

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?
If NO, describe why not:
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your
SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No. Ves. No. No. No. No. no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
 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								
Complete one block for each industrial activity area where pollutants may be activity areas.	ex	posed	to s	torm water. Copy this page for additional industrial				
In reviewing each area, you should consider:								
Industrial materials, residue, or trash that may have or could come into cor		with st	orm	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 exposu								
Industrial Activity Area: Pavement / access road								
1. Brief Description:								
Industrial equipment utilize the access road and paved areas.								
Are any control measures in need of maintenance or repair?		Yes	V	7 No				
3. Have any control measures failed and require replacement?	F	Yes	7	No				
4. Are any additional/revised control measures necessary in this area?	П	Yes	Ė	No				
If YES to any of these three questions, provide a description of the probl	em		nece					
attached Corrective Action Form.)				,				
Industrial Activity Area: Vegetated buffers								
1. Brief Description:								
Stormwater or runoff exposed to industrial equipment	fla	owe t	hr	augh the vegetated buffers				
otornwater or runon exposed to industrial equipment	ш	JVVS L	.111	bugit the vegetated bullers.				
			_					
Are any control measures in need of maintenance or repair?	Ш	Yes	✓	No				
3. Have any control measures failed and require replacement?	Ш	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: Vac truck disposal area								
1. Brief Description:								
Sedimentation basin for vac truck disposal								
Dedimentation pasin for vac truck disposal								
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	1	No				
If YES to any of these three questions, provide a description of the proble	em:	(Any n	ece	ssary corrective actions should be described on the				
attached Corrective Action Form.)								

		N	lote	: 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.									
choice realing for dieder and gas manicipal veriloies.									
2. Are any control measures in need of maintenance or repair?		Yes	1	No					
3. Have any control measures failed and require replacement?	e any control measures failed and require replacement?								
4. Are any additional/revised control measures necessary in this area?									
If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)	olen	n: (Any	nec	essary corrective actions should be described on the					
Industrial Activity Area:									
1. Brief Description:									
2. Are any control measures in need of maintenance or repair?	H	Yes	H	No					
Have any control measures failed and require replacement?	H	Yes	H	No					
Are any additional/revised control measures necessary in this area? If YES to any of these three questions, provide a description of the probability.	Jor	Yes		No					
attached Corrective Action Form.)	леп	i. (Ally	nece	essary corrective actions should be described on the					
Industrial Activity Area:									
1. Brief Description:									
Are any control measures in need of maintenance or repair?		Yes		No					
Have any control measures failed and require replacement?	۲	Yes	H	No					
4. Are any additional/revised control measures necessary in this area?	╡	Yes	H	No					
If YES to any of these three questions, provide a description of the prob	lem		nece						
attached Corrective Action Form.)				,					

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 4 for this reporting period.
2. Is this corrective action:
 ☐ An update on a corrective action from a previous annual report; or ☑ A new corrective action?
3. Identify the condition(s) triggering the need for this review:
☐ Unauthorized release of discharge ☐ Numeric effluent limitation exceedance ☐ Control measures inadequate to meet applicable water quality standards ☐ Control measures inadequate to meet non-numeric effluent limitations ☑ Control measures not properly operated or maintained ☐ Change in facility operations necessitated change in control measures ☐ Average benchmark value exceedance
Other (describe):
4. Briefly describe the nature of the problem identified: Oil booms need to be replaced.
5. Date problem identified: 4/27/2020
6. How problem was identified:
□ Comprehensive site inspection □ Quarterly visual assessment ☑ Routine facility inspection □ Benchmark monitoring □ Notification by EPA or ADEC □ Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Oil booms were replaced.
8. Did/will this corrective action require modification of you SWPPP? Yes V 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: Corrective action complete with allowable time due to COVID-19.

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 2 of 4 for this reporting period.
2. Is this corrective action:
□ An update on a corrective action from a previous annual report; or☑ A new corrective action?
3. Identify the condition(s) triggering the need for this review:
 Unauthorized release of discharge Numeric effluent limitation exceedance Control measures inadequate to meet applicable water quality standards Control measures inadequate to meet non-numeric effluent limitations ✓ Control measures not properly operated or maintained Change in facility operations necessitated change in control measures Average benchmark value exceedance
Other (describe):
4. Briefly describe the nature of the problem identified: Spring thaw was occurring and inlet protection needed to be installed.
5. Date problem identified: 4/27/2020
6. How problem was identified:
□ Comprehensive site inspection □ Quarterly visual assessment ☑ Routine facility inspection □ Benchmark monitoring □ Notification by EPA or ADEC □ Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Inlet protection was installed.
8. Did/will this corrective action require modification of you SWPPP? Yes V 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: Corrective action complete with allowable time due to COVID-19.

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 3 of 4 for this reporting period.
2. Is this corrective action:
 ☐ An update on a corrective action from a previous annual report; or ☑ A new corrective action?
3. Identify the condition(s) triggering the need for this review:
 Unauthorized release of discharge Numeric effluent limitation exceedance Control measures inadequate to meet applicable water quality standards Control measures inadequate to meet non-numeric effluent limitations ✓ Control measures not properly operated or maintained Change in facility operations necessitated change in control measures
Average benchmark value exceedance Other (describe):
4. Briefly describe the nature of the problem identified: Spring thaw was occurring and inlet protection needed to be installed.
5. Date problem identified: 4/27/2020
6. How problem was identified:
Comprehensive site inspection Quarterly visual assessment ✓ Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Inlet protection was installed.
8. Did/will this corrective action require modification of you SWPPP? Yes V 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: Corrective action complete with allowable time due to COVID-19.

