Permit	Tracking #_	
Permit	lracking #	



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information
Facility Name: Anchorage Maintenance Station
APDES Permit Tracking Number: AK 5 05 25 58
Facility Physical Address
Street: 5300 E Tudor road
City: Anchorage State: Alaska Zip: 99507
Lead Inspector's Name: Tim Hanley Title: CESCL inspector
Additional Inspectors Names: Kayce Eliason
Phone: 907 269 5690 Email: jennifer-nicolichek@alaska-gov
Inspection Date: 5-9-16
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	_
identify potential pollutant hotspots?	
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:	
Tries, summanize the manifes of that review and december any results	
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:	
Took one water sample during the rain event at the fuel pump island sample was clear and no signs of fuel. Took another sample by the	-
	P
east gate where water exits the property. Water was only slightly	
morky due to it is a dirt parking lot. Samplewas taken upstream and	ĺ.
murky due to it is a dirt parking lot. Samplewas taken upstream and still had 2 wattles to pass through before entering storm drain.	
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 co	ntact	with ct	arm	water	
 Industrial materials, residue, or trash that may have or could come into contained. Leaks or spills from industrial equipment, drums, tanks, and other contained. 		with St	orm	water;	
Offsite tracking of industrial or waste materials from areas of no exposure		posed a	area	s; and	
 Tracking or blowing of raw, final, or waste material from areas of no expos 	ure t	o expos	ed a	areas.	
Industrial Activity Area: South east corner of lot	h	4.6	10	appared Enel took	
	/	*13	10	,000 gal roel rock	
1. Brief Description:				w w	
Are any control measures in need of maintenance or repair?	П	Yes	X	No	
	H				
3. Have any control measures failed and require replacement?	뉴	Yes	X	3	
4. Are any additional/revised control measures necessary in this area?	Ш	Yes	LX	() No	
If YES to any of these three questions, provide a description of the prob	lem	(Any ı	nece	essary corrective actions should be described on the	
attached Corrective Action Form.)					
Industrial Activity Area:					
North east parking area					
1. Brief Description:					
Industrial Activity Area: North east parking area 1. Brief Description: Personal vehicle parking area					
2. Are any control measures in need of maintenance or repair?		Yes	X	No	
Have any control measures failed and require replacement?	H	Yes	_	1	
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.)					
				1	
Industrial Activity Area: South west corner. Heav	y e	900	pm	ient parking area	
1. Brief Description:	,				
Aren where Heavy equipment is purked					
2. Are any control measures in need of maintenance or repair?		Yes	×	r No	
3. Have any control measures failed and require replacement?	〒	Yes	1	-	
	十		- LZ		
	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.)	nem	. (Any	nece	essary corrective actions should be described on the	

		N	ote:	Copy this page and attach additional pages as necessary
ndustrial Activity Area: South Area Along feace				
Brief Description:				
Parking for seasonal Henry equipment,	,			
. Are any control measures in need of maintenance or repair?		Yes	×	No
. Have any control measures failed and require replacement?	十	Yes	-	No
I. Are any additional/revised control measures necessary in this area?	F	Yes		No
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	bier	п: (Апу	nec	essary corrective actions should be described on the
ndustrial Activity Area: East Side of Buildi L. Brief Description: Storage area, covered, for helly blade edg	/		-ru	icks and tools
2. Are any control measures in need of maintenance or repair?	Г	Yes	Τx	No
3. Have any control measures failed and require replacement?	十	Yes	4	No
4. Are any additional/revised control measures necessary in this area?	十	Yes	-	No
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	5510	(<i>-</i>)	Tice.	
ndustrial Activity Area: L. 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 prattached Corrective Action Form.)	oble	em: (An	y nec	cessary corrective actions should be described on the

