For Agency	/ Use
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Permit	Track	king	#:
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Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Informati	on						
Facility Name			APDES P	Permit Tracking I	Number		
Facility Physical Address	Maintance Statio	n	AK	5-05	255	8	
Street	City			5	State	Zip Code	
5300 E Tudor	ancho	Phone			Alaska	995	507
Contact Person				Email			
Jenniter Micolinek Lead Inspector's Name	Additional Inspector's Name	2(9-5 Additional Insp		Jennifec me	. Micol Inspection D	licheko Date	@Qleska .500
Tim Hanley	Steve Church				4-	23-1	9
Section II. General Inspectio	n Findings						
	ive site inspection, did you inspec ere industrial activity may be exp				Yes		No
Note: Complete Section III of this for parts 2 and 3 below, where pollutar	rm for each industrial activity area in	spected and inc	luded in y	our SWPPP or	as newly d	efined, in S	Section II
	any storm water or non-storm wa	ter outfalls no	t previo	uslv —	1		
identified in your SWPPP?					Yes	4	No.
	escribe the sources of those storm w	ater and non-st	orm wate	er discharges a	nd any asso	ociated co	ntrol
measures in place:							
							i I i j
		rs .					

	For Agency Use Permit Tracking #:
	Did this inspection identify any sources of storm water or non-storm water discharges not Yes No previously identified in your SWPPP? If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4.	Did you review storm water monitoring data as part of this Inspection to identify potential pollutant hotspots? If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
5.	Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: Hydro Seeding took well in the disches No Poilutants found in Runoff Drainese
	waddles a west east gate are in good Shape
	Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?
	te: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of scomprehensive storm water inspection.

	Formit Tracking #:	or Agency Use
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 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, fingl, or waste material from areas of no exposure to exposed areas. Industrial Activity Area: Por Parking area 1. Brief Description:	for additional industrial activity	ı areas.
Are any control measures in need of maintenance or repair?	Yes No	
Have any control measures failed and require replacement?	Yes No	
Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessary control of the problem).	Yes No	
Industrial Activity Area: Bouth East Fuel Tank & East gate 1. Brief Description: Diesel Fuel Station for Equiptment		
2. Are any control measures in need of maintenance or repair?	Yes No	
Have any control measures failed and require replacement?	Yes 4 No	
4. Are any additional/revised control measures necessary in this area?	Yes 4 No	
If YES, to any of these three questions, provide a description of the problem: (Any necessary con the attached Corrective Action Form.)		Λ.
The wattles at east gate how	res	taked

		1	Permit Tr	For Agenc
Ind	dustrial Activity Area: North east Parking + east	end	06	Building
1.	Brief Description: Light Duty Parking arcel Cutting edge Storage			
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
	ustrial Activity Area: South west over Flaw Parking			
1.	Over Size equiptment Parking Tractor with Tarailers Parking	6		
	Tractor with Tarailers Parking			
2.	Are any control measures in need of maintenance or repair?		Yes	No
3.	Have any control measures failed and require replacement?		Yes	Q 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.)

Sec	ction IV. Corrective Actions
Con	nplete 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. ude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to
ada	tress problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not
	n completed at the time of your previous annual report.
1.	Corrective Action # / of / for this reporting period.
2.	Is this corrective action:
	An update on a corrective action from a previous annual report; or
	A new corrective action?
3.	Identify the condition(s) triggering the need for this review:
	Unauthorized release of discharge
	Numeric effluent limitation exceedance
	Control measures inadequate to meet applicable water quality standards
	Control measures inadequate to meet non-numeric effluent limitations
	Control measures not properly operated or maintained
	Change in facility operations necessitated change in control measures
	Average benchmark value exceedance
)	Briefly describe): Restake Wattles at east gate Briefly describe the nature of the problem identified: wattles moved Due to lack of stakes
4.	Briefly describe the nature of the problem identified:
	wattles moved Due to lack of stakes
5.	Date problem identified: 4/23/19
6.	How problem was identified:
	Comprehensive site inspection
	Quarterly visual assessment
	Routine facility inspection
	Notification by EPA or DEC
	Other (describe):
7.	modifications or repairs to control measures, analysis to be conducted, etc.) or if no modification is needed, basis for that
	determination. wattles staked
ĺ	
1	
8.	Did/will this corrective action require modification of your SWPPP?

For Agency Use

			Pe	ermit Tracking #:		
9. Date corrective action initiated:	-23/19		-			
10. Date corrective action completed: $\sqrt{-\lambda}$	3-19	Or expected to	be completed:			
11. If corrective action not yet completed, provinspections and describe any remaining step corrective action: watter		meframes associated v				
Section V. Annual Report Certification						
Compliance Certification		manta of Dout C 2 of th				
Do you certify that your annual inspection has mands have that, based upon the results of this inspection, to compliance with the permit?				Yes		No
If NO, summarize why you are not in compli	ance with the pe	ermit:				
Annual Report Certification					-	
I certify under penalty of law that this documer accordance with a system designed to assure the Based on my inquiry of the person or persons winformation submitted is, to the best of my kno significant penalties for submitting false inform	nat qualified pe who manage th wledge and be	ersonnel properly gath e system, or those per lief, true, accurate, an	er and evaluate son directly res d complete. I a	the information that the transition to the transition of the trans	on submit athering th here are	ne
Steve Church Name of Authorized Representative	SWPP Title	Inspector	Stever	. Church	n@ala	sko
			4/2	3/19		
Signature			Date Signed	1		— I

