

Section I. General Informatio	n						
Facility Name APDES Permit Trac			ermit Trackin	cking Number			
ANCHORAGE MAINTANCE STATION					AKS-05255	8	
Facility Physical Address		,					
Street		City				State	Zip Code
5300 e tudor rd			Anchorage			Alaska	99507
Contact Person	Title		Phone		Email		
Renee Goentzel Lead Inspector's Name	Additional Inspect	nalyst III	Additional Inspe			Inspection D	e @akiske, you
	Additional Inspect	tor's ivarrie	Additional Inspe	ector s Nam	ne	4/4/2	
Steven Church						1/1/2	3
Section II. General Inspection							
As part of this comprehensive sources, including areas when If NO, describe why not:						Yes	No
					(A		
,							
í							
Note: Complete Section III of this for parts 2 and 3 below, where pollutar			spected and inc	cluded in y	our SWPPF	or as newly d	efined, in Section II
2. Did this inspection identify a			ter outfalls no	ot previo	usly	Yes	No
identified in your SWPPP?							
If YES, for each location, d	lescribe the sour	ces of those storm w	ater and non-s	torm wat	er discharg	es and any ass	ociated control
measures in place:							
							1
							4
l.							
1							
7							

1	3.	Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
	4.	Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? 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 Pollatants Spen at Out fill A
	6.	Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?
1	No	ote: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of

Page 2 of 6

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 sto in reviewing each area, you should consider:	DEM Martar Completion
In reviewing each area, you should consider:	of the water. Copy this page for additional industrial activity areas.
made in indictions, residue, of trash that may have or sould assess to	th storm water;
Offsite tracking of industrial or waste materials from areas of no exposure to expos Tracking or blowing of raw, final, or waste material from areas of no exposure to exposure t	ed areas; and
	xposed areas.
Corner	
1. Brief Description: Fuel / Yard Exit	
Are any control measures in need of maintenance or repair?	
	Yes No
and require replacement?	Yes No
4. Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem the attached Corrective Action Form.)	Yes No
Industrial Activity Area: 1. Brief Description: Author	
2. Are any control measures in need of maintenance or repair?	Yes No
3. Have any control measures failed and require replacement?	Yes No
1. 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: the attached Corrective Action Form.)	(Any necessary corrective actions should be described on
	1

Industrial Activity Area:	. σ. παυκτίς π. σ. παυσουσουσ
1. Brief Description: Back 40	5
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 probler the attached Corrective Action Form.)	n: (Any necessary corrective actions should be described on
Industrial Activity Area:	
1. Brief Description: Sand Strage	
2. Are any control measures in need of maintenance or repair?	Yes 4 No
3. Have any control measures failed and require replacement?	Yes No
4. Are any additional/revised control measures necessary in this area?	Yes 4 No
If YES, to any of these three questions, provide a description of the problem: the attached Corrective Action Form.)	(Any necessary corrective actions should be described on

- 1	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 #						
5	address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions needed to been completed at the time of your previous annual report.						
-	for this reporting period.						
	2. Is this corrective action:						
ı	An update on a corrective action from a previous annual report; or						
L							
	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:						
	wattels Need Replacement after winter						
	Sec.						
5.	Date problem identified: $4/4/23$						
6.	How problem was identified:						
	Comprehensive site inspection						
	Quarterly visual assessment						
	Routine facility inspection						
	Notification by EPA or DEC						
	Other (describe):						
7.	Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analysis to be conducted, etc.) or if no modification is needed, basis for that determination. Replace with new						
)							
3.	Did/will this corrective action require modification of your SWPPP? Yes						

SAL	For Agency Permit Tracking #: AKS-052558
9. Date corrective action initiated: $4/24/2 \le$	
10. Date corrective action completed: Or exp	ected to be completed: 5/22/2
11. If corrective action not yet completed, provide the status of the corrections and describe any remaining steps (including timeframes assocorrective action:	ive action as the time of the comprehensive site ociated with each step) necessary to complete the
Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part that, based upon the results of this inspection, to the best of your knowledge compliance with the permit?	6.3 of the permit, and e, you are in Yes No
If NO, summarize why you are not in compliance with the permit:	
Annual Report Certification	
I certify under penalty of law that this document and all attachments were paccordance with a system designed to assure that qualified personnel proper Based on my inquiry of the person or persons who manage the system, or the information submitted is, to the best of my knowledge and belief, true, accursing significant penalties for submitting false information, including the possibility. Steven Church Supp Inspector Name of Authorized Representative Title	rly gather and evaluate the information submitted. ose person directly responsible for gathering the
Signature	Date/Signed

Anchorage Maintenance Station Annual SPCC Inspection

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

Date: /// Time:	e inspection checklist is to be kept with the SPCC plan.			
9/4/23 10:26	Inspector: Sheren Church			
✓= Satisfactory N/A = Not . Facility Drainage	Applicable R = Repair required			
	Training			
No trash or debris under or near tank(s)	New employees trained on spill prevention & response			
No erosion or stressed/dead vegetation under or near tank(s)	All SPCC-related trainings are properly recorded			
No standing water under or around tank(s)	Tecolded			
No woody vegetation under or near tanks				
No sheen where water goes off-site				
Security	Fuel Transfer Area			
Fence, gates, and locks operational, if any	Emergency shut off valve operational (test)			
Bollards/tank barriers not damaged	Concrete or secondary containment is under tank dispenser(s)			
Tank dispenser(s) locked or starter controls turned off when tank is not in use	No leaks or cracks in dispenser hose(s) or handle(s)			
Lighting is working properly	No new staining or oil sheen on ground (if sheen, wipe up with an absorbent pad)			
Sign on fence to keep out trespassers is legible	(pau)			
Indoor Storage Areas No spotting or staining on floor (clean-up if present); place pads under all dispensers All containers are labeled properly (contents) Drum storage has secondary containment with no liquid or debris Floors are clean and free of debris Lids on drums are securely closed (must be closed unless actively being used) No open containers with fluid in them Oil/Water separator does not have heavy oil sheen (use absorbent pads to remove)				
Comments:				

