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Section I. General Informatio	n						
Facility Name APDES Permit Tracking Number							
Native Heritage Center Snow Disposal Site			Not A	oplicabl	e		
Facility Physical Address							
Street		City			State		Zip Code
8902 Heritage Center I			Anchorage		Alasl	(a	99504
Contact Person	Title		Phone		mail		
Jim Belz		rintendent	(907) 343				norageak.gov
Lead Inspector's Name	Additional Inspec	tor's Name	Additional Insp	ector's Name	Inspe	ction Dat	
Charles Pappas						10	/07/2024
Section II. General Inspection	Findings						
sources, including areas where industrial activity may be exposed to storm water? If NO, describe why not: Yes No Yes No							
Note: Complete Section III of this for parts 2 and 3 below, where pollutan 2. Did this inspection identify a	ts may be expose	ed to storm water.				ешу аеј	
identified in your SWPPP?	, 5.5 ****************************			- p. 5776601	́ Ц	Yes	√ No
If YES, for each location, do measures in place:	escribe the sourc	es of those storm wa	ter and non-s	torm water d	lischarges and a	nny assoc	ciated control

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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? 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 a specifically yes with the storm water monitoring data as part of this are yes with the storm water monitoring data as part of this as yes with the storm water monitoring data as part of this yes with the storm water monitoring data as part of the yes with the storm water monitoring data as part of the yes with the storm water monitoring data as part of the yes with th
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:
sno	tention pond and discharge points are clear of evidence of pollutants. Trash across site from ow fall, contained by vegetated buffers. It is observed that no maintenance of BMP's is required d all BMP's are free of pollutants and functioning per SWPPP plans and designs.
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?
Not	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? The Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of
	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; 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 Brief Description: The RAP Access Road is utilize by heavy equipment during facility operations. RAP road remains in good condition, no evidence of tracking or pollutants were observed at this time.				
		V		No.
Are any control measures in need of maintenance or repair?	\perp	Yes		No
Have any control measures failed and require replacement?	Ш	Yes	√	No
Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessary)		Yes	√	No
Industrial Activity Area: Snow Disposal Pad 1. Brief Description: The Snow Disposal Pad has have equipment traveling across it frequently in order to stockpile snow. Trash/litter spread across pad from snow melt, contained within site. No snow is being stockpiled, unable to see snow storage sequencing per SWPPP plans and designs.				
2. Are any control measures in need of maintenance or repair?		Yes	√	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	✓	No
If YES, to any of these three questions, provide a description of the problem: (Any necessary the attached Corrective Action Form.)	, correct	tive actions :	should b	e described on

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Industrial Activity Area: Staging Area					
1. Brief Description:					
Nothing in staging area, no evidence of pollutants at staging area at	this time	э.			
2. Are any control measures in need of maintenance or repair?		Yes	\checkmark	No	
3. Have any control measures failed and require replacement?		Yes	\checkmark	No	
4. Are any additional/revised control measures necessary in this area?		Yes	\checkmark	No	
If YES, to any of these three questions, provide a description of the problem: (Any necessor the attached Corrective Action Form.)	ary correcti	ive actions	should l	e described o	n
					_
Industrial Activity Area: Retention Basin 1. Brief Description:					
The Retention Basin receives and retains runoff from the Snow Disposal Pad and the RAP Access Road. The runoff from both of these area are exposed to potential pollutants from heavy					
equipment and facility operations. The Retention Basin is thawed with some trash/litter within.					
There is no evidence of pollutants and BMP's are functioning per SW	/PPP pl	ans an	d desi	gns.	
Are any control measures in need of maintenance or repair?		Yes	√	No	
Have any control measures failed and require replacement?		Yes	√	No	
4. Are any additional/revised control measures necessary in this area?		Yes	\checkmark	No	
If YES, to any of these three questions, provide a description of the problem: (Any necessor the attached Corrective Action Form.)	ary correcti	ive actions	should l	be described o	n

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Inc	lustrial 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 continuous attached Corrective Action Form.)	orrect	ive actio	ns should i	be described on
Inc	lustrial 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 continuous the attached Corrective Action Form.)	orrect	ive actio	ns should l	be described on

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Ind	ustrial 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 the attached Corrective Action Form.)	correc	tive actions	should	be desci	ribed on
	the attached corrective reason simily					
Ind	ustrial Activity Area:					
1.	Brief Description:					
-	Shell Sesenption.					
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 the attached Corrective Action Form.)	correc	tive actions	should	be desci	ribed on

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ection 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 his 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 seen completed at the time of your previous annual report.					
Corrective Action # 0 of 0 for this reporting period.					
. Is this corrective action:					
An update on a corrective action from a previous annual report; or					
A new corrective action?					
. 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):					
Briefly describe the nature of the problem identified:					
. 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.					
B. Did/will this corrective action require modification of your SWPPP?					

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Permit Tracking #:	

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9. Date corrective action initiated:		
10. Date corrective action completed:	Or expected to b	e completed:
11. 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 met		
that, based upon the results of this inspection, to t	he best of your knowledge, you are	ein 🗹 Yes 🔲 No
compliance with the permit?	on with the negatity	
If NO, summarize why you are not in complian	ce with the permit:	
Municipality of Anchorage Facilities are permit, but by its MS4 instead.	e not regulated under condit	tions set forth by the Multi-sector
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 o manage the system, or those pers ledge 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
Jim Belz	Superintendent	james.belz@anchorageak.gov
Name of Authorized Representative	Title	10-29-24
Signature		Date Signed



Section I. General Information
Facility Name: Muldoon Maintenance/Storage Facility
APDES Permit Tracking Number: Not Applicable
Facility Physical Address
Street: 7909 Boundary Avenue
City: Anchorage State: Alaska Zip: 99504
Lead Inspector's Name: Charles Pappas Title: SWPPP Inspector
Additional Inspectors Names:
Contact Person: Jim Belz Title: Superintendent
Phone: (907) 343-8265 Email: james.belz@anchorageak.gov
Inspection Date: 10/07/2024
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 prace.
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:
Surface water appears to be properly draining north to retention pond/south to storm drain catch bsin. Storm drain inlet protected with witches hat, no evidence present of pollutants entering or discharging
to surface waters.
C. Have you taken and a very planta take and corrective actions as specified in Dout 2 of the normal since your last annual report
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.

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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	oe expo	osed t	o sto	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 co	nntact v	with st	orm :	water.
Leaks or spills from industrial equipment, drums, tanks, and other contain		WILII SL	JIIII	water,
 Offsite tracking of industrial or waste materials from areas of no exposure 		osed a	reas	;; and
 Tracking or blowing of raw, final, or waste material from areas of no expo 	sure to	expos	ed ar	reas.
Industrial Activity Area: Access Road				
1. Brief Description:				
Industrial equipment utilize this access road during	tacılı	ty of	oer	ations. Access gate closed and locked
at time of inspection.				
2 Are any control massives in need of maintanenes or renair?	П	Vas	7	1 No.
2. Are any control measures in need of maintenance or repair?	H	Yes	V	No
Have any control measures failed and require replacement?	H	Yes	V	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	blem:	(Any r	nece	ssary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Winter Snow Storage Site				
1. Brief Description:				
No snow fall/snow storage at time of inspection. Site	is c	lear	ed	and prepared for snow storage.
				*
Are any control measures in need of maintenance or repair?	П	Yes	1	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	-	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.)				
attached Corrective Action Form.)				
Industrial Activity Area: Vo and this a Dufferra				
Industrial Activity Area: Vegetative Buffers				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment flows through these buffers. The discharge point				
was inspected and is free of pollutants. No maintenance is required and control measures are				
performing as designed.				
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?	Ħ	Yes	1	No
If YES to any of these three questions, provide a description of the pro			nece	The state of the s
attached Corrective Action Form.)				

