

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

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

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

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

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

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

Yes No

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

Four (4) conditions were identified in 2018 as needing corrective actions.

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

Section III. Industrial Activity Area Specific Findings

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

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP Access Road**

1. Brief Description:

Industrial equipment utilize this access road during facility operations.

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

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

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

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

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

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

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

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

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

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

Industrial Activity Area: **Vegetated Buffers**

1. Brief Description:

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

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

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

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

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

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

Industrial Activity Area: Temporary Sedimentation Pond

1. Brief Description:

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

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

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

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

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

Industrial Activity Area: Staging area for Summer Wood Lot

1. Brief Description:

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

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

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

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

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

Industrial Activity Area: Temporary staging area

1. Brief Description:

The adjacent 100th avenue project has used used a section of the the southeast corner of the site as a staging area for construction materials and industrial equipment.

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 **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:

At the time of inspection the pill kit appeared to have been used. The lock had been broken off and 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 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:

- 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:

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 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.

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 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	
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>	
<p>1. Corrective Action # 4 of 4 for this reporting period.</p>	
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>	
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input checked="" type="checkbox"/> Other (describe): Trash/litter has been illegally dumped near the temporary staging area.</p>	
<p>4. Briefly describe the nature of the problem identified:</p> <p>Trash/litter near temporary staging area (office building) needs to be removed.</p>	
<p>5. Date problem identified: 10/02/2018</p>	
<p>6. How problem was identified:</p> <p><input checked="" type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>	
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>Removal of trash/litter.</p>	
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>9. Date corrective action initiated: 11/15/2018</p>	
<p>10. Date corrective action completed: _____ Or expected to be completed: 11/15/2018</p>	
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>NA</p>	

Section V. Annual Report Certification

Compliance Certification

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

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

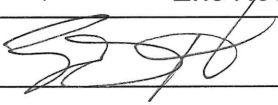
Annual Report Certification

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:

11/14/2018

Email: HodgsonED@ci.anchorage.ak.us



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information	
Facility Name: Commercial Drive Snow Disposal Site	
APDES Permit Tracking Number: N/A	
<u>Facility Physical Address</u>	
Street: 2941 Commercial 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: 10-24-2018	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, describe why not:	
<i>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</i>	
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:	

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

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

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

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

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
No 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.

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

Section III. Industrial Activity Area Specific Findings

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

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP access roads**

1. Brief Description:

Industrial equipment directly utilize these access roads during facility operations.

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

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

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

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

Industrial Activity Area: **Snow disposal pad**

1. Brief Description:

Industrial equipment travels across the pads during facility operations

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

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

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

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

Industrial Activity Area: **Vegetated buffers**

1. Brief Description:

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

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

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

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

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

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

Industrial Activity Area: **Detention pond**

1. Brief Description:

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

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

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

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

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

Industrial Activity Area: **Retention basin**

1. Brief Description:

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

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

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

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

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

Industrial Activity Area: **Vegetated conveyance channels**

1. Brief Description:

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


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

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

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

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

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 1 of 3 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>The area underneath the loader staged within the privacy fencing appears to have fluid spills on it. these spills need to be cleaned up.</p>
<p>5. Date problem identified: 06/20/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>The spills were cleaned up by street maintenance.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 10/31/2018</p>
<p>10. Date corrective action completed: 06/28/2018 Or expected to be completed: 10/31/2018</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p>

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit:	
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: **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 Petronic**

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?



Yes



No

If NO, describe why not:

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

2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?



Yes



No

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

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

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

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

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

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

N/A

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

Section III. Industrial Activity Area Specific Findings

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

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP access road**

1. Brief Description:

Industrial equipment utilize this access road during facility operations.

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

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

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

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

Industrial Activity Area: **Snow disposal pad**

1. Brief Description:

Industrial equipment travel across this pad during facility operations.

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

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

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

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

Industrial Activity Area: **Vegetated buffers**

1. Brief Description:

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

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

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:


1. Brief Description:

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

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

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

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

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit:	
Annual Report Certification	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Name of Authorized Representative: Eric Hodgson	Title: Superintendent
Signature: 	Date Signed: <u>11/14/2018</u> Email: <u>hodgsoned@ci.anchorage.ak.us</u>



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

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 Drive**

City: **Anchorage**

State: **Alaska**

Zip: **99502**

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: **10/24/2018**

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 non-storm water outfalls not previously identified in your SWPPP?

Yes

No

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

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

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

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

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

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

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.

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 roads**

1. Brief Description:

Industrial equipment utilizes these access roads during facility operations.

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

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

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

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

Industrial Activity Area: **Snow disposal pad**

1. Brief Description:

Industrial equipment travels across these pads during facility operations.

