



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
ANCHORAGE MAINTANCE STATION		AKS-052558	
Facility Physical Address			
Street		City	State
5300 e tudor rd		Anchorage	Alaska
			Zip Code
			99507
Contact Person	Title	Phone	Email
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Steven Chasen			4/20/21

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:

Yes No

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:

Yes No

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

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

sediment overflowed manholes

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No
If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions? N/A

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

Section III. Industrial Activity Area Specific Findings

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

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

Industrial Activity Area: Station Yard

1. Brief Description: outfall A

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.)

~~Sediment~~ Sediment Passing wattles
Wattles Need Replaced
oil boom Needs Replaced

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? Yes No
3. Have any control measures failed and require replacement? Yes No
4. Are any additional/revised control measures necessary in this area? Yes No

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

Industrial Activity Area:

1. Brief Description:

- 2. Are any control measures in need of maintenance or repair? Yes No
- 3. Have any control measures failed and require replacement? Yes No
- 4. Are any additional/revised control measures necessary in this area? Yes No

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

Industrial Activity Area:

1. Brief Description:

- 2. Are any control measures in need of maintenance or repair? Yes No
- 3. Have any control measures failed and require replacement? Yes No
- 4. Are any additional/revised control measures necessary in this area? Yes No

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

Section IV. Corrective Actions

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 # of for this reporting period.

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

water over flowing wattles due to Hydroseed
 Being Damaged From Plowing

5. Date problem identified: 4/20/21

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.

Re seed area and water until grass is established
 Replace Straw wattles
 Replace oil Boom

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

9. Date corrective action initiated: 4/20/21

10. Date corrective action completed: 5/12/21 Or expected to be completed:

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

Section V. Annual Report Certification
Compliance Certification

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

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

Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Steve Church Name of Authorized Representative Supp inspector Title Steven.Church@Alaska.gov Email

[Signature] Signature 4/20/21 Date Signed

Anchorage Maintenance Station Annual SPCC Inspection

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

Date: 4/20/21		Time: 1:30		Inspector: Steve Chua	
✓ = Satisfactory N/A = Not Applicable R = Repair required					
Facility Drainage			Training		
✓	No trash or debris under or near tank(s)		✓	New employees trained on spill prevention & response	
✓	No erosion or stressed/dead vegetation under or near tank(s)		✓	All SPCC-related trainings are properly recorded	
✓	No standing water under or around tank(s)				
✓	No woody vegetation under or near tanks				
✓	No sheen where water goes off-site				
Security			Fuel Transfer Area		
✓	Fence, gates, and locks operational, if any		✓	Emergency shut off valve operational (test)	
✓	Bollards/tank barriers not damaged		✓	Concrete or secondary containment is under tank dispenser(s)	
✓	Tank dispenser(s) locked or starter controls turned off when tank is not in use		✓	No leaks or cracks in dispenser hose(s) or handle(s)	
✓	Lighting is working properly		✓	No new staining or oil sheen on ground (if sheen, wipe up with an absorbent pad)	
✓	Sign on fence to keep out trespassers is legible				
Indoor Storage Areas					
✓	No spotting or staining on floor (clean-up if present); place pads under all dispensers				
✓	All containers are labeled properly (contents)				
✓	Drum storage has secondary containment with no liquid or debris				
✓	Floors are clean and free of debris				
✓	Lids on drums are securely closed (must be closed unless actively being used)				
✓	No open containers with fluid in them				
✓	Oil/Water separator does not have heavy oil sheen (use absorbent pads to remove)				
Comments:					

Above Ground Storage Tank #1 (10,000 gallon)		Above Ground Storage Tank #2 (120 gallon)	
✓	Tank surfaces checked for signs of leakage or drips	✓	Tank surfaces checked for signs of leakage or drips
✓	Tank is not damaged, significantly rusted, or deteriorated	✓	Tank is not damaged, significantly rusted, or deteriorated
✓	Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted	✓	Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted
✓	No leaks at valves, flanges, seals or other tank fittings	✓	No leaks at valves, flanges, seals or other fittings connecting to tank
✓	Tank foundation checked for cracks, erosion, settling, deterioration, buckling, or damage	NA	Pressure gauge operative
✓	Vent(s) not obstructed	✓	Vent(s) not obstructed
✓	Level gauges and alarms tested and operative	✓	Tank contents clearly labeled on tank
✓	Tank contents clearly labeled on tank	✓	Tank fluid quantity clearly labeled (e.g. '10,000 gallons')
✓	Tank fluid quantity clearly labeled (e.g. '10,000 gallons')	✓	Hazard placards are intact and readable
✓	Hazard placards are intact and readable	✓	Tank marked with a distinctive, legible number (e.g. #1)
✓	Tank marked with a distinctive, legible number (e.g. #1)		