Anchorage Station - Tudor

Annual Inspection

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

Date: "	Time:	Inspector:
4/23/19	11-00	Steve Church
√ = Satisfacto	ry N/A = Not Applicable R =	Repair required ¶ = See Comment under Remarks
Facility Draina	ge	Pipes
No notice	eable oil sheen on surfaces	Buried pipelines are not exposed, if any
No trash	or debris under or near tanks	Out-of-service pipes are capped, if any
No stand	ing water under or around tanks	Signs/barriers posted and legible to protect pipelines from vehicles, if any
	on or stressed/dead vegetation near tanks	No significant signs of corrosion damage to pipe or supports, if any
No wood	y vegetation under or near tanks	Pipes are not bent, significantly rusted, or damaged
- /	inder and around tanks is not or heaving	
Security		Fuel Transfer Area
	ates, and locks operational, if any	Tank dispenser had is not full of water if
Sign on t	ence to keep out trespassers is	No new staining or oil sheen on ground (if sheen, wipe up with an absorbent pad)
Tank dis	penser(s)or starter controls f when not in use	Secondary containment is under tank dispenser(s)
Bollards	tank barriers not damaged	
Lighting	s working properly	
Training		Indoor/Storage Areas
X		No spotting or staining on floor (clean-up if
Spill pre	ention briefing held once a year	present); place pads under all dispensers
All SPC	c-related trainings are recorded	No open containers with fluid in them
New em	ployees trained on spill prevention	Oil/Water separator does not have a heavy
R & respor		oil sheen (use absorbent pads to remove)
		Spill kit equipment is complete (check and note missing items in 'Remarks')
	4 ,	Spill kit has a sign marking its location and kit is easy to access (nothing in the way)
Remarks:		2
Front	gate hit By car (u	under Repair)
New ex	gate hit By car (un plought get training	8 5/9/19
oil was	ter Separater w	, ill get Pumped out week

Above Ground Storage Tank #1 (10,000 gallon)	Above Ground Storage Tank #2 (120 gallon)
Tank surfaces checked for signs of leakage	Tank surfaces checked for signs of leakage
or drips	or drips
Tank is not damaged, significantly rusted,	Tank is not damaged, significantly rusted, or
or deteriorated	deteriorated
Bolts, rivets, pipes, seams, and hoses are	Bolts, rivets, pipes, seams, and hoses are
not damaged, cracked, or significantly	not damaged, cracked, or significantly rusted
rusted	not damaged, cracked, or significantly rusted
No leaks at valves, flanges, seals or other	No leaks at valves, flanges, seals or other
tank fittings	fittings connecting to tank
Tank foundation checked for cracks,	Pressure gauge operative
erosion, settling, deterioration, or damage	Pressure gauge operative
Vents are not obstructed	Vents are not obstructed
Level gauges and emergency shut offs	1 Tank contents clearly labeled on tank
tested and operative	
Tank contents clearly labeled on tank	Tank fluid quantity clearly labeled (e.g. '120
	gallons')
Tank fluid quantity clearly labeled (e.g.	Hazard placards are intact and readable
'10,000 gallons')	
Hazard placards are intact and readable	, Tank marked with a distinctive, legible
	number (e.g. #2)
Tank marked with a distinctive, legible	
number (e.g. #1)	
Tank surfaces checked for signs of leakage	
or drips	
Al	Above Cround Storong Tonk #4 (6 v 50 collan)
Above Ground Storage Tank #3 (107 gallon)	Above Ground Storage Tank #4 (6 x 50 gallon)
Tank surfaces checked for signs of leakage	Tank surfaces checked for signs of leakage
or drips	or drips
Tank is not damaged, significantly rusted,	tank is not damaged, significantly rusted, or
or deteriorated	deteriorated
Bolts, rivets, pipes, seams, and hoses are	Bolts, rivets, pipes, seams, and hoses are
not damaged, cracked, or significantly	not damaged, cracked, or significantly rusted
rusted	No leaks at valves, flanges, seals or other
No leaks at valves, flanges, seals or other	fittings connecting to tank
fittings connecting to tank	1 Tank foundation checked for cracks,
Pressure gauge operative	erosion, settling, deterioration, or damage
Vanta are not abote usted	Tank contents clearly labeled on tank
Vents are not obstructed	7 Tank fluid quantity clearly labeled (e.g. '300
Tank contents clearly labeled on tank	gallons')
Tank fluid quantity clearly labeled (e.g. '107	
gallons')	Hazard placards are intact and readable
, o	Tank marked with a distinctive, legible
1	
Hazard placards are intact and readable	number (e.g. #4)
Hazard placards are intact and readable Tank marked with a distinctive, legible	number (e.g. #4)
	number (e.g. #4)
Tank marked with a distinctive, legible	number (e.g. #4)
Tank marked with a distinctive, legible	number (e.g. #4)
Tank marked with a distinctive, legible number (e.g. #3)	number (e.g. #4)
Tank marked with a distinctive, legible number (e.g. #3)	number (e.g. #4)
Tank marked with a distinctive, legible number (e.g. #3)	number (e.g. #4)
Tank marked with a distinctive, legible number (e.g. #3)	number (e.g. #4)

