



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information

Facility Name: **Kloep Station Maintenance & Storage Facility**

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

Facility Physical Address

Street: **5601 Northwood Drive**

City: **Anchorage**

State: **Alaska**

Zip: **99502**

Lead Inspector's Name: **Jenny Liljedahl**

Title: **SWPPP Inspector**

Additional Inspectors Names: **Jonathan Petrunic**

Contact Person: **Eric Hodgson**

Title: **Superintendent**

Phone: **(907)343-8100**

Email: **eric.hodgson@anchorageak.gov**

Inspection Date: **10/12/2020**

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 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?

Four (4) 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: **Fueling Station**

1. Brief Description:

Onsite fueling for diesel and gas municipal vehicles.

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. 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 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 <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 <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):</p>	
<p>4. Briefly describe the nature of the problem identified: Oil booms need to be replaced.</p>	
<p>5. Date problem identified: 4/27/2020</p>	
<p>6. How problem was identified:</p> <p><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):</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: Oil booms were replaced.</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: 4/27/2020</p>	
<p>10. Date corrective action completed: _____ Or expected to be completed: 5/31/2020</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: Corrective action complete with allowable time due to COVID-19.</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>	
1. Corrective Action # 2 of 4 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:	
<p>Spring thaw was occurring and inlet protection needed to be installed.</p>	
5. Date problem identified: 4/27/2020	
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:	
<p>Inlet protection was installed.</p>	
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: 4/27/2020	
10. Date corrective action completed: _____ Or expected to be completed: 5/31/2020	
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>Corrective action complete with allowable time due to COVID-19.</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 # <u>3</u> of <u>4</u> 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: Spring thaw was occurring and inlet protection needed to be installed.	
5. Date problem identified: <u>4/27/2020</u>	
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: Inlet protection was installed.	
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: <u>4/27/2020</u>	
10. Date corrective action completed: Or expected to be completed: <u>5/31/2020</u>	
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 with allowable time due to COVID-19.	

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: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
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>12/7/2020</u> Email: <u>eric.hodgson@anchorageak.gov</u>



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
Kloep Station Snow Disposal Site		N/A	
<i>Facility Physical Address</i>			
Street		City	State
5600 Block of Northwood Drive		Anchorage	Alaska
Zip Code			
99502			
Contact Person	Title	Phone	Email
Eric Hodgson	Superintendent	(907) 343-8100	eric.hodgson@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Jenny Liljedahl	Patrick Butler		10-12-2020

Section II. General Inspection Findings	
<p>1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? If NO, describe why not:</p>	<p style="text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>

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.

<p>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:</p>	<p style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
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Permit Tracking #: _____

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 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: 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:

1. Brief Description:

Snow disposal pad: 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:

1. Brief Description:

Vegetated buffers: 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.)*

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

- 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

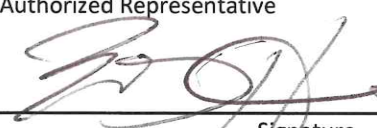
Do you certify that your annual inspection has met the requirements of Part 6.3 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No

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

Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.

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.

Eric Hodgson	Superintendent	eric.hodgson@anchorageak.gov
_____ Name of Authorized Representative	_____ Title	_____ Email
 _____ Signature		12/7/2020 _____ Date Signed



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information		
Facility Name: Sitka Street Snow Disposal Site		
APDES Permit Tracking Number: N/A		
<u>Facility Physical Address</u>		
Street: 1505 Sitka Street		
City: Anchorage	State: Alaska	Zip: 99501
Lead Inspector's Name: Jenny Liljedahl		Title: SWPPP Inspector
Additional Inspectors Names: Patrick Butler		
Contact Person: Eric Hodgson		Title: Superintendent
Phone: (907) 343-8100		Email: eric.hodgson@anchorageak.gov
Inspection Date: 10/14/2020		
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 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?

No Corrective Actions for this site.

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 utilize this access road during facility operations.</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: Sitka Street Snow Disposal Site</p> <p>1. Brief Description: Industrial equipment travel across this pad during facility operations.</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 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>	

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 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:

Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.

