

Section I. General Information				
Facility Name: C Street Snow Disposal Site				
APDES Permit Tracking Number: Not Applicable				
Facility Physical Address				
Street: 10,000 Block of East 100th Avenue				
City: Anchorage State: Alaska Zip: 99515				
Lead Inspector's Name: Dale Woster Title: SWPPP Inspector				
Additional Inspectors Names: Jon Petrunic				
Contact Person: Eric Hodgson Title: Superintendent				
Phone: (907) 343-8100 Email: HodgsonED@ci.anchorage.ak.us				
Inspection Date: 10/02/2018				
Section II. General Inspection Findings				
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?				
If NO, describe why not:				
<b>Note:</b> 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?				
SWFFF:				
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:				

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?					
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:					
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No. No. No. No. 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?					
Four (4) conditions were identified in 2018 as needing corrective actions.					
<b>Note:</b> Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.					

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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.					
<ul> <li>Industrial materials, residue, or trash that may have or could come into conf</li> </ul>	Leaks or spills from industrial equipment, drums, tanks, and other containers;				
Tracking or blowing of raw, final, or waste material from areas of no exposure to					
Industrial Activity Area: RAP Access Road					
1. Brief Description:					
Industrial equipment utilize this access road during fa	cili	ty op	er	ations.	
Are any control measures in need of maintenance or repair?		Yes	<b>V</b>	No	
Have any control measures failed and require replacement?		Yes	1	No	
4. Are any additional/revised control measures necessary in this area?	=	Yes	<u>*</u>	No	
If YES to any of these three questions, provide a description of the proble attached Corrective Action Form.)		5 0000	ece		
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	1	No	
3. Have any control measures failed and require replacement?		Yes	<b>√</b>	No	
4. Are any additional/revised control measures necessary in this area?	7	Yes	<b>√</b>	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.					
Are any control measures in need of maintenance or repair?	7	Yes	<b>V</b>	No	
Have any control measures failed and require replacement?	_	Yes	<b>V</b>	No	
4. Are any additional/revised control measures necessary in this area?	=	Yes	7	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.)					

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		N	lote:	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	t fl	lows	to t	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 prob	len	n: (Any	nece	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Staging area for Summer Wood Let	-			
Industrial Activity Area: Staging area for Summer Wood Lot				
Brief Description:     Industrial equipment travels across and works in the across are supplied.	a r	oa di	ırin	og summer facility operations
midustrial equipment travels across and works in the	ai	ea ut	ווווו	ig sufficient facility operations.
Are any control measures in need of maintenance or repair?		Yes	П	No
Have any control measures failed and require replacement?		Yes	П	No
4. Are any additional/revised control measures necessary in this area?		Yes	П	No
If YES to any of these three questions, provide a description of the prob	len	n: (Any	nece	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Astricts Associated				
Industrial Activity Area: Temporary staging area				
1. Brief Description:				
The adjacent 100th avenue project has used used a				
a staging area for construction materials and industrial equipment.				
Are any control measures in need of maintenance or repair?		Yes	<b>V</b>	No
Have any control measures failed and require replacement?		Yes	岗	No
4. Are any additional/revised control measures necessary in this area?	=	Yes	岗	No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the				
attached Corrective Action Form.)				

Section IV. Corrective Actions					
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.					
1. Corrective Action # 1 of 4 for this reporting period.					
2. Is this corrective action:					
<ul><li>□ An update on a corrective action from a previous annual report; or</li><li>☑ A new corrective action?</li></ul>					
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:					
At the time of inspection the pill kit appeared to have been used. The lock had been broken off and					
was missing.					
was missing.					
5. Date problem identified: 06/25/2018					
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:  The stock of the spill kit needed to be replenished and the shed secured.					
8. Did/will this corrective action require modification of you SWPPP? Yes V No					
9. Date corrective action initiated: 07/09/2018					
10. Date corrective action completed: 07/09/2018 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:  NA					

Section IV. Corrective Actions					
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.					
1. Corrective Action # 2 of 4 for this reporting period.					
2. Is this corrective action:					
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>					
3. Identify the condition(s) triggering the need for this review:					
<ul> <li>Unauthorized release of discharge</li> <li>Numeric effluent limitation exceedance</li> <li>Control measures inadequate to meet applicable water quality standards</li> <li>Control measures inadequate to meet non-numeric effluent limitations</li> <li>✓ Control measures not properly operated or maintained</li> </ul>					
<ul> <li>✓ Control measures not properly operated or maintained</li> <li>☐ Change in facility operations necessitated change in control measures</li> <li>☐ Average benchmark value exceedance</li> <li>☐ Other (describe):</li> </ul>					
4. Briefly describe the nature of the problem identified:  Trash and litter had accumulated around discharge point #1					
5. Date problem identified: 08/13/2018					
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:  The trash and litter was picked up and placed in the facility refuse containers.					
8. Did/will this corrective action require modification of you SWPPP? Yes V No					
9. Date corrective action initiated: 08/31/2018					
10. Date corrective action completed: 08/31/2018 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:  NA					

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 4 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:					
Empty diesel fuel containers had been discarded in the waste bin insite the spill kit.					
Empty dieser last semantic had been diesarded in the maste and appropriate					
5. Date problem identified: 08/13/2018					
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:					
The empty diesel fuel containers were disposed of properly.					
8. Did/will this corrective action require modification of you SWPPP? Yes V No					
9. Date corrective action initiated: 08/31/2018					
10. Date corrective action completed: 08/31/2018 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:  NA					

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 # 4 of 4 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>□ Unauthorized release of discharge</li> <li>□ Numeric effluent limitation exceedance</li> <li>□ Control measures inadequate to meet applicable water quality standards</li> <li>□ Control measures inadequate to meet non-numeric effluent limitations</li> <li>□ Control measures not properly operated or maintained</li> <li>□ Change in facility operations necessitated change in control measures</li> <li>□ Average benchmark value exceedance</li> </ul>
Other (describe): Trash/litter has been illegally dumped near the temporary staging area.
4. Briefly describe the nature of the problem identified:  Trash/litter near temporary staging area (office building) needs to be removed.
5. Date problem identified: 10/02/2018
6. How problem was identified:
<ul> <li>✓ Comprehensive site inspection</li> <li>Quarterly visual assessment</li> <li>Routine facility inspection</li> <li>Benchmark monitoring</li> <li>Notification by EPA or ADEC</li> <li>Other (describe):</li> </ul>
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:  Removal of trash/litter.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 11/15/2018
10. Date corrective action completed: Or expected to be completed: 11/15/2018
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:  NA

Section V. Annual Report Certification				
Compliance Certification				
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No				
If No, summarize why you are not in compliance with the permit:				
Annual Report Certification				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to				
assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and				
complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
Name of Authorized Representative: Eric Hodgson Title: Superintendent				
Signature: Date Signed: // //4/20/ (£mail: HodgsonED@ci.anchorage.ak.us				
Signature: Date Signed: // // // // Email: Trougson Education age. ak. us				

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Section I. General Information					
Facility Name: Commercial Drive	Snow Disposal Site				
APDES Permit Tracking Number: $N/A$					
Facility Physical Address					
Street: 2941 Commercial Driv	ve				
City: Anchorage St	tate: Alaska Zip: 99501				
Lead Inspector's Name: Dale Woster	Title: SWPPP Inspector				
Additional Inspectors Names: Jonathan Pe	etrunic				
Contact Person: Eric Hodgson	Title: Superintendent				
Phone: (907) 343-8100	Email: hodgsoned@ci.anchorage.	ak.us			
Inspection Date: 10-24-2018					
Section II. General Inspection Findings					
<ol> <li>As part of this comprehensive site inspection, where industrial activity may be exposed to st</li> </ol>	, did you inspect all potential pollutant sources, including areas storm water?	Yes No			
If NO, describe why not:					
	gg what				
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 o SWPPP?	or non-storm water outfalls not previously identified in your	Yes No			
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:					
		8			

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?  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?		
Three (3) conditions were identified in 2018 that required corrective actions.		
<b>Note:</b> Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.		