Above Ground Storage Tank #3 (107 gallon)		Above Ground Storage Tank #4 (multi-fluid)	
✓	Tank surfaces checked for signs of leakage or drips	✓	Tank surfaces checked for signs of leakage or drips
✓	Tank is not damaged, significantly rusted, or deteriorated	✓	Tank is not damaged, significantly rusted, or deteriorated
✓	Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted	✓	Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted
✓	No leaks at valves, flanges, seals or other fittings connecting to tank	✓	No leaks at valves, flanges, seals or other fittings connecting to tank
NA	Pressure gauge operative	✓	Tank foundation checked for cracks, erosion, settling, deterioration, or damage
✓	Vent(s) not obstructed	✓	Tank contents clearly labeled on tank
✓	Tank contents clearly labeled on tank	✓	Tank fluid quantity clearly labeled (e.g. '300 gallons')
✓	Tank fluid quantity clearly labeled (e.g. '10,000 gallons')	✓	Hazard placards are intact and readable
✓	Hazard placards are intact and readable	✓	Tank marked with a distinctive, legible number (e.g. #4)
✓	Tank marked with a distinctive, legible number (e.g. #1)		

Remarks:

#5 55 Gallon Drums	Hazardous Waste Storage Area (HWSA) - fill out only if storing hazardous waste
✓ Drum surfaces checked for signs of leakage or drips (no significant rusting, corrosion, discoloration, etc.)	WA Containers on secondary containment (concrete pad or portable plastic containment)
G ✓ General drum condition (F) fair, (G) good or (E) excellent	Hazardous Waste Determination Forms current, if storing hazardous waste
✓ Lids on drums are securely closed (must be closed unless actively being used)	Containers marked properly (material type and date)
✓ Drum storage has secondary containment with no liquid or debris	Lids securely on containers unless they are being actively used
✓ Drums stored inside or under cover	36 inches between containers
✓ Used fluids being disposed of regularly (not an excess of drums in the facility)	Containers not rusted through, cracked, or have holes
✓ All containers are marked properly (with contents and date filled)	Manifest Log is current (if transporting hazardous waste)
	Limited access sign readable
	HWSA Log current
	HWSA is secure (fenced and/or locked)

Remarks:



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
DOT&PF Birchwood Maintenance Station and Birchwood Airport		AKS-052558	
Facility Physical Address			
Street	City	State	Zip Code
20651 Birchwood Spur Road	Chugiak	Alaska	99567
Contact Person	Title	Phone	Email
Renée Goentzel	Environmental Analyst III	(907) 269-0714	renee.goentzel@alaska.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Steven Church			4/29/21

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:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

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

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No
If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?

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

Section III. Industrial Activity Area Specific Findings

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

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

Industrial Activity Area:

1. Brief Description: *Parking Area In front of Sand Shed*

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: *Behind maintenance shop*

2. Are any control measures in need of maintenance or repair? Yes No
3. Have any control measures failed and require replacement? Yes No
4. Are any additional/revised control measures necessary in this area? Yes No

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

9. Date corrective action initiated:

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

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

Section V. Annual Report Certification
Compliance Certification

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

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

Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Steven Church
Name of Authorized Representative

Supp Inspector
Title

Steven.Church@alaska.gov
Email

[Signature]
Signature

4/20/21
Date Signed

Birchwood Maintenance Station Annual SPCC Inspection

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

Date: 4/20/21	Time: 10:30 AM	Inspector: Steve Clark
✓ = Satisfactory N/A = Not Applicable R = Repair required		