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:

12/7/2020

Email: eric.hodgson@anchorageak.gov



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information			
Facility Name: Orca Street Lighting Storage Facility			
APDES Permit Tracking Number: N/A			
<u>Facility Physical Address</u>			
Street: 245 Orca Street			
City: Anchorage	State: Alaska	Zip: 99501	
Lead Inspector's Name: Jenny Liljedahl		Title: SWPPP Inspector	
Additional Inspectors Names: Patrick Butler			
Contact Person: Eric Hodgson		Title: Superintendent	
Phone: (907) 343-8100		Email: eric.hodgson@anchorageak.gov	
Inspection Date: 10-15-2020			
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 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?

One (1) condition was identified in 2020 as needing a corrective action. The corrective action was 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?	<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>
1. Corrective Action # <u> 1 </u> of <u> 1 </u> 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 on the MS4 inlet located on Orca St.
5. Date problem identified: <u>04/24/2020</u>
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: <u>04/26/2020</u>
10. Date corrective action completed: <u>05/27/2020</u> Or expected to be completed:
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:
Corrective action complete.

Section V. Annual Report Certification	
Compliance Certification	
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
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>12/7/2020</u> Email: <u>eric.hodgson@anchorageak.gov</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:
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?

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:

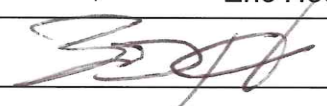
1. Brief Description:

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 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: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
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: 12/7/2020 Email: eric.hodgson@anchorageak.gov

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	
<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: Access road</p> <p>1. Brief Description: Industrial equipment utilize this access road during facility operations.</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: RAP storage pads</p> <p>1. Brief Description: Industrial equipment is stored in these 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 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>One (1) condition was identified in 2020 that required a Corrective Action.</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 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: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
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>12/7/2020</u> Email: <u>eric.hodgson@anchorageak.gov</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:
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?

Three (3) conditions were identified in 2020 that required 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	
<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 utilize this access road during facility operations.</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 travel across this pad during facility operations.</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 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>	

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 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:

Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.

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:

12/7/2020

Email: eric.hodgson@anchorageak.gov

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?

No Corrective Actions were identified in 2020 for this site.

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 utilize this access road during facility operations.</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 cross this pad during facility fall preparation and winter operations.</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 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>	

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 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: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
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: 12/1/2020 Email: eric.hodgson@anchorageak.gov

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?

One (1) condition was identified in 2020 that required 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	
<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</p> <p>1. Brief Description: Industrial equipment directly utilize these access roads during facility operations.</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 the pads during facility operations</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 flow 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>	

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.

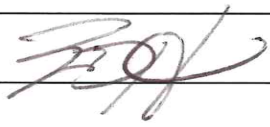
2. Are any control measures in need of maintenance or repair? Yes No

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 1 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): Perimeter access control needed to be replaced.</p>
<p>4. Briefly describe the nature of the problem identified:</p> <p>The lock for the perimeter access gate was misplaced.</p>
<p>5. Date problem identified: 7/17/2020</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>A new lock has been provided.</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: 7/17/2020</p>
<p>10. Date corrective action completed: NA Or expected to be completed: 8/7/2020</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: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
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>12/1/2020</u> Email: <u>eric.hodgson@anchorageak.gov</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:
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?

One (1) condition was identified in 2020 as needing a Corrective Action.

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	
<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 utilize this access road during facility operations.</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 cross this pad during facility fall preparation and winter operations.</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 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>	

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:

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 1 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): Damage to perimeter fence by trespass.</p>	
<p>4. Briefly describe the nature of the problem identified:</p> <p>Four areas along the north perimeter fence needed to be repaired.</p>	
<p>5. Date problem identified: 5/19/2020</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>Repair/patching of chain link fence material.</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: 5/20/2020</p>	
<p>10. Date corrective action completed: _____ Or expected to be completed: 6/5/2020</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:

Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.


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:

12/7/2022

Email:

eric.hodgson@anchorageak.gov

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?

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 utilize 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 travel 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: Vegetated buffers</p> <p>1. Brief Description: Stormwater or runoff 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>	

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:

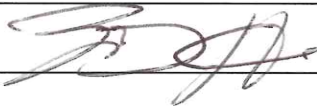
1. Brief Description:

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: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.	
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>12/7/2020</u> Email: <u>eric.hodgson@anchorageak.gov</u>