



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
Anchorage Maintenance station		AKS-052558	
Facility Physical Address			
Street	City	State	Zip Code
5300 East Tudor road	Anchorage	Alaska	99507
Contact Person	Title	Phone	Email
Jennifer Micolichek	Central Region Envir. Impact	269-5690	jennifer.micolichek@alaska.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Tim Hanley			4-18-2018

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:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Permit Tracking #: _____

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

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:

Our ditches leading to the drainage system worked well this year. No evidence of pollutants entering the drainage system. The wattles located at our east gate are still in working order but will be replaced this summer

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No

If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions? **8.1.5 was addressed**

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: North west personal vehicle parking area

1. Brief Description:

All employees use this area to park their vehicles during work hours.

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

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

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

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

Industrial Activity Area: South east yard where 10,000 gal fuel tank & east gate are located.

1. Brief Description:

This area is used to fuel our heavy equipment with diesel. The east gate is 1 of 3 places to enter or exit our yards.

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

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

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

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

The wattles at the east gate are in working order but will be replaced this summer.

Industrial Activity Area: *North east parking area + East end of building.*

1. Brief Description:

This area is used to park our light duty pickup when not in use. At the east end of the building is where we store our cutting edges for our graders, plow trucks + nose plows.

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

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

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

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

Industrial Activity Area: *South west over flow parking*

1. Brief Description:

We use this area to park our oversize equipment and trailers. It also has power poles to plug our equipment in during winter.

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

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

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

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

Section IV. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 1 of 1 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
 A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release of discharge
 Numeric effluent limitation exceedance
 Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
 Change in facility operations necessitated change in control measures
 Average benchmark value exceedance
 Other (describe): Replace the wattles at our east gate ditches.

4. Briefly describe the nature of the problem identified:

We replace the wattles at our east gate annually due to wear over the previous years.

5. Date problem identified: 4-18-18

6. How problem was identified:

- Comprehensive site inspection
 Quarterly visual assessment
 Routine facility inspection
 Notification by EPA or DEC
 Other (describe):

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analysis to be conducted, etc.) or if no modification is needed, basis for that determination.

Wattles will be replaced due to annual wear.

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

Permit Tracking #: _____

9. Date corrective action initiated: 4-18-18

10. Date corrective action completed: _____ Or expected to be completed: 7-15-18

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 wattles are in place and functioning properly. They will be replaced due to annual wear by 7-15-18.

Section V. Annual Report Certification
Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 6.3 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No

If NO, summarize why you are not in compliance with the permit:

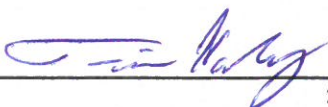
Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Tim Hanley
 Name of Authorized Representative

SWPPP Inspector
 Title

timothy.hanley@alaska.gov
 Email


 Signature

4-18-18
 Date Signed



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
Birchwood Airport + Maintenance Station		AKS-052558	
Facility Physical Address			
Street		City	State Zip Code
20651 Birchwood spur road		Chugiak	Alaska 99567
Contact Person	Title	Phone	Email
Jennifer Micolichek	Central region Env. impact	269-5690	jennifer.micolichek@alaska.gov
Lead Inspector's Name	Additional Inspector's Name		Inspection Date
Tim Hanley			4-18-18

Section II. General Inspection Findings	
<p>1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? If NO, describe why not:</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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.

<p>2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Permit Tracking #: _____

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No
- If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed
- If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:

No sign of pollutants entering waterways or drainage system

Melting snow at the time of inspection

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No

If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions? **8.1.5 was addressed**

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: Fuel tank sight + open lot behind main building

1. Brief Description:

Diesel fuel + gasoline in one tank above ground. On cement pad to collect any spillage, spill kit in place.
 open lot behind main building is the old sand storage area. There are wattles in front of the gate that leads to a side road. The wattles are in good shape but will be monitored, we will replace the wattles by 7-15-18

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

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

wattles are in good condition but will be replaced by 7-15-18

Industrial Activity Area: Maintenance building.

1. Brief Description:

4 bays for equipment. 2 bays are used for Chugiak Fire department. 2 bays are used for DOT. There is a spill kit inside.

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

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

Industrial Activity Area: *Sand storage building.*

1. Brief Description:

1 large building to store sand and 5000 gal. of salt brine. The 5000 gal tank is in a holding area. There is a spill kit inside of the building.

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

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

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

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

Industrial Activity Area: *Warm Storage building*

1. Brief Description:

Building is used to store equipment. There is a spill kit inside.

