



# Alaska Department of Environmental Conservation

## MSGP Annual Reporting Form

Section I. General Information			
Facility Name: <b>Commercial Drive Snow Disposal Site</b>			
APDES Permit Tracking Number: <b>N/A</b>			
<u>Facility Physical Address</u>			
Street: <b>2941 Commercial Drive</b>			
City: <b>Anchorage</b>	State: <b>Alaska</b>	Zip: <b>99501</b>	
Lead Inspector's Name: <b>Patrick Butler</b>		Title: <b>SWPPP Inspector</b>	
Additional Inspectors Names: <b>Dustin Richmond</b>			
Contact Person: <b>Eric Hodgson</b>		Title: <b>Superintendent</b>	
Phone: <b>(907) 343-8100</b>		Email: <b>eric.hodgson@anchorageak.gov</b>	
Inspection Date: <b>10/15/2021</b>			
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:			
<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>			
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 evidence was observed of pollutants entering the drainage system or surrounding surface waters. All outfalls are performing as intended and do not need additional flow dissipation.**

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes  No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

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

<b>Section III. Industrial Activity Area Specific Findings</b>	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> <li>• Industrial materials, residue, or trash that may have or could come into contact with storm water;</li> <li>• Leaks or spills from industrial equipment, drums, tanks, and other containers;</li> <li>• Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and</li> <li>• Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.</li> </ul>	
<p>Industrial Activity Area: <b>RAP access roads</b></p> <p>1. Brief Description: <b>Industrial equipment directly utilize these access roads during facility operations.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Snow disposal pad</b></p> <p>1. Brief Description: <b>Industrial equipment travels across the pads during facility operations</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Vegetated buffers</b></p> <p>1. Brief Description: <b>Stormwater or runoff exposed to industrial equipment flow through these buffers.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	

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

Industrial Activity Area: **Detention pond**

1. Brief Description:

**Stormwater or runoff exposed to industrial equipment flow to this detention pond**

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

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

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

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

Industrial Activity Area: **Retention basin**

1. Brief Description:

**Stormwater or runoff exposed to industrial equipment flows to this retention basin.**

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

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

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

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

Industrial Activity Area: **Vegetated conveyance channels**

1. Brief Description:

**Stormwater or runoff exposed to industrial equipment flows through these channels.**

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

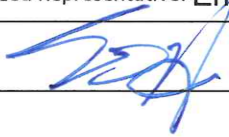
3. Have any control measures failed and require replacement?     Yes     No

4. Are any additional/revised control measures necessary in this area?     Yes     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.)





<b>Section V. Annual Report Certification</b>	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
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: <b>Eric Hodgson</b>	Title: <b>Superintendent</b>
Signature: 	Date Signed: <u>10/20/2021</u> Email: <u>eric.hodgson@anchorageak.gov</u>



# Alaska Department of Environmental Conservation

## MSGP Annual Reporting Form

Section I. General Information	
Facility Name: <b>C Street Snow Disposal Site</b>	
APDES Permit Tracking Number: <b>Not Applicable</b>	
<u>Facility Physical Address</u>	
Street: <b>10,000 Block of East 100th Avenue</b>	
City: <b>Anchorage</b>	State: <b>Alaska</b>
Zip: <b>99515</b>	
Lead Inspector's Name: <b>Patrick Butler</b>	Title: <b>SWPPP Inspector</b>
Additional Inspectors Names: <b>Dustin Richmond</b>	
Contact Person: <b>Eric Hodgson</b>	Title: <b>Superintendent</b>
Phone: <b>(907) 343-8100</b>	Email: <b>eric.hodgson@anchorageak.gov</b>
Inspection Date: <b>10/14/2021</b>	
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? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If NO, describe why not:	
<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>	
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:	

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

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

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

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

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

No evidence of pollutants entering the drainage system or surface waters was observed. The outfalls are functioning as intended and do not need additional flow dissipation.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes  No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

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



Section III. Industrial Activity Area Specific Findings	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> <li>Industrial materials, residue, or trash that may have or could come into contact with storm water;</li> <li>Leaks or spills from industrial equipment, drums, tanks, and other containers;</li> <li>Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and</li> <li>Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.</li> </ul>	
<p>Industrial Activity Area: <b>RAP Access Road</b></p> <p>1. Brief Description:  <b>Industrial equipment utilize this access road during facility operations.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Snow Disposal Pad</b></p> <p>1. Brief Description:  <b>Industrial equipment cross this pad during facility fall preparation and winter operations.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Vegetated Buffers</b></p> <p>1. Brief Description:  <b>Stormwater or runoff exposed to industrial equipment flows through these buffers.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	



