Permit Tracking #



Section I. General Information
Facility Name: Anchorage Maintanance Station
APDES Permit Tracking Number: AKS - 052558
Facility Physical Address
Street: 5300 E Tudor road
City: Anchorage State: Alaska Zip: 99507
Lead Inspector's Name: Tim Hanley Title: SWPPP inspector
Additional Inspectors Names:
Contact Person: Jennifer Micolichek Title: Central Region Envi. Impact
Phone: 907-269-5690 Email: jennifer_micolichek@alaska-gov
Inspection Date: 6-5-17
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?
If NO, describe why not:
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
No evidence of pollutants entering the drainage system. The wattles on both sides of the east gate are worn and should be replaced.
both sides at the east gate are worn and should be replaced,
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? $O_D = C_{00} O_D O_D$
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.

MSGP Annual Report (October 2009)

Anchorage Maintenance station

For Agency Use
Permit Tracking #_____

Section III. Industrial Activity Area Specific Findings						
Complete one block for each industrial activity area where pollutants may	be expo	sed	to storm water. Copy this page for additional industrial			
activity areas.						
In reviewing each area, you should consider: • Industrial materials, residue, or trash that may have or could come into co						
Leaks or spills from industrial equipment, drums, tanks, and other contains	ontact w	ith st	orm water;			
 Offsite tracking of industrial or waste materials from areas of no exposure 	e to exp	osed a	areas; and			
 Tracking or blowing of raw, final, or waste material from areas of no expo 	sure to	expos	sed areas.			
Industrial Activity Area: South east yard is where 10,1	c) () ()					
1. Brief Description:	oov gi	.1.	tuel tank I east gate are.			
This area is where we feel all of our	4.00	2 .	ent and onter a local			
overyard.	(ivy	-qi	iph or I was erice and exit			
7						
2. Are any control measures in need of maintenance or repair?	V	es	No			
3. Have any control measures failed and require replacement?	Y	es	VNo			
4. Are any additional/revised control measures necessary in this area?		es	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 1						
The wattles on both sides of the gate .	rre 1	NO	m and need replacing.			
			, ,			
Industrial Activity Area: North east parking area.						
1. Brief Description:						
p) = 111 A Comparation - detail and the first of the	, ,					
This area is used to park our light	- au	+4	pickups when not in use,			
2. Are any control measures in need of maintenance or repair?	Y	es	No			
3. Have any control measures failed and require replacement?	Y	es	U 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 probattached Communication Assistance	olem: (A	ny n	ecessary corrective actions should be described on the			
attached Corrective Action Form.)			Z Z			
Industrial Activity Area: North week area						
10 10 DESONAL VENIC	1e 1.	Dar	king area.			
1. Brief Description:						
This is where all employees and visitors park during business hours.						
The state of the s						
2.4						
2. Are any control measures in need of maintenance or repair?	Ye	25	No			
3. Have any control measures failed and require replacement?	Ye	25	No			
4. Are any additional/revised control measures necessary in this area?	Ye		No			
If YES to any of these three questions, provide a description of the prob	olem: (A	ny ne	ecessary corrective actions should be described on the			
attached Corrective Action Form.)						

			Permit Tracking #
			Note: Copy this page and attach additional pages as necessary
Industrial Activity Area: South west overflow por 1. Brief Description: This area is used for oversize equipment inuse			with trailers to be parked
2. Are any control measures in need of maintenance or repair?	П	Yes	No
3. Have any control measures failed and require replacement?		Yes	No.
4. Are any additional/revised control measures necessary in this area?		/es	VNo
If YES to any of these three questions, provide a description of the proattached Corrective Action Form.)	oblem:	(Any	y necessary corrective actions should be described on the
Industrial Activity Area: South Area for heavy eq 1. Brief Description: This area of the yard is used to partner in during winter.			
2. Are any control measures in need of maintenance or repair?	Т	es	No
3. Have any control measures failed and require replacement?	Y	es	No
4. Are any additional/revised control measures necessary in this area?		es	No
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	oblem:	Any	necessary corrective actions should be described on the
Industrial Activity Area: East side-main shop-arts 1. Brief Description: We use this area to store all of or and plow trucks		vt	ting edges for our graders
2. Are any control measures in need of maintenance or repair?	Y	es .	No
B. Have any control measures failed and require replacement?	Y	es	No
 Are any additional/revised control measures necessary in this area? If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.) 		es Any	No necessary corrective actions should be described on the