55 Gallon Drums	Hazardous Waste Storage Area (HWSA) - fill or only if storing hazardous waste				
Drum surfaces checked for signs of leakage or drips (no significant rusting, corrosion, discoloration, etc.)	HWSA is secure (fenced and/or locked)				
General drum condition (P) poor, (F) fair, (G) good, or (E) excellent	'Restricted Access' sign is readable				
Lids on drums are securely closed (must be closed unless actively being used)	HWSA log is current (if storing hazardous waste)				
Drum storage has secondary containment with no liquid or debris	All containers are marked properly (with contents and date filled)				
Drums stored inside or under cover	There are at least 36 inches between drums				
Used fluids being disposed of regularly (not an excess of drums in the facility)	All container lids are completely closed when not actively being used				
All containers are marked properly (with contents and date filled)	Containers have no cracks, holes, or significant rust				
	Containers are on secondary containment with curb (a concrete pad and portable plastic containment)				
	Hazardous Waste Determination Form is current (if storing hazardous waste)				
	Manifest Log is current (if transporting hazardous waste)				

Remarks:

Birchwood Annual Inspection (SPCC)

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

Date	5/9/19	Time: 9:00 am	Insp	ector: Steve Chuch
	✓ ± Satisfactory	N/A = Not Applicable R = F	Repair re	equired ¶ = See Comment under remarks
Facil	ity Drainage		Pipe	S
/	surfaces.	r fuel sheen on ground		No signs of corrosion damage to pipe or supports.
-	Tank area free of de			Buried pipelines not exposed.
-	No debris in second	ary containment area.		Out-of-service pipes capped.
_	area.	n secondary containment	-	Signs/barriers to protect pipelines from vehicles.
_	secondary containm		V	No leaks at valves, flanges, or other fittings.
	No erosion or stress	ed vegetation around tank.		Containment curbing or trenches intact.
	•.			
Secur	T		Fuel	Transfer Area
-	Fence, gates, and loo			Emergency shut off valve operational.
~	Bollards or protectiv		~	Warning signs posted and readable.
	when not in use.	pumps locked or shut off	L	No leaks or cracks in hoses.
	Lighting is working p	roperly.		Drip pans, if in use, are not overflowing.
				Catch basins free of contamination.
				Fuel spill kit equipment is complete.
				ASTs locked when not in use.
raini	ng			
1	Spill prevention brief	ing hold	Indoo	r Storage Areas
	Training records are i			Spotting or staining on floor.
	training records are i	n order.		Waste oil properly stored and disposed of.
				Drum storage has secondary containment.
			1//4	Oil/Water Separator has oil sheen: soak up oil
otes			10/10	sheen with an absorbent pad.

Abov	e Ground Storage Tank #1	
/	Tank surfaces checked for signs of leakage or drips.	
/	Tank general condition is good (no rusting, corrosion, discoloration, etc.).	
/	Bolts, rivets, or seams are not damaged.	
	Tank foundation checked for cracks, discoloration, puddles, settling, and damage caused by vegetation.	
/	No evidence of seepage from any valves, flanges, seals, or other fittings on tank.	
/	Vents are not obstructed.	
~	No localized dead vegetation.	
	Has the tank foundation settled and the tank is no longer level.	good condition

For Ag	ency Use
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Permit Tracking #:____



Alaska Department of Environmental Conservation IVISGP Annual Reporting Form

Cooling 1 0								
Section I. General Informat			-					CALLERY CAMPAGE
Facility Name Birch 400	d Static	S/A		APDEC	Permit Teral	ing Number		
		The reaction was an arrangement to		M DEST	CHILL HALK	ing wumber	KS-05	2555
Facility Physical Address	The second secon			L				
Street		City				7		
20651 Brechwood	Spur	0				State	Zip Code	
ontact Person	Title	Chuge			7	Alaska	995	ST
Steven Church		-nspector	Phone	/ 3	Email			-
ead Inspector's Name	Additional Inspect	-NS Pec IO(440-84		Steven	n. Church	(a) ala	SKR.
12)	Additional hispect	orsiName	Additional Inspe	ector's Na	me	Inspection	Date	5/100
The second secon						5/9	119	
ection II. General Inspectio	n Findings					//		
As part of this comprehensi sources, including areas whe lf NO, describe why not:	ve site inspection ere industrial act	n, did you inspect	t all potential posed to storm	oollutan water?	t	Yes		No
te: Complete Section III of this form rts 2 and 3 below, where pollutants Did this inspection identify an identified in your SWPPP? If YES, for each location, des measures in place:	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	
Did this inspection identify an identified in your SWPPP?	y storm water or	r non-storm wate	er outfalls not i	revious	ly Г	7 Ver	[7]	

	For Agency Permit Tracking #:
3.	
•	Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
	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 signs of Pollutants (Rained Day Before Reporting)
5	Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?
to	If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?
C	: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of comprehensive storm water inspection.