V 10		. 1	Vote	: Copy this page and attach additional pages as necessary.	
Industrial Activity Area: Equipment Storage					
1. Brief Description:					
Equipment is stored in this building and along perim	nete	er of t	en	cing. At the time of this inspection the	
facility was locked and no access was available.			•		
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	√	No	
If YES to any of these three questions, provide a description of the pro-	obler	n: (Any	nec	essary corrective actions should be described on the	
attached Corrective Action Form.)					
Industrial Activity Area: Retention Basin Area					
1. Brief Description:					
Stormwater or runoff exposed to industrial equipme	nt f	lows	to t	this detention pond during the spring	
and summer months. No flow or pollutants observed					
•					
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 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:					
1. Brief Description:					
	_		_		
2. Are any control measures in need of maintenance or repair?		Yes	느	No	
3. Have any control measures failed and require replacement?	<u> </u>	Yes	L	No	
4. Are any additional/revised control measures necessary in this area?	Ļ	Yes		No	
If YES to any of these three questions, provide a description of the proattached Corrective Action Form.)	obler	m: (Any	nec	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; 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):
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:

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Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?
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: Jim Belz Title: Superintendent
Signature: Date Signed: 10 -21 - 24 Email: james.belz@anchorageak.gov

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Section I. General Informatio	n	0200							
Facility Name				APDES P	ermit Trackin	g Number			
Dowling Ro	oad Snow Dispo	osal Site							
Facility Physical Address									
Street		City				State	Zip Code		
6351 Spruce Stree			Anchorage			Alaska	9	9507	
Contact Person	Title		Phone		Email				
Jim Belz		rintendent	(907) 343				es.belz@anchorageak.gov		
Lead Inspector's Name	Additional Inspect	or's Name	Additional Insp	ector's Nar	ne	Inspection Da			
Charles Pappas						1	0/08/202	24	
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 for			ected and inc	cluded in y	our SWPPP	or as newly de	efined, in .	Section II	
parts 2 and 3 below, where pollutan 2. Did this inspection identify a identified in your SWPPP? If YES, for each location, domeasures in place:	ny storm water	or non-storm wate			l	Yes		No ontrol	

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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	V	No
	If YES, describe these sources of storm water or non-storm water pollutants expected to be prese control measures in place:	nt in these	discharge	s, and ar	ny
4.	Did you review storm water monitoring data as part of this Yes N	。		no moni	toring
	inspection to identify potential pollutant hotspots? If YES, summarize the findings of that review and describe any additional inspection activities resu	ılting from		ormed w:	
5.	Describe any evidence of pollutants entering the drainage system or discharging to surface waround outfalls, including flow dissipation measure to prevent scouring:	raters, and	the con	dition o	f and
	outfalls and on-site drainage system were thawed. Due to no snow mel				
	scharging from outlet. This routine inspection showed that there was no e tering the drainage system and all control measures were functioning pe				
	signs.		· piai		•
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		Yes		No
	under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?	, ⊔	res	V	NO
	If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 were addressed by these corrective actions?	of the MS	GP		
	te: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any comprehensive storm water inspection.	conditions	identified	as a res	ult of

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Continue III Industrial Activity Asso Consider 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 ind	ustrial a	ctivity areas.		
In reviewing each area, you should consider:				1		
Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or contact with storm water; Industrial materials, residue, or trash that may have or contact with storm water; Industrial materials, residue, or trash that may have or contact with storm water; Industrial materials, residue, or trash that may have or contact with storm water; Industrial materials, residue, or trash that may have or contact with storm water; Industrial materials, residue, or trash that may have or contact with storm water w						
 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 				- 1		
Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.						
Industrial Activity Area: RAP Access Roads						
1. Brief Description:						
Heavy equipment directly navigate on the RAP access roads. Both RA	P acc	cess road	ds cle	ear.		
Southern gate is closed and locked, northern gate is open. QAP emplo						
·	-	_				
site during inspection as QAP used to yard as staging this summer. No	trac	king or p	olluta	ants nave		
been observed at this time.				1		
2. Are any control measures in need of maintenance or repair?		Yes	1	No		
3. Have any control measures failed and require replacement?		Yes		No		
- Have any control measures failed and require replacement.	ш		<u> </u>			
4. Are any additional/revised control measures necessary in this area?		Yes		No		
4. Are any additional/revised control measures necessary in this area:	ш	163	V	140		
If YES, to any of these three questions, provide a description of the problem: (Any necessary	correct	ive actions s	hould b	e described on		
the attached Corrective Action Form.)						
				1		
Industrial Activity Area: Snow Disposal Pad						
1. Brief Description:						
2. Shell sessification						
TI 0 B: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		l!l				
The Snow Disposal pad main purpose is for sequence staging of snow		•				
at time of inspection, unable to inspect snow sequencing. QAP equipm	ent a	ind vehic	les s	taged		
across southern half of pad. A few minor oil spill/mechanical leaks are				_		
	prese	one non	cquip	mont.		
				- 1		
				- 1		
2. Are any control measures in need of maintenance or repair?		Yes	\checkmark	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 problem: (Any necessary corrective actions should be described on						
the attached Corrective Action Form.)				- 1		
				- 1		
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				- 1		
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Ind	lustrial Activity Area: Detention Pond							
1.	1. Brief Description:							
fro	e detention pond receives storm water and runoff that potentially born heavy equipment. This routine inspection showed that there was d is functioning per SWPPP plans and designs.							
2.	Are any control measures in need of maintenance or repair?		Yes	✓	No			
3.	Have any control measures failed and require replacement?		Yes	\checkmark	No			
4.	Are any additional/revised control measures necessary in this area?		Yes	√	No			
	If YES, to any of these three questions, provide a description of the problem: (Any necessar the attached Corrective Action Form.)	y correc	tive action	s should	be descr	ibed on		
Ind	lustrial Activity Area: Street Sweeper Waste Stockpile							
	Brief Description:							
During the winter time this area is traveled across by heavy equipment. There was no street sweeper waste stockpile present at time of inspection. There are no evidence of pollutants at this time.								
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 necessal the attached Corrective Action Form.)	ry correc	tive action	s should	be descr	ibed on		

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Industrial Activity Area: Rock Lined Conveyance Channel					
1. Brief Description:					
Rocked lined conveyance channel assists snow melt in flowing toward routine inspection show no evidence of pollutants at this time.	ls rete	ention p	ond.	This	
Are any control measures in need of maintenance or repair?		Yes	/	No	
Have any control measures failed and require replacement?		Yes	√	No	
4. Are any additional/revised control measures necessary in this area?		Yes	√	No	
If YES, to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.) Industrial Activity Area: Velocity Dissipater Discharge Point #1 1. Brief Description: Velocity Dissipater slows and receives runoff water from Rock lined conveyance channel and snow pad disposal area, where stormwater is exposed to pollutants from heavy equipment and daily operations. The Velocity Dissipater is not in use due to no snow melt on site, appears in good					
condition. This inspection showed no evidence of pollutants entering system and all control measures were functioning per SWPPP plans a		-	e drain	age	
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 necessar the attached Corrective Action Form.)	y correct	ive actions	s should l	be described on	

Page 5 of 8

Permit Tracking #:	
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Industrial Activity Area: Settling Pond							
1. Brief Description:				*			
The Settling ponds allows runoff water to settle out that has passed through the Velocity Dissipater which receives water from the Rock lined conveyance channel and snow pad disposal area. The stormwater from this area is exposed to pollutants from heavy equipment and daily operations. This routine inspection showed no evidence of pollutants entering or leaving this drainage system and all control measures were functioning per SWPPP plans and design.							
2. Are any control measures in need of maintenance or repair?		Yes	✓	No			
3. Have any control measures failed and require replacement?		Yes	\checkmark	No			
4. Are any additional/revised control measures necessary in this area?		Yes	\checkmark	No			
Industrial Activity Area: Vegetative Buffer Strip 1. Brief Description: The Vegetative Buffer Strip receives runoff water from RAP access roads where it is exposed to pollutants from heavy equipment and daily operations. This routine inspection showed that there was no evidence of pollutants in the buffer area and all control measures were functioning per							
SWPPP plans and designs.							
2. Are any control measures in need of maintenance or repair?		Yes	\checkmark	No			
3. Have any control measures failed and require replacement?		Yes	✓	No			
4. Are any additional/revised control measures necessary in this area?		Yes	\checkmark	No			
If YES, to any of these three questions, provide a description of the problem: (Any necessary the attached Corrective Action Form.)	correct	ive actions	should l	ne described on			

Page 6 of 8

Permi	t Ira	cking	#:

Cor this	ction 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 spage for additional corrective actions or reviews. Indeed both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to
	dress problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not en 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 b	e completed:			
If corrective action not yet completed, provide inspections and describe any remaining steps corrective action:		The state of the s			
Section V. Annual Report Certification					
Compliance Certification					
Do you certify that your annual inspection has me that, based upon the results of this inspection, to					
compliance with the permit?	the best of your knowledge, you are	W 163			
If NO, summarize why you are not in complian	nce with the permit:				
Municipality of Anchorage Facilities are permit, but by its MS4 instead. Annual Report Certification	e not regulated under condit	tions set forth by the Multi-sector			
Amuai 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.					
Jim Belz	Superintendent	james.belz@anchorageak.gov			
Name of Authorized Representative	Title	Email			
	,	10-29-24			
Signature		Date Signed			