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Permit Tracking #	N/A

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:				
<ul> <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> </ul>				
Tracking or blowing of raw, final, or waste material from areas of no exposu	ure to	expos	ed a	reas.
Industrial Activity Area: RAP access roads				
1. Brief Description:				
Industrial equipment directly utilize these access road	ds (	durir	na f	facility operations.
, , , , , , , , , , , , , , , , , , ,				and the state of t
	$\overline{}$			1
Are any control measures in need of maintenance or repair?	닏	Yes	V	No
Have any control measures failed and require replacement?	닏	Yes	<b>✓</b>	No
4. Are any additional/revised control measures necessary in this area?	Ш	Yes	✓	No
If YES to any of these three questions, provide a description of the probl attached Corrective Action Form.)	lem:	(Any r	iece	ssary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Snow disposal pad				
1. Brief Description:				
Industrial equipment travels across the pads during fa	acili	ity o	ner	rations
The second of the second secon		, 0	00.	
	_		_	
2. Are any control measures in need of maintenance or repair?	Ц	Yes	<b>✓</b>	No
3. Have any control measures failed and require replacement?	Ш	Yes	1	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	lem:	(Any n	ece:	ssary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Associate				
Industrial Activity Area: Vegetated buffers				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment flow through these buffers.				
				1
Are any control measures in need of maintenance or repair?	닏	Yes	V	No
3. Have any control measures failed and require replacement?	<u> </u>	Yes	✓	No
4. Are any additional/revised control measures necessary in this area?		Yes	<b>√</b>	No
If YES to any of these three questions, provide a description of the problem	em:	(Any n	eces	ssary corrective actions should be described on the
attached Corrective Action Form.)				

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Permit Tracking #\_\_\_\_N/A\_\_\_

		-	Note	e: Copy this page and attach additional pages as necessary.
Industrial Activity Area: Detention pond				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipmen	nt f	low t	o th	nis detention pond
				ne determent period
2. Are any control measures in need of maintenance or repair?	Г	Yes	<b>V</b>	No
3. Have any control measures failed and require replacement?	T	Yes	V	No
4. Are any additional/revised control measures necessary in this area?	Г	Yes	<b>V</b>	No
If YES to any of these three questions, provide a description of the prol	bler	n: (Any	nec	essary 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 equipmen	nt fl	ows	to t	this retention basin.
2. Are any control measures in need of maintenance or repair?	L	Yes	V	No
3. Have any control measures failed and require replacement?	H	Yes	<b>✓</b>	No
4. Are any additional/revised control measures necessary in this area?	Ц	Yes	✓	No
If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)	olen	n: (Any	nece	essary corrective actions should be described on the
,				
Industrial Activity Area: Vegetated conveyance channels				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipmen	t fl	ows	thro	ough these channels.
i i i i i i i i i i i i i i i i i i i				
2. Are any control measures in need of maintenance or repair?		Yes	$\checkmark$	No
3. Have any control measures failed and require replacement?		Yes	$\checkmark$	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.)				
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	For Agency Use
Permit Tracking #	N/A

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 3 for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or A new corrective action?
3. Identify the condition(s) triggering the need for this review:
<ul> <li>□ Unauthorized release of discharge</li> <li>□ Numeric effluent limitation exceedance</li> <li>□ Control measures inadequate to meet applicable water quality standards</li> <li>□ Control measures inadequate to meet non-numeric effluent limitations</li> <li>☑ Control measures not properly operated or maintained</li> <li>□ Change in facility operations necessitated change in control measures</li> <li>□ Average benchmark value exceedance</li> <li>□ Other (describe):</li> </ul>
4. Briefly describe the nature of the problem identified:
The area underneath the loader staged within the privacy fencing appears to have fluid spills on it. these spills need to be cleaned up.
5. Date problem identified: 06/20/2018
6. How problem was identified:
<ul> <li>Comprehensive site inspection</li> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>Benchmark monitoring</li> <li>Notification by EPA or ADEC</li> <li>Other (describe):</li> </ul>
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:  The spills were cleaned up by street maintenance.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 10/31/2018
10. Date corrective action completed: 06/28/2018 Or expected to be completed: 10/31/2018
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

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Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 2 of 3 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
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:
A significant amount of sediment has built up on the mud mats at the site entrance.
5. Date problem identified: 08/29/2018
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:  To be effective the mud mats need to be cleaned.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 10/31/2018
10. Date corrective action completed: Or expected to be completed: 10/31/2018
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

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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 3 for this reporting period.	
2. Is this corrective action:	
An update on a corrective action from a previous annual report; or	
A new corrective action?	
3. Identify the condition(s) triggering the need for this review:	
Unauthorized release of discharge	
Numeric effluent limitation exceedance	
<ul> <li>Control measures inadequate to meet applicable water quality standards</li> <li>Control measures inadequate to meet non-numeric effluent limitations</li> </ul>	
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:	
A significant amount of sediment has built up on the mud mats at the site entrance.	
5. Date problem identified: 10/24/2018	
6. How problem was identified:	
Comprehensive site inspection	
Quarterly visual assessment	
Routine facility inspection	
Benchmark monitoring	
☐ Notification by EPA or ADEC ☐ Other (describe):	
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:  To be effective the mud mats need to be cleaned.	
8. Did/will this corrective action require modification of you SWPPP?	
9. Date corrective action initiated: 10/31/2018	
10. Date corrective action completed: Or expected to be completed: 10/31/2018	
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:  Mud Mats need to be cleaned by 11-16-2018.	

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
7 militar 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: Superindendent
Signature: Date Signed: 11/15/20/8 Email: hodgsoned@ci.anchorage.ak.us



Section I. General Information
Facility Name: Dowling Road Snow Disposal Site
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 6351 Spruce Street
City: Anchorage State: Alaska Zip: 99507
Lead Inspector's Name: Dale Woster Title: SWPPP Inspector
Additional Inspectors Names: Jonathan Petrunic
Contact Person: Eric Hodgson Title: Superintendent
Phone: (907)-343-8100 Email: hodgsoned@ci.anchorage.ak.us
Inspection Date: 10-19-2018
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?
If NO, describe why not:
<b>Note:</b> Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

For Agency Use
Permit Tracking #\_\_\_\_N/A

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 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?
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?
N/A
<b>Note:</b> 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.

For Agency Use Permit Tracking #\_\_\_\_N/A

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 con		with s	orm	n water;		
<ul> <li>Leaks or spills from industrial equipment, drums, tanks, and other containe</li> <li>Offsite tracking of industrial or waste materials from areas of no exposure to</li> </ul>	rs;	nosed	area	as: and		
Tracking or blowing of raw, final, or waste material from areas of no exposure.						
Industrial Activity Area: RAP access road						
1. Brief Description:		••				
Industrial equipment utilize this access road during fa	acii	ity o	pe	erations.		
2. Are any control measures in need of maintenance or repair?	П	Yes	V	/ No		
Have any control measures failed and require replacement?	Ħ	Yes	V			
	H	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 prob	lom:		nac			
attached Corrective Action Form.)	ieiii.	. (Ally	Hece	cessary corrective actions should be described on the		
attached corrective reason only						
Industrial Activity Area: Snow disposal pad						
1. Brief Description:						
Industrial equipment travel across this pad during fac	ility	у ор	era	ations.		
2. Are any control measures in need of maintenance or repair?	-	Yes	IV.	/ No		
4. Are any additional/revised control measures necessary in this area?	L	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 Arose V I I						
Industrial Activity Area: Vegetated buffers						
1. Brief Description:						
Stormwater or runoff exposed to industrial equipment flows through these buffers.						
		1.,	_	7		
2. Are any control measures in need of maintenance or repair?	<u> </u>	Yes	<del>-</del>	√ No		
3. Have any control measures failed and require replacement?	_	Yes	V	√ No		
4. Are any additional/revised control measures necessary in this area?	L	Yes	V	√ No		
If YES to any of these three questions, provide a description of the prob	lem	: (Any	nec	cessary corrective actions should be described on the		
attached Corrective Action Form.)						

For Agency Use Permit Tracking #\_\_\_\_N/A

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?	L	Yes	L	No		
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	oblen	n: (Any	nec	essary 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	L	No		
4. Are any additional/revised control measures necessary in this area?	L	Yes	L	No		
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	obler	n: (Any	nec	essary corrective actions should be described on the		
attached Corrective Action Forms.)						