Abo	ove Ground Storage Tank #1 (10,000 gallon)	Λb	0.40 Cross 1.04
	Tank surfaces checked for signs of leakage or	AD	ove Ground Storage Tank #2 (120 gallon)
	drips	1/	Tank surfaces checked for signs of leakage or
	Tank is not damaged, significantly rusted, or	-	drips
	deteriorated	-	Tank is not damaged, significantly rusted, or
	Bolts, rivets, pipes, seams, and hoses are not	-	deteriorated
L	damaged, cracked, or significantly rusted	1	Bolts, rivets, pipes, seams, and hoses are not
	No leaks at valves, flanges, seals or other	-	damaged, cracked, or significantly rusted
-	tank fittings	11/	No leaks at valves, flanges, seals or other
	Tank foundation about 16	-	fittings connecting to tank
-	Fank foundation checked for cracks, erosion,		Processo governo analisti
	settling, deterioration, buckling, or damage		Pressure gauge operative
	Vent(s) not obstructed	V	Vent(s) not obstructed
~	Level gauges and alarms tested and operative		Tank contents clearly labeled on tank
	Tank contents clearly labeled on tank		Tank fluid quantity clearly labeled (e.g.
			'10,000 gallons')
	Tank fluid quantity clearly labeled (e.g.		
	'10,000 gallons')		Hazard placards are intact and readable
		1	- V
L	Hazard placards are intact and readable		Tank marked with a distinctive, legible number
	Tank marked with a distinctive, legible number	-	(e.g. #1)
	(e.g. #1)		
	(c.g. #1)		
Ahov	o Ground Stores T. I. Ho Mar.		
ADU	/e Ground Storage Tank #3 (107 gallon)	Abov	e Ground Storage Tank #4 (multi-fluid)
	Tank surfaces checked for signs of leakage or drips	V	Tank surfaces checked for signs of leakage or drips
1	Tank is not damaged, significantly rusted, or		Tank is not damaged, significantly rusted, or
	deteriorated		deteriorated
,	Bolts, rivets, pipes, seams, and hoses are not		
	damaged, cracked, or significantly rusted	V	Bolts, rivets, pipes, seams, and hoses are
	No leaks at valves, flanges, seals or other		not damaged, cracked, or significantly rusted
	fittings connecting to tank		No leaks at valves, flanges, seals or other
,			fittings connecting to tank
4	Pressure gauge operative	~	Fank foundation checked for cracks, erosion,
	Vent(s) not obstructed		settling, deterioration, or damage
	/		Tank contents clearly labeled on tank
4	Tank contents clearly labeled on tank	1	Tank fluid quantity clearly labeled (e.g. '300
			gallons')
-	Tank fluid quantity clearly labeled (e.g.	~	Hazard placerde are intent and an Inte
-	'10,000 gallons')		Hazard placards are intact and readable
	Hazard placards are intact and readable	. /	Tank marked with a distinctive, legible
			number (e.g. #4)
4	Tank marked with a distinctive, legible number		
	(e.g. #1)		
Rema	rks:		

55 Gallon Drums	Hazardous Waste Storage Area (HWSA) - fill o
Drum surfaces checked for signs of leakage	only it storing hazardous waste
or drips (no significant rusting, corrosion,	Containers on secondary containment
discoloration, etc.)	(concrete pad or portable plastic
0	containment)
General drum condition (F) fair, (G) good or	Hazardous Waste Determination Forms
(E) excellent	Current if storing become word
Lids on drums are securely closed (must be	current, if storing hazardous waste
closed unless actively being used)	Containers marked properly (material type
Drum storage has assend	and date)
Drum storage has secondary containment	Lids securely on containers unless they are
with no liquid or debris	being actively used
Drums stored inside or under cover	36 inches between containers
Used fluids being disposed of regularly (not	Containers and Additional Containers
an excess of drums in the facility)	Containers not rusted through, cracked, or
All containers are marked areas / / iti	have holes
All containers are marked properly (with	Manifest Log is current (if transporting
contents and date filled)	hazardous waste)
	Limited access sign readable
	Limited access sign readable
	HWSA Log current
	HWSA is secure (fenced and/or locked)
narks:	

Birchwood Maintenance Station Annual SPCC Inspection

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

Date: (//// 2 Time:	e inspection checklist is to be kept with the SPCC plan
97/23 D.45 AM	Steven Church
√ = Satisfactory N/A = Not Facility Drainage	Applicable R = Repair required
	Training
No trash or debris under or near tank(s)	New employees trained on spill prevention & response
No erosion or stressed/dead vegetation under or near tank(s)	All SPCC-related trainings are properly
No standing water under or around tank(s)	recorded
140 woody vegetation under or near tanks	
No sheen where water goes off-site	
Security	
Fence, gates, and locks operational, if any	Fuel Transfer Area
	Emergency shut off valve operational (test)
Bollards/tank barriers not damaged	Concrete or secondary containment is under tank dispenser(s)
Tank dispenser(s) locked or starter controls turned off when tank is not in use	No leaks or cracks in dispenser hose(s) or handle(s)
Lighting is working properly	No new staining or oil sheen on ground (if
Sign on fence to keep out trespassers is legible	sheen, wipe up with an absorbent pad)
No spotting or staining on floor (clean-up if pres All containers are labeled properly (contents) Drum storage has secondary containment with Floors are clean and free of debris Lids on drums are securely closed (must be closed No open containers with fluid in them Oil/Water separator does not have heavy oil sheet memory.	no liquid or debris sed unless actively being used)