	IV. Corrective A		LO O ON A SERVICE				
this pag Include l identifie	ge for additional co	orrective ac	condition requiring a corrective actions or reviews. been initiated or completed since the later inspection. Include an update on any	st annual report,	and future corrective acti	ions needed to addre	ss problems
	ective Action #	of	for this reporting period.	No	corrective	actions	needed
2. Is thi	s corrective action						
	An update on a	corrective a	action from a previous annual repor	t; or			
	A new correctiv	e action?					0
3. Ident	ify the condition(s) triggering	the need for this review:				
	Unauthorized re	elease of di	scharge				
	Numeric effluer	nt limitation	n exceedance				
	Control measur	es inadequ	ate to meet applicable water quality	/ standards			
	Control measur	es inadequ	ate to meet non-numeric effluent li	mitations			
	Control measur	es not prop	erly operated or maintained				
	Change in facili	ty operation	ns necessitated change in control m	easures			
	Average benchi	mark value	exceedance				
	Other (describe):					
			problem identified:				
	problem identifie						
	problem was iden	tified:					
	Comprehensive	site inspec	ction				
	Quarterly visua	l assessme	nt				
	Routine facility	inspection					
	Benchmark mo						
	Notification by		EC				
	Other (describe	≘):					
7. Desc	cription of correcti I measures, analys	ve action(s) es to be co	taken or to be taken to eliminate on nducted, etc.) or if no modification	r further invest are needed, ba	igate the problem (e.g	., describe modific	ations or repairs to
8. Did	will this corrective	action req	uire modification of you SWPPP?	Yes	No		
9. Date	e corrective action	initiated:					
500000000000000000000000000000000000000	te corrective actio	-					
11. If descri	corrective action no be any remaining s	ot yet comp teps (includ	oleted, provide the status of the cor ding timeframes associated with eac	rective action a ch step) necess	is the time of the comp ary to complete the co	orehensive site insp rrective action:	pections and

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 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: Timothy E Hanley Title: CESCL inspector
Signature: Testy & Many Date Signed: 5-9-16 Email: transtay, hanleyer alaska-goil

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Permit	Tracking #	



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I, General Information	
Facility Name: O'malley snow Storage site.	
APDES Permit Tracking Number: ALS - 0 5 2 5 8	
Facility Physical Address	
Street: OMALLAY & OLD SEWARD.	
City: Muchor Ag E State: Alaska Zip: 99507	
Lead Inspector's Name: Tim Hanley Title: Fore man	
Additional Inspectors Names: KAGCE ELTASON	
Contact Person: Tim Hankey Title: SWPIP/ Foreman	
Phone: 440-8453 Email: timothy, hankey@alask	A 60V.
Inspection Date: 6-6-16	
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?	No
f NO, describe why not:	
T	
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?	lo l
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:	
9.	

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. 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: ALL previously measures measures measures and in place + Functioning.
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.

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Permit Tracking #		

Section III. Industrial Activity Area Specific Findings						
Complete one block for each industrial activity area where pollutants may be	exp	oosed t	o sto	orm 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 sto	orm 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 t Tracking or blowing of raw, final, or waste material from areas of no exposu 						
Industrial Activity Area: SAND STOCK DICE		о сироз	-			
1 Drief Description						
SAND FOR Winter road USE Stor	ed	e >	~	South west corner.		
sand contained by berms.						
2. Are any control measures in need of maintenance or repair?		Yes		No		
3. Have any control measures failed and require replacement?		Yes	又	No		
4. Are any additional/revised control measures necessary in this area?		Yes	X	No		
If YES to any of these three questions, provide a description of the probl	em:	(Any n	eces	ssary corrective actions should be described on the		
attached Corrective Action Form.)						
Industrial Activity Area: Snow Storage						
1. Brief Description:				20011.16.40		
Chow from Romps is stored on	ک	いっナ	5	to melt. only where		
ROAD STORAGE AREAS ARE FULL :	5	1+	-	tooled in.		
KOMP STORMS MALLEN		,	,			
2.4				T.,		
2. Are any control measures in need of maintenance or repair?		Yes	H	No		
3. Have any control measures failed and require replacement?	Ц	Yes	×	No		
4. Are any additional/revised control measures necessary in this area?	Ш	Yes	K	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.)						
I. WATTLES Have deteriorated	de	7	, <	some Places.		
TWATER PARTY OF THE TOTAL				7-776231		
2. Sedimente needs to be rem	~	rel	0.	APONO A MAR MARCHAE		
7. Jew. Miles 10 be 12/10	-0	vea	~ <i>y</i>	AROUND DIAIN MEGSULES.		
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?	П	Yes	П	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 probl	em		eces			
	em		eces			
If YES to any of these three questions, provide a description of the probl	em		eces	The state of the s		
If YES to any of these three questions, provide a description of the probl	em		ece:	The state of the s		