Permit Tracking #	Perm	it Trac	king #:
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Section I. General Informatio	n						
Facility Name				APDES P	ermit Trackin	g Number	
Sitka Stre	et Snow Dispos	sal Site					
Facility Physical Address							
Street		City				State	Zip Code
1505 Sitka Street			An\			Alaska	99501
Contact Person	Title		Phone		Email		
Jim Belz	<u></u>	rintendent	(907) 343		the state of the s		chorageak.gov
Lead Inspector's Name	Additional Inspect	or's Name	Additional Insp	ector's Nar	ne	Inspection Da	
Charles Pappas						1	10/08/2024
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 No							
Note: Complete Section III of this for parts 2 and 3 below, where pollutan	ts may be expose	ed to storm water.				or as newly d	efined, in Section II
Did this inspection identify a identified in your SWPPP? If YES, for each location, d					L	Yes	✓ No
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?	Yes No
If YES, describe these sources of storm water or non-storm water pollutants expected to be prese	ent in these discharges, and any
control measures in place:	
4. Did you review storm water monitoring data as part of this	NA, no monitoring
inspection to identify potential pollutant hotspots? If YES, summarize the findings of that review and describe any additional inspection activities resi	performed
	-
Describe any evidence of pollutants entering the drainage system or discharging to surface v around outfalls, including flow dissipation measure to prevent scouring:	vaters, and the condition of and
All discharge points were inspected. This inspection showed the drainage	
free of pollutants and BMP's were maintained and functioning per SWPPP	plans and designs.
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 identifie	d 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 8.3 were addressed by these corrective actions?	
Note : Complete the attached Corrective Action Form (Section IV) for each condition identified, including any this comprehensive storm water inspection.	conditions identified as a result of

Darmit	Tracking #	
ermit	I racking #	

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 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:						
The RAP Access Road is utilize by heavy equipment to access sno	w disposal pad	The access				
road has been cleared and maintained. No tracking or pollutants w	rere observed a	t this time.				
2. Are any control measures in need of maintenance or repair?	Yes	✓ No				
Have any control measures failed and require replacement?	Yes	✓ No				
4. Are any additional/revised control measures necessary in this area?	Yes	√ No				
If YES, to any of these three questions, provide a description of the problem: (Any nece	ssary corrective action	s should be described on				
the attached Corrective Action Form.)						
×.						
		1				
Ladaratic Activity Associates						
Industrial Activity Area: Snow Disposal Pad						
1. Brief Description:						
The Snow Disposal pad stockpiles snow in a specific stockpile sequence. Heavy equipment travels						
across if regularly in order to stockpile snow. Due to no snowfall, snow sequencing could not be						
inspected.						
2. Are any control measures in need of maintenance or repair?	Yes	✓ No				
3. Have any control measures failed and require replacement?	Yes	✓ No				
of the diff control incusares failed and require replacements		· · · · · · · · · · · · · · · · · · ·				
4. Are any additional/revised control measures necessary in this area?	Yes	√ No				
4. Are any additional/revised control measures necessary in this area?	L Tes	₩ 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.)						
,						

Perm	i+ '	Track	ina	44.

*				
Industrial Activity Area: Aggregate Stockpile				
1. Brief Description:				
The stockpile is being correctly stored in the identified location per SV	VPPP	plans	and de	sign.
		·		
2. Are any control measures in need of maintenance or repair?		Yes	✓	No
3. Have any control measures failed and require replacement?		Yes	\checkmark	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 necessal the attached Corrective Action Form.)	ry correct	ive action	ns should l	be described on
Industrial Activity Area: Staging Area				
1. Brief Description:				
The staging area is not currently being utilized and shows no evidence	e of po	ollutan	ts.	
2. Are any control measures in need of maintenance or repair?		Yes	\checkmark	No
Have any control measures failed and require replacement?		Yes	√	No
4. Are any additional/revised control measures necessary in this area?		Yes	√	No
If YES, to any of these three questions, provide a description of the problem: (Any necessa	ry correct		ns should b	
	ry correct		ns should b	
If YES, to any of these three questions, provide a description of the problem: (Any necessa	ry correct		ns should E	
If YES, to any of these three questions, provide a description of the problem: (Any necessa	ry correct		ns should b	
If YES, to any of these three questions, provide a description of the problem: (Any necessa	ry correct		ns should E	

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	1	Permit Track	ing #:	For Agency Us
Industrial Activity Area: Sedimentation Pond				
1. Brief Description:				
Sedimentation pond receives exposed runoff or stomwater from heavy operations. Pond is covered in snow and is frozen, due to winter conditions, a routine inspection was performed. The inspection showe pollutants and is functioning per SWPPP plans and designs.	dition	s. Prior	to the	ese
2. Are any control measures in need of maintenance or repair?		Yes	√	No
3. Have any control measures failed and require replacement?		Yes	\checkmark	No
4. Are any additional/revised control measures necessary in this area?		Yes	√	No
the attached Corrective Action Form.)				
Industrial Activity Area: Oil and Grit Separator				
Brief Description: Oil and Grit Separator receives stormwater from sedimentation pond. and covered in snow. Prior to these conditions a rountine inspection winspection showed that separator was free of pollutants and was operated.	vas p	erforme	d. Tl	he routine
Are any control measures in need of maintenance or repair?		Yes	√	No
Have any control measures failed and require replacement?		Yes	✓	No
4. Are any additional/revised control measures necessary in this area?		Yes	✓	No
If YES, to any of these three questions, provide a description of the problem: (Any necessary the attached Corrective Action Form.)	correct	tive actions	should i	be described on

MSGP Annual Report (Oct 2020)

D:	. T	1.1 4	
Permi	tırac	king#	:

Inc	dustrial Activity Area: Vegetative Buffer Strip				
1.	Brief Description:				
ро	ne Vegetative Buffer Strip receives runoff from the snow disposal pa Illutants from snow stockpile and heavy equipment. This routine ins ffer strip is free of pollutants and is being maintained per SWPPP p	spection			
2.	Are any control measures in need of maintenance or repair?		Yes	√	No
3.	Have any control measures failed and require replacement?		Yes	\checkmark	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 necessal the attached Corrective Action Form.)	ry correc	tive actio	ons should b	e described on
	,				
Inc	lustrial Activity Area:				
1.					
	and 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 problem: (Any necessar the attached Corrective Action Form.)	ry correc	tive actio	ns should b	e described on

Permit	Track	ing	#:_
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	ction IV. Corrective Actions
this	mplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy spage for additional corrective actions or reviews.
ada	lude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to dress problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not
bee 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?

MSGP Annual Report (Oct 2020) Page 7 of 8

		For Agency Use Permit Tracking #:					
9. Date corrective action initiated:							
10. Date corrective action completed:	Or expected to	be completed:					
11. If corrective action not yet completed, prov inspections and describe any remaining step corrective action:							
Section V. Annual Report Certification Compliance Certification							
Do you certify that your annual inspection has need that, based upon the results of this inspection, to compliance with the permit?							
If NO, summarize why you are not in compl	liance with the permit:						
Municipality of Anchorage Facilities a permit, but by its MS4 instead. Annual Report Certification	are not regulated under cond	itions set forth by the Multi-sector					
Ainual 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.							
Jim Belz	Superintendent	james.belz@anchorageak.gov					
Name of Authorized Representative	Title	Email					

Signature



Section I. General Informatio	n						
Facility Name	APDES Permit Tracking Number						
	Snow Disposa	al Site					
Facility Physical Address							
Street		City				State	Zip Code
10,000 Block of East 100th			Anchorage			Alaska	99502
Contact Person	Title		Phone		Email		
Jim Belz		rintendent	(907) 343				chorageak.gov
Lead Inspector's Name	Additional Inspect	or's Name	Additional Insp	ector's Nar	ne	Inspection Da	
Charles Pappas						1	0/08/2024
Section II. General Inspection	Findings						
As part of this comprehensive sources, including areas when the lift NO, describe why note. Note: Complete Section III of this for	ere industrial ac	tivity may be expos	ed to storm	water?		Yes Yes	No No
parts 2 and 3 below, where pollutan	ts may be expose	d to storm water.					
Did this inspection identify a identified in your SWPPP?						Yes	√ No
If YES, for each location, do measures in place:	escribe the sourc	es of those storm wa	ter and non-s	torm wate	er discharge	es and any asso	ociated control