Above	e Ground Storage Tank #1 (4,000 gallon)	Ah	0.00 (5.50)
	Tank surfaces checked for signs of leakage	MU	ove Ground Storage Tank #2 (multi-fluid)
	or drips	1	Tank surfaces checked for signs of leakage of drips
	Tank is not damaged, significantly rusted, or	+	
	deteriorated	-	Tank is not damaged, significantly rusted, or deteriorated
	Bolts, rivets, pipes, seams, and hoses are	+	
1/	not damaged, cracked, or significantly		Bolts, rivets, pipes, seams, and hoses are no
	rusted	1	damaged, cracked, or significantly rusted
1	No leaks at valves, flanges, seals or other		
	tank fittings	1	No leaks at valves, flanges, seals or other fittings connecting to tank
	Tank foundation checked for cracks,		35 commoding to tank
	erosion, settling, deterioration, buckling, or		Vent is not obstructed
	damage		a visit a solid dollar
~	Vent(s) not obstructed		Tank contents clearly labeled on tank
U	Level gauges and alarms tested and operative	1	Tank fluid quantity clearly labeled (e.g.
			'10,000 gallons')
	Tank contents clearly labeled on tank	-	Hazard placards are intact and readable
~	Tank fluid quantity clearly labeled (e.g.		Tank marked with a distinctive, legible number
	'10,000 gallons')		(e.g. #1)
	Hazard placards are intact and readable		
	Tank marked with a distinctive, legible		
	number (e.g. #1)		
3 55 G	allon Drums (main shop)		
	Drum surfaces checked for signs of leakage	#4 55	Gallon Drums (warm storage)
-	or drips (no significant rusting, corrosion,		Drum surfaces checked for signs of leakage
	discoloration, etc.)	//	or drips (no significant rusting, corrosion
	General drum condition (F) fair, (G) good or		discoloration, etc.)
2	(E) excellent	9	General drum condition (F) fair, (G) good or
	Lids on drums are securely closed (must be		(E) excellent
	closed unless actively being used)		Lids on drums are securely closed (must be
	Drum storage has secondary containment		closed unless actively being used)
-	with no liquid or debris	_	Drum storage has secondary containment
	Drums stored inside or under cover		with no liquid or debris
	Used fluids being disposed of regularly (not		Drums stored inside or under cover
	an excess of drums in the facility)	~	Used fluids being disposed of regularly (not
1	All containers are marked properly (with		an excess of drums in the facility)
-	contents and date filled)	4	All containers are marked properly (with contents and date filled)
			contents and date filled)
emarks	s:		

Hazar	ous Waste Storage Area (HWSA) - fill out only if storing hazardous waste	
-	Containers on secondary containment (concrete pad or portable plastic containment) Hazardous Waste Determination Forms current if at a in the plastic containment)	
	Hazardous Waste Determination Forms current, if storing hazardous waste Containers marked properly (material types and the base of the ba	
	Elds securely off containers unless they are being and	800 11000
	Containers not rusted through cracked as house.	
	Marinest Log is current (il transporting hazardous waste)	
	anned access sign readable	
///	HWSA Log current	
1/1	HWSA is secure (fenced and/or locked)	
17		
Remar	S:	
		1



Section I. General Informatio	n						
Facility Name			APDES Permit Tracking Number				
DOT&PF Birchwood Maintenance Station and Birchwood Airport			AKS-052558				
Facility Physical Address		and birdinosa / inpor					
Street		City				State	Zip Code
20651 Birchwood Spur R	Road		Chugiak			Alaska	99567
Contact Person	Title		Phone		Email	1	
Renée Goentzel	Environme	ental Analyst III	(907) 269	-0714		renee.goentze	el@alaska.gov
Lead Inspector's Name			Additional Inspe		ne	Inspection D	
Steven Church				(22
Section II. General Inspection Findings							
		n did vou inchest	all notantial	nallutan		_/	
As part of this comprehensive sources, including areas when the left of t				*		Yes	No
Note: Complete Section III of this for parts 2 and 3 below, where pollutar			pected and inc	luded in	your SWP	PP or as newly o	defined, in Section II
Did this inspection identify a identified in your SWPPP? If YES, for each location, of measures in place:	any storm wate	r or non-storm wat				Yes ges and any as	No sociated control

For Agency Use

Permit Tracking #: AKS-052558 Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place: Did you review storm water monitoring data as part of this NA, no monitoring inspection to identify potential pollutant hotspots? No performed If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review: 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: Clean no Pollutants observed and No Outfalls 6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?

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

this comprehensive storm water inspection.

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 st	
 Leaks or spills from industrial equipment, drums, tanks, and other containers; 	form water;
Offsite tracking of industrial or waste materials from areas of no exposure to exposed of the containers,	greas: and
 Tracking or blowing of raw, final, or waste material from areas of no exposure to exposure 	sed greas.
Industrial Activity Area: North Yard	
1. Brief Description: Rear parking area	
Sala Part of Circle	
2 Are any control measures in and of the internal of	
2. Are any control measures in need of maintenance or repair?	Yes No
3 Have any control measures failed and an invalid	
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: the attached Corrective Action Form.)	(Any necessary corrective actions should be described on
the diddied corrective Action Form.)	
Industrial Activity Area:	
1. Brief Description: Stockion	
Station	
2. Are any control measures in need of maintenance or repair?	Nos P No
	Yes No
3. Have any control measures failed and require replacement?	No.
	Yes No
4. Are any additional/revised control measures necessary in this area?	Mas Day
	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.)	