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

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

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

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

Industrial Activity Area: **Vegetated buffers**

1. Brief Description:

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

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

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section 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

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

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

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

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

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

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

Yes No

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

Nine (9) conditions were identified since the last annual inspection as needing corrective actions. All corrective actions were completed.

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

Section III. Industrial Activity Area Specific Findings	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> • 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. 	
<p>Industrial Activity Area: Pavement / access road</p> <p>1. Brief Description: Industrial equipment utilize the access road and paved areas.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Vegetated buffers</p> <p>1. Brief Description: Stormwater or runoff exposed to industrial equipment flows through the vegetated buffers.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Vac truck disposal area</p> <p>1. Brief Description: Sedimentation basin for vac truck disposal</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	

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

Industrial Activity Area: 1. Brief Description:
2. Are any control measures in need of maintenance or repair? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any control measures failed and require replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)
Industrial Activity Area: 1. Brief Description:
2. Are any control measures in need of maintenance or repair? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any control measures failed and require replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)
Industrial Activity Area: 1. Brief Description:
2. Are any control measures in need of maintenance or repair? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any control measures failed and require replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 1 of 9 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>Install oil booms within the vacuum truck disposal area.</p>
<p>5. Date problem identified: 04/09/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>Install oil booms.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 04/20/2018</p>
<p>10. Date corrective action completed: 04/20/2018 Or expected to be completed: NA</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 2 of 9 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>Install Gator Guards at discharge point #2</p>
<p>5. Date problem identified: 04/09/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>Install Gator Guards at discharge point #2.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 04/20/2018</p>
<p>10. Date corrective action completed: 04/20/2018 Or expected to be completed: NA</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 3 of 9 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>Install oil booms at the west end of the vacuum truck disposal area.</p>
<p>5. Date problem identified: 04/09/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input checked="" type="checkbox"/> Quarterly visual assessment</p> <p><input type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>Install oil booms.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 04/20/2018</p>
<p>10. Date corrective action completed: 04/20/2018 Or expected to be completed: NA</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 4 of 9 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>Install inlet protection in the storm drain inlet north of the vehicle maintenance building.</p>
<p>5. Date problem identified: 04/09/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>Install inlet protection.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 04/20/2018</p>
<p>10. Date corrective action completed: 04/20/2018 Or expected to be completed: NA</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

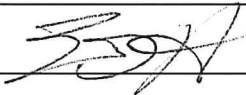
Section IV. Corrective Actions	
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed 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:	
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input checked="" type="checkbox"/> A new corrective action?	
3. Identify the condition(s) triggering the need for this review:	
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input checked="" type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):	
4. Briefly describe the nature of the problem identified: 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:	
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input checked="" type="checkbox"/> Routine facility inspection <input type="checkbox"/> Benchmark monitoring <input type="checkbox"/> Notification by EPA or ADEC <input type="checkbox"/> Other (describe):	
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Install inlet protection.	
8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Date corrective action initiated: 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.	

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 6 of 9 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>Install inlet protection in the MS4 inlet located at the west end of the vacuum truck disposal area.</p>
<p>5. Date problem identified: 06/20/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>Install inlet protection.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 07/06/2018</p>
<p>10. Date corrective action completed: 07/06/2018 Or expected to be completed: NA</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # <u>7</u> of <u>9</u> for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>The inlet protection in the storm drain inlet north of the vehicle maintenance building is full of sediment and needs to be cleaned.</p>
<p>5. Date problem identified: <u>08/29/2018</u></p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>Clean or replace inlet protection.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: <u>09/04/2018</u></p>
<p>10. Date corrective action completed: <u>09/04/2018</u> Or expected to be completed: <u>NA</u></p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 8 of 9 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>A significant amount of trash and litter has accumulated along the northern perimeter fence.</p>
<p>5. Date problem identified: 08/29/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>Trash and litter needs to be picked up and placed in solid waste containers.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 09/04/2018</p>
<p>10. Date corrective action completed: 09/04/2018 Or expected to be completed: NA</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 9 of 9 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input checked="" type="checkbox"/> Other (describe): New discharge point needs outfall protection</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>A new discharge point (#5) has been identified. Install rip-rap, wattles, and oil booms at this discharge point.</p>
<p>5. Date problem identified: 08/29/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input checked="" type="checkbox"/> Quarterly visual assessment</p> <p><input type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>Install rip-rap, oil booms, and wattles at the new discharge point (#5).</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 09/04/2018</p>
<p>10. Date corrective action completed: 09/04/2018 Or expected to be completed: NA</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit:	
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: **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? Yes No

If NO, describe why not:

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

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

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

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

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

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

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

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

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.

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

Section III. Industrial Activity Area Specific Findings

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

In reviewing each area, you should consider:

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

Industrial Activity Area: **Access road**

1. Brief Description:

Industrial equipment utilize this access road during facility operations.