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:
<ul> <li>☐ Unauthorized release of discharge</li> <li>☐ Numeric effluent limitation exceedance</li> <li>☐ Control measures inadequate to meet applicable water quality standards</li> <li>☐ Control measures inadequate to meet non-numeric effluent limitations</li> </ul>
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:

For Agency Use Permit Tracking #\_\_\_\_N/A

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson  Title: Superintendent
Signature: Date Signed: ///14/20/8 Email: hodgsoned@ci.anchorage.ak.us



Section I. General Information		
Facility Name: Kloep Station Snow	Disposal Site	
APDES Permit Tracking Number: $N/A$		
Facility Physical Address		
Street: 5600 Block of Northwood	od Drive	
City: Anchorage States	: Alaska Zip: 99502	
Lead Inspector's Name: Dale Woster	Title: SWPPP Inspector	
Additional Inspectors Names: Jonathan Petr	runic	
Contact Person: Eric Hodgson	Title: Superintendent	
Phone: (907) 343-8100	Email: hodgsoned@ci.anchorage	.ak.us
Inspection Date: 10/24/2018		
Section II. General Inspection Findings		
<ol> <li>As part of this comprehensive site inspection, did where industrial activity may be exposed to storn</li> </ol>	d you inspect all potential pollutant sources, including areas m water?	✓ Yes No
If NO, describe why not:		
<b>Note:</b> Complete Section III of this form for each industrial activity where pollutants may be exposed to storm water.	y area inspected and included in your SWPPP or as newly defined, in Section II p	parts 2 and 3 below,
2. Did this inspection identify any storm water or no SWPPP?	on-storm water outfalls not previously identified in your	Yes No
JWFFF!		
If YES, for each location, describe the sources of those sto control measures in place:	orm water and non-storm water discharges and any associated	
		1

	For Agency Use
Permit Tracking #	N/A

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No. WA, 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?
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.

	For Agency Use
Permit Tracking #	N/A

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:					
<ul> <li>Industrial materials, residue, or trash that may have or could come into con</li> <li>Leaks or spills from industrial equipment, drums, tanks, and other containe</li> </ul>		wit	h stor	m v	water;
Offsite tracking of industrial or waste materials from areas of no exposure to		pos	ed are	eas;	; and
<ul> <li>Tracking or blowing of raw, final, or waste material from areas of no exposul</li> <li>Industrial Activity Area: RAP access roads</li> </ul>	ire t	о ех	cposed	d ar	eas.
1. Brief Description:		_			
Industrial equipment utilizes these access roads during	ng	fa	cilit	y (	operations.
2. Are any control measures in need of maintenance or repair?		Ye	es	<b>√</b>	No
3. Have any control measures failed and require replacement?		Ye	es	<b>✓</b>	No
4. Are any additional/revised control measures necessary in this area?		Ye	es	<b>√</b>	No
If YES to any of these three questions, provide a description of the probl	em	: (Aı	ny ne	ces	ssary corrective actions should be described on the
attached Corrective Action Form.)					
Industrial Activity Area: Snow disposal pad					
1. Brief Description:					
Industrial equipment travels across these pads during	ı fa	acil	lity (	on	perations
made that equipment travels deliced those pade during	, 10	101	iity (	υp	octations.
				71	
Are any control measures in need of maintenance or repair?  Yes V No					
3. Have any control measures failed and require replacement?					No
4. Are any additional/revised control measures necessary in this area?		Ye		✓	No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)					
attached Corrective Action Form.)					
Industrial Activity Area: Vegetated buffers					
1. Brief Description:					
Stormwater or runoff exposed to industrial equipment	flo	ws	s th	ro	ugh these buffers.
- 1					
2. Are any control measures in need of maintenance or repair?		Ye	s ,	<b>✓</b>	No
3. Have any control measures failed and require replacement?		Ye	s [	<b>✓</b>	No
4. Are any additional/revised control measures necessary in this area?		Ye	s ,	7	No
If YES to any of these three questions, provide a description of the proble	em:	(Ar	ny ne	ces	sary corrective actions should be described on the
attached Corrective Action Form.)					

		N	lote	e: Copy this page and attach additional pages as necessary.
Industrial Activity Area:				
1. Brief Description:				
	_		_	1
2. Are any control measures in need of maintenance or repair?	Ļ	Yes	Ļ	No
3. Have any control measures failed and require replacement?	Ļ	Yes	┝	No
4. Are any additional/revised control measures necessary in this area?	Ļ	Yes	L	No
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	obiei	m: (Any	nec	essary corrective actions should be described on the
,				
Industrial Activity Area:				
1. Brief Description:				
	_		_	
2. Are any control measures in need of maintenance or repair?	L	Yes	L	No
3. Have any control measures failed and require replacement?	L	Yes	L	No
4. Are any additional/revised control measures necessary in this area?	느	Yes	L	No
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	bler	n: (Any	nec	essary corrective actions should be described on the
,				
Industrial Activity Area:				
1. Brief Description:				
2. Are any control measures in need of maintenance or repair?	-	Yes	Ц	No
Have any control measures failed and require replacement?	누	Yes	닏	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 pro	bla:	Yes	<u>Ц</u>	No
attached Corrective Action Form.)	bien	n: (Any i	nece	essary corrective actions should be described on the

	For Agency Use
Permit Tracking #	N/A

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:
<ul> <li>An update on a corrective action from a previous annual report; or</li> <li>A new corrective action?</li> </ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>□ Unauthorized release of discharge</li> <li>□ Numeric effluent limitation exceedance</li> <li>□ Control measures inadequate to meet applicable water quality standards</li> <li>□ Control measures inadequate to meet non-numeric effluent limitations</li> <li>□ Control measures not properly operated or maintained</li> <li>□ Change in facility operations necessitated change in control measures</li> <li>□ Average benchmark value exceedance</li> <li>□ Other (describe):</li> </ul>
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?
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:

	For Agency Use
Permit Tracking #	N/A

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson  Title: Superintendent
Signature: Date Signed: ///15/20/8 Email: hodgsoned@ci.anchorage.ak.us



Section I. General Information				
Facility Name: Kloep Station Maintenance & Storage Facility				
APDES Permit Tracking Number: N/A				
Facility Physical Address				
Street: 5601 Northwood Driv	ve			
City: Anchorage	State:	Alaska	Zip: 99502	
Lead Inspector's Name: Dale Woster			Title: SWPPP Inspector	
Additional Inspectors Names: Jonathan F	⊃etru	nic		
Contact Person: Eric Hodgson			Title: Superintendent	
Phone: (907)343-8100			Email: hodgsoned@ci.anchorage.	.ak.us
Inspection Date: 10-24-2018				
Section II. General Inspection Findings				
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas				Yes No
If NO, describe why not:				7.
<b>Note:</b> Complete Section III of this form for each industrial where pollutants may be exposed to storm water.	activity a	rea inspecte	d and included in your SWPPP or as newly defined, in Section II ,	parts 2 and 3 below,
2. Did this inspection identify any storm water SWPPP?	r or non	-storm wa	eter outfalls not previously identified in your	Yes No
If YES, for each location, describe the sources of th control measures in place:	ose storr	n water an	d non-storm water discharges and any associated	
				,

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:
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?
Nine (9) conditions were identified since the last annual inspection as needing corrective actions. All corrective actions
were completed.
<b>Note:</b> 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.

For Agency Use
Permit Tracking #\_\_\_\_N/A\_\_\_

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 cor	ntact	with st	orm	water:
<ul> <li>Leaks or spills from industrial equipment, drums, tanks, and other containe</li> </ul>	ers;			
<ul> <li>Offsite tracking of industrial or waste materials from areas of no exposure</li> <li>Tracking or blowing of raw, final, or waste material from areas of no exposi</li> </ul>				
Industrial Activity Area: Pavement / access road	ure t	o expos	eu a	reas.
1. Brief Description:				
Industrial equipment utilize the access road and pave	ea	area	S.	
2. Are any control measures in need of maintenance or repair?		Yes	$\checkmark$	No
3. Have any control measures failed and require replacement?		Yes	✓	No
4. Are any additional/revised control measures necessary in this area?		Yes	<b>√</b>	No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the			essary 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	t flo	ows t	hro	ough the vegetated buffers.
2. Are any control measures in need of maintenance or repair?		Yes	<b>V</b>	No
3. Have any control measures failed and require replacement?	П	Yes	<b>√</b>	No
4. Are any additional/revised control measures necessary in this area?	一	Yes	7	No
If YES to any of these three questions, provide a description of the probl	lem:	(Any n	ece	ssary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Vac truck disposal area				
and the second s				
1. Brief Description:				
Sedimentation basin for vac truck disposal				
2. Are any control measures in need of maintenance or repair?	П	Yes	<b>V</b>	No
3. Have any control measures failed and require replacement?	Ħ	Yes	<b>V</b>	No
4. Are any additional/revised control measures necessary in this area?	Ħ	Yes	7	No
If YES to any of these three questions, provide a description of the probl	em:	30 13-050	ece	500.00
attached Corrective Action Form.)				