Facility Drainage		Training	
<input checked="" type="checkbox"/>	No trash or debris under or near tank(s)	<input checked="" type="checkbox"/>	New employees trained on spill prevention & response
<input checked="" type="checkbox"/>	No erosion or stressed/dead vegetation under or near tank(s)	<input checked="" type="checkbox"/>	All SPCC-related trainings are properly recorded
<input checked="" type="checkbox"/>	No standing water under or around tank(s)		
<input checked="" type="checkbox"/>	No woody vegetation under or near tanks		
<input checked="" type="checkbox"/>	No sheen where water goes off-site		

Security		Fuel Transfer Area	
<input checked="" type="checkbox"/>	Fence, gates, and locks operational, if any	<input checked="" type="checkbox"/>	Emergency shut off valve operational (test)
<input checked="" type="checkbox"/>	Bollards/tank barriers not damaged	<input checked="" type="checkbox"/>	Concrete or secondary containment is under tank dispenser(s)
<input checked="" type="checkbox"/>	Tank dispenser(s) locked or starter controls turned off when tank is not in use	<input checked="" type="checkbox"/>	No leaks or cracks in dispenser hose(s) or handle(s)
<input checked="" type="checkbox"/>	Lighting is working properly	<input checked="" type="checkbox"/>	No new staining or oil sheen on ground (if sheen, wipe up with an absorbent pad)
<input checked="" type="checkbox"/>	Sign on fence to keep out trespassers is legible		

Indoor Storage Areas	
<input checked="" type="checkbox"/>	No spotting or staining on floor (clean-up if present); place pads under all dispensers
<input checked="" type="checkbox"/>	All containers are labeled properly (contents)
<input checked="" type="checkbox"/>	Drum storage has secondary containment with no liquid or debris
<input checked="" type="checkbox"/>	Floors are clean and free of debris
<input checked="" type="checkbox"/>	Lids on drums are securely closed (must be closed unless actively being used)
<input checked="" type="checkbox"/>	No open containers with fluid in them
<input checked="" type="checkbox"/>	Oil/Water separator does not have heavy oil sheen (use absorbent pads to remove)

Comments:

Above Ground Storage Tank #1 (4,000 gallon)		Above Ground Storage Tank #2 (multi-fluid)	
<input checked="" type="checkbox"/>	Tank surfaces checked for signs of leakage or drips	<input checked="" type="checkbox"/>	Tank surfaces checked for signs of leakage or drips
<input checked="" type="checkbox"/>	Tank is not damaged, significantly rusted, or deteriorated	<input checked="" type="checkbox"/>	Tank is not damaged, significantly rusted, or deteriorated
<input checked="" type="checkbox"/>	Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted	<input checked="" type="checkbox"/>	Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted
<input checked="" type="checkbox"/>	No leaks at valves, flanges, seals or other tank fittings	<input checked="" type="checkbox"/>	No leaks at valves, flanges, seals or other fittings connecting to tank
<input checked="" type="checkbox"/>	Tank foundation checked for cracks, erosion, settling, deterioration, buckling, or damage	<input checked="" type="checkbox"/>	Vent is not obstructed
<input checked="" type="checkbox"/>	Vent(s) not obstructed	<input checked="" type="checkbox"/>	Tank contents clearly labeled on tank
<input checked="" type="checkbox"/>	Level gauges and alarms tested and operative	<input checked="" type="checkbox"/>	Tank fluid quantity clearly labeled (e.g. '10,000 gallons')
<input checked="" type="checkbox"/>	Tank contents clearly labeled on tank	<input checked="" type="checkbox"/>	Hazard placards are intact and readable
<input checked="" type="checkbox"/>	Tank fluid quantity clearly labeled (e.g. '10,000 gallons')	<input checked="" type="checkbox"/>	Tank marked with a distinctive, legible number (e.g. #1)
<input checked="" type="checkbox"/>	Hazard placards are intact and readable		
<input checked="" type="checkbox"/>	Tank marked with a distinctive, legible number (e.g. #1)		