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

Industrial Activity Area: **Temporary Sedimentation Pond**

1. Brief Description:

**Stormwater or runoff exposed to industrial equipment flows to these temporary sedimentation ponds.**

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: **Staging area for Summer Wood Lot**

1. Brief Description:

**Industrial equipment travels across and works in the area during summer facility operations.**

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

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

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

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

Industrial Activity Area:

1. Brief Description:


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.)

<b>Section IV. Corrective Actions</b>	
<p><b>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.</b></p> <p>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.</p>	
1. Corrective Action # 0	of 0 for this reporting period.
2. Is this corrective action:	
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input type="checkbox"/> A new corrective action?	
3. Identify the condition(s) triggering the need for this review:	
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):	
4. Briefly describe the nature of the problem identified:	
5. Date problem identified:	
6. How problem was identified:	
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
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: <b>Eric Hodgson</b>	Title: Superintendent
Signature: 	Date Signed: <b>10/20/2021</b> Email: <b>eric.hodgson@anchorageak.gov</b>



# Alaska Department of Environmental Conservation

## MSGP Annual Reporting Form

Section I. General Information		
Facility Name: <b>Dowling Road Snow Disposal Site</b>		
APDES Permit Tracking Number: <b>N/A</b>		
<u>Facility Physical Address</u>		
Street: <b>6351 Spruce Street</b>		
City: <b>Anchorage</b>	State: <b>Alaska</b>	Zip: <b>99507</b>
Lead Inspector's Name: <b>Patrick Butler</b>		Title: <b>SWPPP Inspector</b>
Additional Inspectors Names: <b>Dustin Richmond</b>		
Contact Person: <b>Eric Hodgson</b>		Title: <b>Superintendent</b>
Phone: <b>(907)343-8100</b>		Email: <b>eric.hodgson@anchorageak.gov</b>
Inspection Date: <b>10/13/2021</b>		
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? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If NO, describe why not:		
<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>		
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>		
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:		

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

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

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

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

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:  
**No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.**

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes  No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

**One (1) condition was identified in 2021 that required Corrective Actions.**

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



**Section III. Industrial Activity Area Specific Findings**

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

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into 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: **RAP access road**

1. Brief Description:

**Industrial equipment utilize this access road during facility operations.**

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

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

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

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

Industrial Activity Area: **Snow disposal pad**

1. Brief Description:

**Industrial equipment travel across this pad during facility operations.**

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

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

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

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

Industrial Activity Area: **Vegetated buffers**

1. Brief Description:

**Stormwater or runoff exposed to industrial equipment flows through these buffers.**

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

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

4. Are any additional/revised control measures necessary in this area?  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: **Detention Pond**

1. Brief Description:

**Industrial equipment travel through the detention pond area during winter operations. Stormwater or runoff exposed to industrial equipment flows to this detention pond during the spring and summer months.**

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.)

<b>Section IV. Corrective Actions</b>
<p><b>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.</b></p> <p>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.</p>
<p>1. Corrective Action # <u>  1  </u> of <u>  1  </u> for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input checked="" type="checkbox"/> Other (describe): <b>Spill kit and refuse container shed needed to be repaired.</b></p>
<p>4. Briefly describe the nature of the problem identified:</p> <p><b>The door on the shed that houses the spill kit and refuse container was damaged and the spill kit materials exposed to the elements.</b></p>
<p>5. Date problem identified: <b>8/12/2021</b></p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>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:</p> <p><b>New doors were installed on the spill kit and refuse container shed.</b></p>
<p>8. Did/will this corrective action require modification of you SWPPP?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: <b>8/12/2021</b></p>
<p>10. Date corrective action completed: <b>9/16/2021</b>    Or expected to be completed:</p>
<p>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:</p> <p><b>NA</b></p>

**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:

Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.