		N	ote	: Copy this page and attach additional pages as necessary.
Industrial Activity Area:				
1. Brief Description:				
Are any control measures in need of maintenance or repair?		Yes	_	T <sub>No</sub>
3. Have any control measures failed and require replacement?	F	Yes	H	No
4. Are any additional/revised control measures necessary in this area?	-	Yes	H	]No
If YES to any of these three questions, provide a description of the prob	<u>L</u>		nec	
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?	Н	Yes	=	No Luc
Have any control measures failed and require replacement?      Are any additional/revised control measures necessary in this area?	H	Yes	_	No No
If YES to any of these three questions, provide a description of the prob	len	Yes n: (Any n	nece	44.000
attached Corrective Action Form.)	,,,,,,	()		and a second of the second of the second of the

	For Agency Use
Permit Tracking #	N/A

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 9 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
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: Install oil booms within the vacuum truck disposal area.
5. Date problem identified: 04/09/2018
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:  Install oil booms.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 04/20/2018
10. Date corrective action completed: 04/20/2018 Or expected to be completed: NA
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:  Corrective action complete.

	For Agency Use
Permit Tracking #	N/A

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 2 of 9 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>□ Unauthorized release of discharge</li> <li>□ Numeric effluent limitation exceedance</li> <li>□ Control measures inadequate to meet applicable water quality standards</li> <li>□ Control measures inadequate to meet non-numeric effluent limitations</li> <li>□ Control measures not properly operated or maintained</li> <li>□ Change in facility operations necessitated change in control measures</li> <li>□ Average benchmark value exceedance</li> </ul>
Other (describe):
4. Briefly describe the nature of the problem identified: Install Gator Guards at discharge point #2
5. Date problem identified: 04/09/2018
6. How problem was identified:
<ul> <li>Comprehensive site inspection</li> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>Benchmark monitoring</li> <li>Notification by EPA or ADEC</li> <li>Other (describe):</li> </ul>
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:  Install Gator Guards at discharge point #2.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 04/20/2018
10. Date corrective action completed: 04/20/2018 Or expected to be completed: NA
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:  Corrective action complete.

	For Agency Use
Permit Tracking #	N/A

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 9 for this reporting period.
2. Is this corrective action:
<ul> <li>☐ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>☐ Unauthorized release of discharge</li> <li>☐ Numeric effluent limitation exceedance</li> <li>☐ Control measures inadequate to meet applicable water quality standards</li> </ul>
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:
Install oil booms at the west end of the vacuum truck disposal area.
5. Date problem identified: 04/09/2018
6. How problem was identified:
Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
☐ Notification by EPA or ADEC ☐ Other (describe):
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:  Install oil booms.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 04/20/2018
10. Date corrective action completed: 04/20/2018 Or expected to be completed: NA
10. Date corrective action completed: 04/20/20 for expected to be completed. 14A

	For Agency Use
Permit Tracking #	N/A

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 # 4 of 9 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
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
<ul><li>☐ Average benchmark value exceedance</li><li>☐ Other (describe):</li></ul>
4. Briefly describe the nature of the problem identified:  Install inlet protection in the storm drain inlet north of the vehicle maintenance building.
5. Date problem identified: 04/09/2018
6. How problem was identified:
<ul> <li>Comprehensive site inspection</li> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>Benchmark monitoring</li> <li>Notification by EPA or ADEC</li> <li>Other (describe):</li> </ul>
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:  Install inlet protection.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 04/20/2018
10. Date corrective action completed: 04/20/2018 Or expected to be completed: NA
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:  Corrective action complete.

	For Agency Use
Permit Tracking #	N/A

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 # 5 of 9 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
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:  Install inlet protection in the MS4 inlet located on the west end of the vacuum truck disposal area.
5. Date problem identified: 04/09/2018
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:  Install inlet protection.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 04/20/2018
10. Date corrective action completed: Or expected to be completed: 04/20/2018
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:  Corrective action complete.

	For Agency Use
Permit Tracking #	N/A

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 # 6 of 9 for this reporting period.
2. Is this corrective action:
<ul><li>☐ An update on a corrective action from a previous annual report; or</li><li>☑ A new corrective action?</li></ul>
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:
Install inlet protection in the MS4 inlet located at the west end of the vacuum truck disposal area.
5. Date problem identified: 06/20/2018
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:  Install inlet protection.
8. Did/will this corrective action require modification of you SWPPP?  Yes  No
9. Date corrective action initiated: 07/06/2018
10. Date corrective action completed: 07/06/2018 Or expected to be completed: NA
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:  Corrective action complete.

	For Agency Use
Permit Tracking #_	N/A

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 # 7 of 9 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>Unauthorized release of discharge</li> <li>Numeric effluent limitation exceedance</li> <li>Control measures inadequate to meet applicable water quality standards</li> <li>Control measures inadequate to meet non-numeric effluent limitations</li> <li>✓ Control measures not properly operated or maintained</li> <li>Change in facility operations necessitated change in control measures</li> </ul>
Average benchmark value exceedance  Other (describe):
4. Briefly describe the nature of the problem identified:  The inlet protection in the storm drain inlet north of the vehicle maintenance building is full of sediment and needs to be cleaned.
5. Date problem identified: 08/29/2018
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:  Clean or replace inlet protection.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 09/04/2018
10. Date corrective action completed: 09/04/2018 Or expected to be completed: NA
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:  Corrective action complete.

	For Agency	Use
Permit Tracking #	N/A	

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 # 8 of 9 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:
A significant amount of trash and litter has accumulated along the northern perimeter fence.
5. Date problem identified: 08/29/2018
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:  Trash and litter needs to be picked up and placed in solid waste containers.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 09/04/2018
10. Date corrective action completed: 09/04/2018 Or expected to be completed: NA
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:  Corrective action complete.

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 # 9 of 9 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
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): New discharge point needs outfall protection
4. Briefly describe the nature of the problem identified:
A new discharge point (#5) has been identified. Install rip-rap, wattles, and oil booms at this discharge
point.
5. Date problem identified: 08/29/2018
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:  Install rip-rap, oil booms, and wattles at the new discharge point (#5).
control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:
control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Install rip-rap, oil booms, and wattles at the new discharge point (#5).
control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:  Install rip-rap, oil booms, and wattles at the new discharge point (#5).  8. Did/will this corrective action require modification of you SWPPP?  Yes V No

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system,
or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson  Title: Superintendent
Signature: Date Signed: 11/15/2017 Email: hodgsoned@ci.anchorage.ak.us



Section I. General Information
Facility Name: Muldoon Maintenance/Storage Facility
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 7909 Boundary Avenue
City: Anchorage State: Alaska Zip: 99504
Lead Inspector's Name: Dale Woster Title: SWPPP Inspector
Additional Inspectors Names: Jonathan Petrunic
Contact Person: Eric Hodgson Title: Superintendent
Phone: (907) 343-8100 Email: hodgsoned@ci.anchorage.ak.us
Inspection Date: 10/15/2018
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?
If NO, describe why not:
<b>Note:</b> Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
any control measures in place.
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No. Wes No.
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?
Two (2) conditions were identified in 2018 as needing corrective actions. All corrective actions have
been completed.
<b>Note:</b> 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 core	ntact with	storm	) water:	
Leaks or spills from industrial equipment, drums, tanks, and other containe		3001111	water,	
Offsite tracking of industrial or waste materials from areas of no exposure in the second secon				
Tracking or blowing of raw, final, or waste material from areas of no exposi	ure to exp	osed a	areas.	
Industrial Activity Area: Access road				
1. Brief Description:				
Industrial equipment utilize this access road during fa	acility	оре	rations.	
	-			
Are any control measures in need of maintenance or repair?	Yes	<b>V</b>	7 No	
Have any control measures failed and require replacement?	Yes	<u> \</u>	No	
	=	-   <b>V</b>		
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	<u>√</u>	No	
attached Corrective Action Form.)	iem: (Any	nece	essary corrective actions should be described on the	
,				
Industrial Activity Area: RAP storage pads				
1. Brief Description:				
Industrial equipment is stored in these areas.				
,				
2. Are any control measures in need of maintenance or repair?	Yes	<b>V</b>	No	
3. Have any control measures failed and require replacement?	Yes	<b>V</b>		
4. Are any additional/revised control measures necessary in this area?	Yes	1	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.				
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.)				