		N	ote	e: Copy this page and attach additional pages as necessary.	
industrial Activity Area:		in the same			
1. Brief Description:					
2. Ster Beschiption.					
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:					
1. Brief Description:					
1. Bitel Description.					
2. Are any control measures in need of maintenance or repair?		Yes		No	
. 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 i	nec	essary corrective actions should be described on the	
attached Corrective Action Form.)					
8					
Industrial Activity Area:					
1. Brief Description:					
1. Bitel 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.)					
				*	

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							
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 Z 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): Normal mantance of Existing Measures. 4. Briefly describe the nature of the problem identified: WALLES HAVE deteriorated in a Few places.							
4. Briefly describe the nature of the problem identified:							
WALTES HAVE deteriorated in a Few places.							
5. Date problem identified: $6 - 6 - 2016$							
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:							
Replace deteriorated wattles As needed.							
8. Did/will this corrective action require modification of you SWPPP? Yes No							
9. Date corrective action initiated: $6-6-2016$							
10. Date corrective action completed: Or expected to be completed: 10-30-2016							
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 OF SECTION REPORT OF SECTION S	
Section IV. Corrective Actions	
this page for additional corrective actions Include both corrective actions that have been	tion requiring a corrective action or a review determining that no corrective action is needed. Copy or reviews. nitiated or completed since the last annual report, and future corrective actions needed to address problems pection. Include an update on any outstanding corrective actions that had not been completed at the time of your
1. Corrective Action # Z of Z	for this reporting period.
2. Is this corrective action:	
An update on a corrective action A new corrective action?	from a previous annual report; or
3. Identify the condition(s) triggering the r	eed for this review:
Unauthorized release of dischar	
Numeric effluent limitation exce	
Control measures inadequate to	meet applicable water quality standards
A STATE OF THE PROPERTY OF THE	meet non-numeric effluent limitations
Control measures not properly of	100 500 600 60 F0
	essitated change in control measures
Average benchmark value excee	
	e maintance of Existing measures.
4. Briefly describe the nature of the proble	m identified:
Sediment Has	Formed In control measures Around The be removed by was truck of leptacing
DrAMS, FHIS W	THE BE removed by was truck of Left 4019
Measures.	· ·
	-6-2016
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) take	or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to
control measures, analyses to be conduct	ed, etc.) or if no modification are needed, basis for that determination:
no modification	n needed. Just chean out Existing
measure.	
8. Did/will this corrective action require n	odification of you SWPPP? Yes No
9. Date corrective action initiated:	6-6-2016
10. Date corrective action completed:	Or expected to be completed: 10-30-2016
11. If corrective action not yet completed	provide the status of the corrective action as the time of the comprehensive site inspections and
	meframes 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 assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons wor those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonments.	ho manage the system, f, true, accurate, and
Name of Authorized Representative: Tim Hanley Title: Foreman	
Signature: Date Signed: 6-6-20/6 Email: timothy.	han Ley@ala

Permit Tracking #____



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information
Facility Name: HILAND Snow Dump SitiE
APDES Permit Tracking Number: AKS - 05 Z 558
Facility Physical Address
Street: .05 MILE ON HIZAMA ROAD
City: EAGLE RIVER State: Alaska Zip: 99577
Lead Inspector's Name: +im Hankey Title: Fore man
Additional Inspectors Names: KAYCE ELIASON
Phone: 440-8453 Email: +: mothy.hankey@ALASKA.60V
Phone: 440-8453 Email: +: mothy. hankey@ALASKA.60V
Inspection Date: 6-6-7016
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?
of NO, describe why not:
i' l
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:
<i></i>

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3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified water or non-storm water or non-storm water discharges not previously identified water or non-storm water or non-storm water discharges not previously identified water or non-storm water discharges not previously identified water or non-storm water discharges not previously identified water or non-storm water or non-storm water discharges not previously identified water or non-storm water discharges not previously identified water or non-storm water or non-storm water discharges not previously identified water or non-storm water or non-storm water discharges not previously identified water or non-storm water or non-storm water or non-storm water discharges not previously identified water or non-storm water or
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 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:
ALL Previously Placed measures ARE Still in place & Functioning.
in place & Functioning.
•
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.