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

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

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

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

Section IV. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 1 of 1 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
 A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release of discharge
 Numeric effluent limitation exceedance
 Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
 Change in facility operations necessitated change in control measures
 Average benchmark value exceedance
 Other (describe): Replace wattles by gate.

4. Briefly describe the nature of the problem identified:

wattles by the gate have been there 1 year. we will replace them by 7-15-18

5. Date problem identified: 4-18-18

6. How problem was identified:

- Comprehensive site inspection
 Quarterly visual assessment
 Routine facility inspection
 Notification by EPA or DEC
 Other (describe):

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analysis to be conducted, etc.) or if no modification is needed, basis for that determination.

we will replace the wattles in front of the gate

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

Permit Tracking #: _____

9. Date corrective action initiated: 4-18-18

10. Date corrective action completed: _____ Or expected to be completed: 7-15-18

11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

Section V. Annual Report Certification
Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 6.3 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No

If NO, summarize why you are not in compliance with the permit:

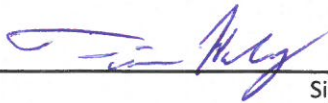
Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Tim Hanley
Name of Authorized Representative

SWPPP Inspector
Title

timothy.hanley@alaska.gov
Email


Signature

4-18-18
Date Signed



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information			
Facility Name <div style="text-align: center;">Girdwood Maintenance Station</div>		APDES Permit Tracking Number <div style="text-align: center;">AKS-052558</div>	
<i>Facility Physical Address</i>			
Street <div style="text-align: center;">388 Toadstool rd.</div>	City <div style="text-align: center;">Girdwood</div>	State <div style="text-align: center;">Alaska</div>	Zip Code <div style="text-align: center;">99587</div>
Contact Person <div style="text-align: center;">Paul Bertholl</div>	Title <div style="text-align: center;">Girdwood Foreman</div>	Phone <div style="text-align: center;">907-783-2232</div>	Email <div style="text-align: center;">paul.bertholl@alaska.gov</div>
Lead Inspector's Name <div style="text-align: center;">Paul Bertholl</div>	Additional Inspector's Name	Additional Inspector's Name	Inspection Date <div style="text-align: center;">4/24/2018</div>

Section II. General Inspection Findings	
<p>1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? If NO, describe why not:</p>	<p style="text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p><i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i></p>	
<p>2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:</p>	<p style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No
 If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed
 If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:

South End BMP's catching sediment from winter sand. Will clean and replace Wattles as needed.

Northwest end will get wattles installed as soon as snow cover melts.

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No
 If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions? **8.1.5 Was addressed**

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas. In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: East Side

1. Brief Description:

Drainage leading to south end BMP's 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 area? Yes No

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

Industrial Activity Area: South End

1. Brief Description:

BMP's in place and working well. Will clean and replace as needed.

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

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

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

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

Winter sand collecting at wattles, will clean and replace as needed.

Industrial Activity Area: **Southwest side**

1. Brief Description:

Entrance to facility and main traffic area.

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

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

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

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

Industrial Activity Area: **North End**

1. Brief Description:

Supply storage, snow storage and equipment parking. Need to install wattles at beginning of berm after snow cover melts.

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

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

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

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

I plan on installing wattles between beginning of berm and snow storage area.

Section IV. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # **1** of **2** for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
 A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release of discharge
 Numeric effluent limitation exceedance
 Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
 Change in facility operations necessitated change in control measures
 Average benchmark value exceedance
 Other (describe): **BMP Maintenance**

4. Briefly describe the nature of the problem identified:

Winter sand collecting at wattles.

5. Date problem identified: **April 24, 2018**

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.

Clean and replace wattles as needed. Wattles are working as designed.

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

- Yes No

9. Date corrective action initiated: **April 24, 2018**

10. Date corrective action completed:

Or expected to be completed: **May 15, 2018**

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:

Need snow cover to melt.

Section IV. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # **2** of **2** for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
 A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release of discharge
 Numeric effluent limitation exceedance
 Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
 Change in facility operations necessitated change in control measures
 Average benchmark value exceedance
 Other (describe): **Improve effectiveness of the BMP**

4. Briefly describe the nature of the problem identified:

No BMP between ditch and snow storage area.

5. Date problem identified: **April 24, 2018**

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.

Will install wattles between berm and snow storage area as soon as snow cover melt from area.