A THE STREET WAS ASSESSED. AS A SECOND STREET WAS A SECOND STREET, AND SECOND STREET, AND A SECOND STREET, AND A SECOND STREET, AND A S	1	emil mack	mg #:
Section III. Industrial Activity Area Specific Findings		11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Control of the August Section of the August
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Consulta	is page for	odditional ir	odustrial activity areas
In the contribute of the contribution of the c			the factor delivity dread.
Industrial materials, residue, or trosh that may have or could come into contact with storm water;			
Leaks or spills from industrial equipment, drums, tanks, and other containers;			
system are the charge of moust rained waste moternas from areas of no exposure to exposed areas; and			
Tracking or blowing of row, final, or waste material from areas of no exposure to exposed areas.	•		
Industrial Activity Area: Fuel tank			
1. Brief Description:		**************************************	of the party of the same of th
Spill Kit Full		northwest declaration in any statement	
Tank Clean			
Containment Clean			
2. Are any control measures in need of maintenance or repair?		Yes	No
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 necessar the attached Corrective Action Form.)	y correctiv	ve actions s	hould be described on
Checked wattles Replaced) 2	Sto	akes
)			
Industrial Activity Area:			
1. Brief Description Maintenance Building			
4 bays for equiptment. 2 Bays for fire	egu	iptment	
2 Bays for DOT.			
a valys 10! Dot.			
spill Kit full			
21			
*			
2. Are any control measures in need of maintenance or repair?	Y	'es	No
3. Have any control measures failed and require replacement?	Y	es	No
4. Are any additional/revised control measures necessary in this area?	Y	es	No
If YES, to any of these three questions, provide a description of the problem: (Any necessary the attached Corrective Action Form.)	corrective	actions sh	ould be described on
			1
			1
			I

			Permit Trac	king #:
Ir	odustrial Activity Area: Sand Storage & building Brief Description:	-1 at 1 W 14 A 40	all the second second second second second	ann aite an a tha bha a na cuideann a na mhail a tha dhu cuigeal ann air a tha a tail
1 2	Brief Description:			
	5000 gal Brine Storage Good Spill Kit			
	Good Spill Kit			
2.	Are any control massives in need of maintanance or received			
2.	, and a second of the second o		Yes	No
3.	Have any control measures failed and require replacement?		Yes	No
4.	, and a control of the control of th		Yes	4 No
	If YES, to any of these three questions, provide a description of the problem: (Any necessary c the attached Corrective Action Form.)	orrect	ive actions	s should be described o
	•			
tale.				
Inc	dustrial Activity Area: 14 2016 00 Storage Rulding			
1.	To de l'A			
1.	Brief Description: Equiptment Storage Building			
2.	Are any control measures in need of maintenance or repair?	4	Yes	No
3.	Have any control measures failed and require replacement?		Yes	No
4.	Are any additional/revised control measures necessary in this area?	7	Yes	No
	If YES, to any of these three questions, provide a description of the problem: (Any necessary co the attached Corrective Action Form.)	rrectiv	re actions .	should be described on
	House Keeping Needed			
W.				

	For the Analysis of the Contract and Alley & Burn that a Contract and Alley	Permit Tracking #:	TOI AECITY
VISEOU P	Section IV. Corrective Actions	The second secon	THE TAX SECTION SINCE NO.
1	Complete this page for each specific condition requiring a corrective action or a review determining that this page for additional corrective actions or reviews.	t no corrective action is	needed. Con
	Include both corrective actions that have been inhibited as consisted discards.		
		ure corrective actions ne	eded to
	the state of the s	anding corrective oction.	s that had not
	1. Corrective Action # 1 of 1 for this reporting period.		
T.	2. Is this corrective action:	Property and the second	Traderic Contracts of the Contract of the Cont
-	An update on a corrective action from a previous annual report; or		
M. mol	A new corrective action?		
-			
	the condition(s) triggering the need for this review:		
	Unauthorized release of discharge		
	Numeric effluent limitation exceedance		
and the same	Control measures inchesures and a		
1	Control measures inadequate to meet applicable water quality standards		
Mark Street Services	Control measures inadequate to meet non-numeric effluent limitations		
	Control measures not properly operated or maintained Right Side	of sand Sto	souze
	Control measures not properly operated or maintained Risht Side Change in facility operations necessitated change in control measures	ritch Cleans	ed oill
	Average benchmark value exceedance		
and the same	Other (describe):		
4	Briefly describe the nature of the problem identified:		
	Sand was flowed into Ditch line		
	wortles New installed		
	restalled		
-			
5.	Date problem identified: 5/9/19		
6.	. How problem was identified:		
	Comprehensive site inspection		
			1
	Quarterly visual assessment		
	Routine facility inspection		
	Notification by EPA or DEC		
	Other (describe):		
7.	The state of the s	problem /s = 1 U	
	modifications or repairs to control measures, analysis to be conducted, etc.) or if no modificati determination.	on is needed, basis for	that
	Ditching to Be cleand out and wattles.	installed	
	The state of the s		
 8.	Did/will+bis access to the second sec		
<i>J</i> .	Did/will this corrective action require modification of your SWPPP? Yes	No	