#3 55 Gallon Drums (main shop)		#4 55 Gallon Drums (warm storage)	
<input checked="" type="checkbox"/>	Drum surfaces checked for signs of leakage or drips (no significant rusting, corrosion, discoloration, etc.)	<input checked="" type="checkbox"/>	Drum surfaces checked for signs of leakage or drips (no significant rusting, corrosion, discoloration, etc.)
<input checked="" type="checkbox"/>	General drum condition (F) fair, (G) good or (E) excellent	<input checked="" type="checkbox"/>	General drum condition (F) fair, (G) good or (E) excellent
<input checked="" type="checkbox"/>	Lids on drums are securely closed (must be closed unless actively being used)	<input checked="" type="checkbox"/>	Lids on drums are securely closed (must be closed unless actively being used)
<input checked="" type="checkbox"/>	Drum storage has secondary containment with no liquid or debris	<input checked="" type="checkbox"/>	Drum storage has secondary containment with no liquid or debris
<input checked="" type="checkbox"/>	Drums stored inside or under cover	<input checked="" type="checkbox"/>	Drums stored inside or under cover
<input checked="" type="checkbox"/>	Used fluids being disposed of regularly (not an excess of drums in the facility)	<input checked="" type="checkbox"/>	Used fluids being disposed of regularly (not an excess of drums in the facility)
<input checked="" type="checkbox"/>	All containers are marked properly (with contents and date filled)	<input checked="" type="checkbox"/>	All containers are marked properly (with contents and date filled)

Remarks:

Hazardous Waste Storage Area (HWSA) - fill out only if storing hazardous waste

<input checked="" type="checkbox"/>	Containers on secondary containment (concrete pad or portable plastic containment)
<input checked="" type="checkbox"/>	Hazardous Waste Determination Forms current, if storing hazardous waste
<input checked="" type="checkbox"/>	Containers marked properly (material type and date)
<input checked="" type="checkbox"/>	Lids securely on containers unless they are being actively used
<input checked="" type="checkbox"/>	36 inches between containers
<input checked="" type="checkbox"/>	Containers not rusted through, cracked, or have holes
<input checked="" type="checkbox"/>	Manifest Log is current (if transporting hazardous waste)
<input checked="" type="checkbox"/>	Limited access sign readable
<input checked="" type="checkbox"/>	HWSA Log current
<input checked="" type="checkbox"/>	HWSA is secure (fenced and/or locked)

Remarks:



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
DOT&PF Girdwood Maintenance Station and Girdwood Airport		AKS-052558	
<i>Facility Physical Address</i>			
Street	City	State	Zip Code
388 Toadstool Drive	Girdwood	Alaska	99587
Contact Person	Title	Phone	Email
Renée Goentzel	Environmental Analyst III	(907) 269-0714	renee.goentzel@alaska.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Paul Bertholi	N/A		4/27/2021

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

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

<p>2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No

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

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

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

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

The winter sand has not been swept up yet. The southwest outfall area and wattles will need to be cleaned

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

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

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

Section III. Industrial Activity Area Specific Findings

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

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

Industrial Activity Area: Southeast Corner

1. Brief Description:

The Southeast corner is the only out fall from the site. Water enters the area and flows through wattles before entering the discharge conduits

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.)

winter sand has accumulated in front of the wattles which needs to be cleaned out.

Industrial Activity Area: South end

1. Brief Description:

The South has no out falls in this area. There is a berm as the BMP along the fence line. BMP is work well.

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: Southwest Side

1. Brief Description: Entrance to the facility and main traffic area. There is a berm and ditch along this area. The berm and ditch are working well.

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: North end

1. Brief Description: Supply Storage area and equipment parking and snow storage area. The North end has natural BMPs, which consist of hillside banks. The BMPs are working well.

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

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

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

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

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

Southwest out fall has winter sand accumulated in front of wattles. This area will be cleaned out of sand.

5. Date problem identified: 4/27/2021

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.

Clean up winter sand from wattles. Have operator not load sand trucks so close to this area

8. Did/will this corrective action require modification of your SWPPP?

- Yes
- No

9. Date corrective action initiated: 4/27/2021

10. Date corrective action completed: _____ Or expected to be completed: 5/12/2021

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: 4/27/2021 Removed heaviest quantities of sand. Hope to have equipment to sweep pad around out fall by 5/12/2021. At that point we can hand clean wattle area.