		N	lote	e: 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 pro attached Corrective Action Form.)	oblei	m: (Any	nec	essary corrective actions should be described on the		
attached corrective Action Forms.						
··						
Industrial Activity Area:						
1. Brief Description:						
	- Printerson		- parameter			
2. Are any control measures in need of maintenance or repair?	上	Yes		No		
3. Have any control measures failed and require replacement?	누	Yes		No		
4. Are any additional/revised control measures necessary in this area?	Ļ	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.)						
assaulte softeenve renort offici						
Industrial Activity Area:						
1. Brief Description:						
2 Ann ann an t-1		1		F.:.		
2. Are any control measures in need of maintenance or repair?	누	Yes	Н	No		
3. Have any control measures failed and require replacement?	누	Yes	H	No		
4. Are any additional/revised control measures necessary in this area?  Yes No						
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)						

Section IV. Corrective Actions					
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.					
1. Corrective Action # 1 of 2 for this reporting period.					
2. Is this corrective action:					
An update on a corrective action from a previous annual report; or					
A new corrective action?					
3. Identify the condition(s) triggering the need for this review:					
Unauthorized release of discharge					
Numeric effluent limitation exceedance					
Control measures inadequate to meet applicable water quality standards					
<ul> <li>☐ Control measures inadequate to meet non-numeric effluent limitations</li> <li>☑ Control measures not properly operated or maintained</li> </ul>					
Change in facility operations necessitated change in control measures					
Average benchmark value exceedance					
Other (describe):					
4. Briefly describe the nature of the problem identified:					
Install inlet protection in catch basin located at discharge point #2.					
5. Date problem identified: 04/05/2018					
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:  Install inlet protection.					
8. Did/will this corrective action require modification of you SWPPP? Yes V No					
9. Date corrective action initiated: 04/09/2018					
10. Date corrective action completed: 04/09/2018 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:  Corrective action complete.					

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 2 of 2 for this reporting period.
2. Is this corrective action:
<ul><li>□ An update on a corrective action from a previous annual report; or</li><li>☑ A new corrective action?</li></ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>Unauthorized release of discharge</li> <li>Numeric effluent limitation exceedance</li> <li>Control measures inadequate to meet applicable water quality standards</li> <li>Control measures inadequate to meet non-numeric effluent limitations</li> <li>✓ Control measures not properly operated or maintained</li> <li>Change in facility operations necessitated change in control measures</li> <li>Average benchmark value exceedance</li> </ul>
Other (describe):
4. Briefly describe the nature of the problem identified:  Numerous small fluid spills were observed underneath the trucks that are parked in the equipment staging area. These fluid spills need to be cleaned up.
5. Date problem identified: 06/21/2018
6. How problem was identified:
<ul> <li>Comprehensive site inspection</li> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>Benchmark monitoring</li> <li>Notification by EPA or ADEC</li> <li>Other (describe):</li> </ul>
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:  The fluid spills needed to be cleaned up.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 07/05/2018
10. Date corrective action completed: 07/05/2018 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:  Corrective action complete.

Section V. Annual Report Certification						
Compliance Certification						
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No						
If No, summarize why you are not in compliance with the permit:						
Annual Report Certification						
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: ///9/20/8 Email: hodgsoned@ci.anchorage.ak.us						
Signature: Date Signed: ////9/20/8 Email: hodgsoned@ci.anchorage.ak.us						



Section I. General Information					
Facility Name: Native Heritage (	Cente	er Sno	ow Disposal Site		
APDES Permit Tracking Number: $N/A$					
Facility Physical Address					
Street: 8902 Heritage Center	er Dr	ive			
City: Anchorage	State:	Alaska	Zip: 99504		
ead Inspector's Name: Dale Woster Title: SWPP Inspector					
Additional Inspectors Names: Jonathan Petrunic					
Contact Person: Eric Hodgson	ontact Person: Eric Hodgson Title: Superintendent				
Phone: (907) 343-8100			Email: hodgsoned@ci.anchorage	.ak.us	
Inspection Date: 10-16-2018					
Section II. General Inspection Findings					
<ol> <li>As part of this comprehensive site inspecti where industrial activity may be exposed to</li> </ol>			t all potential pollutant sources, including areas	Yes No	
If NO, describe why not:					
<b>Note:</b> Complete Section III of this form for each industria where pollutants may be exposed to storm water.	l activity ar	rea inspecte	d and included in your SWPPP or as newly defined, in Section II	parts 2 and 3 below,	
2. Did this inspection identify any storm water SWPPP?	r or non-	-storm wa	ter outfalls not previously identified in your	Yes No	
If YES, for each location, describe the sources of the control measures in place:	iose storn	n water and	d non-storm water discharges and any associated		

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:
any condition includes in place.
4. Did you review storm water monitoring data as part of this inspection to
identify potential pollutant hotspots?  Yes No. No. No. 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?
There were three (3) conditions identified in 2018 as needing corrective actions.
<b>Note:</b> 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 activity areas.	e ex	posed	to st	torm water. Copy this page for additional industrial			
In reviewing each area, you should consider:							
Industrial materials, residue, or trash that may have or could come into con		with st	orm	water;			
<ul> <li>Leaks or spills from industrial equipment, drums, tanks, and other containe</li> <li>Offsite tracking of industrial or waste materials from areas of no exposure t</li> </ul>		coosed :	areas	s; and			
Tracking or blowing of raw, final, or waste material from areas of no exposu		•		•			
Industrial Activity Area: RAP access road							
1. Brief Description:							
Industrial equipment utilizes this access road.							
2. Are any control measures in need of maintenance or repair?							
3. Have any control measures failed and require replacement?	Γ	Yes	<b>V</b>	No			
4. Are any additional/revised control measures necessary in this area?	Π	Yes	7	No			
If YES to any of these three questions, provide a description of the probl	lem	: (Any ı	nece	essary corrective actions should be described on the			
attached Corrective Action Form.)							
Industrial Activity Area: Snow disposal pad							
1. Brief Description:							
Industrial equipment travels across this pad.							
maddinar equipment travers across this pad.							
			_				
Are any control measures in need of maintenance or repair?  Yes V No							
. Have any control measures failed and require replacement? Yes V No							
4. Are any additional/revised control measures necessary in this area?							
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the							
attached Corrective Action Form.)							
Industrial Activity Area: Retention basin							
1. Brief Description:							
The primary purpose of the retention basin is to collect snow melt and storm water.							
2. Are any control measures in need of maintenance or repair?							
3. Have any control measures failed and require replacement?							
4. Are any additional/revised control measures necessary in this area?	П	Yes	V	No			
If YES to any of these three questions, provide a description of the proble	em:		nece				
attached Corrective Action Form.)							

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	t fl	lows	thr	ough these buffers.					
2. Are any control measures in need of maintenance or repair?		Yes	<b>√</b>	No					
3. Have any control measures failed and require replacement?	y control measures failed and require replacement? Yes 🗸 No								
4. Are any additional/revised control measures necessary in this area? Yes V No									
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)									
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	Щ	No					
3. Have any control measures failed and require replacement?	4	Yes	Ц	No					
4. Are any additional/revised control measures necessary in this area?	┙	Yes	Ш	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.)									
attached Corrective Action Form.)									

	For Agency Use
Permit Tracking #	N/A

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 3 for this reporting period.
2. Is this corrective action:
<ul><li>☐ An update on a corrective action from a previous annual report; or</li><li>☑ A new corrective action?</li></ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>Unauthorized release of discharge</li> <li>Numeric effluent limitation exceedance</li> <li>Control measures inadequate to meet applicable water quality standards</li> <li>Control measures inadequate to meet non-numeric effluent limitations</li> <li>Control measures not properly operated or maintained</li> <li>Change in facility operations necessitated change in control measures</li> <li>Average benchmark value exceedance</li> <li>Other (describe):</li> </ul>
4. Briefly describe the nature of the problem identified:  Evidence of a fuel spill was observed 10 feet in front of the staged dozer. The affected area was 6 inches wide and 2.5 feet long
5. Date problem identified: 04/03/2018
6. How problem was identified:
<ul> <li>Comprehensive site inspection</li> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>Benchmark monitoring</li> <li>Notification by EPA or ADEC</li> <li>Other (describe):</li> </ul>
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:  An investigation revealed that this dozer is not owned or operated by the Municipality of Anchorage.  The dozer has been removed from site and the spill has been cleaned up.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: $04/07/2018$
10. Date corrective action completed: 04/07/2018 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:  Corrective Action has been completed.