Permit	Tracking #		

Section III. Industrial Activity Area Specific Findings	F4. 1				
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	atact	with sto	rm ı	water	
Leaks or spills from industrial equipment, drums, tanks, and other containe		WILL SLO	iiii v	water,	
 Offsite tracking of industrial or waste materials from areas of no exposure 	to ex	posed ar	eas;	; and	
 Tracking or blowing of raw, final, or waste material from areas of no exposu 	ure t	o expose	d ar	eas.	
Industrial Activity Area: Snow Storage					
1. Brief Description: Snow is stored on The SITE anough Room on ROADWAY	h) her	~	there is not	
anough Room on Korapura	A	REA	15	· .	
2. Are any control measures in need of maintenance or repair?	X	Yes		No	
Have any control measures failed and require replacement?	П	Yes	X	No	
4. Are any additional/revised control measures necessary in this area?	П	Yes	Y	No	
If YES to any of these three guestions, provide a description of the prob	lem	: (Any ne	ece:	ssary corrective actions should be described on the	
attached Corrective Action Form.) WATTLES HAN	12	00	+.	esiasated in a sew	
PLACES of Sedement HAS Formed & Of control messures at Drain	,		',	1100 1 000 1	
A POSCETION HES TO WILL T	u	iu	6	se VAC TIVCKED our	
of control messures at DrAM	5	ŧ			
Industrial Activity Area:					
1. Brief Description:					
Are any control measures in need of maintenance or repair?		Yes		No	
Have any control measures failed and require replacement?	H	Yes	H	No	
4. Are any additional/revised control measures necessary in this area?	一	Yes		No	
If YES to any of these three questions, provide a description of the prob	lem		٥٢٥		
attached Corrective Action Form.)	, (11)	. (/3///		sadiy corrective detions should be described on the	
	-	-			
Industrial Activity Area:					
1. Brief Description:					
× v					
2. Are any control measures in need of maintenance or remain?		lvos		l No.	
Are any control measures in need of maintenance or repair? House any control measures folial and require replacement?	H	Yes	H	No	
Have any control measures failed and require replacement?	H	Yes	L	No	
4. Are any additional/revised control measures necessary in this area?	lor	Yes		No	
If YES to any of these three questions, provide a description of the prob attached Corrective Action Form.)	iem	. (Any ne	ece:	ssary corrective actions should be described on the	
7					

		N	ote	: Copy this page and attach additional pages as necessary.	
ndustrial 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	blen	n: (Any i	nec	essary corrective actions should be described on the	
attached Corrective Action Form.)					
Industrial Activity Area:					
1. Brief Description:					
2.4		1		Tu.	
2. Are any control measures in need of maintenance or repair?	H	Yes	H	No	
J. Have any control measures failed and require replacement?	H	Yes	F	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 prol	blen	Yes		No	
attached Corrective Action Form.)	JIEI	11. (Ally 1	ilec	essary corrective actions should be described on the	
Industrial Activity Area:					
1. Brief Description:					
	7		processor.		
2. Are any control measures in need of maintenance or repair?		Yes		No	
3. Have any control measures failed and require replacement?	L	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 prol	bler	m: (Any	nec	essary corrective actions should be described on the	
attached Corrective Action Form.)					