F	or	4	2	E	riC	Y	U	Ç	6

	Permit Tracking #:
9. Date corrective action initiated: 5 - 9-19	
10. Date corrective action completed: 5-16-19 Or expe	ected to be completed: 8-9-19
11. If corrective action not yet completed, provide the status of the correcti inspections and describe any remaining steps (including timeframes associated in action:	ve action as the time of the comprehensive site
Section V. Annual Report Certification	The state of the s
Compliance Certification	Į.
Do you certify that your annual inspection has met the requirements of Part	6.3 of the permit, and
that, based upon the results of this inspection, to the best of your knowledge	e, you are in Yes No
compliance with the permit?	-, you are iii
If NO, summarize why you are not in compliance with the permit:	
	€
Annual Report Certification	
Thinas report outsineation	
I certify under penalty of law that this document and all attachments were paccordance with a system designed to assure that qualified personnel proper Based on my inquiry of the person or persons who manage the system, or the information submitted is, to the best of my knowledge and belief, true, accusing significant penalties for submitting false information, including the possibility	erly gather and evaluate the information submitted. nose person directly responsible for gathering the lirate, and complete. I am aware that there are
Steve Church Name of Authorized Representative Suff The Fracto Title	Steven, Church @alaska,
	5/9/19
Signature	Date Signed

	For Agency Use
Permit Tracking #	



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information
Facility Name: Hiland Snowdump sight
APDES Permit Tracking Number: AKS - 052558
Facility Physical Address
Street: 8500 Hiland Rd
City: Eagle River State: Alaska Zip: 99577
Lead Inspector's Name: Steven Church Title: SUPP Inspection
Additional Inspectors Names:
Contact Person: Rence Goentzel Title: environmental analyst
Phone: 907-269-0714 Email: Rence, Goentzel@alaska.gov
Inspection Date: 427/19
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?
'f NO, describe why not:
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? 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 Evádence found
6. Have you taken or do you plan to take and corrective actions as a satisfied in 2 to 5.1
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 You
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?
1
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

For Agency Use Permit Tracking #_____

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 contain	ontact iers:	. With Sto	orm	water;	
 Offsite tracking of industrial or waste materials from areas of no exposure 	e to ex	posed a	rea	s; and	
Tracking or blowing of raw, final, or waste material from areas of no expo	sure t	o expos	ed a	areas.	
Industrial Activity Area:					
1. Brief Description: Snow Disposal					
arow Dispessa					
Y					
Are any control measures in need of maintenance or repair?	U	Yes	Т	No	
Have any control measures failed and require replacement?	님	Yes	十] No	
Are any additional/revised control measures necessary in this area?	+		늗		
	لـــا	Yes	L	1.0	
If YES to any of these three questions, provide a description of the pro- attached Corrective Action Form.)	blem:	(Any n	ece	essary corrective actions should be described on the	
No.					
BOIDM Replace					
Boom Ripped Wattles on outfall Need Replaced					
Industrial Activity Area:		-			
1. Brief Description:					
ar one, occupation.					
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:					
Brief Description:					
1. oner bescription.					
2. Are any control measures in need of maintenance or repair?	П	Yes	Γ	No	
3. Have any control measures failed and require replacement?	T	Yes	T	No	
4. Are any additional/revised control measures necessary in this area?	Ħ	Yes	F	No	
If YES to any of these three questions, provide a description of the prob	olem:		ece		
attached Corrective Action Form.)					
) [*]					

Permit Ti	acking	#
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Note: Copy this page and attach additional pages as necessary.							
industrial Activity Area:							
1. Brief Description:							
Are any control measures in need of maintenance or repair?		Yes		No			
Have any control measures failed and require replacement?		Yes		No			
4. Are any additional/revised control measures necessary in this area?		Yes	H	No			
If YES to any of these three questions, provide a description of the prob	len	J	nec				
attached Corrective Action Form.)		ner Verrez					
Industrial Activity Area:							
1. Brief Description:							
2. Are any control measures in need of maintenance or repair?		Yes	Г	No			
Have any control measures failed and require replacement?	\vdash	Yes		No			
4. Are any additional/revised control measures necessary in this area?	H	Yes		l 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:		VVV					
1. Brief Description:							
1. Brief Beschption.							
2. Are any control measures in need of maintenance or repair?		Yes		No			
3. Have any control measures failed and require replacement?		Yes		No			
4. Are any additional/revised control measures necessary in this area?		Yes		No			
If YES to any of these three questions, provide a description of the pro- attached Corrective Action Form.)	oler	m: (Any	nec	essary corrective actions should be described on the			
attached corrective Action Form.)				/a			

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems
identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 2 of 2 for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release of discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
Control measures inadequate to meet non-numeric effluent limitations
Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe):
4. Briefly describe the nature of the problem identified:
1. Boom Rio Red
1. Boom Ripped 2. Wattles need Replaced
1. Mailles Meplaca
5. Date problem identified: 92719
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:
De la 1 2 and Boom
Replaced Ripped Boom with New Boom Replaced Bad wattles with New watths
·
8. Did/will this corrective action require modification of you SWPPP? Yes No
9. Date corrective action initiated: 9/27/19
10. Date corrective action completed: 9/21/19 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:

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ection V. Annual Report Certification				
ompliance Certification				
Do you certify that your annual inspection ha the results of this inspection, to the best of yo	s met the requirements of Part 4.2 our knowledge, you are in compliar	of the permi	it, and that, based upo permit?	Yes No
If No, summarize why you are not in complian	nce with the permit:			
nnual Report Certification				
ertify under penalty of law that this document and a	all attachments were prepared under m	ny direction or	supervision in accordance	e with a system designed to
sure that qualified personnel properly gather and ex those persons directly responsible for gathering the	information, the information submitte	ed is, to the be	st of my knowledge and h	belief true accurate and
implete. I am aware that there are significant penalt	ies for submitting false information, inc	luding the pos	ssibility of fine and impris-	conment for knowing violations.
ame of Authorized Representative: Steue	en Church	Title:	SWPP In:	spector
gnature:	Date Signed:	7/19 =	mail Steven .	Church@abs/ca
	Date Signed.	7 - 1	iliali. Oţ	C run C



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information
Facility Name: O'Malley Snow Storage Sight
APDES Permit Tracking Number: AKS-05258
Facility Physical Address
Street: O'Malley + Old Seward Hwy
City: Anchorage State: Alaska Zip: 99516
Lead Inspector's Name: Stevechurch Title: Swpp Inspector
Additional Inspectors Names:
Contact Person: Renee Goentzel Title: environmental anglest
Phone: 907-269-0714 Email: Renee. Goentzel Waske, gou
Inspection Date: 9/27/19
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?
f NO, describe why not:
·
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your
SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified
in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? 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 Showing
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?
I action Staked Waddles on East Fallout
Joseph Complete the attached Competing Action From IC. 11. 11.0.5
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.

				Permit Tracking #			
Section III. Industrial Activity Area Specific Findings	_		-	****			
omplete one block for each industrial activity area where pollutants may be	P PY	nosed t	0.5	torm water Convithis page for additional industrial			
lomplete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.							
In reviewing each area, you should consider:							
 Industrial materials, residue, or trash that may have or could come into cor Leaks or spills from industrial equipment, drums, tanks, and other containe 	ntact	with sto	orm	water;			
Offsite tracking of industrial or waste materials from areas of no exposure to the container.	rs;	enosed a	rea	s: and			
 Tracking or blowing of raw, final, or waste material from areas of no exposu 	ure t	o expos	ed a	areas.			
Industrial Activity Area:							
1. Brief Description:							
1. Brief Description: Snow disposal							
			_				
Are any control measures in need of maintenance or repair?	L	Yes		No			
3. Have any control measures failed and require replacement?		Yes	L	No			
4. Are any additional/revised control measures necessary in this area?		Yes	6	No			
If YES to any of these three questions, provide a description of the probleattached Corrective Action Form.)							
watchte not staked on E	-	c+	7	Ellout			
watchake not staked on L	<u>,</u> a	> ((
	_		_				
Industrial Activity Area:							
1. Brief Description:							
2. Are any control measures in need of maintenance or repair?		Yes	T	No			
3. Have any control measures failed and require replacement?		Yes	T	No			
4. Are any additional/revised control measures necessary in this area?		Yes	T	No			
If YES to any of these three questions, provide a description of the probl	em	: (Any n	ece	essary corrective actions should be described on the			
attached Corrective Action Form.)							
Industrial Activity Area:							
1. Brief Description:							
380000000000							
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	Г	No			
If YES to any of these three questions, provide a description of the problem	em	: (Any n	ece	essary corrective actions should be described on the			
attached Corrective Action Form.)							
)							

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		No	ote	: Copy this page and attach additional pages as necessary.	
industrial Activity Area:					
1. Brief Description:					
2. Are any control measures in need of maintenance or repair?		Yes		No	
3. Have any control measures failed and require replacement?		Yes		No	
4. Are any additional/revised control measures necessary in this area?		Yes		No	
If YES to any of these three questions, provide a description of the pro	blen	n: (Any r	nec	essary corrective actions should be described on the	
attached Corrective Action Form.)					
Industrial Activity Area:		-	-		
1. Brief Description:					
2. Are any control measures in need of maintenance or repair?		Yes	_	No	
Have any control measures failed and require replacement?	┝	Yes	-	No	
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:					
Are any control measures in need of maintenance or repair?		Yes	Т	No	
3. Have any control measures failed and require replacement?	F	Yes	十	No	
Are any additional/revised control measures necessary in this area?	-	Yes	F	No	
If YES to any of these three questions, provide a description of the pro	bler	-	nec		
attached Corrective Action Form.)				second of the second se	
)					