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 4 of 4 for this reporting period.
2. Is this corrective action:
 □ 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:
Gator Guards needed to be installed at Discharge Point #2.
5. Date problem identified: 6/01/2020
6. How problem was identified:
Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
☐ Benchmark monitoring ☐ Notification by EPA or ADEC
Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Gator Guards installed at Discharge Point #2.
8. Did/will this corrective action require modification of you SWPPP? Yes No
9. Date corrective action initiated: 6/01/2020
10. Date corrective action completed: Or expected to be completed: 6/12/2020
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:

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Section I. General Informatio	n							
Facility Name				APDES P	ermit Trackin	g Number		
Kloep Sta	ation Snow Dispos	al Site				N/A		
Facility Physical Address								
Street		City				State	Zip Code	
5600 Block of Northwood			Anchorage			Alaska	99502	
Contact Person	Title		Phone		Email			
Eric Hodgson		rintendent	(907) 343				nchorageak.gov	
Lead Inspector's Name	Additional Inspect		Additional Insp	ector's Nan	ne		spection Date	
Jenny Liljedahl	Patricl	k Butler					10-12-2020	
Section II. General Inspection	Findings							
sources, including areas whe	ere industrial ac	tivity may be expos	sed to storm	water?		√ Yes		
Note: Complete Section III of this for parts 2 and 3 below, where pollutaria. 2. Did this inspection identify a	ts may be expose	d to storm water.				or as newly d	efined, in Section II	
identified in your SWPPP?	, 5.5	Storm wate	c. Gacians III	z pi cvioc		Yes	√ No	
If YES, for each location, de measures in place:	escribe the source	es of those storm wa	ter and non-st	orm wate	er discharge	s and any asso	ociated control	

	Trac	

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No ✓ 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 Yes No
as a result of this annual comprehensive site inspection?
If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?
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.

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Section III. Industrial Activity Area Specific Findings
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.
In reviewing each area, you should consider:
 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;
 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 of howing 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 Vo
4. Are any additional/revised control measures necessary in this area? Yes Vo
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 V No
3. Have any control measures failed and require replacement? Yes Vo
4. Are any additional/revised control measures necessary in this area?
If YES, to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Permit	Track	ing #	:
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Industrial Activity Area:	
Brief Description: Vegetated buffers: Stormwater or runoff exposed to	o 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 V No
4. Are any additional/revised control measures necessary in this a	area? Yes 🗹 No
If YES, to any of these three questions, provide a description of the attached Corrective Action Form.)	he problem: (Any necessary corrective actions should be described on
,	
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 a	rea? Yes No
If YES, to any of these three questions, provide a description of the the attached Corrective Action Form.)	ne problem: (Any necessary corrective actions should be described on
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Permit '	Tracking #:
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	ection IV. Corrective Actions mplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy							
thi	is page for additional corrective actions or reviews. Clude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to							
ade	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. Output Description:							
2.								
	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.	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?							

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Permit Tracking #: _

9. Date corrective action initiated:		
10. Date corrective action completed:	Or expected to b	pe completed:
If corrective action not yet completed, provide inspections and describe any remaining steps corrective action:		
Section V. Annual Report Certification		
Compliance Certification Do you certify that your annual inspection has menthat, based upon the results of this inspection, to a compliance with the permit? If NO, summarize why you are not in compliance.	the best of your knowledge, you are	e permit, and e in 🕢 Yes 🗌 No
Municipality of Anchorage Facilities are	e not regulated under condi	tions set forth by the Multi-sector
permit, but by its MS4 instead.		
Annual Report Certification		
I certify under penalty of law that this document accordance with a system designed to assure tha Based on my inquiry of the person or persons wh information submitted is, to the best of my know significant penalties for submitting false informat	t qualified personnel properly gathe to manage the system, or those per rledge and belief, true, accurate, and	er and evaluate the information submitted. son directly responsible for gathering the d complete. I am aware that there are
Eric Hodgson	Superintendent	eric.hodgson@anchorageak.gov
Name of Authorized Representative Signature	Title	Email 12/1/2020 Date Signed



Section I. General Information
Facility Name: Sitka Street Snow Disposal Site
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 1505 Sitka Street
City: Anchorage State: 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?
If NO, describe why not:
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to
identify potential pollutant hotspots?
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 Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas. In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come into contact with storm water; Leaks or spills from industrial equipment, drums, tanks, and other containers; Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas. Industrial Activity Area: RAP access road					
1. Brief Description:					
Industrial equipment utilize this access road during fa	acı	lity o	ре	rations.	
2. Are any control measures in need of maintenance or repair?		Yes	V	No	
3. Have any control measures failed and require replacement?		Yes	V	No	
4. Are any additional/revised control measures necessary in this area?		Yes	V	No	
If YES to any of these three questions, provide a description of the probl attached Corrective Action Form.)	em	: (Any	nece	essary corrective actions should be described on the	
Industrial Activity Area: Sitka Street Snow Disposal Site					
1. Brief Description: Industrial equipment travel across this pad during facility operations.					
Are any control measures in need of maintenance or repair?		Yes	./	No	
3. Have any control measures failed and require replacement?	Н	Yes	1.	No	
4. Are any additional/revised control measures necessary in this area?	H	Yes	+	No	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)					
Industrial Activity Area: Vegetated buffers					
Brief Description: Stormwater or runoff exposed to industrial equipment flows through these buffers.					
. Are any control measures in need of maintenance or repair?					
B. Have any control measures failed and require replacement?					
4. Are any additional/revised control measures necessary in this area?					
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)					

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	C	ollect	bo	th snow melt and storm water		
Are any control measures in need of maintenance or repair?						
3. Have any control measures failed and require replacement?		Yes	✓	No		
4. Are any additional/revised control measures necessary in this area?		Yes	✓	No		
If YES to any of these three questions, provide a description of the prol attached Corrective Action Form.)	bler	n: (Any	nec	essary corrective actions should be described on the		
attached corrective Action Form.)						
Industrial Activity Area:						
1. Brief Description:						
2. Are any control measures in need of maintenance or repair?		Yes		No		
3. Have any control measures failed and require replacement?		Yes		No		
4. Are any additional/revised control measures necessary in this area? Yes No						
If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)	olen	n: (Any	nece	essary corrective actions should be described on the		
attached Corrective Action Form.)						
Industrial Activity Area:						
1. Brief Description:						
	_					
2. Are any control measures in need of maintenance or repair?	Ц	Yes	Ц	No		
Have any control measures failed and require replacement?	Щ	Yes	Ц	No		
4. Are any additional/revised control measures necessary in this area?						
If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)	len	n: (Any	nece	essary corrective actions should be described on the		
attached corrective action rotting						

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 Benchmark monitoring Notification by EPA or ADEC Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:
8. Did/will this corrective action require modification of you SWPPP? Yes No
9. Date corrective action initiated:
10. Date corrective action completed: Or expected to be completed:
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?
If No, summarize why you are not in compliance with the permit:
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: 1/1/222 Email: eric.hodgson@anchorageak.gov



Section I. General Information		
Facility Name: Orca Street Lighting Storage Facility		
APDES Permit Tracking Number: N/A		
Facility Physical Address		
Street: 245 Orca Street		
City: Anchorage State: Alaska Zip: 99501		
Lead Inspector's Name: 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?		
If NO, describe why not:		
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.		
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?		
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:		

	For Agency Use
Permit Tracking #	N/A

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No. Wes NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
 Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: No 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.