For Agency Use Permit Tracking #: AKS-052558

Ind	dustrial Activity Area:	
1.	Brief Description: Air gort	
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: the attached Corrective Action Form.)	(Any necessary corrective actions should be described on
_		
Ind	ustrial 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: (the attached Corrective Action Form.)	Any necessary corrective actions should be described on

For Agency Use Permit Tracking #: AKS-052558

	ction IV. Corrective Actions
	mplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy spage for additional corrective actions or reviews.
Inci	lude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to
	dress problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not
	concompleted at the time of your previous annual report. Corrective Action # Of Of for this reporting period.
2.	Is this corrective action:
	An update on a corrective action from a previous annual report; or
	A new corrective action?
3.	Identify the condition(s) triggering the need for this review:
	Unauthorized release of discharge
	Numeric effluent limitation exceedance
	Control measures inadequate to meet applicable water quality standards
	Control measures inadequate to meet non-numeric effluent limitations
	Control measures not properly operated or maintained
	Change in facility operations necessitated change in control measures
	Average benchmark value exceedance
	Other (describe):
4.	Briefly describe the nature of the problem identified:
-	
5.	
6.	How problem was identified:
	Comprehensive site inspection
	Quarterly visual assessment
	Routine facility inspection
	Notification by EPA or DEC
	Other (describe):
7.	Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analysis to be conducted, etc.) or if no modification is needed, basis for that determination.
8.	Did/will this corrective action require modification of your SWPPP?

Permit Tracking #: AKS-052558

9. Date corrective action initiated:	
10. Date corrective action completed: Or expe	ected to be completed:
11. If corrective action not yet completed, provide the status of the corrective inspections and describe any remaining steps (including timeframes associated action:	
Section V. Annual Percent Could	
Section V. Annual Report Certification Compliance Certification	
Do you certify that your annual inspection has worth	/
Do you certify that your annual inspection has met the requirements of Part 6 that, based upon the results of this inspection, to the best of your knowledge compliance with the permit?	5.3 of the permit, and , you are in Yes No
If NO, summarize why you are not in compliance with the permit:	
Annual Report Certification	
I certify under penalty of law that this document and all attachments were proceed accordance with a system designed to assure that qualified personnel proper Based on my inquiry of the person or persons who manage the system, or the information submitted is, to the best of my knowledge and belief, true, accur significant penalties for submitting false information, including the possibility Steven Name of Authorized Representative Title	ly gather and evaluate the information submitted.
Signature	Date Signed
	7,0

Birchwood Maintenance Station Annual SPCC Inspection

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

Date: (//// 2 Time:	e inspection checklist is to be kept with the SPCC plan
97/23 D.45 AM	Steven Church
√ = Satisfactory N/A = Not Facility Drainage	Applicable R = Repair required
	Training
No trash or debris under or near tank(s)	New employees trained on spill prevention & response
No erosion or stressed/dead vegetation under or near tank(s)	All SPCC-related trainings are properly
No standing water under or around tank(s)	recorded
140 woody vegetation under or near tanks	
No sheen where water goes off-site	
Security	
Fence, gates, and locks operational, if any	Fuel Transfer Area
	Emergency shut off valve operational (test)
Bollards/tank barriers not damaged	Concrete or secondary containment is under tank dispenser(s)
Tank dispenser(s) locked or starter controls turned off when tank is not in use	No leaks or cracks in dispenser hose(s) or handle(s)
Lighting is working properly	No new staining or oil sheen on ground (if
Sign on fence to keep out trespassers is legible	sheen, wipe up with an absorbent pad)
No spotting or staining on floor (clean-up if pres All containers are labeled properly (contents) Drum storage has secondary containment with Floors are clean and free of debris Lids on drums are securely closed (must be closed No open containers with fluid in them Oil/Water separator does not have heavy oil sheet memory.	no liquid or debris sed unless actively being used)

Above	e Ground Storage Tank #1 (4,000 gallon)	Ah	0.00 (5.50)
	Tank surfaces checked for signs of leakage	MU	ove Ground Storage Tank #2 (multi-fluid)
	or drips	1	Tank surfaces checked for signs of leakage of drips
	Tank is not damaged, significantly rusted, or	+	
	deteriorated	-	Tank is not damaged, significantly rusted, or deteriorated
	Bolts, rivets, pipes, seams, and hoses are	+	
1/	not damaged, cracked, or significantly		Bolts, rivets, pipes, seams, and hoses are no
	rusted	1	damaged, cracked, or significantly rusted
1	No leaks at valves, flanges, seals or other		
	tank fittings	1	No leaks at valves, flanges, seals or other fittings connecting to tank
	Tank foundation checked for cracks,		35 commoding to tank
	erosion, settling, deterioration, buckling, or		Vent is not obstructed
	damage		a visit a solid dollar
~	Vent(s) not obstructed		Tank contents clearly labeled on tank
U	Level gauges and alarms tested and operative	1	Tank fluid quantity clearly labeled (e.g.
			'10,000 gallons')
	Tank contents clearly labeled on tank	-	Hazard placards are intact and readable
~	Tank fluid quantity clearly labeled (e.g.		Tank marked with a distinctive, legible number
	'10,000 gallons')		(e.g. #1)
	Hazard placards are intact and readable		
	Tank marked with a distinctive, legible		
	number (e.g. #1)		
3 55 G	allon Drums (main shop)		
	Drum surfaces checked for signs of leakage	#4 55	Gallon Drums (warm storage)
-	or drips (no significant rusting, corrosion,		Drum surfaces checked for signs of leakage
	discoloration, etc.)	//	or drips (no significant rusting, corrosion
	General drum condition (F) fair, (G) good or		discoloration, etc.)
2	(E) excellent	9	General drum condition (F) fair, (G) good or
	Lids on drums are securely closed (must be		(E) excellent
	closed unless actively being used)		Lids on drums are securely closed (must be
	Drum storage has secondary containment		closed unless actively being used)
-	with no liquid or debris	_	Drum storage has secondary containment
	Drums stored inside or under cover		with no liquid or debris
	Used fluids being disposed of regularly (not		Drums stored inside or under cover
	an excess of drums in the facility)	~	Used fluids being disposed of regularly (not
1	All containers are marked properly (with		an excess of drums in the facility)
-	contents and date filled)	4	All containers are marked properly (with contents and date filled)
			contents and date filled)
emarks	s:		