	For Agency Use
Permit Tracking #	N/A

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 2 of 3 for this reporting period.
2. Is this corrective action:
<ul><li>☐ An update on a corrective action from a previous annual report; or</li><li>☑ A new corrective action?</li></ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>Unauthorized release of discharge</li> <li>Numeric effluent limitation exceedance</li> <li>Control measures inadequate to meet applicable water quality standards</li> <li>Control measures inadequate to meet non-numeric effluent limitations</li> <li>✓ Control measures not properly operated or maintained</li> <li>Change in facility operations necessitated change in control measures</li> <li>Average benchmark value exceedance</li> <li>Other (describe):</li> </ul>
4. Briefly describe the nature of the problem identified:  The gates to the Native Heritage Center and the MOA facility were unlocked at the time of inspection.
5. Date problem identified: 06/06/2018
6. How problem was identified:
<ul> <li>Comprehensive site inspection</li> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>Benchmark monitoring</li> <li>Notification by EPA or ADEC</li> <li>Other (describe):</li> </ul>
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:  The gates needed to be secured to prevent unauthorized access.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 06/12/2018
10. Date corrective action completed: 06/12/2018 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:  Corrective Action has been completed.

	For Agency Use
Permit Tracking #_	N/A

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 3 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>□ Unauthorized release of discharge</li> <li>□ Numeric effluent limitation exceedance</li> <li>□ Control measures inadequate to meet applicable water quality standards</li> <li>□ Control measures inadequate to meet non-numeric effluent limitations</li> <li>□ Control measures not properly operated or maintained</li> <li>□ Change in facility operations necessitated change in control measures</li> <li>□ Average benchmark value exceedance</li> </ul>
☑ Other (describe): Control measure vandalized
4. Briefly describe the nature of the problem identified:  The spill response kit and waste bin had been vandalized and were in need of repair.
5. Date problem identified: 06/06/2018
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:  The spill kit and waste bin needed to be replaced or restored to working condition.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 06/20/2018
10. Date corrective action completed: 06/20/2018 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:  Corrective Action has been completed.

	For Agency Use
Permit Tracking #	N/A

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and
complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson  Title: Superintendent
Signature: Date Signed: 11/15/20/Email: hodgsoned@ci.anchorage.ak.us



Section I. General Information
Facility Name: North Mountain View Snow Disposal Site
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 4800 Block of Mountain View Drive
City: Anchorage State: Alaska Zip: 99501
Lead Inspector's Name: Dale Woster Title: SWPPP Inspector
Additional Inspectors Names: Jonathan Petrunic
Contact Person: Eric Hodgson Title: Superintendent
Phone: (907) 343-8100 Email: hodgsoned@ci.anchorage.ak.us
Inspection Date: 10-16-2018
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?
If NO, describe why not:
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

Permit Tracking	g #	

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to  Yes No NA, no monitoring performed
identify potential pollutant hotspots?  If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
in 123, summanze the infulligs 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:
No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.
as the first the
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?
There was one (1) condition identified in 2018 as needing a corrective action.
Netes Consulate the attack of Consulting Astics Face (Co. 1) U.O.C.
<b>Note:</b> 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  Brief Description:  Industrial equipment utilize this access road.				
2. Are any control measures in need of maintenance or repair?		Yes	✓	No
3. Have any control measures failed and require replacement?		Yes	<b>√</b>	No
4. Are any additional/revised control measures necessary in this area?		Yes	<b>V</b>	No
If YES to any of these three questions, provide a description of the probl attached Corrective Action Form.)				
Industrial Activity Area: Snow disposal pad				
1. Brief Description: Industrial equipment travel across this pad.				
Are any control measures in need of maintenance or repair?		Voc	7	l Na
3. Have any control measures failed and require replacement?	=	Yes	<b>√</b>	No
	H	Yes	V	No
4. Are any additional/revised control measures necessary in this area?				
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?	$\neg$	Yes	<b>V</b>	No
Have any control measures failed and require replacement?	╡	Yes	./	No
4. Are any additional/revised control measures necessary in this area?	믁	Yes	+	No
If YES to any of these three questions, provide a description of the proble attached Corrective Action Form.)	em:		iece:	

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 pro attached Corrective Action Form.)	bler	n: (Any i	nec	essary corrective actions should be described on the
Industrial Activity Area:				
1. Brief Description:				
2. Are any control measures in need of maintenance or repair?		Yes		No
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 proattached Corrective Action Form.)	blem	ı: (Any r	nece	essary corrective actions should be described on the

	For Agency Use
Permit Tracking #	N/A

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 1 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>Unauthorized release of discharge</li> <li>Numeric effluent limitation exceedance</li> <li>Control measures inadequate to meet applicable water quality standards</li> <li>Control measures inadequate to meet non-numeric effluent limitations</li> <li>✓ Control measures not properly operated or maintained</li> <li>Change in facility operations necessitated change in control measures</li> <li>Average benchmark value exceedance</li> <li>Other (describe):</li> </ul>
4. Briefly describe the nature of the problem identified:  The melting snow piles had left behind a significant amount of trash and litter that needed to be cleaned up.
5. Date problem identified: 06-20-2018
6. How problem was identified:
<ul> <li>Comprehensive site inspection</li> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>Benchmark monitoring</li> <li>Notification by EPA or ADEC</li> <li>Other (describe):</li> </ul>
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:  The trash and litter was cleaned up.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 06-28-2018
10. Date corrective action completed: 06-28-2018 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:  Corrective action complete.

Compliance Certification  Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  If No, summarize why you are not in compliance with the permit:  Annual Report Certification
the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  If No, summarize why you are not in compliance with the permit:  Annual Report Certification
Annual Report Certification
certify under penalty of law that this document and all attachments were proposed under my disertion
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: 11/15/2018 Email: hodgsoned@ci.anchorage.ak.us



Section I. General Information
Facility Name: Orca Street Lighting Storage Facility
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 245 Orca Street
City: Anchorage State: Alaska Zip: 99501
Lead Inspector's Name: Dale Woster Title: SWPPP Inspector
Additional Inspectors Names: Jonathan Petrunic
Contact Person: Eric Hodgson Title: Superintendent
Phone: (907) 343-8100 Email: hodgsoned@ci.anchorage.ak.us
Inspection Date: 10-15-2018
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?
If NO, describe why not:
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below,
where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to
identify potential pollutant hotspots?  Yes No, 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?
Two (2) conditions were identified in 2018 as needing corrective actions. All corrective actions were
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.

	For Agency Use
Permit Tracking #	N/A

Section III. Industrial Activity Area Specific Findings			÷ į	
Complete one block for each industrial activity area where pollutants may be activity areas.	exp	osed t	o st	form water. Copy this page for additional industrial
In reviewing each area, you should consider:				
Industrial materials, residue, or trash that may have or could come into cont		with st	orm	water;
<ul> <li>Leaks or spills from industrial equipment, drums, tanks, and other container</li> <li>Offsite tracking of industrial or waste materials from areas of no exposure to</li> </ul>		nosed a	reas	s: and
Tracking or blowing of raw, final, or waste material from areas of no exposure.				***************************************
Industrial Activity Area: RAP access roads and pad				
1. Brief Description:				
Industrial equipment travels along and is stored in the	e F	RAP a	acc	cess roads and pad.
Are any control measures in need of maintenance or repair?		Yes	<b>√</b>	No
3. Have any control measures failed and require replacement?		Yes	<b>V</b>	No
4. Are any additional/revised control measures necessary in this area?		Yes	<b>V</b>	No
If YES to any of these three questions, provide a description of the proble	em:	(Any r	iece	ssary corrective actions should be described on the
attached Corrective Action Form.)				*
Industrial Activity Area: Vegetated buffers				
1. Brief Description:		1 41-		- I #
Stormwater exposed to industrial equipment flows thro	ou	gn tr	ies	se buners.
2. Are any control measures in need of maintenance or repair?		Yes	<b>√</b>	No
3. Have any control measures failed and require replacement?	Ц	Yes	<u>√</u>	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 proble	em:	(Any n	ece	ssary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area:				
1. Brief Description:				
Are any control measures in need of maintenance or repair?		Yes	Г	l No
Have any control measures failed and require replacement?	Ħ	Yes	F	No
4. Are any additional/revised control measures necessary in this area?	爿	Yes	H	No
If YES to any of these three questions, provide a description of the proble	-m·	19,359	ece	[8] 050%
attached Corrective Action Form.)	-1117	(CIT) (I		334. y Corrective actions should be described on the
•				