	For Agency Use
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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): Wattle replacement.
4. Briefly describe the nature of the problem identified: The wattles on both sides of the east gate need to be replaced. They are still working to date. 5. Date problem identified: 6-5-17 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: We will be replacing the wattles on both sides of the east gate.
8. Did/will this corrective action require modification of you SWPPP? Yes No
9. Date corrective action initiated: 6-5-17
10. Date corrective action completed: Or expected to be completed: 7 - 5 - 17
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action: The existing wattles are still functioning but are showing wear so we will replace them by 7-5-17

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: Tim Hanley Title: SWPPP Inspector
Signature: -in Harly Date Signed: 6-6-17 Email: timothy.hanly@alaska.gov

Permit Tracking #_____



Section I. General Information
Facility Name: Birchwood Airport + Maintenance Station
APDES Permit Tracking Number: AKS-052558
Facility Physical Address
Street: 20651 Birchwood Sput road
City: Chuqiak State: Alaska Zip: 99567
Lead Inspector's Name: Tim Harley Title: SWPPP Inspector
Additional Inspectors Names:
Contact Person: Tin Hanley Title:
Phone: 440-8453 Email: timothy.hanley@alaska.gov
Inspection Date: 6-5-2017
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?
i 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:
control measures in place.

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Permit	Tracking #		

. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified
in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes 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 sign of pollutants entering drainage system or waterways
Raining at the time of inspection
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any
corrective actions identified as a result of this annual comprehensive site inspection? Yes No
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?
one condition
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.

MSGP Annual Report (October 2009)
Birchwood

	101	Agency	030
Permit Tracking #			

ection III. Industrial Activity Area Specific Findings Complete one block for each industrial activity area where pollutants may be activity areas. In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come into concept teaks or spills from industrial equipment, drums, tanks, and other contains. 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 exposure.	ntact with ers; to expose	storm v	water; ; and
4 Dief Descriptions		100	
Diesel fuel + basoline in one +	ank	abo	ve ground
spill kit in place			
2. Are any control measures in need of maintenance or repair?	Yes	V	No
3. Have any control measures failed and require replacement?	Yes	V	No
4. Are any additional/revised control measures necessary in this area? If YES to any of these three questions, provide a description of the prob	Yes	LV.	No
Industrial Activity Areas A			
Industrial Activity Area: Maintenance building			
1. Brief Description: 4 bays for equipment, 2 bays are used Chuguak Fire department. Spill Kit.	's in	Do	T + 2 bays are used for
Are any control measures in need of maintenance or repair?	Yes	V	1 No
Have any control measures failed and require replacement?	Yes	÷	TNo
4. Are any additional/revised control measures necessary in this area?	Ye	LV.	TNo
If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)	blem: (Ar	y nece	essary corrective actions should be described on the
Industrial Activity Area: Sand Storage building 1. Brief Description:			
I large building for sand storage,			
spill kit is inside			
2. Are any control measures in need of maintenance or repair?	Ye	V	No
3. Have any control measures failed and require replacement?	Ye	<u></u>	No
4. Are any additional/revised control measures necessary in this area?	Ye	· [No
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	blem: (Aı	y nece	essary corrective actions should be described on the

and a ship Area is a second se		N	ote: C	opy this page and attach additional pages as necessa
Justrial Activity Area: Warm storage building			200 box - 20	
Brief Description:				
Building is used For equipment storm	ge.	5	PIL	1 Kit is inside
Are any control measures in need of maintenance or repair?		Yes		No
Have any control measures failed and require replacement?		Yes	LA	To
Are any additional/revised control measures necessary in this area?		Yes	UK	Vo
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)				
dustrial Activity Area: Open 10+ behind main be Brief Description: Old Sand Storage area, wattles in Fo				gate that lends to
side road.				
Are any control measures in need of maintenance or repair?	V	Yes		No
Have any control measures failed and require replacement?		Yes	V	No
Are any additional/revised control measures necessary in this area?		Yes	V	No
If YES to any of these three questions, provide a description of the proattached Corrective Action Form.) Nattles are still functioning but				
dustrial Activity Area:				
,				
Brief Description:				
		Yes		No
Are any control measures in need of maintenance or repair?		Yes		No
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement?				
Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area?	늗	Yes		No
Have any control measures failed and require replacement?	roble			(CA) (TA)

ection 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): wattle replacement
4. Briefly describe the nature of the problem identified:
wattles in Front of gate are still working but need to be replaced.
5. Date problem identified: $6-5-17$
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:
we will be replacing the wattles in front of the gate
8. Did/will this corrective action require modification of you SWPPP? Yes No
8. Did/will this corrective action require modification of you SWPPP? Yes No
8. Did/will this corrective action require modification of you SWPPP? Yes No 9. Date corrective action initiated: 6-5-17
8. Did/will this corrective action require modification of you SWPPP? Yes No 9. Date corrective action initiated: 6-5-17 10. Date corrective action completed: Or expected to be completed: 7-5-17 11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and

ection 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: Date Signed: 6-5-17 Email: +1mothy-hanley@alaska.gov
Signature: Date Signed: O 1/ Email: Pimothy-hanty evalusta-igov