	For Agency Use
Permit Tracking #	N/A

Section III. Industrial Activity Area Specific Findings	Section III. Industrial Activity Area Specific Findings			
Complete one block for each industrial activity area where pollutants may be	Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial			torm water. Copy this page for additional industrial
activity areas.				
In reviewing each area, you should consider: • Industrial materials, residue, or trash that may have or could come into cor	ntact	with st	orm	water:
Leaks or spills from industrial equipment, drums, tanks, and other containe				
Offsite tracking of industrial or waste materials from areas of no exposure to the control of the control				•
Tracking or blowing of raw, final, or waste material from areas of no exposus Industrial Activity Area: RAP access roads and pad	ure t	o expos	ed a	ireas.
1. Brief Description:) A D		and words and word
Industrial equipment travels along and is stored in the	e r	KAP	ac	cess roads and pad.
2. Are any control measures in need of maintenance or repair?		Yes	V	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 problems to the description of the problems of the proble	lem	: (Any r	nece	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Vegetated buffers				
1. Brief Description:				
Stormwater exposed to industrial equipment flows thr	ou	gh th	nes	se 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	V	No
If YES to any of these three questions, provide a description of the probl	em:	(Any r	iece	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area:				
1. Brief Description:				
1. Shel bescription.				
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 probl	em:	(Any n	ece	ssary corrective actions should be described on the
attached Corrective Action Form.)				

Note: Copy this page and attach additional pages as necessary.				
Industrial Activity Area:				
1. Brief Description:				
2. Are any control measures in need of maintenance or repair?		Yes		No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?		Yes		No
If YES to any of these three questions, provide a description of the prol attached Corrective Action Form.)	blen	n: (Any	nec	essary corrective actions should be described on the
attached corrective Action Form.)				
Industrial Activity Area:				
1. Brief Description:				
	_			
2. Are any control measures in need of maintenance or repair?	Ц	Yes		No
3. Have any control measures failed and require replacement?	Ц	Yes		No
4. Are any additional/revised control measures necessary in this area?	Ц	Yes		No
If YES to any of these three questions, provide a description of the prokattached Corrective Action Form.)	olen	n: (Any i	nece	essary corrective actions should be described on the
,				
Industrial Activity Area:				
1. Brief Description:				
2 Are any control massives in mod of maintainess as sensit?		V		No
Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement?	H	Yes	H	No No
Are any additional/revised control measures necessary in this area?	님	Yes	님	No No
If YES to any of these three questions, provide a description of the prob	olem	Yes o: (Any r	nece	
attached Corrective Action Form.)	,,,,,,	(,, .		issuity confective actions should be described on the

	For Agency Use
Permit Tracking #	N/A

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 1 for this reporting period.
2. Is this corrective action:
 □ 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: Install inlet protection on the MS4 inlet located on Orca St.
5. Date problem identified: 04/24/2020
6. How problem was identified:
□ Comprehensive site inspection □ Quarterly visual assessment ☑ Routine facility inspection □ Benchmark monitoring □ Notification by EPA or ADEC □ Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Install inlet protection.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 04/26/2020
10. Date corrective action completed: 05/27/2020 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.

	For Agency Use
Permit Tracking #	N/A

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?
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: /2/1/2027 Email: eric.hodgson@anchorageak.gov
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



Section I. General Information	
Facility Name: Native Heritage Center Snow Disposal Site	
APDES Permit Tracking Number: N/A	
Facility Physical Address	
Street: 8902 Heritage Center Drive	
City: Anchorage State: Alaska Zip: 99504	
Lead Inspector's Name: Jenny Liljedahl Title: SWPPP Inspector	
Additional Inspectors Names: Patrick Butler	
Contact Person: Eric Hodgson Title: Superintendent	
Phone: (907) 343-8100 Email: hodgsoned@ci.anchorage.ak.us	
Inspection Date: 10-19-2020	
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?	
If NO, describe why not:	
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.	
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?	
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated	
control measures in place:	

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?			
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:			
any control measures in place.			
4. Did you region storm water manifesing data as next of this inspection to			
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No. Wes No.			
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:			
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:			
No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.			
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report			
submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?			
Yes No			
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?			
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of			
this comprehensive storm water inspection.			

Section III. Industrial Activity Area Specific Findings				
Complete one block for each industrial activity area where pollutants may be	ex	posed	to s	torm water. Copy this page for additional industrial
activity areas.				
In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come into con	tact	with c	torm	n water
Leaks or spills from industrial equipment, drums, tanks, and other containe		. WILII S	tom	i water,
 Offsite tracking of industrial or waste materials from areas of no exposure t 				
Tracking or blowing of raw, final, or waste material from areas of no exposulativity Area: DAD accessory and descriptions.	ure t	о ехро	sed :	areas.
Industrial Activity Area: RAP access road				
1. Brief Description:				
Industrial equipment utilizes this access road.				
2. Are any control measures in need of maintenance or repair?		Yes	V	No
3. Have any control measures failed and require replacement?		Yes	V	No
4. Are any additional/revised control measures necessary in this area?		Yes	V	No
If YES to any of these three questions, provide a description of the probl	em	: (Any	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Snow disposal pad				
1. Brief Description:				
Industrial equipment travels across this pad.				
mademar equipment havele derese the pad.				
			_	
Are any control measures in need of maintenance or repair?	Ц	Yes	✓	No
Have any control measures failed and require replacement?	Ц	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 proble attached Corrective Action Form.)	em:	(Any	nece	essary corrective actions should be described on the
attached corrective Action Form.)				
Industrial Activity Area: Retention basin				
1. Brief Description:				
Parameter				
The primary purpose of the retention basin is to collect snow melt and storm water.				
2. Are any control measures in need of maintenance or repair?		Yes	V	No
3. Have any control measures failed and require replacement?		Yes	V	No
4. Are any additional/revised control measures necessary in this area?		Yes	V	No
If YES to any of these three questions, provide a description of the proble	em:	(Any ı	nece	essary corrective actions should be described on the
attached Corrective Action Form.)				