Permit Tracking	+ 44			
ellill Hacking	< 11			

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 7_ for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release 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): normal maintance of Existing Measures.
Other (describe): NOT MAINTANCE & EXISTING MESSURES. 4. Briefly describe the nature of the problem identified: WATTLES HAVE deteriorated in A Few PLACES.
watter thave deteriorated in A Few PLACES.
10/241
5. Date problem identified: 6-6-2016
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:
Replace deteriorated watthes As needed.
Reporte detelistated waters His helder.
8. Did/will this corrective action require modification of you SWPPP? Yes X No
9. Date corrective action initiated: 6-6-2016
10. Date corrective action completed: Or expected to be completed: 10 - 30 - 2016
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:
J

Section	IV. Corrective Actions			
CONTRACTOR STATE	te this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy			
this pag	e for additional corrective actions or reviews.			
Include b	oth corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems			
	I in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your annual report.			
	ctive Action # 72 of 2 for this reporting period.			
	corrective action:			
<u>Z</u>	An update on a corrective action from a previous annual report; or			
	A new corrective action?			
	ify 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			
	S SECTION PRODUCTION OF THE SECTION			
	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			
Ø	Other (describe): normal maintance of existing measures.			
4. Briefly				
501	l'iment HAS Formed in control measures Around prains. Is will be removed by vac truck of Replacing measures.			
Jev	Dellaciones.			
+#	is will be removed by one inch of regarding measures			
5. Date	problem identified: (4- 26) 4			
	problem was identified:			
Ø-	Comprehensive site inspection			
	Quarterly visual assessment			
	Routine facility inspection			
	A STATE OF THE STA			
	Benchmark monitoring			
	Notification by EPA or ADEC			
	Other (describe):			
	ription 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:			
no	modification needed. Just chean out Existing			
mec	usure.			
	•			
8. Did/v	vill this corrective action require modification of you SWPPP? Yes No			
9. Date	corrective action initiated: 6-6-2016			
10. Date	e corrective action completed: Or expected to be completed: 10-30- Zoil			
	prrective 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?
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: Tim Hanley Title: SWPPP Inspector
Signature: Timothy-harley paloskasyou



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Informatio	n						
Facility Name APDES Permit Trackin			g Number				
Facility Physical Address							
Street		City				State	Zip Code
						Alaska	
Contact Person	Title		Phone	En	nail		
Lead Inspector's Name	Additional Inspect	or's Name	Additional Insp	ector's Name		Inspection D	ate
Section II. General Inspection	Findings						
As part of this comprehensive		n did you inchest s	ll notontial	nollutant	_		_ <u></u>
sources, including areas whe	ere industrial ac	tivity may be expos	ed to storm	water?		Yes	∐ No
Note : Complete Section III of this for parts 2 and 3 below, where pollutan	ts may be expose	d to storm water.				or as newly d	efined, in Section II
Did this inspection identify a identified in your SWPPP?	ny storm water	or non-storm wate	er outfalls no	ot previously	′ [Yes	No
If YES, for each location, do measures in place:	escribe the sourc	es of those storm wat	ter and non-s	torm water d	ischarge	es and any ass	ociated control

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		Permit Tra	cking #:		
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 control measures in place:	it in these	Yes discharges,		No
4.	Did you review storm water monitoring data as part of this sinspection to identify potential pollutant hotspots? If YES, summarize the findings of that review and describe any additional inspection activities results.		」 perfor	monitor med	ring
5.	Describe any evidence of pollutants entering the drainage system or discharging to surface we around outfalls, including flow dissipation measure to prevent scouring:	aters, and	d the condi	tion of a	and
	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? If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 were addressed by these corrective actions?	of the MS			No
	te: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any of	conditions	identified a	s a result	of
LIIIS	s comprehensive storm water inspection.				

MSGP Annual Report (Jan 2015)

Page 2 of 6

Permit Tracking #: ___

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: 						
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		
Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessary).		Yes		No		
Industrial Activity Area: 1. Brief Description: South End						
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 necessar the attached Corrective Action Form.)	y correct	ive actions	should l	oe described on		

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Permit Tracking #: __

Inc	dustrial Activity Area: Southwes	st Side						
1.	Brief Description:							
2.	Are any control measures in need	of maintenance or repair?		Ш	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 ques	tions, provide a description of the pro	blem: (Any necessary o	correct	tive action	s should	be describe	d on
	the attached Corrective Action Fo	orm.)						
Inc	dustrial Activity Area: North End	d						
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 ques the attached Corrective Action Fo	tions, provide a description of the propriet.)	blem: (Any necessary o	correct	tive action	s should i	be describe	d on