For	Agency	Use
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Permit Tracking #:



Facility Name	mation					
			APD	ES Permit Track	ing Number	
Giro	lwood DOT M	laintenance Station			AKS-0525	58
Facility Physical Address Street					71110 0020	00
		City			State	Zip Code
388Toadsto			Girdwood		Alaska	99587
Paul Bertholl	Title		Phone	Email		00001
Lead Inspector's Name	1.11	Girdwood Foreman	907-783-2232		paul.bertholl	@alaska.gov
	Additi	onal Inspector's Name	Additional Inspector's	Name	Inspection I	
Paul Bertholl		Bob Mcdonald				5/4/2017
Section II. General Inspet. As part of this compre	ection Find	ings				
lote: Complete Section III of the arts 2 and 3 below, where pol. Did this inspection identified in your SWPP If YES, for each location	tify any stor P?	m water or non-storm v	vater outfalls not prev	iously	Ves	✓ No.
measures in place:	orly a coorloc	he sources of those storm	water and non-storm w	ater discharge	es and any asso	ociated control

For Agency Use Permit Tracking #: 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: Did you review storm water monitoring data as part of this NA, no monitoring inspection to identify potential pollutant hotspots? Yes No 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: BMP's need to be replaced. Sediment build-up in outfall A. Outfall in good condition, no erosion or scour issues. 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 No 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 of the MSGP

Note: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of

were addressed by these corrective actions? One condition is addressed

MSGP Annual Report (Jan 2015)

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r emm	LIIau	VIII S	

Section III. Industrial Activity Area Specific Findings	
Complete one block for each industrial activity area where pollutants may be exp In reviewing each area, you should consider:	osed to storm water. Copy this page for additional industrial activity areas.
 Industrial materials, residue, or trash that may have or could come into 	
 Leaks or spills from industrial equipment, drums, tanks, and other conta 	iners:
 Offsite tracking of industrial or waste materials from areas of no exposu 	re to exposed areas; and
Tracking or blowing of raw, final, or waste material from areas of no expension of the second s	posure to exposed areas.
Industrial Activity Area: East side	
1. Brief Description:	
Drainage leading to southwest BMP and outfall.	
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	
If YES, to any of these three questions, provide a description of t the attached Corrective Action Form.)	he problem: (Any necessary corrective actions should be described on
Asphalt has been swept and sand removed. Industrial Activity Area: SOUTH END	
Brief Description:	
Outfall A and BMP's for lot drainage.	
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 a	
The second of th	problem: (Any necessary corrective actions should be described on
BMP's need to be cleaned up and Sand and sedime Winter sand and sediment removed, wattles have be	nt removed. een removed and replaced and extended.

		Permit Trac	cking #:	For Agency (
Industrial Activity Area: SOUTHWEST SIDE				
1. Brief Description:				
Entrance to facility and main traffic area.				
2 Are any control measures in need of resistance in a				
Are any control measures in need of maintenance or repair?		Yes	\checkmark	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 nec the attached Corrective Action Form.)	essary correc	tive action	is should	be described on
Some winter sand accumulation on payed areas				
Paved areas have been swept and winter sand removed.				
Industrial Activity Area: NORTH END				
Brief Description:				
Supply storage, snow storage, material stockpiles and equipment pa	arking			
	arking.			
Are any control measures in need of maintenance or repair?	V	Yes		No
Have any control measures failed and require replacement?	<u></u>	Yes		No
Are any additional/revised control measures necessary in this area?		Yes		
If YES, to any of these three questions, provide a description of the problem: (Any nece the attached Corrective Action Form.)	ssary correct	ive actions	should b	No e described on
Berms need to be extended and concrete barrier installed to keep s	spour stor			
Shore up berm with larger rock. Extend berm on south end to prote	or stockp	age ou	t of dite	ch.
	Or Stoon,	IIC.		