Note: Copy this page and attach additional pages as necessary.					
Industrial Activity Area: Vegetative Buffer					
1. Brief Description:					
Stormwater or runoff exposed to industrial equipmer	nt f	lows	thr	ough 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 prol attached Corrective Action Form.)	blen	n: (Any	nec	essary corrective actions should be described on the	
attached corrective Action Form.)					
Industrial Activity Area:					
1. Brief Description:					
2. Are any control measures in need of maintenance or repair?		Yes		No	
3. Have any control measures failed and require replacement?		Yes		No	
4. Are any additional/revised control measures necessary in this area?		Yes		No	
If YES to any of these three questions, provide a description of the probability of the p	olen	n: (Any	nece	essary corrective actions should be described on the	
attached Corrective Action Form.)					
Industrial Activity Area:					
1. Brief Description:					
I. Offer 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 prob	lem	ı: (Anyı	nece	essary 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; orA 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 Benchmark monitoring Notification by EPA or ADEC Other (describe):				
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:				
8. Did/will this corrective action require modification of you SWPPP? Yes No				
9. Date corrective action initiated:				
10. Date corrective action completed: Or expected to be completed:				
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:				

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?
If No, summarize why you are not in compliance with the permit: 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: 12/1/252 Email: eric.hodgson@anchorageak.gov



Section I. General Information					
Facility Name: Muldoon Maintenance/Storage Facility					
APDES Permit Tracking Number: N/A					
Facility Physical Address					
Street: 7909 Boundary Avenue					
City: Anchorage State: Alaska Zip: 99504					
ad 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: 10/19/2020					
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?					
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:					

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No. Ves. NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
No evidence was observed of pollutants entering the drainage system or discharging to surface
waters. The outfalls do not need additional flow dissipation.
6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?
Yes No
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings					
Complete one block for each industrial activity area where pollutants may be	e exp	osed t	to st	orm water. Copy this page for additional industrial	
activity areas.					
In reviewing each area, you should consider:					
 Industrial materials, residue, or trash that may have or could come into cor Leaks or spills from industrial equipment, drums, tanks, and other containe 		with st	orm	water;	
Offsite tracking of industrial or waste materials from areas of no exposure:		posed a	areas	s; and	
 Tracking or blowing of raw, final, or waste material from areas of no exposi 	ure to	expos	ed a	reas.	
Industrial Activity Area: Access road					
1. Brief Description:					
Industrial equipment utilize this access road during fa	acil	itv o	per	rations.	
		, -,	р С.		
			_	1	
2. Are any control measures in need of maintenance or repair?	닏	Yes	✓	No	
3. Have any control measures failed and require replacement?	닏	Yes	✓	No	
4. Are any additional/revised control measures necessary in this area?	Ш	Yes	✓	No	
If YES to any of these three questions, provide a description of the prob attached Corrective Action Form.)	lem:	(Any r	nece	ssary corrective actions should be described on the	
attached corrective Action Form.)					
Industrial Activity Area: RAP storage pads					
1. Brief Description:					
Industrial equipment is stored in these areas.					
Are any control measures in need of maintenance or repair?	Н	Yes	✓	No	
3. Have any control measures failed and require replacement?	닏	Yes	\overline{A}	No	
4. Are any additional/revised control measures necessary in this area?		Yes	✓	No	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the					
attached Corrective Action Form.)					
Industrial Activity Area: Vegetated buffers					
1. Brief Description:					
Stormwater or runoff exposed to industrial equipment flows through these buffers.					
Are any control measures in need of maintenance or repair?	П	Yes	V	No	
Have any control measures failed and require replacement?	H	Yes	1	No	
4. Are any additional/revised control measures necessary in this area?	+	Yes	1	No	
If YES to any of these three questions, provide a description of the probl			ece		
attached Corrective Action Form.)					
One (1) condition was identified in 2020 that required a Corrective Action.					
•					

For Agency Use
Permit Tracking #____N/A

Note: Copy this page and attach additional pages as necessary.				
Industrial Activity Area:				
1. Brief Description:				
2. Are any control measures in need of maintenance or repair?		Yes		No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?		Yes		No
If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)	oien	п. (Апу г	iec	essary corrective actions should be described on the
Industrial Activity Area:			- 1	
1. Brief Description:				
2. Are any control measures in need of maintenance or repair?		Yes		No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?		Yes		No
If YES to any of these three questions, provide a description of the 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 probattached Corrective Action Form.)	olem	n: (Any n	ece	essary corrective actions should be described on the

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 1 of 1 for this reporting period.
2. Is this corrective action:
 □ 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:
Spring thaw is occurring and Inlet protection needed to be installed.
5. Date problem identified:
6. How problem was identified:
Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
Notification by EPA or ADEC
Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Inlet protection needed to be installed as soon as practicable.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 4/23/2020
10. Date corrective action completed: Or expected to be completed: 6/05/2020
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: NA

Section V. Annual Report Certification				
Compliance Certification				
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?				
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: 12/1/202 Email: eric.hodgson@anchorageak.gov				



Section I. General Information			
Facility Name: Dowling Road Snow Disposal Site			
APDES Permit Tracking Number: N/A			
Facility Physical Address			
Street: 6351 Spruce Street			
City: Anchorage State: Alaska Zip: 99507			
Lead Inspector's Name: Jenny Liljedahl Title: SWPPP Inspector			
Additional Inspectors Names: Patrick Butler			
ontact Person: Eric Hodgson Title: Superintendent			
hone: (907)343-8100 Email: eric.hodgson@anchorageak.gov			
Inspection Date: 10/21/2020			
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?			
If NO, describe why not:			
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.			
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?			
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:			

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No. What is a part of this inspection to identify potential pollutant hotspots?
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
 Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: No 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 indentified, including any conditions identified as a result of this comprehensive storm water inspection.