Annual Report Certification

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

Name of Authorized Representative: **Eric Hodgson**

Title: **Superintendent**

Signature:



Date Signed:

*10/20/2021*

Email: [eric.hodgson@anchorageak.gov](mailto:eric.hodgson@anchorageak.gov)







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

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

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

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

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:  
**No evidence was observed of pollutants entering the drainage system or surrounding surface waters. All outfalls are operating as intended and do not need additional flow dissipation.**

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes  No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

Five (5) conditions were identified since the last annual inspection as needing corrective actions. All corrective actions were completed.

**Note:** Complete the attached Corrective Action Form (Section IV) for each condition 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: **Pavement / access road**

1. Brief Description:

**Industrial equipment utilize the access road and paved areas.**

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: **Vegetated buffers**

1. Brief Description:

**Stormwater or runoff exposed to industrial equipment flows through the vegetated buffers.**

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

3. Have any control measures failed and require replacement?     Yes     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: **Vac truck disposal area**

1. Brief Description:

**Sedimentation basin for vac truck disposal**

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

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

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

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

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

Industrial Activity Area: **Fueling Station**

1. Brief Description:

**Onsite fueling for diesel and gas municipal vehicles.**

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.)

<b>Section IV. Corrective Actions</b>
<p><b>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.</b></p> <p>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.</p>
1. Corrective Action # <b>1</b> of <b>5</b> for this reporting period.
2. Is this corrective action:
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input checked="" type="checkbox"/> A new corrective action?
3. Identify the condition(s) triggering the need for this review:
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input checked="" type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):
4. Briefly describe the nature of the problem identified:
<p><b>Oil booms at the west end of the vacuum truck disposal area (BMP #13) removed for winter needs to be reinstalled.</b></p>
5. Date problem identified: <b>4/22/2021</b>
6. How problem was identified:
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input checked="" type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> 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:
<p><b>A water and sewer improvement project reconfigured the west end of the vac truck disposal site and corrected the issues at this end of the disposal site.</b></p>
8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Date corrective action initiated: <b>4/23/2021</b>
10. Date corrective action completed: <b>4/29/2021</b> 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:



<b>Section IV. Corrective Actions</b>
<p><b>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.</b></p> <p>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.</p>
1. Corrective Action # <b>2</b> of <b>5</b> for this reporting period.
2. Is this corrective action:
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input checked="" type="checkbox"/> A new corrective action?
3. Identify the condition(s) triggering the need for this review:
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input checked="" type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):
4. Briefly describe the nature of the problem identified: <b>Vac truck disposal area: oil booms (BMP #5) removed for winter need to be reinstalled.</b>
5. Date problem identified: <b>4/22/2021</b>
6. How problem was identified:
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input checked="" type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> 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: <b>Oil booms installed.</b>
8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Date corrective action initiated: <b>4/23/2021</b>
10. Date corrective action completed: <b>6/22/2021</b> 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 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 # **3** of **5** 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:

**Inlet protection on storm drain inlet north of the Maintenance Building removed for winter needs to be reinstalled. (BMP 15)**

5. Date problem identified: **4/22/2021**

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:

**Inlet protection installed**

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

9. Date corrective action initiated: **4/23/2021**

10. Date corrective action completed: **4/29/2021** 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:

<b>Section IV. Corrective Actions</b>
<p><b>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.</b></p> <p>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.</p>
1. Corrective Action # <b>4</b> of <b>5</b> for this reporting period.
2. Is this corrective action:
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input checked="" type="checkbox"/> A new corrective action?
3. Identify the condition(s) triggering the need for this review:
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input checked="" type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):
4. Briefly describe the nature of the problem identified: <b>Inlet protection removed for winter needs to be reinstalled. (BMP 16)</b>
5. Date problem identified: <b>4/22/2021</b>
6. How problem was identified:
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input checked="" type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> 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: <b>Inlet protection installed.</b>
8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Date corrective action initiated: <b>4/23/2021</b>
10. Date corrective action completed: <b>4/29/2021</b> 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:

<b>Section IV. Corrective Actions</b>
<p><b>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.</b></p> <p>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.</p>
1. Corrective Action # <b>5</b> of <b>5</b> for this reporting period.
2. Is this corrective action:
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input checked="" type="checkbox"/> A new corrective action?
3. Identify the condition(s) triggering the need for this review:
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input checked="" type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):
4. Briefly describe the nature of the problem identified: <b>Remove Oil boom from service, no longer needed. (BMP 8).</b>
5. Date problem identified: <b>9/29/2021</b>
6. How problem was identified:
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input checked="" type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> 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: <b>BMP removed from service.</b>
8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Date corrective action initiated: <b>9/30/2021</b>
10. Date corrective action completed: <b>9/30/2021</b> 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:

**Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.**

Annual Report Certification

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

Name of Authorized Representative: **Eric Hodgson**

Title: **Superintendent**

Signature:



Date Signed:

10/21/2021

Email:

eric.hodgson@anchorageak.gov





# Alaska Department of Environmental Conservation

## MSGP Annual Reporting Form

Section I. General Information	
Facility Name: <b>Kloop Station Snow Disposal Site</b>	
APDES Permit Tracking Number: <b>N/A</b>	
<u>Facility Physical Address</u>	
Street: <b>5600 Northwood Drive</b>	
City: <b>Anchorage</b>	State: <b>Alaska</b>
Zip: <b>99502</b>	
Lead Inspector's Name: <b>Patrick Butler</b>	Title: <b>SWPPP Inspector</b>
Additional Inspectors Names: <b>Dustin Richmond</b>	
Contact Person: <b>Eric Hodgson</b>	Title: <b>Superintendent</b>
Phone: <b>(907) 343-8100</b>	Email: <b>eric.hodgson@anchorageak.gov</b>
Inspection Date: <b>10/18/2021</b>	
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? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If NO, describe why not:	
<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>	
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:	



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

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

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

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

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:  
**No evidence was observed of pollutants entering the drainage system or surrounding surface waters. All outfalls are operating as intended and do not need additional flow dissipation.**

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes  No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?


**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.

<b>Section III. Industrial Activity Area Specific Findings</b>	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> <li>• Industrial materials, residue, or trash that may have or could come into contact with storm water;</li> <li>• Leaks or spills from industrial equipment, drums, tanks, and other containers;</li> <li>• Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and</li> <li>• Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.</li> </ul>	
<p>Industrial Activity Area: <b>RAP access road</b></p> <p>1. Brief Description: <b>Industrial equipment utilize the access road and paved areas.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Snow disposal pad:</b></p> <p>1. Brief Description: <b>Industrial equipment travels across these pads during facility operations.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Vegetated buffers.</b></p> <p>1. Brief Description: <b>Stormwater or runoff exposed to industrial equipment flows through these buffers.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	



<b>Section V. Annual Report Certification</b>	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: <b>Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.</b>	
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: <b>Eric Hodgson</b>	Title: <b>Superintendent</b>
Signature: 	Date Signed: <u>10/21/2021</u> Email: <u>eric.hodgson@anchorageak.gov</u>





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

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

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

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

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

No evidence was observed of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes  No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

No conditions were identified in 2021 that required a Corrective Action.

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

<b>Section III. Industrial Activity Area Specific Findings</b>	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> <li>• Industrial materials, residue, or trash that may have or could come into contact with storm water;</li> <li>• Leaks or spills from industrial equipment, drums, tanks, and other containers;</li> <li>• Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and</li> <li>• Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.</li> </ul>	
<p>Industrial Activity Area: <b>Access road</b></p> <p>1. Brief Description: <b>Industrial equipment utilize this access road during facility operations.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>RAP storage pads</b></p> <p>1. Brief Description: <b>Industrial equipment is stored in these areas.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Vegetated buffers</b></p> <p>1. Brief Description: <b>Stormwater or runoff exposed to industrial equipment flows through these buffers.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	

**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.)





<b>Section V. Annual Report Certification</b>	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
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: <b>Eric Hodgson</b>	Title: <b>Superintendent</b>
Signature: 	Date Signed: <u>10/20/2021</u> Email: <u>eric.hodgson@anchorageak.gov</u>



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

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

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

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

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:  
**No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.**

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?  
 Yes  No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

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

<b>Section III. Industrial Activity Area Specific Findings</b>	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> <li>• Industrial materials, residue, or trash that may have or could come into contact with storm water;</li> <li>• Leaks or spills from industrial equipment, drums, tanks, and other containers;</li> <li>• Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and</li> <li>• Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.</li> </ul>	
<p>Industrial Activity Area: <b>RAP access road</b></p> <p>1. Brief Description: <b>Industrial equipment utilizes this access road.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Snow disposal pad</b></p> <p>1. Brief Description: <b>Industrial equipment travels across this pad.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Retention basin</b></p> <p>1. Brief Description: <b>The primary purpose of the retention basin is to collect snow melt and storm water.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	



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

Industrial Activity Area: **Vegetative Buffer**

1. Brief Description:

**Stormwater or runoff exposed to industrial equipment flows through these buffers.**

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

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

4. Are any additional/revised control measures necessary in this area?     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.)