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

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

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

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

Industrial Activity Area: **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 No

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

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

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

Industrial Activity Area: **Vegetated buffers**

1. Brief Description:

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

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

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 1 of 2 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p style="margin-left: 20px;">Install inlet protection in catch basin located at discharge point #2.</p>
<p>5. Date problem identified: 04/05/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p style="margin-left: 20px;">Install inlet protection.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 04/09/2018</p>
<p>10. Date corrective action completed: 04/09/2018 Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p style="margin-left: 20px;">Corrective action complete.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 2 of 2 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>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.</p>
<p>5. Date problem identified: 06/21/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>The fluid spills needed to be cleaned up.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 07/05/2018</p>
<p>10. Date corrective action completed: 07/05/2018 Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section V. Annual Report Certification

Compliance Certification

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

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

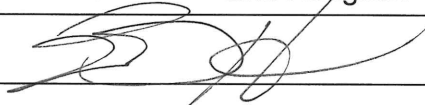
Annual Report Certification

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:

11/19/2018

Email:

hodgsoned@ci.anchorage.ak.us



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information

Facility Name: **Native Heritage Center Snow Disposal Site**

APDES Permit Tracking Number: **N/A**

Facility Physical Address

Street: **8902 Heritage Center Drive**

City: **Anchorage**

State: **Alaska**

Zip: **99504**

Lead Inspector's Name: **Dale Woster**

Title: **SWPPP Inspector**

Additional Inspectors Names: **Jonathan Petronic**

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?

Yes

No

If NO, describe why not:

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

2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?

Yes

No

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

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

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

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

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

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

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

Section III. Industrial Activity Area Specific Findings	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> 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. 	
<p>Industrial Activity Area: RAP access road</p> <p>1. Brief Description: Industrial equipment utilizes this access road.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Snow disposal pad</p> <p>1. Brief Description: Industrial equipment travels across this pad.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Retention basin</p> <p>1. Brief Description: The primary purpose of the retention basin is to collect snow melt and storm water.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	

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

Industrial Activity Area: **Vegetative Buffer**

1. Brief Description:

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

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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


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

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

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 1 of 3 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>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</p>
<p>5. Date problem identified: 04/03/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>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.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 04/07/2018</p>
<p>10. Date corrective action completed: 04/07/2018 Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective Action has been completed.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 2 of 3 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>The gates to the Native Heritage Center and the MOA facility were unlocked at the time of inspection.</p>
<p>5. Date problem identified: 06/06/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>The gates needed to be secured to prevent unauthorized access.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 06/12/2018</p>
<p>10. Date corrective action completed: 06/12/2018 Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective Action has been completed.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 3 of 3 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input checked="" type="checkbox"/> Other (describe): Control measure vandalized</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>The spill response kit and waste bin had been vandalized and were in need of repair.</p>
<p>5. Date problem identified: 06/06/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>The spill kit and waste bin needed to be replaced or restored to working condition.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 06/20/2018</p>
<p>10. Date corrective action completed: 06/20/2018 Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective Action has been completed.</p>

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit:	
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

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

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

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

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

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

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

Yes No

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

There was one (1) condition identified in 2018 as needing a corrective action.

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

Section III. Industrial Activity Area Specific Findings

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

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP access road**

1. Brief Description:

Industrial equipment utilize this access road.

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

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

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

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

Industrial Activity Area: **Snow disposal pad**

1. Brief Description:

Industrial equipment travel across this pad.

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

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

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

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

Industrial Activity Area: **Vegetated buffers**

1. Brief Description:

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

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

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # <u> 1 </u> of <u> 1 </u> for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>The melting snow piles had left behind a significant amount of trash and litter that needed to be cleaned up.</p>
<p>5. Date problem identified: <u>06-20-2018</u></p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>The trash and litter was cleaned up.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: <u>06-28-2018</u></p>
<p>10. Date corrective action completed: <u>06-28-2018</u> Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section V. Annual Report Certification

Compliance Certification

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

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

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

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

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

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

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

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

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

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

Yes No

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

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.