For Agency Use Permit Tracking # N/A

Section III. Industrial Activity Area Specific Findings				
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial				
activity areas.				
In reviewing each area, you should consider: • Industrial materials, residue, or trash that may have or could come into cor	ntac	t with st	orm	water
 Leaks or spills from industrial equipment, drums, tanks, and other contains 	ers;			
Offsite tracking of industrial or waste materials from areas of no exposure				
Tracking or blowing of raw, final, or waste material from areas of no expos	ure	to expos	ed a	reas.
Industrial Activity Area: RAP access road				
1. Brief Description:				
Industrial equipment utilize this access road during fa	aci	lity o	pei	rations.
Are any control measures in need of maintenance or repair?	Г	Yes	V	No
3. Have any control measures failed and require replacement?	Т	Yes	1	No
4. Are any additional/revised control measures necessary in this area?	F	Yes	Ė	No
If YES to any of these three questions, provide a description of the prob	lem		nece	
attached Corrective Action Form.)		. (, .		soury corrective actions should be described on the
Industrial Activity Area: Snow disposal pad				
1. Brief Description:				
Industrial equipment travel across this pad during fac	ilit	v one	rai	tions
	ant,	y ope	ia	dioris.
			_	
2. Are any control measures in need of maintenance or repair?	L	Yes	✓	No
3. Have any control measures failed and require replacement?		Yes	✓	No
4. Are any additional/revised control measures necessary in this area?	L	Yes	✓	No
If YES to any of these three questions, provide a description of the problem attached Corrective Action Form.)	lem	: (Any r	nece	ssary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Vegetated buffers				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment	flo	nws t	hro	augh these huffers
otormwator or ranon expected to industrial equipment		7445 (1110	ragii tilese ballers.
2. Are any control measures in need of maintenance or repair?		Yes	1	No
3. Have any control measures failed and require replacement?		Yes	1	No
4. Are any additional/revised control measures necessary in this area?	П	Yes	1	No
If YES to any of these three questions, provide a description of the probl	em	(Any r	ece	ssary corrective actions should be described on the
attached Corrective Action Form.)				

		N	ote	e: Copy this page and attach additional pages as necessary.
Industrial Activity Area:				
1. Brief Description:				
2. Are any control measures in need of maintenance or repair?		Yes		No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?		Yes		No
If YES to any of these three questions, provide a description of the pro	obler	n: (Any ı	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area:				
1. Brief Description:				
1. Bitel bescription.				
2. Are any control measures in need of maintenance or repair?		Yes		No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?		Yes		No
If YES to any of these three questions, provide a description of the pro	blen	n: (Any r	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area:				
1. Brief Description:				
2. Shell Sessipholin				
2. Are any control measures in need of maintenance or repair?		Yes		No
3. Have any control measures failed and require replacement?		Yes		No
4. Are any additional/revised control measures necessary in this area?		Yes		No
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	blen	n: (Any n	ece	essary corrective actions should be described on the
attached Corrective Action Form.)				

Section IV. Corrective Actions			
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.			
1. Corrective Action # 1 of 3 for this reporting period.			
2. Is this corrective action:			
 ☐ An update on a corrective action from a previous annual report; or ☑ A new corrective action? 			
3. Identify the condition(s) triggering the need for this review:			
Unauthorized release of discharge Numeric effluent limitation exceedance 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): Perimeter access control needed to be repaired. 			
4. Briefly describe the nature of the problem identified: The perimeter chain link fence was damaged by trespass access. It needed to be repairer to secure the perimeter.			
5. Date problem identified: 5/19/2020			
6. How problem was identified:			
Comprehensive site inspection Quarterly visual assessment ✓ Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe):			
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: The damage and constructibility of the repair will require MOA Street Maintenance to assess extent of the damage.			
8. Did/will this corrective action require modification of you SWPPP? Yes V No			
9. Date corrective action initiated: 5/19/2020			
10. Date corrective action completed: Or expected to be completed: 7/31/2020			
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: NA			

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 2 of 3 for this reporting period.
2. Is this corrective action:
 □ An update on a corrective action from a previous annual report; or ☑ A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release of discharge Numeric effluent limitation exceedance 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): Facility refuce containers stored in spill kit was damage/compromised.
4. Briefly describe the nature of the problem identified: The Spill Kit unit, where the solid waste containers are stored, was damaged. The doors and roof were compromised. Thie unit needed to be repaired and secured with a new lock.
5. Date problem identified: 5/19/2020
6. How problem was identified:
□ Comprehensive site inspection □ Quarterly visual assessment ☑ Routine facility inspection □ Benchmark monitoring □ Notification by EPA or ADEC □ Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: The Spill Kit was repaired and secured with a new lock. All components of the Spill Kit were inventoried.
8. Did/will this corrective action require modification of you SWPPP? Yes V No
9. Date corrective action initiated: 5/19/2020
10. Date corrective action completed: Or expected to be completed: 7/31/2020
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: NA

Section IV. Corrective Actions				
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.				
1. Corrective Action # 3 of 3 for this reporting period.				
2. Is this corrective action:				
 An update on a corrective action from a previous annual report; or ✓ A new corrective action? 				
3. Identify the condition(s) triggering the need for this review:				
 Unauthorized release of discharge Numeric effluent limitation exceedance 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): Storm drain catch basin inlet protection needed to be installed. 				
Briefly describe the nature of the problem identified: Spring thaw is occurring. Inlet protection needed to be installed as soon as possible.				
5. Date problem identified: 5/19/2020				
6. How problem was identified:				
 Comprehensive site inspection Quarterly visual assessment ✓ Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe): 				
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Inlet protection was provided and maintained as part of the facilities SWPPP requirements.				
8. Did/will this corrective action require modification of you SWPPP? Yes V No				
9. Date corrective action initiated: 5/19/2020				
10. Date corrective action completed: Or expected to be completed: 7/31/2020				
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: NA				