<b>Section V. Annual Report Certification</b>	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
Annual Report Certification	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Name of Authorized Representative: Eric Hodgson	Title: Superintendent
Signature: 	Date Signed: <u>10/21/2021</u> Email: eric.hodgson@anchorageak.gov



## Alaska Department of Environmental Conservation

### MSGP Annual Reporting Form

Section I. General Information		
Facility Name: <b>North Mountain View Snow Disposal Site</b>		
APDES Permit Tracking Number: <b>N/A</b>		
<u>Facility Physical Address</u>		
Street: <b>4800 Block of Mountain View Drive</b>		
City: <b>Anchorage</b>	State: <b>Alaska</b>	Zip: <b>99501</b>
Lead Inspector's Name: <b>Patrick Butler</b>		Title: <b>SWPPP Inspector</b>
Additional Inspectors Names: <b>Dustin Richmond</b>		
Contact Person: <b>Eric Hodgson</b>		Title: <b>Superintendent</b>
Phone: <b>(907) 343-8100</b>		Email: <b>eric.hodgson@anchorageak.gov</b>
Inspection Date: <b>10-15-2021</b>		
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? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If NO, describe why not:		
<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>		
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>		
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:		



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

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

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

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

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

**No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.**

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes  No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

**One (1) condition was identified in 2021 as needing a Corrective Action.**

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

<b>Section III. Industrial Activity Area Specific Findings</b>	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> <li>• Industrial materials, residue, or trash that may have or could come into contact with storm water;</li> <li>• Leaks or spills from industrial equipment, drums, tanks, and other containers;</li> <li>• Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and</li> <li>• Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.</li> </ul>	
<p>Industrial Activity Area: <b>RAP access road</b></p> <p>1. Brief Description: <b>Industrial equipment utilize this access road.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Snow disposal pad</b></p> <p>1. Brief Description: <b>Industrial equipment travel across this pad.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Vegetated buffers</b></p> <p>1. Brief Description: <b>Stormwater or runoff exposed to industrial equipment flows through these buffers.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	

**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.)

<b>Section IV. Corrective Actions</b>
<p><b>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.</b></p> <p>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.</p>
<p>1. Corrective Action # <u>  1  </u> of <u>  1  </u> for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input checked="" type="checkbox"/> Other (describe): <b>Access gate was damaged.</b></p>
<p>4. Briefly describe the nature of the problem identified:</p> <p><b>The access gate off of McCarrey Street was damaged and no longer controlled access.</b></p>
<p>5. Date problem identified:</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>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:</p> <p><b>Gate was repaired.</b></p>
<p>8. Did/will this corrective action require modification of you SWPPP?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: <b>8/13/2021</b></p>
<p>10. Date corrective action completed: <b>9-20-21</b>    Or expected to be completed:</p>
<p>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:</p>



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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.		
Annual Report Certification		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Name of Authorized Representative: Eric Hodgson		Title: Superintendent
Signature: 	Date Signed: 10/20/2021	Email: eric.hodgson@anchorageak.gov



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

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

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

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

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

No evidence was observed of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes  No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

One (1) condition was identified in 2021 as needing a corrective action. The corrective action was completed.

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

<b>Section III. Industrial Activity Area Specific Findings</b>	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> <li>• Industrial materials, residue, or trash that may have or could come into contact with storm water;</li> <li>• Leaks or spills from industrial equipment, drums, tanks, and other containers;</li> <li>• Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and</li> <li>• Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.</li> </ul>	
<p>Industrial Activity Area: <b>RAP access roads and pad</b></p> <p>1. Brief Description: <b>Industrial equipment travels along and is stored in the RAP access roads and pad.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Vegetated buffers</b></p> <p>1. Brief Description: <b>Stormwater exposed to industrial equipment flows through these buffers.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area:</p> <p>1. Brief Description:</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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.)</p>	



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

Industrial Activity Area:

1. Brief Description:

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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.)