Permit Tracking #	
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Section IV. Corrective Actions					
omplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy					
this page for additional corrective actions or reviews.					
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your					
previous annual report.					
1. Corrective Action # / of / for this reporting period.					
2. Is this corrective action:					
An update on a corrective action from a previous annual report; or					
A new corrective action?					
3. Identify the condition(s) triggering the need for this review:					
Unauthorized release of discharge					
Numeric effluent limitation exceedance					
Control measures inadequate to meet applicable water quality standards					
Control measures inadequate to meet non-numeric effluent limitations					
Control measures not properly operated or maintained					
Other (describe):					
4. Briefly describe the nature of the problem identified:					
4. Briefly describe the nature of the problem identified: variables on East outfall Not Staked					
variates on Last sortain					
5 December 1 december 1 2 2 1 2					
5. Date problem identified: 9(27(19)					
6. How problem was identified:					
Comprehensive site inspection					
Quarterly visual assessment					
Routine facility inspection					
☐ Benchmark monitoring					
Notification by EPA or ADEC					
Other (describe): annual Inspection					
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:					
Staked waddles down.					
Stated wantes don't.					
8. Did/will this corrective action require modification of you SWPPP? Yes in No					
S. J.					
9. Date corrective action initiated: 9/27/19					
9. Date corrective action initiated: 9/27/19 10. Date corrective action completed: 9/27/19 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:					

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Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?	Yes No
If No, summarize why you are not in compliance with the permit:	
nnual Report Certification	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a sy issure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who may refer the person or persons who may be persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true omplete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	anage the system,
Name of Authorized Representative: Stareen (Murch Title: SWPP Inspe	etor
Name of Authorized Representative: Steven (Murch Title: SWPP Inspection and Steven Church Signature: Date Signed: 9/27/19 Email: Steven Church	h@algska.s

Girdwood SPCC Annual Inspection Checklist

The annual inspection must be completed each year with a more thorough individual evaluation of each oil storage tank, secondary containment, and piping. Deficiencies are to be addressed promptly by repairing or ordering parts. Provide further description and comments, if necessary, on a separate sheet of paper and attach to this sheet. An annual inspection replaces a monthly inspection in the month in which it was performed.

Date: 4	10/2019	Time: 12:30pm	Inspector: Par (Berthol)
√= Sati	factory N/A		
-	rainage Aroun		epair required ¶ = See Comment under Remark Pipes
U No	noticeable oil sh	neen on surfaces	
L No	erosion issues	Total Callados	Buried pipelines are not exposed
			Out-of-service pipes are capped
INO	stressed or woo	dy vegetation	Signs/barriers posted and legible to protect pipelines from vehicles
Out	alls protected f	rom spills (BMPs in place)	Pipes is not bent or damaged
			No leaks at valves, seals, flanges, or other
			fittings fittings
			No significant signs of corrosion damage to
			pipe or supports
ecurity			
	on actes and I		Fuel Transfer Area
Roll	erde/tank harris	ocks functioning properly	Emergency shut off valve operational (test
ther	are none	rs around tank(s), install if	Warning signs are posted and legible
		ar andaha in anad	Training signs are posted and legible
(ins	all additional lig	or safety in work areas hting if there is not	Secondary containment under fuel
eno	iah)	itting it there is not	dispenser hose to catch drips
		signs on fence intact	
and	legible (No Smo	oking, Authorized	Front of fuel dispenser unit opened to verif
Pers	onnel Only)	9, 7 (41) (12)	no leaks or spills have collected in the
Fire	extinguishers h	ave current inspections	bottom pan
Corr	ect type of extir	guisher at tank for the	
type	of material stor	ed	
raining			Indoor Storage Areas
Spill	prevention brief	fing held once a year	Used oil properly stored, labeled, and
			disposed of (old labels are blacked out)
- I rail	ing records are	in order	Drum storage has secondary containment
New	employees hav	e been SPCC trained	Oil/Water separator has oil sheen: place an
		The state of the s	absorbent pad to soak up sheen.
ADE	omorgonous		Station has an adequate spill kit for the size
ADL	s emergency pr	acards posted in facility	of fuel tank on site and kit is complete
			(check and note missing items below)
			Spill kit is clearly labeled and has a sign on
			the wall to mark its location
			New fluid containers are marked with
			manufacturer's label
			Lids are securely on containers. (If being
			used during the day the lids can be open, but must be secured at the end of the work
			day)
			(44)
ove Gro	nd Storage Tar	nk #1- 4,000 gallon	Portable Tank #2-99 gallon
or dri	os	ed for signs of leakage	Tank surfaces checked for signs of leakage or drips
lank	are not damag	ed or significantly	Tanks are not damaged or significantly
Polt	or deteriorated		rusted or deteriorated
not da	maged, cracke	eams, and hoses are d, or significantly rusted	Tank contents clearly labeled on tank
No le	aks at valves, flast connecting to	anges, seals or other	Tank fluid quantity clearly labeled (i.e.

