type of extinguisher at tank for the type of material stored					
<b>Training</b>			<b>Indoor Storage Areas</b>		
✓ Spill prevention briefing held once a year			✓ Used oil properly stored, labeled, and disposed of (old labels are blacked out)		
✓ Training records are in order			✓ Drum storage has secondary containment		
✓ New employees have been SPCC trained			✓ Oil/Water separator has oil sheen: place an absorbent pad to soak up sheen.		
✓ ADEC emergency placards posted in facility			✓ Station has an adequate spill kit for the size of fuel tank on site and kit is complete (check and note missing items below)		
			✓ Spill kit is clearly labeled and has a sign on the wall to mark its location		
			✓ New fluid containers are marked with manufacturer's label		
			✓ Lids are securely on containers. (If being used during the day the lids can be open, but must be secured at the end of the work day)		
<b>Above Ground Storage Tank #1- 4,000 gallon</b>			<b>Portable Tank #2-99 gallon</b>		
Tank surfaces checked for signs of leakage or drips			✓ Tank surfaces checked for signs of leakage or drips		
Tanks are not damaged or significantly rusted or deteriorated			✓ Tanks are not damaged or significantly rusted or deteriorated		
Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted			✓ Tank contents clearly labeled on tank		
No leaks at valves, flanges, seals or other fittings connecting to tank			✓ Tank fluid quantity clearly labeled (i.e. 10,000 gallons)		

<input checked="" type="checkbox"/>	Tank foundation checked for cracks, erosion, settling, deterioration, buckling, or damage		
<input checked="" type="checkbox"/>	Vents are not obstructed		
<input checked="" type="checkbox"/>	Level gauges or alarms tested and operative		
<input checked="" type="checkbox"/>	No localized dead or stressed vegetation		
<input checked="" type="checkbox"/>	Tank contents clearly labeled on tank		
<input checked="" type="checkbox"/>	Tank fluid quantity clearly labeled (i.e. 10,000 gallons)		
<input checked="" type="checkbox"/>	Hazard placards are intact and readable		
<input checked="" type="checkbox"/>	Tanks marked with a distinctive, legible number (i.e. #1, #2, etc.)		

<b>Above Ground Storage Tank #3- Multi Fluid</b>		<b>Above Ground Storage Tank #4- Drums</b>	
<input checked="" type="checkbox"/>	Drum surfaces checked for signs of leakage or drips (no significant rusting, corrosion, discoloration, etc.)	<input checked="" type="checkbox"/>	Drum surfaces checked for signs of leakage or drips (no significant rusting, corrosion, discoloration, etc.)
<input checked="" type="checkbox"/>	General drum condition (F) fair, (G) good or (E) excellent	<input checked="" type="checkbox"/>	General drum condition (F) fair, (G) good or (E) excellent
<input checked="" type="checkbox"/>	Lid closed when not actively being used	<input checked="" type="checkbox"/>	Lid closed when not actively being used
<input checked="" type="checkbox"/>	Secondary containment under drums has no fluid or debris	<input checked="" type="checkbox"/>	Secondary containment under drums has no fluid or debris
<input checked="" type="checkbox"/>	Drums stored inside or under cover on an impermeable surface	<input checked="" type="checkbox"/>	Drums stored inside or under cover on an impermeable surface
<input checked="" type="checkbox"/>	Used fluids being disposed of regularly (not an excess of drums in the facility)	<input checked="" type="checkbox"/>	Used fluids being disposed of regularly (not an excess of drums in the facility)
<input checked="" type="checkbox"/>	Drums labeled properly, including empties	<input checked="" type="checkbox"/>	Drums labeled properly, including empties

Remarks:



# Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name Girdwood DOT Maintenance station		APDES Permit Tracking Number AKS-052558	
Facility Physical Address			
Street 388 Toadstool Rd.		City Girdwood	State Alaska
		Zip Code 99587	
Contact Person Paul Bertholl	Title Girdwood Foreman	Phone 783-2232	Email paul.bertholl@alaska.gov
Lead Inspector's Name Paul Bertholl	Additional Inspector's Name Robert McDonald	Additional Inspector's Name	Inspection Date 04/10/2019

Section II. General Inspection Findings	
<p>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:</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><i>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.</i></p>	
<p>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:</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>



Permit Tracking #: \_\_\_\_\_

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?  Yes  No
- 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  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:  
On the Southeast corner outfall, winter sand had accumulated at the wattles and inlet of the culvert area. No pollutants discharged from the culvert to surface waters. We cleaned up the winter sand and replaced the wattles.

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 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 action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?

**Note:** Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of this comprehensive storm water inspection. 8.1.5

**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 contact with storm 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 to exposed areas.

Industrial Activity Area: Southeast corner

1. Brief Description:

Southeast corner is the only out fall from the site. Water enters the area and flows through wattles before entering the discharge culvert.  
Wattles needed replaced and winter sand needed to be shovel out.

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.)*

Winter sand has collected at wattles and the wattle have degraded.

Industrial Activity Area:

1. Brief Description:

South end.  
The South end had no out fall areas. There is a berm as the BMP long the fence line in this area.  
BMP's in place and working.

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:

Southwest side.

Entrance to facility and main traffic area. There is a berm and ditch along this side. Both are working properly.

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:

North end.

Supply storage and equipment parking. Stockpiles. This end has natural BMP which consist of hillside banks. The BMP's are working well.

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.)*

**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:

Wattles in South east corner outfall have degraded and winter sand has accumulated against them.

5. Date problem identified: **3/19/2019**

6. How problem was identified:

- Comprehensive site inspection  
 Quarterly visual assessment  
 Routine facility inspection  
 Notification by EPA or DEC  
 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, analysis to be conducted, etc.) or if no modification is needed, basis for that determination.

We will clean winter sand from area and replace wattles.

8. Did/will this corrective action require modification of your SWPPP?

Yes

No

Permit Tracking #: \_\_\_\_\_

9. Date corrective action initiated: **3/19/2019**10. Date corrective action completed: **4/10/2019** 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:

South East corner, Winter sand has been cleaned up and new wattles installed on 4/15/2019.

**Section V. Annual Report Certification****Compliance Certification**

Do you certify that your annual inspection has met the requirements of Part 6.3 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 person directly responsible for gathering 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.

**Paul Bertholl****Foreman****paul.bertholl@alask**

Name of Authorized Representative

Title

Email

*Paul Bertholl*

Signature

*4/29/2019*

Date Signed