MSGP Annual Report (Jan 2015)

Page 4 of 6

	ction IV. Corrective Actions
this Incl add	nplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy is page for additional corrective actions or reviews. Induce both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to the last annual report in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not an accompleted 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: March 2016
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.
8.	Did/will this corrective action require modification of your SWPPP? Yes No

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For Agency Use Permit Tracking #: Date corrective action initiated: May 31, 201610. Date corrective action completed: Or expected to be completed: June 30, 2016 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 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 1 Yes 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 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 Station Manager paul.bertholl@alask.gov Name of Authorized Representative Email

and Butholl

Signature

May 31, 2016

Date Signed

For	Agency	Use

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Permit Tracking #____



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information						
Facility Name: Birch wood Airport & MAINTANCE STATION						
APDES Permit Tracking Number: A145 052558						
Facility Physical Address						
Street: 20651 BIrchwood Spur ROAD						
City: Chuq Sak State: Alaska Zip: 99567						
Lead Inspector's Name: +m Hanley Title: Fore man						
Additional Inspectors Names: KAyce ELMSON						
Contact Person: Tim Hanley Title: Fore Man						
Phone: 440-8453 Email: timothy, handry @ ALASK						
Inspection Date: 6-6-Zo16						
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:						
Nata: Complete Section III of this form for each industrial and						
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 Yes No 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
identify potential pollutant hotspots? If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
If YES, summarize the findings of that review and describe any additional impacts.
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: Here was no Evidence of POLLUTANTS. Heavy RAM At +TME of MSpection.
A see of the street on
RAM AT TIME OF MSPECTION
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.

Permit	Tracking #	
I CITITI	I I UCKIII IS II	

Complete one block for each industrial activity area where pollutants may bactivity areas.	be exposed t						
CONTRACTOR		to storm 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 co	ontact with ste	torm water;					
 Leaks or spills from industrial equipment, drums, tanks, and other contain 							
 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 expo	sure to expos	sed areas.					
Industrial Activity Area: FUEL +ANK SITE							
1. Brief Description: SpiZL Kit in PLACE.							
2. Are any control measures in need of maintenance or repair?	Yes	.K No					
3. Have any control measures failed and require replacement?	Yes	№ No					
4. Are any additional/revised control measures necessary in this area?	Yes	Ø No					
If YES to any of these three questions, provide a description of the pro	blem: (Any r	necessary corrective actions should be described on the					
attached Corrective Action Form.)							
2001 1/36 So DIACO		+4 5101					
Spill Kit in PLACE	w'	IH SIGN.					
Industrial Activity Area: MASTANCE building							
1. Brief Description:							
Spill KIT In PLACE, FLOOR DA System Installed. File De	AMS	go to seperator					
suctions In Styled File De	St. +	+ Show removal Fauxan					
39310000 110011400000, 1100	1 , ,	2 /0 /					
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	IX No					
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the							
		necessary corrective actions should be described on the					
		necessary corrective actions should be described on the					
If YES to any of these three questions, provide a description of the pro		necessary corrective actions should be described on the					
If YES to any of these three questions, provide a description of the pro		necessary corrective actions should be described on the					
If YES to any of these three questions, provide a description of the pro		necessary corrective actions should be described on the					
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	oblem: (Any i						
If YES to any of these three questions, provide a description of the pro- attached Corrective Action Form.) Industrial Activity Area: 5 AND STORAGE BU	oblem: (Any i						
If YES to any of these three questions, provide a description of the pro- attached Corrective Action Form.) Industrial Activity Area: 5 AND STORAGE BU	oblem: (Any i						
If YES to any of these three questions, provide a description of the pro- attached Corrective Action Form.) Industrial Activity Area: 5 AND STORAGE BU	oblem: (Any i						
If YES to any of these three questions, provide a description of the pro- attached Corrective Action Form.) Industrial Activity Area: 5 AND STORAGE BU	oblem: (Any i						
If YES to any of these three questions, provide a description of the pro- attached Corrective Action Form.) Industrial Activity Area: 5 AND STORAGE BU	oblem: (Any i						
If YES to any of these three questions, provide a description of the proattached Corrective Action Form.) Industrial Activity Area: SAMP SHOMAGE BU 1. Brief Description: SPTUKITH TO PLACE.	oblem: (Any i	9					
If YES to any of these three questions, provide a description of the proattached Corrective Action Form.) Industrial Activity Area: SAMP SHOMASE BU 1. Brief Description: SPTUKITH TO PLACE. 2. Are any control measures in need of maintenance or repair?	Yes	₹ No					
If YES to any of these three questions, provide a description of the proattached Corrective Action Form.) Industrial Activity Area: SAMP SHOWAGE BU 1. Brief Description: SPTUKITH TO PLACE. 2. Are any control measures in need of maintenance or repair? 3. Have any control measures failed and require replacement?	Yes Yes	No No					
If YES to any of these three questions, provide a description of the proattached Corrective Action Form.) Industrial Activity Area: SAMP SHOWAGE BUTTON PLACE. 1. Brief Description: SPTUKIT TO PLACE. 2. Are any control measures in need of maintenance or repair? 3. Have any control measures failed and require replacement? 4. Are any additional/revised control measures necessary in this area?	Yes Yes	No No No No					
If YES to any of these three questions, provide a description of the proattached Corrective Action Form.) Industrial Activity Area: SAMP SHOWAGE BU 1. Brief Description: SPTUKITH TO PLACE. 2. Are any control measures in need of maintenance or repair? 3. Have any control measures failed and require replacement?	Yes Yes	No No No No					
If YES to any of these three questions, provide a description of the proattached Corrective Action Form.) Industrial Activity Area: SAMP SHOWAGE BUTTON PLACE. 1. Brief Description: SPTUKITH TO PLACE. 2. Are any control measures in need of maintenance or repair? 3. Have any control measures failed and require replacement? 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	Yes Yes	No No No No					
If YES to any of these three questions, provide a description of the pro- attached Corrective Action Form.) Industrial Activity Area: SAMP SHOWAGE BU 1. Brief Description: SPTUKITH TO PLACE. 2. Are any control measures in need of maintenance or repair? 3. Have any control measures failed and require replacement? 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-	Yes Yes	No No No No					