Permit Tracking #:		#:	king	Tra	ermit	Pe
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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 3 for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
✓ A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release 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): Sweeping of aprons to remove Sediment
4. Briefly describe the nature of the problem identified:
Sand and sediment on all asphalt needs to be swept off and removed to prevent sediment runoff from east and southwest side.
nom east and southwest side.
5. Date problem identified: April 27, 2017
6. How problem was identified:
Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Notification by EPA or DEC
Other (describe):
 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.
All asphalt swept. Winter sand and sediment removed.
8. Did/will this corrective action require modification of your SWPPP? Yes No

thi	nplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Cop
inc adi	ude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to ress problems identified in the comprehensive storm water inspection. Include an undate
bee	n completed at the time of your previous annual report.
1.	Corrective Action # 2 of 3 for this reporting period.
2.	Is this corrective action:
	An update on a corrective action from a previous annual report; or
-	✓ A new corrective action?
3.	Identify the condition(s) triggering the need for this review:
	Unauthorized release 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
	protections,
	Change in facility operations necessitated change in control measures
	Average benchmark value exceedance
	Other (describe):
	Briefly describe the natura of the natural
	South end: BMP's need to be cleaned up and
	replaced. To be cleaned up and
	Winter sand and sediment removed
	Pate problem identified: 4/27/2017
1	low problem was identified:
	Comprehensive site inspection
	Quarterly visual assessment
	Routine facility inspection
	Notification by EPA or DEC
	Other (describe):
n	
п	escription of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe
d	TELLINATION AND THE PROPERTY OF THE PROPERTY O
	Winter sand and sodingent has be
	Wattles have been replaced and extended.
	eplaced and extended.

Permit Tracking #:_

	. Corrective				
Complete th	is page for each r additional cor	rective actions	ion requ	iring a co	rrective action or a review determining that no corrective action is needed. Copy
time page joi	duditional con	ective actions	ur reviev	vs.	npleted since the last annual report, and future corrective actions needed to
addiess prob	nems memijieu	in the compren	ensive st	orm wate	r inspection. Include an update on any outstanding corrective actions that had not
been comple	eted at the time	of your previou	s annual	report.	, and the state of
	tive Action #	3	of	3	for this reporting period.
2. Is this c	corrective action	on:			
	An update o	n a corrective	action	from a pr	revious annual report; or
		ctive action?			
3. Identify	the condition	(s) triggering	the nee	d for this	review:
	Unauthorize	d release of d	ischarge	е	
	Numeric effl	uent limitatio	n excee	dance	
	Control mea	sures inadequ	ate to r	neet app	licable water quality standards
	Control mea	sures inadequ	ate to r	neet non	-numeric effluent limitations
V	Control mea	sures not prop	erly op	erated o	r maintained
	Change in fa	cility operatio	ns nece	ssitated o	change in control measures
	Average ben	chmark value	exceed	ance	
	Other (descr				
4. Briefly o	describe the na	ature of the pr	oblem i	dentified	1: Retine need to be out ded and
Concre	te barr	fo cou	stal	stock	is Berms need to be extended and to prevent snow starage in ditch. Expile to stop migration of stockpile
mater	ial.				The stop migration of stockpile
	W. E				
5. Date pro	oblem identifie	ed: 4/27	1/2	017	
6. How pro	oblem was ide	ntified:			
	Comprehensi	ive site inspec	tion		
	Quarterly visi	ual assessmen	t		
	Routine facili	ty inspection			
	Notification b	y EPA or DEC			
	Other (descri				
7. Descript	ion of correcti	ve action(s) ta	ken or	to be tak	en to eliminate or further investigate the problem (e.g., describe
inounicu	tions of repair	s to control ii	leasure	s, analysi	s to be conducted, etc.) or if no modification is needed, basis for that
E v 4	read h	erma	to	cove	er behind Stock Dile and Inst. 11
(011	reto V	Darrior	+	Dra	er behind Stockpile and Install event snow storage in drainage
dita	h.		10	7.0	storage in drainage
8. Did/will t	this corrective	action require	e modifi	ication of	your SWPPP? Yes No
					your SWPPP?

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9. Date corrective action initiated: May 1, 2017	
10. Date corrective action completed:	Or expected to be completed: July 31, 2017
11. If corrective action not yet completed, provide the statu inspections and describe any remaining steps (including corrective action:	s of the corrective action as the time of the comprehensive site 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 requi that, based upon the results of this inspection, to the best of compliance with the permit?	rements of Part 6.3 of the permit, and your knowledge, you are in Yes No
If NO, summarize why you are not in compliance with the	parmit:
Annual Report Certification	
Based on my inquiry of the person or persons who manage information submitted is, to the best of my knowledge and significant penalties for submitting false information, includ	achments were prepared under my direction or supervision in personnel properly gather and evaluate the information submitted. the system, or those person directly responsible for gathering the belief, true, accurate, and complete. I am aware that there are ing the possibility of fine and imprisonment for knowing violations. Poul bertol Qualastage Email
Paul Bartholl Signature	5/9/201 3 Date Signed