		N	ote	: 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?	Ļ	Yes	Ļ	No
3. Have any control measures failed and require replacement?	누	Yes	L	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 pro-	Ļ	Yes		No
attached Corrective Action Form.)				
Industrial Activity Area:				1-11-11-11-11-11-11-11-11-11-11-11-11-1
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 probattached Corrective Action Form.)	blen	n: (Any r	nece	essary corrective actions should be described on the
Industrial Activity Area:				
1. Brief Description:				
	_			
2. Are any control measures in need of maintenance or repair?	Ц	Yes	Ц	No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?	Ш	Yes		No
If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)	olem	n: (Any n	nece	essary corrective actions should be described on the

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Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 2 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>Unauthorized release of discharge</li> <li>Numeric effluent limitation exceedance</li> <li>Control measures inadequate to meet applicable water quality standards</li> <li>Control measures inadequate to meet non-numeric effluent limitations</li> <li>Control measures not properly operated or maintained</li> <li>Change in facility operations necessitated change in control measures</li> <li>Average benchmark value exceedance</li> <li>Other (describe):</li> </ul>
4. Briefly describe the nature of the problem identified:  Install inlet protection on the MS4 inlet located on Orca St.
5. Date problem identified: 04/06/2018
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:  Install inlet protection.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 04/15/2018
10. Date corrective action completed: 04/15/2018 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:  Corrective action complete.

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Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 2 of 2 for this reporting period.
2. Is this corrective action:
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>□ Unauthorized release of discharge</li> <li>□ Numeric effluent limitation exceedance</li> <li>□ Control measures inadequate to meet applicable water quality standards</li> <li>□ Control measures inadequate to meet non-numeric effluent limitations</li> </ul>
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:
·
The witch's hat in the MS4 inlet located on Orca St. was improperly installed and is allowing water to bypass the inlet protection.
5. Date problem identified: 08/29/2018
6. How problem was identified:
Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Routine facility inspection  Benchmark monitoring
Routine facility inspection  Benchmark monitoring  Notification by EPA or ADEC
Routine facility inspection  Benchmark monitoring
Routine facility inspection  Benchmark monitoring  Notification by EPA or ADEC
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:
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:  Reinstall inlet protection on this MS4 inlet.
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:  Reinstall inlet protection on this MS4 inlet.  8. Did/will this corrective action require modification of you SWPPP? Yes  No  9. Date corrective action initiated: 09/04/2018 Or expected to be completed:
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:  Reinstall inlet protection on this MS4 inlet.  8. Did/will this corrective action require modification of you SWPPP? Yes No  9. Date corrective action initiated: 09/04/2018

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Permit Tracking #	N/A

Section V. Annual Report Certification		
Compliance Certification		
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?		
If No, summarize why you are not in compliance with the permit:		
Annual Report Certification		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Name of Authorized Representative: Eric Hodgson  Title: Superintendent		
Signature: Date Signed: 11/15/2018 Email: hodgsoned@ci.anchorage.ak.us		



Section I. General Information			
Facility Name: Sitka Street Snow Disposal Site			
APDES Permit Tracking Number: $N/A$			
Facility Physical Address			
Street: 1505 Sitka Street			
City: Anchorage State	e: Alaska Zip: 99501		
Lead Inspector's Name: Dale Woster	Title: SWPPP Inspector		
Additional Inspectors Names: Jonathan Petrunic			
Contact Person: Eric Hodgson	Title: Superintendent		
Phone: (907) 343-8100	Email: hodgsoned@ci.anchorage.ak.us		
Inspection Date: 10/17/2018	,		
Section II. General Inspection Findings			
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  Yes No			
If NO, describe why not:			
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.			
2. Did this inspection identify any storm water or n	non-storm water outfalls not previously identified in your		
SWPPP?	ion-storm water outrails not previously identified in your	Yes Vo	
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:			

For Agency Use Permit Tracking #\_\_\_\_N/A

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No. NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:  No evidence of pollutants entering the drainage system 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?
There were two (2) conditions identified in 2018 as needing corrective actions.
<b>Note:</b> Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

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Permit Tracking #	N/A

Section III. Industrial Activity Area Specific Findings					
Complete one block for each industrial activity area where pollutants may be	e exi	posed t	to st	form water. Copy this page for additional industrial	
activity areas.					
In reviewing each area, you should consider:					
<ul> <li>Industrial materials, residue, or trash that may have or could come into cor</li> <li>Leaks or spills from industrial equipment, drums, tanks, and other containe</li> </ul>		with st	orm	water;	
Offsite tracking of industrial or waste materials from areas of no exposure to the container.	-	cposed a	areas	s; and	
<ul> <li>Tracking or blowing of raw, final, or waste material from areas of no exposu</li> </ul>	ure t	o expos	ed a	reas.	
Industrial Activity Area: RAP access road					
1. Brief Description:					
Industrial equipment utilize this access road during fa	acil	lity o	ner	rations	
The section equipment anning to		nty o	ρυ.		
2.4			<u> </u>	1	
Are any control measures in need of maintenance or repair?	님	Yes	V	No	
3. Have any control measures failed and require replacement?	닏	Yes	V	No	
4. Are any additional/revised control measures necessary in this area?	Ш	Yes	✓	No	
If YES to any of these three questions, provide a description of the probl attached Corrective Action Form.)	lem:	: (Any r	nece	ssary corrective actions should be described on the	
actuality confective region forms,					
		-			
Industrial Activity Area: Sitka Street Snow Disposal Site					
1. Brief Description:					
Industrial equipment travel across this pad during fac	ility	y ope	erat	tions.	
2. Are any control measures in need of maintenance or repair?		Yes	<b>V</b>	No	
. Have any control measures failed and require replacement? Yes V No					
4. Are any additional/revised control measures necessary in this area? Yes V No					
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the					
attached Corrective Action Form.)					
Industrial Activity Area: Vogototod buffore					
Industrial Activity Area: Vegetated buffers					
1. Brief Description:  Stormwater or runoff expanded to industrial equipment flows through these huffers					
Stormwater or runoff exposed to industrial equipment flows through these buffers.					
2. Are any control measures in need of maintenance or repair?	П	Yes	<b>V</b>	No	
3. Have any control measures failed and require replacement? Yes V No					
1. Are any additional/revised control measures necessary in this area? Yes V No					
If YES to any of these three questions, provide a description of the 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:								
The primary purpose of the sedimentation pond is to	CC	ollect	bo	th snow melt and storm water				
2. Are any control measures in need of maintenance or repair?		Yes	1	No				
3. Have any control measures failed and require replacement?								
4. Are any additional/revised control measures necessary in this area?		Yes	<b>√</b>	No				
If YES to any of these three questions, provide a description of the prol	blen	n: (Any	nece	essary corrective actions should be described on the				
attached Corrective Action Form.)								
Industrial Activity Area:								
1. Brief Description:								
1. Diei 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				
any additional/revised control measures necessary in this area? Yes No								
If YES to any of these three questions, provide a description of the prob	olen	n: (Any	nece	essary corrective actions should be described on the				
attached Corrective Action Form.)								
Industrial Activity Area:								
1. Brief Description:								
1. Diei Description.								
2. Are any control measures in need of maintenance or repair?		Yes		No				
3. Have any control measures failed and require replacement?		Yes		No				
4. Are any additional/revised control measures necessary in this area? Yes No								
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the								
attached Corrective Action Form.)								

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 2 for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release of discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance  Other (describe):
4. Briefly describe the nature of the problem identified:
The melting snow piles had left behind a significant amount of trash and litter.
5. Date problem identified: 06/19/2018
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:
The trash and litter needed to be cleaned up.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 06/27/2018
10. Date corrective action completed: 06/27/2018 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:  Corrective action complete.