Hazar	ous Waste Storage Area (HWSA) - fill out only if storing hazardous waste	
-	Containers on secondary containment (concrete pad or portable plastic containment) Hazardous Waste Determination Forms current if at a in the plastic containment)	
	Hazardous Waste Determination Forms current, if storing hazardous waste Containers marked properly (material types and the base of the ba	
	Elds securely off containers unless they are being and	800 11000
	Containers not rusted through cracked as house.	
	Marinest Log is current (il transporting hazardous waste)	
	anned access sign readable	
///	HWSA Log current	
1/1	HWSA is secure (fenced and/or locked)	
17		
Remar	S:	
		1



Facility Name	on						
				APDES P	ermit Tracki	ng Number	
DOT&PF Girdwood Ma	DOT&PF Girdwood Maintenance Station and Girdwood Airport				AKS-052558		
Facility Physical Address							
Street		City				State	Zip Code
388 Toadstool Drive			Girdwood			Alaska	99587
Contact Person	Title		Phone Email				
Renée Goentzel	Environme	ntal Analyst III	(907) 269	9-0714		renee.goentze	el@alaska.gov
Lead Inspector's Name	Additional Inspecto	or's Name	Additional Insp	ector's Nar	ne	Inspection D	ate
tau Bertholl	NIA					4/2	6/2023
Section II. General Inspection	n Findings						
sources, including areas who If NO, describe why not:							
Note: Complete Section III of this for parts 2 and 3 below, where pollutars 2. Did this inspection identify a identified in your SWPPP? If YES, for each location, d	nts may be exposed any storm water	<i>I to storm water.</i> or non-storm wa	ter outfalls no	ot previou	usly	Yes	No No

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3. Did this inspection identify any sources of storm water or non-storm water discipreviously identified in your SWPPP?	harges not Yes X No
If YES, describe these sources of storm water or non-storm water pollutants expect	ed to be present in these discharges, and any
control measures in place:	ed to be present in these discharges, and any
	, '
4. Did you review storm water monitoring data as part of this	
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?	No NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection	
in 123, summarize the initiality of that review and describe any additional hispection	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:	A Ala salle tant
in dramage system. out Sa	A No pollutants
of colination	11 A LOOKS SOOK
and tree at Debis.	IN LECT DECE
TC.t.	
T. A.	
6. Have you taken or do you plan to take corrective actions. as specified in Part 8 of	the permit.
Have you taken or do you plan to take corrective actions, as specified in Part 8 of since your last annual report submission (or since you received authorization to a since you received authorization authorization authorization authorization authorization	
since your last annual report submission (or since you received authorization to	discharge Vos No
since your last annual report submission (or since you received authorization to under this permit if this is your first and all report), including any corrective action	discharge Vos No
since your last annual report submission (or since you received authorization to under this permit if this is your first and all report), including any corrective action as a result of this annual comprehensive site inspection?	discharge Yes No
since your last annual report submission (or since you received authorization to under this permit if this is your first and all report), including any corrective action	discharge Yes No
since your last annual report submission (or since you received authorization to under this permit if this is your first and all report), including any corrective action as a result of this annual comprehensive site inspection? If YES, how many conditions requiring review for corrective action as specified in Par	ons identified Yes No No Tts 8.1 and 8.2 of the MSGP

Section III. Industrial Activity Area Specific Findings		
Complete one block for each industrial activity area where pollutants may be exposed to storm water. In reviewing each area, you should consider:	Copy this page for additiona	l industrial activity areas.
Industrial materials, residue, or trash that may have or could come into contact with storm wa	ter:	
 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; as	nd	
Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed area Industrial Activity Access	75.	
Industrial Activity Area: Southeast Corner		
1. Brief Description:		
The Southeast corner is the only water enters the out full area and water before entering the discharge	outfall fro	on the si
water enters the aut CII	10	
The out fall cenear cene	d flows 7	through
white defore entering the dische	area chilu	ert
o the same	0	
Are any control measures in need of maintenance or repair?	□ Vos	No No
, and a state of manifecturies of repair :	Yes	No
3. Have any control measures failed and require replacement?	Yes	✓ No
		INO INO
4. Are any additional/revised control measures necessary in this area?	Yes	No No
If YES, to any of these three questions, provide a description of the problem: (Any ne the attached Corrective Action Form.)	ecessary corrective action	s should be described
and antibodies received received of the second		
Industrial Activity Area: South End		
1 0: (0		•
Thee South end has no outsalls in this	aneou lu	ere 15 a
The South end has no outfalls in this bern as the BMP along the fence	1 . Du	
Denn as the BINLY along the tence	line. BYMP	is molking
well		
2. Are any control measures in need of maintenance or repair?		[7]
- Tepail:	Yes	No
Have any control measures failed and require replacement?		(C)
The state of the control of the cont	Yes	No
4. Are any additional/revised control measures necessary in this area?		1 7 7
	Yes	No
If YES, to any of these three questions, provide a description of the problem: (Any nec	cessary corrective actions	should be described of
the attached Corrective Action Form.)		