Section V. Annual Report Certification

Compliance Certification

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

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

Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Paul Bertholl Foreman Paul.bertholl@ataska.gov
Name of Authorized Representative Title Email

Paul Bertholl 4/27/2021
Signature Date Signed

Girdwood SPCC Annual Inspection

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

Date: 4/13/2021		Time: 11:00 AM		Inspector: Paul Bertho II	
✓ = Satisfactory N/A = Not Applicable R = Repair required					
Facility Drainage			Training		
✓	No trash or debris under or near tank(s)		✓	New employees trained on spill prevention & response	
✓	No erosion or stressed/dead vegetation under or near tank(s)		✓	All SPCC-related trainings are properly recorded	
✓	No standing water under or around tank(s)				
✓	No woody vegetation under or near tanks				
✓	No sheen where water goes off-site				
Security			Fuel Transfer Area		
✓	Fence, gates, and locks operational, if any		✓	Emergency shut off valve operational (test)	
✓	Bollards/tank barriers not damaged		✓	Concrete or secondary containment is under tank dispenser(s)	
✓	Tank dispenser(s) locked or starter controls turned off when tank is not in use		✓	No leaks or cracks in dispenser hose(s) or handle(s)	
✓	Lighting is working properly		✓	No new staining or oil sheen on ground (if sheen, wipe up with an absorbent pad)	
✓	Sign on fence to keep out trespassers is legible				
Indoor Storage Areas					
✓	No spotting or staining on floor (clean-up if present); place pads under all dispensers				
✓	All containers are labeled properly (contents)				
✓	Drum storage has secondary containment with no liquid or debris				
✓	Floors are clean and free of debris				
✓	Lids on drums are securely closed (must be closed unless actively being used)				
✓	No open containers with fluid in them				
✓	Oil/Water separator does not have heavy oil sheen (use absorbent pads to remove)				
Comments:					



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
DOT&PF Hiland Road Snow Storage and Disposal Site		AKS-052558	
Facility Physical Address			
Street	City	State	Zip Code
8500 Hiland Road	Eagle River	Alaska	99577
Contact Person	Title	Phone	Email
Renée Goentzel	Environmental Analyst III	(907) 269-0714	renee.goentzel@alaska.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Taylor Jernigan			7-22-21

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

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

<p>2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:</p>	
--	--

Permit Tracking #: _____

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? Yes No
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? Yes No NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

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

None

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No
If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions? NA

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

Section III. Industrial Activity Area Specific Findings

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

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

Industrial Activity Area:

1. Brief Description:

~~South outfall~~ Midland Snow dump

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

Permit Tracking #: _____

9. Date corrective action initiated:

10. Date corrective action completed:

Or expected to be completed:

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

Section V. Annual Report Certification

Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 6.3 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?

Yes

No

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

Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Taylor Jernigan

Name of Authorized Representative

foreman

Title

Taylor.Jernigan@astak.gov

Email

[Signature]

Signature

7-22-21

Date Signed



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
DOT&PF O'Malley Rd Snow Storage and Disposal Site		AKS-052558	
Facility Physical Address			
Street		City	State Zip Code
10675 Old Seward Hwy		Anchorage	Alaska 99515
Contact Person	Title	Phone	Email
Renée Goentzel	Environmental Analyst III	(907) 269-0714	renee.goentzel@alaska.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Taylor Jernigan			7-21-21

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:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

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

Silt Has Built up near outfall But No pollutant going into drain

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

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

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- Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.

Industrial Activity Area:

1. Brief Description:

Snow Storage Site

2. Are any control measures in need of maintenance or repair? Yes No
3. Have any control measures failed and require replacement? Yes No
4. Are any additional/revised control measures necessary in this area? Yes No

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

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? Yes No
3. Have any control measures failed and require replacement? Yes No
4. Are any additional/revised control measures necessary in this area? Yes No

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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Industrial Activity Area:

1. Brief Description:

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

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

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

9. Date corrective action initiated:

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

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

Section V. Annual Report Certification
Compliance Certification

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

Annual Report Certification

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Taylor Jernigan
Name of Authorized Representative

foreman
Title

Taylor.Jernigan@alaska.gov
Email

[Signature]
Signature

7-21-21
Date Signed