Section V. Annual Report Certification			
Compliance Certification			
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?			
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: 12/1/2572 Email: eric.hodgson@anchorageak.gov			



Section I. General Information			
Facility Name: Tudor Road Snow Disposal Site			
APDES Permit Tracking Number: Not Applicable			
Facility Physical Address			
Street: 6135 East Tudor Road			
nchorage State: Alaska Zip: 99507			
ead 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: 10/21/2020			
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?			
If NO, describe why not:			
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.			
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?			
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:			

Permit	Tracking #	

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

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Section III. Industrial Activity Area Specific Findings						
Complete one block for each industrial activity area where pollutants may be activity areas.	e exp	oosed t	to st	corm water. Copy this page for additional industrial		
In reviewing each area, you should consider:						
 Industrial materials, residue, or trash that may have or could come into cor 	ntact	with st	orm	water;		
Leaks or spills from industrial equipment, drums, tanks, and other containe						
 Offsite tracking of industrial or waste materials from areas of no exposure in Tracking or blowing of raw, final, or waste material from areas of no exposure 						
Industrial Activity Area: RAP Access Road						
1. Brief Description:						
Industrial equipment utilize this access road during fa	acil	itv o	ner	rations		
industrial equipment utilize this access road during facility operations.						
2. Are any control measures in need of maintenance or repair? Yes ✓ No						
Have any control measures failed and require replacement?	Ħ	Yes	1	No		
4. Are any additional/revised control measures necessary in this area?	Ħ	Yes	17	No		
If YES to any of these three questions, provide a description of the problem.	lem:		nece			
attached Corrective Action Form.)		(· · · · /		,,		
Industrial Activity Area: Snow Disposal Pad						
1. Brief Description:						
Industrial equipment cross this pad during facility fall	nro	nara	tio	an and winter enerations		
industrial equipment cross this pad during facility fair	pre	para	iliO	in and winter operations.		
			_			
Are any control measures in need of maintenance or repair? Yes No						
Have any control measures failed and require replacement? Yes V No						
4. Are any additional/revised control measures necessary in this area? Yes Vo						
If YES to any of these three questions, provide a description of the problems	lem:	(Any n	ece	ssary corrective actions should be described on the		
attached Corrective Action Form.)						
Industrial Activity Area: Vegetated Buffers						
1. Brief Description: Stormwater or runoff exposed to industrial equipment flows through those buffers						
Stormwater or runoff exposed to industrial equipment flows through these buffers.						
Are any control measures in need of maintenance or repair?						
. Have any control measures failed and require replacement?						
4. Are any additional/revised control measures necessary in this area?						
If YES to any of these three questions, provide a description of the problem	em:	(Any n	ece	ssary corrective actions should be described on the		
attached Corrective Action Form.)						

Note: Copy this page and attach additional pages as necessary.					
Industrial Activity Area: Sedimentation Pond					
1. Brief Description:					
Stormwater or runoff exposed to industrial equipmen	t f	lows	to t	this sedimentation pond	
a terminates of runon expected to initiational equipment		10110		and Scamentation pond.	
Are any control measures in need of maintenance or repair?					
3. Have any control measures failed and require replacement? Yes ✓ No					
4. Are any additional/revised control measures necessary in this area?		Yes	√	No	
If YES to any of these three questions, provide a description of the prob	olen	n: (Any	nece	essary corrective actions should be described on the	
attached Corrective Action Form.)					
Industrial Activity Area:					
1. Brief Description:					
2. Are any control measures in need of maintenance or repair?		Yes		No	
3. Have any control measures failed and require replacement?		Yes		No	
4. Are any additional/revised control measures necessary in this area?		Yes		No	
If YES to any of these three questions, provide a description of the probattached Corrective Action Form.)	len	n: (Any	nece	essary corrective actions should be described on the	
actualities corrective region rolling					
Industrial Activity Area:					
1. Brief Description:					
2.4	_				
2. Are any control measures in need of maintenance or repair?	Н	Yes	늗	No 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				
Benchmark monitoring				
Notification by EPA or ADEC				
Other (describe):				
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:				
8. Did/will this corrective action require modification of you SWPPP? Yes No				
9. Date corrective action initiated:				
10. Date corrective action completed: Or expected to be completed:				
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:				

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?
If No, summarize why you are not in compliance with the permit: 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: 12/1/2024 Email: eric.hodgson@anchorageak.gov



Section I. General Information					
Facility Name: Commercial Drive Snow Disposal Site					
APDES Permit Tracking Number: N/A					
Facility Physical Address					
Street: 2941 Commercial Drive					
City: Anchorage State: Alaska Zip: 99501					
ead 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: 10/26/2020					
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?					
If NO, describe why not:					
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.					
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?					
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:					

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?				
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:				
4 Did you so iou storm water respitation data as well of this is not all the second of the secon				
4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? No. Ves. No. No. No. No. No. No. No. No. No. No				
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:				
 Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: No 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				
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.				