Above Ground Storage Tank #4- Drums
Drum surfaces checked for signs of leakage or drips (no significant rusting, corrosion, discoloration, etc.)
General drum condition (F) fair, (G) good or (E) excellent
Lid closed when not actively being used
Secondary containment under drums has no fluid or debris
Drums stored inside or under cover on an impermeable surface
Used fluids being disposed of regularly (not an excess of drums in the facility)
Drums labeled properly, including empties

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Alaska Department of Environmental Conservation **MSGP Annual Reporting Form**

Facility Name					
Oi-t		APDES P	ermit Tracki	ing Number	
	d DOT Maintenance station			AKS-0525	58
Facility Physical Address					
Street	City			State	Zip Code
388 Toadstool F	₹d.	Girdwood		Alaska	99587
Contact Person	Title	Phone	Email	1	
Paul Bertholl	Girdwood Foreman	783-2232		paul.bertholl(@alaska.gov
ead Inspector's Name	Additional Inspector's Name	Additional Inspector's Nar	me	Inspection D	ate
Paul Bertholl	Robert McDonald				04/10/2019
Section II. General Inspect	ion Findings				
If NO, describe why not					
 Did this inspection identify identified in your SWPPP? 	form for each industrial activity area and ants may be exposed to storm water. y any storm water or non-storm water, describe the sources of those storm	vater outfalls not previou	usly	Yes	✓ No

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	remit tracking #:	_
3.	Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:	
4.	Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? NA, no monitoring performed performed	
	If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:	
On th	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: e Southeast corner outfall, winter sand had accumulated at the wattles and inlet of the culvert area. No pollutants discharged the culvert to surface waters. We also not up the winter and in the culvert to surface waters.	
from	the culvert to surface waters. We cleaned up the winter sand and replaced the wattles.	
S	lave you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, ince your last annual report submission (or since you received authorization to discharge	
L	inder this permit if this is your first annual report), including any corrective actions identified ✓ Yes	
21.40	If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?	
this c	Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of imprehensive storm water inspection.	

Permit Tracking #: _

Section III. Industrial Activity Area Specific Findings	
Complete one block for each industrial activity area where pollutants may be exposed to storm wat	ter. 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	
 Leaks or spills from industrial equipment, drums, tanks, and other containers; 	n water;
 Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas 	as: and
 Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed a 	areas.
Industrial Activity Area: Southeast corner	areas.
1. Brief Description:	
Southeast corner is the only out fall from the site. Water enters the area and flows the	hrough wattles before entering the discharge
cuiveit.	modern watties before entering the discharge
Wattles needed replaced and winter sand needed to be shovel out.	
2. Are any control measures in need of maintenance or repair?	
any control measures in need of maintenance of repair?	✓ Yes No
Have any control measures failed and require replacement?	✓ V □
and require replacement:	✓ Yes No
4. Are any additional/revised control measures necessary in this area?	Vos. 🚺 No.
	Yes ✓ No
If YES, to any of these three questions, provide a description of the problem: (Any the attached Corrective Action Form.)	y necessary corrective actions should be described on
Winter sand has collected at wattles and the wattle have degraded.	
and the wattle have degraded.	
Industrial Activity Area:	
1. Brief Description:	
South end.	
The South end had no out fall areas. There is a berm as the BMP long the fence line	in this area.
BMP's in place and working.	
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 the attached Corrective Action Form.)	necessary corrective actions should be described on
and detached corrective Action Form.)	

Permit Tracking #:

Industrial Activity Area:		
Brief Description: Southwest side.		
Entrance to facility and main traffic area. There is a berm and ditch along this side. Both a	are working properly	
	are working properly	
2. Are any control measures in need of maintenance or repair?	Yes	√ No
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 nece		
the attached Corrective Action Form.)	and the second delication	is smould be described on
Industrial Activity Area:		
Brief Description: North end.		
Supply storage and equipment parking. Stockpiles. This end has natural BMP which consi	st of hillside banks.	The BMP's are working
well.		3
2. Are any control measures in need of maintenance or repair?	Yes	√ No
Have any control measures failed and require replacement?	Yes	✓ No
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 neces		
the attached Corrective Action Form.)	sary corrective actions	stitutia be described on

_						
Po	rm	it T	rac	vin	T	# .

	Corrective Ac				
Include both co	orrective actions oms identified in	that have been initiated or co	mpleted since the last annua	al report and future c	corrective action is needed. Copy orrective actions needed to ng corrective actions that had not
1. Correctiv	e Action # 1	of 1	for this reporting	period.	
□	A new correctiv	corrective action from a p			
4. Briefly des	Numeric efflue Control measur Control measur Control measur Change in facili Average benchr Other (describe	release of discharge Int limitation exceedance The sinadequate to meet approximate in the sinadequate to meet non The sinadequate to meet approximate of the properties of the problem identified outfall have degraded and very sinade out	n-numeric effluent limitat or maintained change in control measur	res	
5. Date prob	lem identified:	3/19/2019			
6. How prob	em was identif	ied:			
		site inspection			
	outine facility i				
	otification by E				
	ther (describe)				
determina	ons or repairs t tion.	action(s) taken or to be tak o control measures, analysi area and replace wattles.	en to eliminate or furthe is to be conducted, etc.) o	r investigate the properties or if no modification	oblem (e.g., describe n is needed, basis for that
8. Did/will thi	s corrective ac	tion require modification o	f your SWPPP?	Yes	No

Permit Tracking #:

be completed:
ne completed:
oc completed.
as the time of the comprehensive site vith each step) necessary to complete the vi2019.
e permit, and e in Yes No
under my direction or supervision in er and evaluate the information submitted. son directly responsible for gathering the d complete. I am aware that there are and imprisonment for knowing violations.
paul.bertholl@alask
Email
4/29/20/9 Date Signed