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 2 of 2 for this reporting period.
2. Is this corrective action:
<ul> <li>☐ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>
3. Identify the condition(s) triggering the need for this review:
<ul> <li>Unauthorized release of discharge</li> <li>Numeric effluent limitation exceedance</li> <li>Control measures inadequate to meet applicable water quality standards</li> <li>Control measures inadequate to meet non-numeric effluent limitations</li> <li>Control measures not properly operated or maintained</li> <li>Change in facility operations necessitated change in control measures</li> <li>Average benchmark value exceedance</li> <li>Other (describe):</li> </ul>
4. Briefly describe the nature of the problem identified:  The lock for the spill kit was missing and the shed was not secured.
5. Date problem identified: 06/19/2018
6. How problem was identified:
<ul> <li>Comprehensive site inspection</li> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>Benchmark monitoring</li> <li>Notification by EPA or ADEC</li> <li>Other (describe):</li> </ul>
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:  The lock needed to be replaced so that the shed for the spill kit could be secured.
8. Did/will this corrective action require modification of you SWPPP? Yes V
9. Date corrective action initiated: 06/27/2018
10. Date corrective action completed: 06/27/2018 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:  Corrective action complete.

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Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?  Yes No
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson  Title: Superintendent
Signature: Date Signed: 11/15/2018 Email: hodgsoned@ci.anchorage.ak.us



## Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information					
Facility Name: Tudor Road Snow Disposal Site					
APDES Permit Tracking Number: Not App	licabl	е			
Facility Physical Address					
Street: 6135 East Tudor Road				•	
City: Anchorage	State:	Alaska	Zip: 99507		
Lead Inspector's Name: Dale Woster			Title: SWPPP Inspector		
Additional Inspectors Names: Jonathan	Petru	nic			
Contact Person: Eric Hodgson			Title: Superintendent		
Phone: (907) 343-8100			Email: HodgsonED@ci.anchorage	e.ak.us	
Inspection Date: 10/16/2018					
Section II. General Inspection Findings					
<ol> <li>As part of this comprehensive site inspection where industrial activity may be exposed to</li> </ol>	on, did y o storm v	ou inspec water?	t all potential pollutant sources, including areas	Yes No	
If NO, describe why not:					
<b>Note:</b> Complete Section III of this form for each industrial where pollutants may be exposed to storm water.	l activity ai	rea inspecte	d and included in your SWPPP or as newly defined, in Section II	parts 2 and 3 below,	
2. Did this inspection identify any storm wate SWPPP?	r or non	-storm wa	eter outfalls not previously identified in your	Yes No	
If YES, for each location, describe the sources of th	ose storn	n water an	d non-storm water discharges and any associated		
control measures in place:					

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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:
any control measures in piece.
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?  No. No. No. No. 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?
Two (2) conditions were identified in 2018 as needing corrective actions.
<b>Note:</b> Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

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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:			
<ul> <li>Industrial materials, residue, or trash that may have or could come into cor</li> <li>Leaks or spills from industrial equipment, drums, tanks, and other containe</li> </ul>		with s	torr	m water;
Offsite tracking of industrial or waste materials from areas of no exposure to the first tracking of industrial or waste materials.		posed	are	eas; and
Tracking or blowing of raw, final, or waste material from areas of no exposi	ure t	о ехро	sed	d areas.
Industrial Activity Area: RAP Access Road				
1. Brief Description:				
Industrial equipment utilize this access road during fa	aci	lity c	ре	erations.
2. Are any control measures in need of maintenance or repair?		Yes	Γ,	√ No
Have any control measures failed and require replacement?	H	Yes	ᆤ.	✓ No
Are any additional/revised control measures necessary in this area?	H	Yes	-	✓ No
If YES to any of these three questions, provide a description of the problem.	em		nec	
attached Corrective Action Form.)	CIII	· (Ally	nec	cessary corrective actions should be described on the
Industrial Activity Area: Snow Disposal Pad				
·				
1. Brief Description:				
Industrial equipment cross this pad during facility fall	pre	epar	atı	ion and winter operations.
				*:
2. Are any control measures in need of maintenance or repair?		Yes	٧	✓ No
3. Have any control measures failed and require replacement?		Yes	V	✓ No
4. Are any additional/revised control measures necessary in this area?		Yes	V	✓ No
If YES to any of these three questions, provide a description of the probl	em:	(Any	nec	cessary 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	tlC	WS 1	thr	rough these buffers.
Are any control measures in need of maintenance or repair?	П	Yes	Γ.	√ No
3. Have any control measures failed and require replacement?	H	Yes	- LV	✓ No
Are any additional/revised control measures necessary in this area?	님	10.00	ľ	
If YES to any of these three questions, provide a description of the problem.		Yes (Any	nec	No
attached Corrective Action Form.)	CIII.	(Ally	iiec	cessary corrective actions should be described on the
,				

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		1	Vote	: Copy this page and attach additional pages as necessary.
Industrial Activity Area: Sedimentation Pond				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipmen	nt f	lows	to	this sedimentation pond.
,				Į-
2. Are any control measures in need of maintenance or repair?		Yes	1	No
3. Have any control measures failed and require replacement?		Yes	<b>V</b>	No
4. Are any additional/revised control measures necessary in this area?		Yes	<b>V</b>	No
If YES to any of these three questions, provide a description of the pro	blen	n: (Any	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area:				
,				
1. Brief Description:				
			_	
Are any control measures in need of maintenance or repair?	Н	Yes	Ļ	No
Have any control measures failed and require replacement?	H	Yes	_	No
4. Are any additional/revised control measures necessary in this area?	Щ	Yes	L	No
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	bien	n: (Any	nece	essary corrective actions should be described on the
,				
Industrial Activity Area:				
1. Brief Description:				
2. Are any control measures in need of maintenance or repair?		Yes		No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?		Yes		No
If YES to any of these three questions, provide a description of the prol	blem	ı: (Any	nece	essary corrective actions should be described on the
attached Corrective Action Form.)				

Permit Tracking #		
Permit Tracking #		

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy			
this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.			
1. Corrective Action # 1 of 2 for this reporting period.			
2. Is this corrective action:			
An update on a corrective action from a previous annual report; or			
A new corrective action?			
3. Identify the condition(s) triggering the need for this review:			
Unauthorized release of discharge			
Numeric effluent limitation exceedance			
Control measures inadequate to meet applicable water quality standards			
Control measures inadequate to meet non-numeric effluent limitations			
Control measures not properly operated or maintained			
<ul> <li>☐ Change in facility operations necessitated change in control measures</li> <li>☐ Average benchmark value exceedance</li> </ul>			
<ul> <li>☑ Other (describe): Unable to inspect OGS</li> </ul>			
4. Briefly describe the nature of the problem identified:			
The OGS was surrounded by thick vegetation that prevented access for inspection.			
5. Date problem identified: 08/29/2018			
6. How problem was identified:			
Comprehensive site inspection			
Quarterly visual assessment			
☐ Quarterly visual assessment ☐ Routine facility inspection			
<ul> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>☐ Benchmark monitoring</li> </ul>			
<ul> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>✓ Benchmark monitoring</li> <li>✓ Notification by EPA or ADEC</li> </ul>			
Quarterly visual assessment   ✓ Routine facility inspection   Benchmark monitoring   Notification by EPA or ADEC   Other (describe):			
<ul> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>☐ Benchmark monitoring</li> <li>☐ Notification by EPA or ADEC</li> </ul>			
<ul> <li>Quarterly visual assessment</li> <li>✓ Routine facility inspection</li> <li>Benchmark monitoring</li> <li>Notification by EPA or ADEC</li> <li>Other (describe):</li> <li>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:</li> </ul>			
□ 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:  The vegetation needed to be cleared to facilitate inspections on the OGS.			
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: The vegetation needed to be cleared to facilitate inspections on the OGS.  8. Did/will this corrective action require modification of you SWPPP?  Yes ✓ No			

Section IV. Corrective Actions		
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.  Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.		
1. Corrective Action # 2 of 2 for this reporting period.		
2. Is this corrective action:		
<ul> <li>□ An update on a corrective action from a previous annual report; or</li> <li>☑ A new corrective action?</li> </ul>		
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:		
Erosion downstream of the weirs was causing sediment accumulation within the sedimentation pond.		
5. Date problem identified: 08/29/2018		
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:  The weir needed to be repaired to prevent sediment from accumulating within the sedimentation pond.		
8. Did/will this corrective action require modification of you SWPPP? Yes V No		
9. Date corrective action initiated: 09/04/2018		
10. Date corrective action completed: 09/04/2018 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:  Corrective action complete.		

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?
If No, summarize why you are not in compliance with the permit:
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson  Title: Superintendent
Signature: Date Signed: ///5/20/8 Email: HodgsonED@ci.anchorage.ak.us