Industrial Activity Area: South west Side		
1. Brief Description: Entrance to the Sacility cultiment is a berm and ditch along the central ditch along the central ditch are working well	nd main t	raffic aura
There is a bern and sitch along the	his area	The hour
cend detan are working well	113	ric cen
2. Are any control measures in need of maintenance or repair?	Yes	No No
3. Have any control measures failed and require replacement?	Yes	No No
4. Are any additional/revised control measures necessary in this area?	Yes	No No
If YES, to any of these three questions, provide a description of the problem: (Any new the attached Corrective Action Form.)	cessary corrective action	ns should be described on
Industrial Activity Area: Horthend		
1. Brief Description: Supply Storeage area and & area. The Morthand has natural a consist of a hillside. The BMP's	quipmen	t parking
area. The Northern has national	BMP's with	ich
consist of a hillsides. The Brup's	ane wa	rking well.
2. Are any control measures in need of maintenance or repair?	Yes	No No
3. Have any control measures failed and require replacement?	Yes	No No
4. Are any additional/revised control measures necessary in this area?	Yes	No No
If YES, to any of these three questions, provide a description of the problem: (Any nec the attached Corrective Action Form.)	essary corrective action	s should be described on

	Corrective Action # of for this reporting period.
	Is this corrective action:
	An update on a corrective action from a previous annual report; or
	A new corrective action?
	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
١.	Other (describe): Briefly describe the nature of the problem identified:
١.	
	Briefly describe the nature of the problem identified:
	Briefly describe the nature of the problem identified: Date problem identified:
	Briefly describe the nature of the problem identified: Date problem identified: How problem was identified:
	Briefly describe the nature of the problem identified: Date problem identified: How problem was identified: Comprehensive site inspection
j.	Briefly describe the nature of the problem identified: Date problem identified: How problem was identified: Comprehensive site inspection Quarterly visual assessment
_	Briefly describe the nature of the problem identified: Date problem identified: How problem was identified: Comprehensive site inspection Quarterly visual assessment Routine facility inspection

Date corrective action completed:	Or expected to be completed:
1. If corrective action not yet completed, provide the inspections and describe any remaining steps (including corrective action:	e status of the corrective action as the time of the comprehensive site luding timeframes associated with each step) necessary to complete the
Section V. Annual Report Certification Compliance Certification	
Do you certify that your annual inspection has met the that, based upon the results of this inspection, to the compliance with the permit?	e requirements of Part 6.3 of the permit, and best of your knowledge, you are in Yes No
If NO, summarize why you are not in compliance v	with the permit:
Annual Report Certification	
I certify under penalty of law that this document and accordance with a system designed to assure that questions are information submitted is, to the best of my knowled	d all attachments were prepared under my direction or supervision in ualified personnel properly gather and evaluate the information submitted nanage the system, or those person directly responsible for gathering the lige and belief, true, accurate, and complete. I am aware that there are in, including the possibility of fine and imprisonment for knowing violations. Coremon Posel Deathol Carlot Social Soc

Girdwood SPCC Annual Inspection

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

Date: 4/18/2023	Time: 7:00 HM	Inspector: Bortholl			
√= Satis	sfactory N/A = Not	Applicable R = Repair required			
acility Drainage		Training			
No trash or debris u	inder or near tank(s)	New employees trained on spill prevention response			
	sed/dead vegetation	All SPCC-related trainings are properly			
under or near tank(recorded			
	under or around tank(s)	10001404			
	on under or near tanks				
No sheen where wa					
ecurity		Fuel Transfer Area			
Fence, gates, and le	ocks operational, if any	Emergency shut off valve operational (test)			
Bollards/tank barrie	re not damaged	Concrete or secondary containment is und			
		tank dispenser(s)			
	ocked or starter controls	No leaks or cracks in dispenser hose(s) or			
turned off when tan	k is not in use	handle(s)			
Lighting is working	properly	No new staining or oil sheen on ground (if			
		sheen, wipe up with an absorbent pad)			
	ep out trespassers is				
legible					
ndoor Storage Areas					
	ing on floor (clean-up if pr	esent); place pads under all dispensers			
All containers are la	beled properly (contents)	ssenty, place pads under all dispensers			
Drum storage has s	econdary containment wit	h no liquid or debris			
Floors are clean and	d free of debris	in the liquid of debits			
		losed unless actively being used)			
No open containers		isosa amose activoly boning acca,			
		sheen (use absorbent pads to remove)			
		and the same of th			
comments:					

Above Ground Storage Tank #2 (100 gal.)
Tank surfaces checked for signs of leakage
or drips
Tank is not damaged, significantly rusted, or
deteriorated
Bolts, rivets, pipes, seams, and hoses are
not damaged, cracked, or significantly rusted
No leaks at valves, flanges, seals or other
tank fittings
Vent(s) not obstructed
Tank contents clearly labeled on tank
Tank fluid quantity clearly labeled (e.g.
'10,000 gallons')
Hazard placards are intact and readable
Tank marked with a distinctive, legible
number (e.g. #1)
. Tank surfaces checked for signs of leakage
or drips
·
#4 55 Gallon Drums (main shop)
Drum surfaces checked for signs of leakage
or drips (no significant rusting, corrosion,
discoloration, etc.)
General drum condition (F) fair, (G) good or
(E) excellent
Lids on drums are securely closed (must be
closed unless actively being used)
Drum storage has secondary containment
with no liquid or debris
Drums stored inside or under cover
Used fluids being disposed of regularly (not
an excess of drums in the facility)
All containers are marked properly (with contents and date filled)
Contents and date filled)