		Permit Tracking #:	For Agency Use
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 prese control measures in place:	Yes	No es, and any
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 results.	peri	no monitoring formed w:
Bo sh	Describe any evidence of pollutants entering the drainage system or discharging to surface varound outfalls, including flow dissipation measure to prevent scouring: oth retention ponds and outfall show no evidence of pollutants leaving situated by the control of the control measures were no evidence of pollutants entering or leaving the dotter than the control measures were functioning per SWPPP plans and designs.	te. This routine	inspection

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 No under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

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

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 In reviewing each area, you should consider:	this page for addition	nal industrial activity areas.
Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or could come into contact with storm water; Industrial materials, residue, or trash that may have or trash that may have or trash that may have only the storm water; Industrial materials, residue, or trash that may have or trash that may have only the storm water; Industrial materials, residue, or trash that may have or trash that may have only the storm water; Industrial materials, residue, or trash that may have or trash that may have only the storm water; Industrial materials, residue, or trash that may have only the storm water and the sto		
 Leaks or spills from industrial equipment, drums, tanks, and other containers; Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and 		
 Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas. 		
Industrial Activity Area: RAP Access Roads		
1. Brief Description:		
There are two RAP Access Roads, one running north of the site and		
These access roads have heavy equipment traveling on them frequences		
Both access roads are not being utilized at this time and each acce	ss gate was l	ocked. No signs
of pollutants of tracking was observed at this time.		
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 necesthe attached Corrective Action Form.)	ssary corrective acti	ons should be described on
		I
Industrial Activity Area: Snow Disposal Pad		
1. Brief Description:		
		ı
The Snow disposal pad is exposed to potential pollutants from heav	y equipment	traveling and
working in the pads area during daily operations. No snow at time of	of inspection,	unable to see
sequencing of snow storage. Light trash/litter across pad, no polluta		
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 necessitive attached Corrective Action Form.)	ssary corrective acti	ons should be described on
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	Permit Trac	king #:	
Industrial Activity Area: Wood Lot (Laurel Acres)			
1. Brief Description:			
The Wood Lot is currently closed and was utilized for additional sn stockpile of wood and mulch was present on site and was properly There was no evidence of pollutants leaving the area at this time.			3.
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 nec	essary corrective action	s should be describe	ed on
Industrial Activity Area: Sedimentation Ponds #1 and #2 1. Brief Description: Sedimentation ponds #1 and #2 receive runoff from Disposal pad a potential pollutants from heavy equipment and snow disposal. Both receiving incoming flow at eastern inlet, discharging water on west showed that there was no evidence of pollutants and is functioning	h retention pond tern end. This ro	s are thawed, utine inspection	, on
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 necont the attached Corrective Action Form.)	essary corrective action	s should be describe	ed on

Page 4 of 8

	F	Permit Tracki	ng #:	For Agency Us				
Industrial Activity Area: Staging Area								
1. Brief Description:								
The staging area is not currently being used and has no signs of pollutan	its	at this ti	me.					
Are any control measures in need of maintenance or repair?	_	Yes	✓	No				
Have any control measures failed and require replacement?		Yes	√	No				
4. Are any additional/revised control measures necessary in this area?		Yes	/	No				
the attached Corrective Action Form.)								
Industrial Activity Area: Temporary Street Sweeper Waste Disposal Area 1. Brief Description: Temporary Street Sweeper Waster Disposal Area is primary utilized during the summer and spring time operations. During the winter time this area is traveled across by heavy equipment. There was no street sweeper waste stockpile present at time of inspection. There are no pollutants observed at this time.								
Are any control measures in need of maintenance or repair?		Yes	√	No				
Have any control measures failed and require replacement?		Yes	√	No				
Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessary con the attached Corrective Action Form.)	rrect	Yes ive actions	should	No be described on				

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М	erm	L I	Idu	dilla	# .

Industrial Activity Area: Vegetative Buffer Strip								
1. Brief Description:								
The vegetative Buffer Strip receives runoff from the snow disposal pad and runoff between ponds. This routine inspection showed no evidence of pollutants and was functioning per SWPPP plans.								
Are any control measures in need of maintenance or repair?		Yes	✓	No	\dashv			
Have any control measures failed and require replacement?		Yes	✓	No				
4. Are any additional/revised control measures necessary in this area?		Yes	\checkmark	No				
Industrial Activity Area: 1. Brief Description:								
2. Are any control measures in need of maintenance or repair?		Yes		No				
Have any control measures failed and require replacement?		Yes		No				
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 the attached Corrective Action Form.)	correc	tive action	ns should i	be described	on			

Page 6 of 8

	0
rmit Tracking #	

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?			

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			Pe	ermit Tracking #:	For Agency Us
9.	Date corrective action initiated:				
10.	Date corrective action completed:	Or expected to b	e completed:		
11.	If corrective action not yet completed, provide inspections and describe any remaining steps corrective action:				
	ction V. Annual Report Certification				
Do tha	you certify that your annual inspection has met t, based upon the results of this inspection, to t npliance with the permit?		•	Yes	☐ No
pe	If NO, summarize why you are not in compliant inicipality of Anchorage Facilities are rmit, but by its MS4 instead.		ions set fo	rth by the Mu	lti-sector
Ba in sig	certify under penalty of law that this document coordance with a system designed to assure that assed on my inquiry of the person or persons what formation submitted is, to the best of my know gnificant penalties for submitting false information.	t qualified personnel properly gather to manage the system, or those personnel properly gather to manage the system, or those person dedge and belief, true, accurate, and tion, including the possibility of fine Superintendent	r and evaluate on directly res I complete. I a and imprisonr	e the information sponsible for gath	submitted. nering the ere are violations.
Na	ame of Authorized Representative	Title	Email		

Signature



Section I. General Informatio	n								
Facility Name APDES Permit Tracking			g Number						
Tudor Road Snow Disposal Site Not Applicable			ole						
Facility Physical Address									
Street		City				State	Zip Code		
6135 East Tudor Ro			Anchorage			Alaska	99515		
Contact Person	Title		Phone	0.0005	Email .				
Jim Belz		rintendent	(907) 34				es.belz@anchorageak.gov		
Lead Inspector's Name Charles Pappas	Additional Inspect	ors Name	Additional Insp	ector's Nar	ne	Inspection Date 10/09/2024			
							10/03/2024		
Section II. General Inspection		1.1	-II						
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: No Yes No No									
Note : Complete Section III of this for parts 2 and 3 below, where pollutan	ts may be expose	ed to storm water.				or as newly a	ejinea, in Section II		
2. Did this inspection identify any storm water or non-storm water outfalls not previously Yes No				√ No					
identified in your SWPPP? If YES, for each location, d measures in place:	escribe the sourc	es of those storm wa		storm wat	er discharge				

Permit Tracking #: _

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? 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? 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:					
This inspection shows that no maintenance was required and all BMP's were functioning per					
SWPPP plans and designs.					
Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit,					
since your last annual report submission (or since you received authorization to discharge					
under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?					
If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions? Note: Complete the attached Corrective Action Form (Section IV) for each condition identified including any conditions identified as a coult of					
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	s page foi	additional in	dustrial a	ctivity 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:					
The RAP access Road are directly utilize by heavy equipment entering and existing the site. Both access gates are closed and locked at time of inspection. The RAP access road have been cleared and maintained. There is no signs of tracking or pollutants at this time.					
2. Are any control measures in need of maintenance or repair?		Yes	\checkmark	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 necessal the attached Corrective Action Form.)	ry correc	tive actions	should b	e described on	
Letter Andrews					
Industrial Activity Area: Snow Disposal Pad					
1. Brief Description:				I	
Snow Disposal Pad is utilize by beavy equipment that travels across in	t in or	dar to st	ocknik	o snow	
Snow Disposal Pad is utilize by heavy equipment that travels across it in order to stockpile snow.					
Due to no snowfall, snow sequencing cannot be inspected at this time.					
				1	
Are any control measures in need of maintenance or repair?		Yes		No	
				2012	
Have any control measures failed and require replacement?	ᆜ	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 problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)					
				ı	
				1	

Industrial Activity Area: Staging Area					
1. Brief Description:					
Staging area is not being utilized at this time. The staging area has been cleared of all heavy snow and show no evidence of pollutants at this time.					
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					
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: Sedimentation Pond					
1. Brief Description:					
Sedimentation Pond receives runoff from the snow disposal pad and access roads. Runoff from these two areas are exposed to potential pollutants from heavy equipment and snow stockpiles. This routine inspection shows that the pond was free of pollutants and was functioning per SWPPP plans and designs.					
2. 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 problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)					