<b>Section IV. Corrective Actions</b>
<p><b>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.</b></p> <p>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.</p>
<p>1. Corrective Action # <u>  1  </u> of <u>  1  </u> for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p><b>No inlet protection on the MS4 inlet located on E. 2nd Ave.</b></p>
<p>5. Date problem identified: <b>04/22/2021</b></p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>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:</p> <p><b>Inlet protection was installed.</b></p>
<p>8. Did/will this corrective action require modification of you SWPPP?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: <b>04/23/2021</b></p>
<p>10. Date corrective action completed: <b>04/29/2021</b> Or expected to be completed:</p>
<p>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:</p> <p><b>Corrective action complete.</b></p>

**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:

Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.

Annual Report Certification

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

Name of Authorized Representative: **Eric Hodgson**

Title: **Superintendent**

Signature: 

Date Signed: 10/21/2021 Email: eric.hodgson@anchorageak.gov





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

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

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

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

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:  
**No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.**

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes  No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

**One (1) condition was identified in 2021 that required 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.

<b>Section III. Industrial Activity Area Specific Findings</b>	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> <li>• Industrial materials, residue, or trash that may have or could come into contact with storm water;</li> <li>• Leaks or spills from industrial equipment, drums, tanks, and other containers;</li> <li>• Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and</li> <li>• Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.</li> </ul>	
<p>Industrial Activity Area: <b>RAP access road</b></p> <p>1. Brief Description: <b>Industrial equipment utilize this access road during facility operations.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Snow Disposal Site</b></p> <p>1. Brief Description: <b>Industrial equipment travel across this pad during facility operations.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	
<p>Industrial Activity Area: <b>Vegetated buffers</b></p> <p>1. Brief Description: <b>Stormwater or runoff exposed to industrial equipment flows through these buffers.</b></p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>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.)</p>	

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

Industrial Activity Area: **Sedimentation pond**

1. Brief Description:

The primary purpose of the sedimentation pond is to collect both snow melt and storm water

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
<p><b>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.</b></p> <p>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.</p>
<p>1. Corrective Action # <u>  1  </u> of <u>  1  </u> for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input checked="" type="checkbox"/> Other (describe): <b>Routine maintenance inspection of OGS by Street Maintenance</b></p>
<p>4. Briefly describe the nature of the problem identified:</p> <p><b>Tee baffle inside the outfall structure was identified as corroded during maintenance inspections.</b></p>
<p>5. Date problem identified:</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input checked="" type="checkbox"/> Other (describe): <b>In between inspections.</b></p>
<p>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:</p> <p><b>Tee baffle replaced.</b></p>
<p>8. Did/will this corrective action require modification of you SWPPP?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: <b>10-7-21</b></p>
<p>10. Date corrective action completed: <b>10-8-21</b>    Or expected to be completed:</p>
<p>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:</p>



<b>Section V. Annual Report Certification</b>	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: <b>Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.</b>	
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: <b>Eric Hodgson</b>	Title: <b>Superintendent</b>
Signature: 	Date Signed: <u>10/20/2021</u> Email: <u>eric.hodgson@anchorageak.gov</u>



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:

There is no evidence of pollutants entering the drainage system or discharge from surface waters. The sedimentation pond is surrounded by vigorous growing vegetation and the outfalls require no additional flow dissipation.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes  No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

**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**

Page 1 of 6

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: **RAP Access Road**

1. Brief Description:

Industrial equipment utilize this access road during facility operations.

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

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

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

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

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

Industrial equipment cross this pad during facility fall preparation and winter operations.

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

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

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

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

Industrial Activity Area: **Vegetated Buffers**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows through these buffers.

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

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

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

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



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

Industrial Activity Area: **Sedimentation Pond**

1. Brief Description:

**Stormwater or runoff exposed to industrial equipment flows to this sedimentation pond.**

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

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

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

If YES to any of these three questions, provide a description of the 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 # 0 of 0 for this reporting period.

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

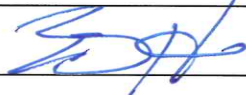
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:

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

9. Date corrective action initiated:

10. Date corrective action completed: \_\_\_\_\_ Or expected to be completed: \_\_\_\_\_

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

Section V. Annual Report Certification	
Compliance Certification	
<p>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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, summarize why you are not in compliance with the permit:</p> <p>Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.</p>	
Annual Report Certification	
<p>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.</p>	
Name of Authorized Representative: Eric Hodgson	Title: Superintendent
Signature: 	Date Signed: 10/21/2009 Email: eric.hodgson@anchorageak.gov