Section I. General Information
Facility Name: Hiland Snow dump site
APDES Permit Tracking Number: AKS - 052558
Facility Physical Address
Street:
City: Eagle River State: Alaska Zip: 99577
Lead Inspector's Name: Tim Hanley Title: SWPPP Inspector
Additional Inspectors Names:
Contact Person: Tim Hanley Title: Foreman
Phone: 907-440-8453 Email: timethy, hanley@alaska-gov
Inspection Date: 9-27-2017
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?
In the state of th
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:

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Permit Tracking #	

4. Did you review storm water monitoring data as part of this inspection to ves \ No \ NA. no monitoring parformed any control measures in place: 4. Did you review storm water monitoring data as part of this inspection to \ ves \ No \ NA. no monitoring parformed liferity potential pollutant hotspots? 16 YES, summarize the findings of that review and describe any additional inspection activities resulting from this review: 17 YES, summarize the findings of that review and describe any additional inspection activities resulting from this review: 18 YES, particularly including flow dissipation measure to prevent scouring: 18 YES pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: 19 YES pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: 19 YES pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: 19 YES pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including any to surface waters, and the condition in around entering the condition identified as a result of this annual comprehensive sterm water inspection.	3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
identify potential pollutant hotspots? If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review: 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: No pollutants entering the drainage system. All wattles at the outfall were replaced on 6-5-17. 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 for 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, summarize the findings of that review and describe any additional inspection activities resulting from this review.	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:
identify potential pollutant hotspots? If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review: 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: No pollutants entering the drainage system. All wattles at the outfall were replaced on 6-5-17. 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 for 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, summarize the findings of that review and describe any additional inspection activities resulting from this review.	
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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? Ves 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? All wattles at the outfall were replaced on 6-5-17 Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of	If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
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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? All wattes at the outful were replaced on 6-5-17 Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of	
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Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of	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.	MII watties at the outtail were replaced on 6-5-1-1
	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 ex	posed	to st	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 contact with storm water;						
Leaks or spills from industrial equipment, drums, tanks, and other contain	ners:	t With Si	.orm	water;		
 Offsite tracking of industrial or waste materials from areas of no exposure 	e to e	xposed	areas	s; and		
Tracking or blowing of raw, final, or waste material from areas of no expo	osure 1	to expo	sed a	reas.		
1. Brief Description: Snow storage when removing						
1. Brief Description:						
Snow storage when removing	51	OW	tro	m roadways.		
				•		
2. Are any control measures in need of maintenance or repair?		Yes	V	[*] No		
3. Have any control measures failed and require replacement?		Yes	V	No		
4. Are any additional/revised control measures necessary in this area?		Yes	V	T _{No}		
If YES to any of these three questions, provide a description of the pro	blem		nece	1 17		
attached Corrective Action Form.)		. (,,	1000	soary corrective actions should be described on the		
Line to the Author Annual Control of the Control of						
Industrial Activity Area:						
1. Brief Description:						
2. Are any control measures in need of maintenance or repair?	Т	Yes	Т	No		
3. Have any control measures failed and require replacement?	-	Yes	F	No		
4. Are any additional/revised control measures necessary in this area?	\vdash	-	\vdash			
	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.)	DICITI	. (A11)	iece.	assary corrective actions should be described on the		
Industrial Activity Area:						
1. Brief Description:						
Are any control measures in need of maintenance or repair?		Yes	Г	No		
3. Have any control measures failed and require replacement?			\vdash	No		
4. Are any additional/revised control measures necessary in this area?			\vdash	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.)	DICHI.	· (D11)	,cce	ssary corrective actions should be described on the		

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

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Section I	V. Corrective Actions						
Include boildentified i	this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy for additional corrective actions or reviews. The corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your housing report.						
1. Correct	ctive Action # of for this reporting period.						
2. Is this c	orrective 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: All wattles at outfall were replaced 6-5-17						
5. Date pr	oblem identified:						
6. How pr	pblem was identified:						
	Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe):						
7. Descrip control m	tion of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to easures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: WATTLES were replaced 6-5-17						
8. Did/will	this corrective action require modification of you SWPPP? Yes No						
9. Date co	rrective action initiated:						
	orrective action completed: Or expected to be completed:						
11. If corridescribe a	ective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and ny 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 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: Tim Hanley Date Signed: 9-27-17 Email: + imothy-hanley & alaska-gov