For Agency Use
Permit Tracking #____N/A

Section III. Industrial Activity Area Specific Findings						
Complete one block for each industrial activity area where pollutants may be activity areas.	ex	posed	to s	torm water. Copy this page for additional industrial		
In reviewing each area, you should consider:						
 Industrial materials, residue, or trash that may have or could come into cor 		with s	torm	water;		
 Leaks or spills from industrial equipment, drums, tanks, and other containe Offsite tracking of industrial or waste materials from areas of no exposure in 		, n a a a d				
Tracking or blowing of raw, final, or waste material from areas of no exposure in the first from a first						
Industrial Activity Area: RAP access roads						
1. Brief Description:						
Industrial equipment directly utilize these access road	ds	duri	na	facility operations		
, , , , , , , , , , , , , , , , , , , ,			9	rasmy sperations.		
2. Are any control measures in need of maintenance or repair? Yes ✓ No						
	\vdash		ľ			
Have any control measures failed and require replacement?		Yes	 √	No		
4. Are any additional/revised control measures necessary in this area?	Ш	Yes	✓	No		
If YES to any of these three questions, provide a description of the probl attached Corrective Action Form.)	em	: (Any	nece	essary corrective actions should be described on the		
attached corrective Action Form.						
Industrial Activity Area: Snow disposal pad						
1. Brief Description:						
Industrial equipment travels across the pads during fa	acil	lity c	pe	rations		
		,				
				7		
2. Are any control measures in need of maintenance or repair?						
B. Have any control measures failed and require replacement? Yes No						
4. Are any additional/revised control measures necessary in this area? Yes Vo						
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the						
attached Corrective Action Form.)						
Industrial Activity Area: Vegetated buffers						
1. Brief Description:						
Stormwater or runoff exposed to industrial equipment flow through these buffers.						
Are any control measures in need of maintenance or repair?		Yes	V	No		
B. Have any control measures failed and require replacement? Yes V No						
	4. Are any additional/revised control measures necessary in this area? Yes V No					
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)						

For Agency Use Permit Tracking #___N/A

Note: Copy this page and attach additional pages as necessary.					
Industrial Activity Area: Detention pond					
1. Brief Description:					
Stormwater or runoff exposed to industrial equipmen	t fl	low t	o th	nis 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 V No				No	
4. Are any additional/revised control measures necessary in this area? Yes V No					
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the					
attached Corrective Action Form.)					
Industrial Activity Area: Dotontion hooin					
Industrial Activity Area: Retention basin					
Brief Description: Stormwater or runoff exposed to industrial equipment	+ fl	OWO	to 1	this rotantian basin	
Stormwater of runoif exposed to industrial equipment	LII	OW5	lO I	ins retention pasin.	
Are any control measures in need of maintenance or repair?		Yes	1	No	
Have any control measures failed and require replacement?	T	Yes	Ż	No	
4. Are any additional/revised control measures necessary in this area?		Yes	V	No	
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the					
attached Corrective Action Form.)					
Industrial Activity Area: Vegetated conveyance channels					
1. Brief Description:	_				
Stormwater or runoff exposed to industrial equipment flows through these channels.					
2.4	_				
Are any control measures in need of maintenance or repair?	4	Yes	√	No	
3. Have any control measures failed and require replacement?	┥	Yes		No	
4. Are any additional/revised control measures necessary in this area? Yes Volume 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.)	iem	i: (Any	nece	essary corrective actions should be described on the	
r					

	For Agency Use
Permit Tracking #	N/A

Section IV. Corrective Actions					
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.					
1. Corrective Action # 1 of 1 for this reporting period.					
2. Is this corrective action:					
 □ 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): Perimeter access control needed to be replaced 					
Other (describe): Perimeter access control needed to be replaced.					
4. Briefly describe the nature of the problem identified:					
The lock for the perimeter access gate was misplaced.					
5. Date problem identified: 7/17/2020					
6. How problem was identified:					
Comprehensive site inspection					
Quarterly visual assessment					
Routine facility inspection					
Benchmark monitoring Notification by FDA and DEC					
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: A new lock has been provided.					
8. Did/will this corrective action require modification of you SWPPP? Yes ✓ No					
9. Date corrective action initiated: 7/17/2020					
10. Date corrective action completed: NA Or expected to be completed: 8/7/2020					
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:					

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Permit Tracking #	N/A

Section V. Annual Report Certification						
Compliance Certification						
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?						
If No, summarize why you are not in compliance with the permit: 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: Superindendent						
Signature: Date Signed: 12/1/2020 Email: eric.hodgson@anchorageak.gov						



Section I. General Information						
Facility Name: C Street Snow Disposal Site						
APDES Permit Tracking Number: Not Applicable						
Facility Physical Address						
Street: 10,000 Block of East 100th Avenue						
City: Anchorage State: Alaska Zip: 99515						
Lead Inspector's Name: 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: 10/27/220						
Section II. General Inspection Findings						
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?						
If NO, describe why not:						
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.						
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?						
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:						

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

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Section III. Industrial Activity Area Specific Findings				
Complete one block for each industrial activity area where pollutants may be activity areas.	ex	posed	to st	torm water. Copy this page for additional industrial
In reviewing each area, you should consider:				
 Industrial materials, residue, or trash that may have or could come into con 	tact	with s	torm	water;
Leaks or spills from industrial equipment, drums, tanks, and other containe				
 Offsite tracking of industrial or waste materials from areas of no exposure t Tracking or blowing of raw, final, or waste material from areas of no exposu 				•
Industrial Activity Area: RAP Access Road	ire t	o expo	seu a	ireas.
1. Brief Description:				
Industrial equipment utilize this access road during fa	acil	litv o	pe	rations.
		,		
2. Are any control measures in need of maintenance or repair?		Yes	V	No
3. Have any control measures failed and require replacement?		Yes	V	No
4. Are any additional/revised control measures necessary in this area?	П	Yes	V	No
If YES to any of these three questions, provide a description of the probl	em:	: (Any	nece	essary corrective actions should be described on the
attached Corrective Action Form.)				,
Industrial Activity Area: Snow Disposal Pad				
1. Brief Description:				
Industrial equipment cross this pad during facility fall	nre	nar	atio	on and winter operations
maddinar equipment cross this pad during racinty rain	ρic	pare	atio	on and winter operations.
2. Are any control measures in need of maintenance or repair?		Yes	✓	No
3. Have any control measures failed and require replacement?		Yes	✓	No
4. Are any additional/revised control measures necessary in this area?		Yes	V	No
If YES to any of these three questions, provide a description of the problem	em:	(Any ı	nece	essary corrective actions should be described on the
attached Corrective Action Form.)				~
Industrial Activity Area: Vegetated Buffers				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment flows through these buffers.				
2. Are any control measures in need of maintenance or repair?		Yes	1	No
3. Have any control measures failed and require replacement?		Yes	1	No
4. Are any additional/revised control measures necessary in this area?		Yes	1	No
If YES to any of these three questions, provide a description of the proble	em:	(Any r	nece	ssary corrective actions should be described on the
attached Corrective Action Form.)				