Industrial Activity Area: Vegetative Buffer Strips					
1. Brief Description:	er .				
1. Bitel Description.					
The Vegetative Buffer Strips receive runoff from access roads, staging areas, and the snow disposal pad. This routine inspection shows that all Vegetative Buffers Strips were free of pollutants and are functioning per SWPPP plans and designs.					
2. Are any control measures in need of maintenance or repair?	s 🕢 No				
3. Have any control measures failed and require replacement? Yes	s 🗸 No				
4. Are any additional/revised control measures necessary in this area?	s 🕢 No				
If YES, to any of these three questions, provide a description of the problem: (Any necessary corrective of the attached Corrective Action Form.) Industrial Activity Area: Velocity Dissipaters 1. Brief Description:					
There are three Velocity Dissipaters that slow down runoff from the access road and snow disposal pad into the vegetative buffers and conveyance channel. The runoff form the access road and snow disposal pad have been exposed to potential pollutants and heavy equipment. This routine inspection shows that the Velocity Dissipaters need no maintenance and are functioning per SWPPP plans and designs					
Are any control measures in need of maintenance or repair? Yes	es 🕢 No				
3. Have any control measures failed and require replacement?	es 🕢 No				
4. Are any additional/revised control measures necessary in this area?	es 🔽 No				
If YES, to any of these three questions, provide a description of the problem: (Any necessary corrective a the attached Corrective Action Form.)	ctions should be described on				

Permit	Tracking #:	
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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 necess the attached Corrective Action Form.)	sary corrective a	ctions should l	be described on
,			
			A
Industrial Activity Area:			
1. Brief Description:			
2. Are any control measures in need of maintenance or repair?	Ye	s	No
3. Have any control measures failed and require replacement?	Ye	s	No
4. Are any additional/revised control measures necessary in this area?	Ye	s	No
If YES, to any of these three questions, provide a description of the problem: (Any necess the attached Corrective Action Form.)	sary corrective a	ctions should l	be described on

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Con	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					
	s page for additional corrective actions or reviews. Iude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to					
ada	dress problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not 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?					

Permit Tracking #: _

9. Date corrective action initiated:						
10. Date corrective action completed:	Or expected to be	e 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 mention that, based upon the results of this inspection, to to compliance with the permit?						
If NO, summarize why you are not in complian	ice with the permit:					
Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.						
Annual Report Certification						
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						
Jim Belz	Superintendent	james.belz@anchorageak.gov				
Name of Authorized Representative	Title	Email				
		10-29-24				
Signature		Date Signed (

Permit	Track	king #:
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Section I. General Informatio	n								
Facility Name				APDES P	ermit Trackin	g Number			
Commercial	Drive Snow Dis	sposal Site				Not Applicat	ole		
Facility Physical Address									
Street		City				State	Zip Code		
2941 Commercial Dr			Anchorage			Alaska	99501		
Contact Person	Title		Phone		Email				
Jim Belz		rintendent	(907) 343			es.belz@anchorageak.gov			
Lead Inspector's Name	Additional Inspect	or's Name	Additional Insp	ector's Nar	me	Inspection Da			
Charles Pappas						1	10/09/2024		
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 No									
Note : Complete Section III of this for parts 2 and 3 below, where pollutan			pected and inc	cluded in y	our SWPPP	or as newly d	efined, in Section II		
Did this inspection identify a identified in your SWPPP?	ny storm water	or non-storm water	er outfalls no	ot previo	usly	Yes	√ No		
If YES, for each location, d measures in place:	escribe the sourc	es of those storm wa	ter and non-s	torm wat	er discharg	es and any ass	ociated control		

For Agency Use Permit Tracking #: Did this inspection identify any sources of storm water or non-storm water discharges not 1 Yes No previously identified in your SWPPP? If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place: 4. Did you review storm water monitoring data as part of this NA, no monitoring Yes No 1 inspection to identify potential pollutant hotspots? 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: This inspection showed that there was no evidence of pollutants entering the drainage system and all control measures were functioning per SWPPP plans and designs.

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?

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.

Permit Tracking #: ____

Section III. Industrial Activity Area Specific Findings		
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy	this page for additional i	ndustrial activity areas.
In reviewing each area, you should consider: • Industrial materials, residue, or trash that may have or could come into contact with storm water;		
Leaks or spills from industrial equipment, drums, tanks, and other containers;		
Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and		
Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.		
Industrial Activity Area: RAP Access Roads		
1. Brief Description:		
Heavy equipment navigates on the RAP access roads. RAP access	s road #1 has be	een cleared and
maintained for access to the snow disposal pad. Access road #2 ha	as not been clea	red or
maintained, at this time it is not accessible.		
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 neces	ssary corrective actions	s should be described on
the attached Corrective Action Form.)		
		1
		4
Industrial Activity Area: Snow Disposal Pad		
1. Brief Description:		
Snow Disposal Pad has heavy equipment traveling across it freque	ntly in order to s	stocknile snow
Snow from previous winter has melted off %80, still remains on page		
		Show is being
correctly sequence and stored at Storage area #1 per SWPPP plan	is and designs.	
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 neces	scary corrective actions	should be described on
the attached Corrective Action Form.)	ssury corrective actions	s stioulu be described off
		*

Industrial Activity Area: Vac Truck Disposal Area				
Brief Description:				
Vac trucks and heavy equipment utilize and work in this area during s operations. During the winter time this area is traveled across by hea contained within the vegetated buffer on site, there are no evidence or	vy equ	ipment	_	
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	\checkmark	No
If YES, to any of these three questions, provide a description of the problem: (Any necessar the attached Corrective Action Form.) Industrial Activity Area: Street Sweeper Waste Area 1. Brief Description:				
Street Sweeper and heavy equipment work in this area during summer During the winter time this area is traveled across by heavy equipment stockpiles are contained within the vegetated buffer on site, there are	t. Stre	eet swe	eper v	waste
Are any control measures in need of maintenance or repair?		Yes	✓	No
2. Are any control measures in need of maintenance or repair?3. Have any control measures failed and require replacement?		Yes Yes	✓✓	No No
		2000	✓ ✓ ✓	

Ind	dustrial Activity Area: Equipment Staging Area				
1.	Brief Description:				N°
	o equipment stored on site at time of inspection. The designated Equip lowed no signs of pollutants at this time.	mer	nt area	for sta	aging
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	\checkmark	No
1. Th fro	If YES, to any of these three questions, provide a description of the problem: (Any necessary continuous the attached Corrective Action Form.) dustrial Activity Area: Detention Pond Brief Description: The detention pond receives storm water and runoff that potentially been heavy equipment. The pond has constant flow from snow melt leave towed that there was no evidence of pollutants and is functioning per Stores.	n ex	oposed site. T	to pol	llutants spection
		_			
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 co the attached Corrective Action Form.)	orrecti	ve action.	s snould l	pe described on

Industrial Activity Area: Retention Basins
1. Brief Description:
Retention basins receives stormwater and run off from Rap access road # 2, Where potential pollutants can be exposed from heavy equipment. This inspection showed that there was no evidence of pollutants and is functioning per SWPPP plans and designs.
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: (Any necessary corrective actions should be described on the attached Corrective Action Form.)
Industrial Activity Area: Vegetative Conveyance Channel
1. Brief Description:
Conveyance Channels receives runoff and stormwater from RAP access roads, stockpile areas, and snow pad disposal area. All areas with potential pollutants from heavy equipment and daily operations. Conveyance channels show clean water flowing through towards wier to retention pond. There is no evidence of pollutants. The site BMP's are functioning per SWPPP plans and designs.
2. 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 problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Permi	TI	rack	ang	11.

	ction IV. Corrective Actions
this	mplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy spage for additional corrective actions or reviews.
ado	lude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to dress problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not
1.	concepted at the time of your previous annual report. 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?