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

Yes No

Permit Tracking #: _____

9. Date corrective action initiated: **April 24, 2018**

10. Date corrective action completed:

Or expected to be completed: **May 15, 2018**

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:

Need snow cover to melt.

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

Do you certify that your annual inspection has met the requirements of Part 6.3 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?



Yes



No

If NO, summarize why you are not in compliance with the permit:

Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Paul Bertholl

Name of Authorized Representative

Foreman

Title

paul.bertholl@alaska.gov

Email

Paul Bertholl

Signature

April 25, 2018

Date Signed



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information			
Facility Name:	Hiland Snow dump Sight		
APDES Permit Tracking Number:	AKS-052558		
<u>Facility Physical Address</u>			
Street:			
City:	Eagle River	State:	Alaska
		Zip:	99577
Lead Inspector's Name:	Tim Hanley	Title:	Foreman SWPPP inspector
Additional Inspectors Names:			
Contact Person:	Tim Hanley	Title:	Foreman
Phone:	907 440 8453	Email:	timothy.hanley@alaska.gov
Inspection Date:	10-15-18		
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?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If NO, describe why not:			
<i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i>			
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:			

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

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:

No pollutants entering the draining system. All wattles at the outfall replaced on 10-15-18

6. Have you taken or do you plan to take any 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 action 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 10-15-18

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: *snow storage sight*

1. Brief Description:
snow storage when removing snow from roadways

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # _____ of _____ for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
- A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release of discharge
- Numeric effluent limitation exceedance
- Control measures inadequate to meet applicable water quality standards
- Control measures inadequate to meet non-numeric effluent limitations
- Control measures not properly operated or maintained
- Change in facility operations necessitated change in control measures
- Average benchmark value exceedance
- Other (describe):

4. Briefly describe the nature of the problem identified:

All wattles at outfall replaced 10-15-18

5. Date problem identified:

6. How problem was identified:

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

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:

wattles replaced 10-15-18

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

9. Date corrective action initiated:

10. Date corrective action completed: _____ Or expected to be completed: _____

11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

Section V. Annual Report Certification

Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No

If No, summarize why you are not in compliance with the permit:

Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Authorized Representative: *Tim Hanley* Title: *SWPPP Inspector*

Signature: *[Handwritten Signature]* Date Signed: *10-15-18* Email: *timothy.hanley@alaska.gov*



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information

Facility Name: Omalley Snow Storage Sight

APDES Permit Tracking Number: _____

Facility Physical Address

Street: Omalley & Old Seward Hwy

City: Anchorage State: Alaska Zip: 99507

Lead Inspector's Name: Tim Hanley Title: Foreman

Additional Inspectors Names: _____

Contact Person: Tim Hanley Title: SWPPP

Phone: 907 440 8453 Email: timothy.hanley@alaska.gov

Inspection Date: 10-15-18

Section II. General Inspection Findings

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? Yes No

If NO, describe why not:

Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.

2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? Yes No

If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

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

If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: *All wattles were replaced in September on Center Bee hide outlet. All measures are in place and functional*

6. Have you taken or do you plan to take any 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? *2*

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with storm water;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area: *sand stockpile has been removed*

1. Brief Description:

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

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

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

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

Industrial Activity Area: *snow storage*
 1. Brief Description: *snow from road systems, is stored on site to melt, only when road areas are fall is it hauled in.*

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

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

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

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

Industrial Activity Area: *All valves were replaced in September. All measures are in place and functional.*

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

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

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

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

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 1 of 2 for this reporting period.

2. Is this corrective action:

- An update on a corrective action from a previous annual report; or
 A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- Unauthorized release of discharge
 Numeric effluent limitation exceedance
 Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations
 Control measures not properly operated or maintained
 Change in facility operations necessitated change in control measures
 Average benchmark value exceedance
 Other (describe): normal repairs of existing measures

4. Briefly describe the nature of the problem identified:

Wattle replaced in September, all measures are in place and functioning

5. Date problem identified: 9-18

6. How problem was identified:

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

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:

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

9. Date corrective action initiated:

10. Date corrective action completed: 9-18 Or expected to be completed:

11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

Section V. Annual Report Certification

Compliance Certification

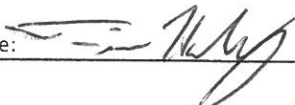
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No

If No, summarize why you are not in compliance with the permit:

Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Authorized Representative: *Tim Hanley* Title: *SWPPP inspector*

Signature:  Date Signed: *10-15-18* Email: *timothy.hanley@alaska.gov*