

Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information

Facility Name Birchwood Station		APDES Permit Tracking Number AKS-052558	
Facility Physical Address			
Street 20651 Birchwood Spur		City Chugiach	State Alaska
			Zip Code 99567
Contact Person Steven Church	Title SWPP Inspector	Phone 440-8460	Email Steven.Church@alaska.gov
Lead Inspector's Name Steven Church	Additional Inspector's Name	Additional Inspector's Name	Inspection Date 5/29/20

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 Signs of Pollutants still Has clean Snowmelt Runoff.

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No

If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas. In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with 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:

1. Brief Description: **Fuel Tank**
Spill Kit full
Tank Clean
Containment Clean

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: **Maintance Building**
4 Bays for Equipment. 2 Bays for Fire Rescue and
2 For Dot
Spill Kit full

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: **Sand Storage Building**
5000 gal Salt Brine tank
Spill Kit full

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: **warm Storage**
Equipment 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

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

Section IV. Corrective Actions

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 0 of _____ for this reporting period.

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

9. Date corrective action initiated:

10. Date corrective action completed: _____ Or expected to be completed: _____

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

Section V. Annual Report Certification

Compliance Certification

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, 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 person directly responsible for gathering 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.

Steve Church Name of Authorized Representative SWRP Inspector Title Steven.Church@alaska.gov Email

[Signature] Signature 5/28/20 Date Signed