#5 55 Gallon Drums (Quonset Hut)	Hazardous Waste Storage Area (HWSA) - fill out only if storing hazardous waste		
Drum surfaces checked for signs of leakage or drips (no significant rusting, corrosion, discoloration, etc.)	Containers on secondary containment (concrete pad or portable plastic containment)		
General drum condition (F) fair, (G) good or (E) excellent	/ Hazardous Waste Determination Forms current, if storing hazardous waste		
Lids on drums are securely closed (must be closed unless actively being used)	Containers marked properly (material type and date)		
Drum storage has secondary containment with no liquid or debris	Lids securely on containers unless they are being actively used		
Drums stored inside or under cover	36 inches between containers		
Used fluids being disposed of regularly (not an excess of drums in the facility)	Containers not rusted through, cracked, or have holes		
All containers are marked properly (with contents and date filled)	Manifest Log is current (if transporting hazardous waste)		
	Limited access sign readable		
	HWSA Log current		
	HWSA is secure (fenced and/or locked)		

	m			

TITI



			10176
Permit	Tracking	#:	AKS-052558

3.	Did this is a second of the se
3.	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 Ves NA, no monitoring
	If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
5.	and the condition of and
	around outfalls, including flow dissipation measure to prevent scouring:
	Due to excessive snow, some silt overwhelmed
	the coattles and rock and some Litter got in
	and around the sediment cage at outfall A.
6.	Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit,
	since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified Yes No
	as a result of this annual comprehensive site inspection? If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP
Note	were addressed by these corrective actions? Example 2 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 In reviewing each area, you should consider:	water. Copy this page for additional industrial activity are	eas.
 Industrial materials, residue, or trash that may have or could come into contact with si 		
 Leaks or spills from industrial equipment, drums, tanks, and other containers; 	torm water;	
 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 expo 	osed areas.	
Industrial Activity Area: Snow Site		
1. Brief Description:		
Drain overwhelmed Due to and Rain	amount of snowmelt	
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? If YES, to any of these three questions, provide a description of the problem:	Yes No	
Industrial Activity Area:	5	
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: the attached Corrective Action Form.)	(Any necessary corrective actions should be describe	ed on

For Agency Use Permit Tracking #: AKS-052558

Inc	dustrial 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.)
Ind	dustrial Activity Area:
1.	Brief Description:
	Shell bescription.
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?
	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.)

	omplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy					
1	is page for additional corrective actions or reviews.					
u	nclude 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 province annual report.					
1.	active completed at the time of your previous annual report.					
1.	for this reporting period.					
2.	is the corrective action.					
	An update on a corrective action from a previous annual report; or					
L	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					
	Average benchmark value exceedance This years excessive snow overwhelmed the Other (describe): Briefly describe the nature of the problem identified:					
4.	Briefly describe the nature of the problem identified:					
	wattles overwhelmed, tock has too much silt, and					
	Litter is in sediment cage					
5.	Date problem identified:					
6.	How problem was identified:					
	Comprehensive site inspection					
	Quarterly visual assessment					
	Routine facility inspection					
	Notification by EPA or DEC					
	Other (describe): may site virit 5/11/23					
7.	Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analysis to be conducted, etc.) or if no modification is needed, basis for that determination.					
	Replace wolles, Pickup litter, clean sediment Gazer, and clean/Replace rock around cape					
	case, and clean/Replace rock around case					
8.	Did/will this corrective action require modification of your SWPPP?					

	For Agency Us Permit Tracking #: AKS-052558
9. Date corrective action initiated: 4 Her 5/11 everta	thing else 8/21/23
10. Date corrective action completed: 8/22/23 Or expected to	be completed:
11. If corrective action not yet completed, provide the status of the corrective action inspections and describe any remaining steps (including timeframes associated corrective action: that to wait for enough be able to get in to	with each step) necessary to complete the
Section V. Annual Report Certification Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 6.3 of the that, based upon the results of this inspection, to the best of your knowledge, you are compliance with the permit?	e permit, and ee in Yes No
If NO, summarize why you are not in compliance with the permit:	
Appual Danaut Contification	
Annual Report Certification	
I certify under penalty of law that this document and all attachments were prepared accordance with a system designed to assure that qualified personnel properly gath Based on my inquiry of the person or persons who manage the system, or those per information submitted is, to the best of my knowledge and belief, true, accurate, ar significant penalties for submitting false information, including the possibility of fine	rer and evaluate the information submitted. rson directly responsible for gathering the and complete. I am aware that there are
Name of Authorized Representative Supp Tropector Title	Steven Church alaska, gov Email
A	7/6/23
Signature	Date Signed





APDES Permit Tracking Number	Section I. General Information	n							
State Stat					ADDECD	overit Tue elde	- Mosselvas		
Street Street	DOT&PE Hiland Pood Show Storage and Discuss Co.								
State Stat	Facility Physical Address		- Inpode one				ANS-05255	8	
Eagle River Alaska 99577	Street		City				State	7in Cor	ło.
Title	8500 Hiland Road			Eagle River				Zip cot	
Renée Goentzel Environmental Analyst III (907) 269-0714 renee.goentzel@alaska.gov Additional Inspector's Name Additional Inspector's Name Inspection Date To B Date Section II. General Inspection Findings 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? If NO, describe why not: Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control.	Contact Person	Title				Email	rtiasita		99911
Additional Inspector's Name Additional Inspector's Name Inspection Date		Environme	ental Analyst III	(907) 269	-0714		enee.goentze	l@alaska	a.gov
Section II. General Inspection Findings 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? If NO, describe why not: Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control.		Additional Inspect	or's Name	Additional Inspe	ector's Nar	ne			
Section II. General Inspection Findings 1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? If NO, describe why not: Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control.	Steve Cherch						7/6/	1 -	
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? If NO, describe why not: Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water. 2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control	Section II. General Inspection	Findings					14		
 Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control. 	sources, including areas wher	e site inspection	n, did you inspect tivity may be expo	all potential p sed to storm	pollutant water?		Yes		No
	Did this inspection identify an identified in your SWPPP? If YES, for each location, des	y storm water	or non-storm water.	er outfalls no	t previou	ısly [Yes	×	No