Section III. Industrial Activity Area Specific Findings	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</p> <p>In reviewing each area, you should consider:</p> <ul style="list-style-type: none"> • 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. 	
<p>Industrial Activity Area: RAP access roads and pad</p> <p>1. Brief Description: Industrial equipment travels along and is stored in the RAP access roads and pad.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area: Vegetated buffers</p> <p>1. Brief Description: Stormwater exposed to industrial equipment flows through these buffers.</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	
<p>Industrial Activity Area:</p> <p>1. Brief Description:</p>	
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)</p>	

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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


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

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

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

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 1 of 2 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>Install inlet protection on the MS4 inlet located on Orca St.</p>
<p>5. Date problem identified: 04/06/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>Install inlet protection.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 04/15/2018</p>
<p>10. Date corrective action completed: 04/15/2018 Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # <u> 2 </u> of <u> 2 </u> for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>The witch's hat in the MS4 inlet located on Orca St. was improperly installed and is allowing water to bypass the inlet protection.</p>
<p>5. Date problem identified: <u>08/29/2018</u></p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>Reinstall inlet protection on this MS4 inlet.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: <u>09/04/2018</u></p>
<p>10. Date corrective action completed: <u>09/04/2018</u> Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If No, summarize why you are not in compliance with the permit:	
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

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

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

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

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

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

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

Yes No

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

There were two (2) conditions identified in 2018 as needing corrective actions.

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

Section III. Industrial Activity Area Specific Findings

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

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP access road**

1. Brief Description:

Industrial equipment utilize this access road during facility operations.

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

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

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

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

Industrial Activity Area: **Sitka Street Snow Disposal Site**

1. Brief Description:

Industrial equipment travel across this pad during facility operations.

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

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

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

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

Industrial Activity Area: **Vegetated buffers**

1. Brief Description:

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

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

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

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

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

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

Industrial Activity Area: **Sedimentation pond**

1. Brief Description:

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

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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


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

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

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

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 1 of 2 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>The melting snow piles had left behind a significant amount of trash and litter.</p>
<p>5. Date problem identified: 06/19/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>The trash and litter needed to be cleaned up.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 06/27/2018</p>
<p>10. Date corrective action completed: 06/27/2018 Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 2 of 2 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>The lock for the spill kit was missing and the shed was not secured.</p>
<p>5. Date problem identified: 06/19/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>The lock needed to be replaced so that the shed for the spill kit could be secured.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 06/27/2018</p>
<p>10. Date corrective action completed: 06/27/2018 Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

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

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

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

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

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

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

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

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

Yes No

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

Two (2) conditions were identified in 2018 as needing corrective actions.

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

Section III. Industrial Activity Area Specific Findings

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

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP Access Road**

1. Brief Description:

Industrial equipment utilize this access road during facility operations.

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

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

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

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

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

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

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

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

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

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

Industrial Activity Area: **Vegetated Buffers**

1. Brief Description:

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

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

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

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

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

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

Industrial Activity Area: **Sedimentation Pond**

1. Brief Description:

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

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 1 of 2 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input checked="" type="checkbox"/> Other (describe): Unable to inspect OGS</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>The OGS was surrounded by thick vegetation that prevented access for inspection.</p>
<p>5. Date problem identified: 08/29/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>The vegetation needed to be cleared to facilitate inspections on the OGS.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 09/04/2018</p>
<p>10. Date corrective action completed: 09/04/2018 Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section IV. Corrective Actions
<p>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.</p> <p>Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.</p>
<p>1. Corrective Action # 2 of 2 for this reporting period.</p>
<p>2. Is this corrective action:</p> <p><input type="checkbox"/> An update on a corrective action from a previous annual report; or</p> <p><input checked="" type="checkbox"/> A new corrective action?</p>
<p>3. Identify the condition(s) triggering the need for this review:</p> <p><input type="checkbox"/> Unauthorized release of discharge</p> <p><input type="checkbox"/> Numeric effluent limitation exceedance</p> <p><input type="checkbox"/> Control measures inadequate to meet applicable water quality standards</p> <p><input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations</p> <p><input checked="" type="checkbox"/> Control measures not properly operated or maintained</p> <p><input type="checkbox"/> Change in facility operations necessitated change in control measures</p> <p><input type="checkbox"/> Average benchmark value exceedance</p> <p><input type="checkbox"/> Other (describe):</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>Erosion downstream of the weirs was causing sediment accumulation within the sedimentation pond.</p>
<p>5. Date problem identified: 08/29/2018</p>
<p>6. How problem was identified:</p> <p><input type="checkbox"/> Comprehensive site inspection</p> <p><input type="checkbox"/> Quarterly visual assessment</p> <p><input checked="" type="checkbox"/> Routine facility inspection</p> <p><input type="checkbox"/> Benchmark monitoring</p> <p><input type="checkbox"/> Notification by EPA or ADEC</p> <p><input type="checkbox"/> Other (describe):</p>
<p>7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:</p> <p>The weir needed to be repaired to prevent sediment from accumulating within the sedimentation pond.</p>
<p>8. Did/will this corrective action require modification of you SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Date corrective action initiated: 09/04/2018</p>
<p>10. Date corrective action completed: 09/04/2018 Or expected to be completed:</p>
<p>11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:</p> <p>Corrective action complete.</p>

Section V. Annual Report Certification

Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?

Yes No

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

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