Note: Copy this page and attach additional pages as necessary.				
Industrial Activity Area: Temporary Sedimentation Pond				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipmen	t f	lows	to	these temporary sedimentation ponds
eterminates of ration exposed to industrial equipmen		10443	ıo	these temporary sedimentation ponds.
Are any control measures in need of maintenance or repair?		Yes	1	No
Have any control measures failed and require replacement?		Yes	Ī	No
4. Are any additional/revised control measures necessary in this area?	H	Yes	-	No
If YES to any of these three questions, provide a description of the prob	len		nec	
attached Corrective Action Form.)		()		assury corrective actions should be described on the
Industrial Activity Area: Staging area for Summer Wood Lot				
1. Brief Description:				
Industrial equipment travels across and works in the	ar	ea di	urir	ng summer facility operations
in the same and th		00.01		ig carriller racinity operations.
2. Are any control measures in need of maintenance or repair?		Yes	1	No
Have any control measures failed and require replacement?		Yes	1	No
4. Are any additional/revised control measures necessary in this area?	ī	Yes	1	No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the				
attached Corrective Action Form.)				
Industrial Activity Area:				
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?	٦	Yes	П	No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the				
attached Corrective Action Form.)				

Section IV. Corrective Actions					
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.					
1. Corrective Action # 1 of 1 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): Damage to perimeter fence by trespass.					
Briefly describe the nature of the problem identified: Four areas along the north perimeter fence needed to be repaired.					
5. Date problem identified: 5/19/2020					
6. How problem was identified:					
 Comprehensive site inspection Quarterly visual assessment ✓ Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe): 					
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Repair/patching of chain link fence material.					
Repair/patching of chain link fence material.					
Repair/patching of chain link fence material. 8. Did/will this corrective action require modification of you SWPPP? Yes V No					

Section V. Annual Report Certification							
Compliance Certification							
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?							
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: /2/1/2/22 email: eric.hodgson@anchorageak.gov							



Section I. General Information						
Facility Name: North Mountain View Snow Disposal Site						
APDES Permit Tracking Number: N/A						
Facility Physical Address						
Street: 4800 Block of Mountain View Drive						
City: Anchorage State: Alaska Zip: 99501						
Lead Inspector's Name: 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: 10-27-2020						
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?						
If NO, describe why not:						
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.						
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?						
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:						

Permit	Tracking #	

in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
an, 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?
Nets Complete the set of Complete Artist Eq. (Complete Artist Eq. (Compl
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.

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Permit Tracking #	N/A

Section III Industrial Activity Area Specific Findings	Costion III Industrial Activity Avec Cossilia Findings			
Section III. Industrial Activity Area Specific Findings				
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.				
In reviewing each area, you should consider:				
 Industrial materials, residue, or trash that may have or could come into con 	ntact	with st	orm	water;
Leaks or spills from industrial equipment, drums, tanks, and other containe				
 Offsite tracking of industrial or waste materials from areas of no exposure t Tracking or blowing of raw, final, or waste material from areas of no exposu 				
Industrial Activity Area: RAP access road	ure to	expos	eu a	ileas.
1. Brief Description:				
Industrial equipment utilize this access road.				
2. Are any control measures in need of maintenance or repair?	П	Yes	V	No
3. Have any control measures failed and require replacement?	П	Yes	V	No
4. Are any additional/revised control measures necessary in this area?	Ħ	Yes	1	No
If YES to any of these three questions, provide a description of the probl	lem:	(Any r	nece	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Snow disposal pad				
1. Brief Description:				
Industrial equipment travel across this pad.				
2. Are any control measures in need of maintenance or repair?		Yes	√	No
3. Have any control measures failed and require replacement?		Yes	✓	No
4. Are any additional/revised control measures necessary in this area?		Yes	√	No
If YES to any of these three questions, provide a description of the problem	lem:	(Any r	iece	ssary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Vegetated buffers			2000	
1. Brief Description:	.	11	ı	
Stormwater or runoff exposed to industrial equipment	IIO	ws ti	nrc	ougn these buffers.
Are any control measures in need of maintenance or repair?	П	Yes	V	No
3. Have any control measures failed and require replacement?	H	Yes	1/	No
Are any additional/revised control measures necessary in this area?	Ħ	Yes	 	No
If YES to any of these three questions, provide a description of the proble			ece.	
attached Corrective Action Form.)	CIII.	CODY II	cce	ssary corrective actions should be described on the
•				

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?	Г	Yes		No
3. Have any control measures failed and require replacement?		Yes	Γ	No
4. Are any additional/revised control measures necessary in this area?	Г	Yes	Г	No
If YES to any of these three questions, provide a description of the pro	bler	n: (Any	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area:	-			
1875				
1. Brief Description:				
Are any control measures in need of maintenance or repair?	Г	Yes	Г	No
Have any control measures failed and require replacement?	十	Yes	H	No
4. Are any additional/revised control measures necessary in this area?	H	Yes	H	l No
If YES to any of these three questions, provide a description of the pro-	blen		nec	
attached Corrective Action Form.)		, , , ,		,
	_			
Industrial Activity Area:				
1. Brief Description:				
Are any control measures in need of maintenance or repair?	П	Yes		No
Have any control measures failed and require replacement?	H	Yes	H	No
4. Are any additional/revised control measures necessary in this area?	H	Yes	H	No
	blen		L Dece	200-09
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; orA 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
Benchmark monitoring
☐ Notification by EPA or ADEC ☐ Other (describe):
Guier (describe).
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:
8. Did/will this corrective action require modification of you SWPPP? Yes No
9. Date corrective action initiated:
10. Date corrective action completed: Or expected to be completed:
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

Section V. Annual Report Certification			
Compliance Certification			
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?			
If No, summarize why you are not in compliance with the permit: 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: 12/1/202 Email: eric.hodgson@anchorageak.gov			