	Note: Copy this page and attach additional pages as necessary.						
ndustrial Activity Area: 1 MARM Ston Ag 5 6	01	LP	7	9.			
ndustrial Activity Area: WARM StonAq & 6 1. Brief Description: Used to Store equipment, s	SP	iLL		KI+ 4 sign in place.			
2. Are any control measures in need of maintenance or repair?		Yes		No			
. Have any control measures failed and require replacement?		Yes	K				
A. 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.)	blem	n: (Any r	nece	essary corrective actions should be described on the			
ndustrial Activity Area:							
. Brief Description:							
. Are any control measures in need of maintenance or repair?		Yes		No			
. Have any control measures failed and require replacement?		Yes		No			
. 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.)							
ndustrial Activity Area:							
. Brief Description:							
. Are any control measures in need of maintenance or repair?		Yes		No			
B. Have any control measures failed and require replacement?		Yes		No			
. 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	n: (Any	nec	cessary corrective actions should be described on the			
40. And							

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:					
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:					
4. Briefly describe the hattire 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(r) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or require to					
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:					

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Section V. Annual Report Certification			
Compliance Certification			
Do you certify that your annual inspection has the results of this inspection, to the best of you	net the requirements of Part 4.2 of the p r knowledge, you are in compliance with	ermit, and that, based upon the permit?	Yes No
If No, summarize why you are not in complianc	with the permit:		
	9		
Annual Depart Cartification			
Annual Report Certification			
I certify under penalty of law that this document and all assure that qualified personnel properly gather and eval or those persons directly responsible for gathering the ir complete. I am aware that there are significant penalties	Jate the information submitted. Based on my formation, the information submitted is to the	inquiry of the person or persons	who manage the system,
Name of Authorized Representative:	Title:	Foreman	
Signature: Time Harry	Date Signed: 6 - 16 - 201	16 Email: + i mothy, a LAS KA,	hankey @
		a LASKA,	60V.