For Agency Use Permit Tracking #: 4K5 - 0 5 25 5 8

3.	— — — — — — — — — — — — — — — — — — —		
	provided in your Styrre;		
	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:		
	constant including the place.		
1			
1			
1			
1			
4.	NA no monitoring		
1	inspection to identify potential pollutant hotspots?		
1	If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:		
1			
1			
1			
1			
-			
5.	and the condition of an arming the didning system of discharging to surface waters, and the condition of and		
	around outfalls, including flow dissipation measure to prevent scouring:		
1			
1			
1	No pallutants going off-cite and No outfall		
1			
1			
1			
1			
1			
1			
1			
6.	Have you taken or do you plan to take correction at the second of the se		
0.	, as specified in rait of the period,		
	since your last annual report submission (or since you received authorization to discharge		
	under this permit if this is your first annual report), including any corrective actions identified		
	as a result of this annual comprehensive site inspection?		
	If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP		
No	were addressed by these corrective actions?		
this	te: Complete the attached Corrective Action Form (Section 🕪) for each condition identified, including any conditions identified as a result of scomprehensive storm water inspection.		
61113	some character storm water mapeenon.		

Section III. Industrial Activity Area Specific Findings				
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Conve	this nage for additional i	ndustrial activity		
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas. In reviewing each area, you should consider:				
 Industrial materials, residue, or trash that may have or could come into contact with storm water; 				
 Leaks or spills from industrial equipment, drums, tanks, and other containers; 				
 Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and 				
 Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas 				
Industrial Activity Area: Snow Site				
1. Brief Description: Site & Dramage area				
and homage area				
2. Are any control measures in need of maintenance or repair?	Yes	⋉ No		
3. Have any control measures failed and require replacement?	Yes	⋉ No		
4. Are any additional/revised control measures necessary in this area?	Yes	≥ No		
If YES, to any of these three questions, provide a description of the problem: (Any necess the attached Corrective Action Form.) What Industrial Activity Area: 1. Brief Description:	sary corrective actions	should be described o		
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 necess the attached Corrective Action Form.)	ary corrective actions :	should be described o		

For Agency Use Permit Tracking #: AKS- 05 2558

Inc	ndustrial Activity Area:			
1.	1. Brief Description:			
2.	2. Are any control measures in need of maintenance or repair?	Yes		lo
3.	3. Have any control measures failed and require replacement?	Yes		lo
4.	, and a second of the cost of	Yes		lo
	If YES, to any of these three questions, provide a description of the problem: (Any necessary corrective attached Corrective Action Form.)	tive actions s	hould be	described on
	ndustrial Activity Area:			
1.	Brief Description:			
2.	. Are any control measures in need of maintenance or repair?	Yes	N	0
3.	. Have any control measures failed and require replacement?	Yes	N	0
4.	. Are any additional/revised control measures necessary in this area?	Yes	N	
	If YES, to any of these three questions, provide a description of the problem: (Any necessary correct the attached Corrective Action Form.)	ive actions sl	nould be	described on
				27
l				

For Agency Use Permit Tracking #: AKS-05258

t	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			
b	been completed at the time of your previous annual report.			
_	Corrective Action # O of of for this reporting period.			
2	. Is this corrective action:			
	An update on a corrective action from a previous annual report; or			
	A new corrective action?			
3	. Identify the condition(s) triggering the need for this review:			
	Unauthorized release of discharge			
	Numeric effluent limitation exceedance			
	Control measures inadequate to meet applicable water quality standards			
	Control measures inadequate to meet non-numeric effluent limitations			
	Control measures not properly operated or maintained			
	Change in facility operations necessitated change in control measures			
	Average benchmark value exceedance			
	Other (describe):			
4.	Briefly describe the nature of the problem identified:			
F				
5.				
6.	How problem was identified:			
	Comprehensive site inspection			
	Quarterly visual assessment			
	Routine facility inspection			
	Notification by EPA or DEC			
	Other (describe):			
7.	Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analysis to be conducted, etc.) or if no modification is needed, basis for that determination.			
8.	Did/will this corrective action require modification of your SWPPP?			

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9. Date corrective action initiated:		
10. Date corrective action completed:	Or expected t	o be completed:
11. If corrective action not yet completed pr	avida the status of the	
11. If corrective action not yet completed, pr	ovide the status of the corrective action	on as the time of the comprehensive site
corrective action:	teps (including timeframes associated	with each step) necessary to complete the
corrective action.		
Section V. Annual Report Certification		
Compliance Certification		
Do you certify that your annual inspection has	met the requirements of Part 6.3 of f	the permit and
that, based upon the results of this inspection	, to the best of your knowledge, your	are in Vos No.
compliance with the permit?		are in Yes No
If NO, summarize why you are not in com	pliance with the permit:	
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Annual Report Certification		
I certify under nonalty of law that this de		
I certify under penalty of law that this docum	ent and all attachments were prepare	ed under my direction or supervision in
accordance with a system designed to assure	that qualified personnel properly gat	ther and evaluate the information submitted.
based on my inquity of the person or persons	S Who manage the system, or those no	erson directly responsible for gathering the
information submitted is, to the pest of my k	nowledge and belief, true, accurate, a	and complete I am aware that there are
significant penalties for submitting false infor	mation, including the possibility of fir	ne and imprisonment for knowing violations.
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Steven (Murch	Scrop Inspector	Steven Charles and
Name of Authorized Representative	Title	Email
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XIC.		7/1/23
Signature		Data Signal
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