Permit Tracking #: _

9. Date corrective action initiated:							
10. Date corrective action completed:	Or expected to b	e completed:					
11. If corrective action not yet completed, provide inspections and describe any remaining steps corrective action:							
Section V. Annual Report Certification							
Do you certify that your annual inspection has methat, based upon the results of this inspection, to compliance with the permit?							
If NO, summarize why you are not in complian	nce with the permit:						
Municipality of Anchorage Facilities are permit, but by its MS4 instead.	e not regulated under condit	tions set forth by the Multi-sector					
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.							
Jim Belz	Superintendent	james.belz@anchorageak.gov					
Name of Authorized Representative	Title	Email					
Signature		10-29-24 Date Signed					

For	Agency	Use

		Permit Tracking #:	
_	-		



Section I. General Information	on				Market State of State				
Facility Name				APDES P	ermit Trackin	g Number			
Kloep Sta	tion Snow Dispo	osal Site							
Facility Physical Address									
Street		City				State	Zip Code		
5600 Northwood Dr			Anchorage			Alaska	99502		
Contact Person	Title		Phone (007) 046	2 2005	Email .	1.1.0			
Jim Belz		rintendent	(907) 343				es.belz@anchorageak.gov		
Lead Inspector's Name	Additional Inspect		Additional Insp	ector's Nar	ne	Inspection D			
Colby Fletcher	Charles	s Pappas					10/15/2024		
Section II. General Inspection									
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 No									
Note: Complete Section III of this for parts 2 and 3 below, where pollutar	nts may be expose	ed to storm water.				or as newly d	efined, in Section II		
Did this inspection identify identified in your SWPPP?	any storm water	r or non-storm wat	er outfalls no	ot previo	usiy	Yes	√ No		
If YES, for each location, on measures in place:	describe the sourc	es of those storm wa	iter and non-s	torm wat	er discharge	es and any ass	ociated control		

	For Agency Use
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:
4.	Did you review storm water monitoring data as part of this Yes No MA, no monitoring 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:
the lea	the time of the inspection a thin layer of ice was formed on the surface of standing water and ere was frost on the ground. During the inspection there was no evidence of pollutants entering or aving the drainage system and all control measures were functioning per SWPPP plans and esigns.
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? If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP
	were addressed by these corrective actions? te: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of a comprehensive storm water inspection.

Permit Tracking #: ___

Section III. Industrial Activity Area Specific Findings					
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this	page for	r additional i	ndustrial o	activity areas.	
In reviewing each area, you should consider:				,	
Industrial materials, residue, or trash that may have or could come into contact with storm water;					
 Leaks or spills from industrial equipment, drums, tanks, and other containers; Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and 					
Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.					
Industrial Activity Area: RAP Access Roads					
1. Brief Description:					
2. Brief Bescription.					
RAP Access Roads directly are utilized by heavy equipment during facility operations. At this time frost is present on site. RAP access road #1 is being utilized. RAP access road #2 gate is closed and secured. No tracking or pollutants have been observed at either access road at this time.					
2. Are any control measures in need of maintenance or renair?		Vos		No	
Are any control measures in need of maintenance or repair?	ᆜ	Yes		No	
Have any control measures failed and require replacement?	Ш	Yes	✓	No	
4. Are any additional/revised control measures necessary in this area?		Yes	\checkmark	No	
If YES, to any of these three questions, provide a description of the problem: (Any necessar the attached Corrective Action Form.)	y correc	tive actions	should b	be described on	
		- W			
Industrial Activity Area: Snow Disposal Pad 1. Brief Description:					
The Snow Disposal pad area is for staging of snow stockpiles per seq					
Heavy equipment travels across it regularly in order to stockpile snow.	The	snow p	ad is	clear with	
no snow present at this time. No pollutants have been observed at thi	s time	э.			
2. Are any control measures in need of maintenance or repair?		Yes	1	No	
Have any control measures failed and require replacement?		Yes	√	No	
4. Are any additional/revised control measures necessary in this area?		Yes	√	No	
If YES, to any of these three questions, provide a description of the problem: (Any necessar,	correct	tive actions	should b	be described on	
the attached Corrective Action Form.)					
				1	

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Pern	nit '	Trac	king	# .

Industrial Activity Area: Vegetative Buffer Discharge Point #2		
1. Brief Description:		14
The Vegetative Buffer Discharge Point receives runoff from the snow pad dischas exposure to pollutants from heavy equipment and snow melt contaminan present at time of inspection. The inspection provided that there was no evide all BMP's were functioning per SWPPP plans and designs.	its. No snow	v was
2. Are any control measures in need of maintenance or repair?	Yes 🗸	No
3. Have any control measures failed and require replacement?	Yes 🗸	No
	Yes 🗸	No
If YES, to any of these three questions, provide a description of the problem: (Any necessary corrective the attached Corrective Action Form.)	e actions should i	e described on
Industrial Activity Area: Staging Area		
1. Brief Description:		
This includes both staging areas. On site was a end dump, a bull dozer, 2 grasweeper. No pollutants were observed where the staging areas are located.	aders, and a	street
2. Are any control measures in need of maintenance or repair?	Yes 🗸	No
Have any control measures failed and require replacement?	Yes	No
Have any control measures failed and require replacement? 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)	Yes 🗸	No

Industrial Activity Area: Conveyance Channel				
1. Brief Description:				
The Conveyance Channel receives runoff from RAP access roads and runoff has been exposed to potential pollutants from Heavy equipment this time the Channel has ice on it due to winter conditions. The channel BMP's were functioning per SWPPP plans and designs.	and t	facility	operat	ions. At
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	\checkmark	No
Industrial Activity Area: Vegetative Buffer Discharge Point #1 1. Brief Description:				
Vegetative Buffer Discharge Point # 1 receives runoff from RAP access Snow disposal pad. The runoff from these areas have been exposed theavy equipment and stockpiles from daily facility operations. The buf covered in frost and thin ice. The discharge point and vegetative buffer and that the BMP's were functioning per SWPPP plans and designs.	o pot fer ar	ential p	oolluta harge	nts from point is
2. Are any control measures in need of maintenance or repair?		Yes	✓	No
3. Have any control measures failed and require replacement?		Yes	\checkmark	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 the attached Corrective Action Form.)	correct	ive action	s snould l	ne described on

Permit	Trac	king	#:
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Industrial Activity Area: Vegetative Buffer Discharge Point #2							
1. Brief Description:							
Vegetative Buffer Dischrage point #2 receives runoff from Snow Disposal pad and drainage zone #3. Th runoff from from these two areas are exposed to potential pollutants from heavy equipment and daily facility operations. The discharge point and Vegetative Buffer is covered in frost and thin ice. Discharge point #2 and the Vegetative Buffer was free of pollutants and that the BMP's were functioning per SWPPP plans and designs.							
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 necess the attached Corrective Action Form.)							
Industrial Activity Area: Street Sweeper Waste Stockpile							
1. Brief Description:							
Street Sweeper Waste Stockpile area has heavy equipment working and spring time operations. During the Winter time this area is trave equipment. Area has frost due to winter conditions. Area was free of	led across by	heavy					
2. Are any control measures in need of maintenance or repair?	Yes	√ No					
	Yes	✓ No					
3. Have any control measures failed and require replacement?		₩ NO					
Have any control measures failed and require replacement? 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 necess)	Yes	✓ No					

Dannit	Tuna	Lina-	44.
Permit	Irac	KINS	#.

	tion IV. Corrective Actions
this	nplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy page for additional corrective actions or reviews.
add	ude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to ress problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not not 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:
_	Data muchlam idantified
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?

For Agency Use 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 Yes 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 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.

Jim Belz	Superintendent	james.belz@anchorageak.gov
Name of Authorized Representative	Title	Email
A A		10-29-24
Signature		Date Signed



TOTAL OF ALLEST	MSGF	Annual	Reporti	ng For	m		
Section I. General Information	on						
Facility Name			-	APDES Perr	mit Tracking	g Number	-
North Mountain View Snow Disposal Site Not Applicable							
Facility Physical Address				•			
Street		City				State	Zip Code
4800 Block of Mountain Vi	ew Drive		Anchorage	4		Alaska	99501
Contact Person	Title		Phone		Email		
Jim Belz	Supe	rintendent	(907) 343	3-8265	Jam		nchorageak.gov
Lead Inspector's Name	Additional Inspect		Additional Insp	ector's Name	!	Inspection D	
Colby Fletcher	Charles	s Pappas					10/15/2024
Section II. General Inspection	n Findings						
As part of this comprehensive sources, including areas when the left of t					Ĺ	✓ Yes	No
Note: Complete Section III of this for parts 2 and 3 below, where pollutan 2. Did this inspection identify a identified in your SWPPP? If YES, for each location, d measures in place:	ats may be expose any storm water	or non-storm w	ater outfalls n	ot previous	sly [Yes	√ No

For	Agency	Use
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Permit Tracking #: ___

3.	Did this inspection identify any sources of storm water or non-storm water discharges not
4.	Did you review storm water monitoring data as part of this Yes No NA, no monitoring 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:
	outfalls and on-site drainage systems showed that no maintenance was required and all BMP's are performing per SWPPP plans and designs.
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? If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?
	te: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of

MSGP Annual Report (Oct 2020) Page 2 of 8

For Agency Use Permit Tracking #:
Section III. Industrial Activity Area Specific Findings
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas. In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come into contact with storm water; Leaks or spills from industrial equipment, drums, tanks, and other 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:
Heavy equipment utilize the RAP access road to enter the site and to access the snow disposal bad during facility operations. Access road entering from North of site was maintained, gate at road was closed and secured. Access road entering West of site was not accessible to vehicles due to concrete barricades.

Yes

Yes

Yes

No

No

No

2. Are any control measures in need of maintenance or repair?

3. 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 necestive attached Corrective Action Form.)	sary correc	tive actio	ns should i	be described c	on
Inc 1.	ustrial Activity Area: Retention Basins 1, 2, & 3 Brief Description:					
wh	tention Basins recieve and retain runoff from RAP access road and ich are exposed to potential pollutants from heavy equipment and experience Retention Basins were free of pollutants and were functioning per	d daily fa	acility o	operation	ons. All o	
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	\checkmark	No	
	If YES, to any of these three questions, provide a description of the problem: (Any necestive attached Corrective Action Form.)	sary correc	tive actio	ns should i	be described o	on

Industrial Activity Area: Snow Disposal Pad								
1. Brief Description:								
The Snow Disposal Pad has heavy equipment traveling across it frequently in order to stockpile snow. The pad is free of pollutants.								
2. Are any control measures in need of maintenance or repair? Yes Yes)							
3. Have any control measures failed and require replacement? Yes V)							
4. Are any additional/revised control measures necessary in this area?								
Industrial Activity Area: Staging Area 1. Brief Description: No heavy equipment was present on site at time of inspection. The designated Staging Area cleared and was free of pollutants.								
2. 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 V)							
If YES, to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be description of the attached Corrective Action Form.)	escribed on							

1.	dustrial Activity Area: Vegetative Buffer Strips Brief Description: the Vegetative Buffer Strips receive runoff from the RAP Access Road a		Permit Traci			Agency Use
Th fac	the runoff from these areas have been exposed to potential pollutants from the roal and Edition and Ed	om	heavy	equip	ment	and
2.	Are any control measures in need of maintenance or repair?		Yes	\checkmark	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 co the attached Corrective Action Form.)	rrec	tive action.	s should l	e descri	ibed 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 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.)

For Agency	Use
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	Permit Tracking #: _	
Industrial Activity Area:		
1. Brief Description:		30°
Are any control measures in need of maintenance or repair?	Yes	No
Have any control measures failed and require replacement?	Yes	No
4. Are any additional/revised control measures necessary in this area?	Yes	No
If YES, to any of these three questions, provide a description of the problem: (Any necessary continuous the attached Corrective Action Form.)	rrective actions should	l be described on
•		
Industrial Activity Area:		
Brief Description:		
Are any control measures in need of maintenance or repair?	Yes	No
Have any control measures failed and require replacement?	Yes	No
4. Are any additional/revised control measures necessary in this area?	Yes	No
If YES, to any of these three questions, provide a description of the problem: (Any necessary continuous the attached Corrective Action Form.)	rrective actions should	l be described on
*		

MSGP Annual Report (Oct 2020)

Page 6 of 8

Perm	it 7	Frack	ing	#.

Con	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								
ada	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.								
_	YesNo								
8.	Did/will this corrective action require modification of your SWPPP?								

			Pe	ermit Tracking #:	For Agency Us
9.	Date corrective action initiated:				
10.	Date corrective action completed:	Or expected to	be completed:		
11.	If corrective action not yet completed, providinspections and describe any remaining steps corrective action:				
	tion V. Annual Report Certification				
	npliance Certification				
tha	you certify that your annual inspection has me t, based upon the results of this inspection, to apliance with the permit?	-	-	Yes	No
ре	If NO, summarize why you are not in complianticipality of Anchorage Facilities are mit, but by its MS4 instead.		litions set fo	rth by the M	ulti-sector
Α	nnual Report Certification				
Ba in si	certify under penalty of law that this document coordance with a system designed to assure the ased on my inquiry of the person or persons we formation submitted is, to the best of my known gnificant penalties for submitting false information.	at qualified personnel properly gath tho manage the system, or those pe wledge and belief, true, accurate, a ation, including the possibility of fin	ner and evaluate erson directly res nd complete. I a e and imprisonr	e the information of the sponsible for gas am aware that the ment for knowing the sponsore that the sponsore	on submitted. athering the there are ng violations.
- 1	im Ralz	Superintendent	lames be	lz(a)anchor	rageak gov

Title

Name of Authorized Representative

Email

Signature

Date Signed

For Agency U	se
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Section I. General Informatio	n						
Facility Name APDES Permit Tracking Number							
Kloep Station Maintenance & Storage Facility							
Facility Physical Address							
Street		City				State	Zip Code
5610 Northwood Dri			Anchorage			Alaska	99502
Contact Person	Title						
Jim Belz			es.belz@anchorageak.gov				
Lead Inspector's Name		Additional Inspector's Name Additional Inspector's Name		Inspection Date			
Charles Pappas	Colby	Colby Fletcher		10/15/2024			
Section II. General Inspection	Findings						
sources, including areas whe	ere industrial ac	tivity may be expo	sed to storn	n water?		√ Yes	No
Note : Complete Section III of this for parts 2 and 3 below, where pollutan	ts may be expose	ed to storm water.				or as newly d	lefined, in Section II
Did this inspection identify a identified in your SWPPP?	iny storm water	or non-storm wate	er outfalls n	ot previo	usiy	Yes	√ No
If YES, for each location, d measures in place:	escribe the sourc	es of those storm wa	ter and non-	storm wat	er discharg	es and any ass	ociated control

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:
1	
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1	
l	
1	
4.	Did you review storm water monitoring data as part of this
	inspection to identify potential pollutant hotspots? Yes No Ves performed
	If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
1	
1	
l	
ı	
5.	Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and
1	around outfalls, including flow dissipation measure to prevent scouring:
1	
All	outfalls, flow dissipations, and on-site drainage systems were reviewed as part of this inspection.
Th	is routine inspection showed that the outfalls and on-site drainage system were free of any
po	llutants and no maintenance was required. All BMP's were functioning per SWPPP plans and
	signs.
A.1	
1	
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?
	te: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of s comprehensive storm water inspection.
uiis	comprehensive storm water inspection.

Permit Tracking #: _

Section III. Industrial Activity Area Specific Findings				
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy the	is page for	additional in	dustrial a	ctivity 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 				1
 Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas. 				
Industrial Activity Area: Access Roads/ Pavement				
Brief Description:				
1. Bitci bescription.				
The access roads and pavement areas are utilized by heavy equipmed operations, being exposed to tracking and potential pollutants. All road cleared and maintained at time of inspection. No tracking or pollutants	ds and	d pavem	ent ar	
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 necessa the attached Corrective Action Form.)				c described on
Industrial Activity Area: Vac Truck Disposal Area 1. Brief Description:				
Vac Truck Disposal Area is series of sedimentation basins with weirs vac trucks. This inspection showed that the disposal area was mainta SWPPP plans.				
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 necessa the attached Corrective Action Form.)	ry correct	ive actions	should b	e described on
				- 1

	ı	Permit Trackii	ng #:	For Agency Us
Industrial Activity Area: Materials Storage Areas				
1. Brief Description:				
Material Storage Areas include all storage areas within the facility. All was correctly identified with signs and was free of any pollutants and d		-	s with	nin the site
Are any control measures in need of maintenance or repair?		Yes		No
	_			Try volvesting
Have any control measures failed and require replacement?	Ш	Yes	V	No
4. Are any additional/revised control measures necessary in this area?		Yes	\checkmark	No
Industrial Activity Area: Oil and Grit Separators 1. Brief Description: There are three oil and grit separators within the facility. Each separators pollutants from heavy equipment, vehicles, and daily facility operations	or rec	ceives p	otent	ial
grit separators were maintained and functioning per SWPPP plans and	des	igns		
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 the attached Corrective Action Form.)	correct	tive actions	should	be described on

Permit	Tracking	#:
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Industrial Activity Area: Equipment Storage Areas				
1. Brief Description:				
Equipment Storage areas in including all areas of equipment that is storage equipment areas were labeled correctly within the site. No pollutants of time, area is being maintained per SWPPP plans and specs.				
2. Are any control measures in need of maintenance or repair?		Yes	√	No
3. Have any control measures failed and require replacement?		Yes	\checkmark	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 the attached Corrective Action Form.)	o correcti	ve actions :	thould E	e described on
Industrial Activity Area: Fueling Station				
1. Brief Description:				
Fueling Station provides fuel for diesel and gas municipal vehicles and leaks were observed at this time.	equip	oment.	No sp	oills or
				No
2. Are any control measures in need of maintenance or repair?		Yes	\checkmark	NO
2. Are any control measures in need of maintenance or repair?3. Have any control measures failed and require replacement?		Yes	✓ ✓	No
3. Have any control measures failed and require replacement?4. Are any additional/revised control measures necessary in this area?		Yes Yes	✓ ✓	No No
Have any control measures failed and require replacement?	o correcti	Yes Yes	whould be	No No

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Industrial Activity Area: Discharge Point #1 (Vehicle Wash Station)				
1. Brief Description:				**
Discharge Point #1 receives runoff from access road, pavement, and vehaving exposure to pollutants from heavy equipments and vehicle wash observed that the BMP's were free of pollutants and was functioning pedesigns.	off.	This ro	utine	inspection
2. Are any control measures in need of maintenance or repair?		Yes	\checkmark	No
3. Have any control measures failed and require replacement?		Yes	\checkmark	No
4. Are any additional/revised control measures necessary in this area?		Yes	\checkmark	No
the attached Corrective Action Form.)				
Industrial Activity Area: Discharge point # 4. (inlet)				
1. Brief Description:				
Discharge point #4 is a grate inlet located in a pavement area. It receives has been exposed to potential pollutants from heavy equipment and date is marked with sign and inlet protecting has been removed for winter. The showed that the inlet was free of pollutants and was functioning per SW	ily fac his ro	cility op outine i	erationspec	ns. Inlet tion
2. Are any control measures in need of maintenance or repair?		Yes	√	No
3. Have any control measures failed and require replacement?		Yes	\checkmark	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 of the attached Corrective Action Form.)	correcti	ve actions	should l	be described on

For	Ag	ency	Use

) (Permit Tracki	ng #:	For Agency U
Industrial Activity Area: Water Treatment Pond				
1. Brief Description:				
The Water Treatment Pond receives runoff from pavement and drainage sedimentation basins. Both areas having exposure to pollutants from vac truck disposal waste. This inspection showed that the pond and all functioning per SWPPP plans and designs.	eithe	heavy	equip	ment or
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	\checkmark	No
Industrial Activity Area: Discharge point #5 Velocity Dissipater				
1. Brief Description:				
Discharge point #5 receives and slows down runoff from pavement and pavement and roads have exposure to potential pollutants from heavy inspection provided that the area was free of pollutants and was function designs.	equi	oment.	This r	outine
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	\checkmark	No
If YES, to any of these three questions, provide a description of the problem: (Any necessary the attached Corrective Action Form.)	correc	tive actions	should l	be described on

Permit	Trac	king	#:

	ction IV. Corrective Actions nplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy
this	s page for additional corrective actions or reviews. Iude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to
ada	dress problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not encompleted 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?

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Date corrective action initiated:		`
10. Date corrective action completed:	Or ovported to	ha samulatadi
10. Date corrective action completed:	Or expected to	be completed:
11. If corrective action not yet completed, provid inspections and describe any remaining steps corrective action:		
Section V. Annual Report Certification		
Compliance Certification Do you certify that your annual inspection has me	at the requirements of Part 6.2 of th	an normit and
that, based upon the results of this inspection, to		
compliance with the permit?		<u> </u>
If NO, summarize why you are not in complia	nce with the permit:	
Municipality of Anchorage Facilities ar permit, but by its MS4 instead.	e not regulated under cond	itions set forth by the Multi-sector
Annual Report Certification		
I certify under penalty of law that this document accordance with a system designed to assure th Based on my inquiry of the person or persons w information submitted is, to the best of my know significant penalties for submitting false information	at qualified personnel properly gath ho manage the system, or those pe wledge and belief, true, accurate, ar	ner and evaluate the information submitted. rson directly responsible for gathering the nd complete. I am aware that there are
Jim Belz	Superintendent	james.belz@anchorageak.gov
Name of Authorized Representative	Title	Email
Signature		/0-29-24 Date Signed
Signature		Date Signed





Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Informatio	n							
Facility Name APDES Permit Tracking Number								
Orca Street Lighting Storage Facility Not Applicable						ole		
Facility Physical Address							•	
Street		City				State	Zip Code	
245 Orca Street		L	Anchorage			Alaska	99501	
Contact Person	Title	· · · · · · · · · · · · · · · · · · ·	Phone (007) 046	. 0005	Email .			
Jim Belz		rintendent	(907) 343				chorageak.gov	
Lead Inspector's Name Charles Pappas	Additional Inspect	or s Name	Additional Insp	ector's Nar	ne	Inspection Da	0/22/2024	
	e. I.						0/22/2024	
	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 for parts 2 and 3 below, where pollutan 2. Did this inspection identify a	ts may be expose	d to storm water.				or as newly de	efined, in Section II	
identified in your SWPPP?	, storin water	S. Holl Stolli Wate	c. outrails in	P. CVIO		Yes	√ No	
If YES, for each location, domeasures in place:	escribe the sourc	es of those storm wa	ter and non-s	torm wate	er discharge	es and any asso	ociated control	

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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 pres control measures in place:	Yes ent in these dischar	ges, and ar	No ny

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 an	y additional ins	pection	activities r	esultin	g 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:

Winter conditions are beginning, no snow but frozen water and frost present onsite. This routine inspection concluded that the on-site drainage and out falls were free of pollutants and BMP's are functioning per SWPPP plans and design.

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	I 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 of blowing of raw, final, or waste material from areas of no exposure to exposed areas. 					
Industrial Activity Area: RAP Access Road					
1. Brief Description:					
1. Bitel bescription.					
The RAP Access Road is utilized frequently by heavy equipment ar		ations. The			
access road is clear and no evidence of tracking or pollutants were	observed.				
		3			
Are any control measures in need of maintenance or repair?	Yes	√ No			
2. Are any control measures in need of maintenance of repair:		▼ 140			
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 neces	ssary corrective action	ns should be described on			
the attached Corrective Action Form.)					
	HAVE THE RESERVE OF THE PARTY O				
Industrial Activity Area: Discharge point #1					
1. Brief Description:					
Discharge point #1 receives runoff from the RAP Access Road. The	e runoff from th	nis area has been			
exposed to potential pollutants from heavy equipment and facility of	perations. This	routine			
inspection it was observed that there was no pollutants present at ti					
inopodion it was observed that there was no pollutarite procent at a	ino or the mop	ootion.			
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)					
the attached Corrective Action Form.)	ssary corrective action	is snoula be described on			

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Ind	ustrial Activity Area: Vegetative Buffer Strip					
1. Brief Description:						
The Vegetative Buffer Strip receives runoff from the entire site (equipment storage, material storage, RAP access road). Runoff from the site has been exposed to potential pollutants from heavy equipment, storage material, and facility operations. This routine inspection observes that the Vegetative Buffer Strip was free of pollutants and was funcitioning per SWPPP plans and designs.						
2.	Are any control measures in need of maintenance or repair?					
3.	Have any control measures failed and require replacement?					
4.	Are any additional/revised control measures necessary in this area?					
Ind	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.)					
	Brief Description:					
All	Equipment and Material storage areas through out the site are stored and identifed per SWPPP ns. No pollutants were observed in or around the storage areas.					
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: Sanitation Station Location						
1. Brief Description:						
The Sanitation Station was located at the correct location per SWPPP plans. No pollutants were observed at this time.						
2. Are any control measures in need of maintenance or repair? Yes Vo						
3. 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 problem: (Any necessary corrective actions should be described of 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 of the attached Corrective Action Form.)						

			Permit Track	ing #:		
Inc	dustrial 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 the attached Corrective Action Form.)	y correc	tive actions	should b	be desci	ribed on
_						
	dustrial 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 the attached Corrective Action Form.)	v correc	tive actions	should b	oe desci	ribed on

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	Section IV. Corrective Actions						
this	mplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy s 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 undate on a corrective action from a provious annual reports or						
	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.	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						
٦.							

		Permit Tracking #:				
9. Date corrective action initiated:						
10. Date corrective action completed:	Or expected to l	be completed:				
11. If corrective action not yet completed, provid inspections and describe any remaining steps corrective action:						
Section V. Annual Report Certification						
Compliance Certification						
Do you certify that your annual inspection has me that, based upon the results of this inspection, to compliance with the permit?						
If NO, summarize why you are not in complia Municipality of Anchorage Facilities ar permit, but by its MS4 instead.		itions set forth by the Multi-sector				
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. Jin Belz Superintendent james.belz@anchorageak.gov Title Email						
,						

Signature