



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information

Facility Name		APDES Permit Tracking Number	
Native Heritage Center Snow Disposal Site		Not Applicable	
Facility Physical Address			
Street	City	State	Zip Code
8902 Heritage Center Drive	Anchorage	Alaska	99504
Contact Person	Title	Phone	Email
Jim Belz	Superintendent	(907) 343-8265	james.belz@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Charles Pappas			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? ☒ Yes ☐ No
If NO, describe why not:

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

2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? ☐ Yes ☒ No
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

Permit Tracking #: _____

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

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

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

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

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

Retention pond and discharge points are clear of evidence of pollutants. Trash across site from snow fall, contained by vegetated buffers. It is observed that no maintenance of BMP's is required and 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? ☐ Yes ☒ No

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

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP Access Road**

1. Brief Description:

The RAP Access Road is utilized by heavy equipment during facility operations. RAP road remains in good condition, no evidence of tracking or pollutants were observed 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

The Snow Disposal Pad has had 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 ☒ No

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

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

Industrial Activity Area: **Staging Area**

1. Brief Description:

Nothing in staging area, no evidence of pollutants at staging area 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

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 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

Permit Tracking #: _____

9. Date corrective action initiated: _____

10. Date corrective action completed: _____

Or expected to be completed: _____

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

Section V. Annual Report Certification**Compliance Certification**

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



Yes



No

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

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

Annual Report Certification

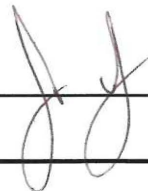
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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



Signature

10-29-24

Date Signed



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

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?



Yes



No

If NO, describe why not:

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

2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?



Yes



No

If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

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

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

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

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

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
Surface water appears to be properly draining north to retention pond/south to storm drain catch basin.
Storm drain inlet protected with witches hat, no evidence present of pollutants entering or discharging to surface waters.

6. Have you taken or do you plan to take 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 action 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 identified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

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

Industrial Activity Area: **Access Road**

1. Brief Description:

Industrial equipment utilize this access road during facility operations. Access gate closed and locked at time of inspection.

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: **Winter Snow Storage Site**

1. Brief Description:

No snow fall/snow storage at time of inspection. Site is cleared and prepared for snow storage.

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

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

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

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

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 ☒ 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.)

Note: 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 perimeter of fencing. 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 ☒ No3. Have any control measures failed and require replacement? ☐ Yes ☒ No4. Are any additional/revised control measures necessary in this area? ☐ Yes ☒ No

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

Industrial Activity Area: **Retention Basin Area**

1. Brief Description:

Stormwater or runoff exposed to industrial equipment flows to this detention pond during the spring and summer months. No flow or pollutants observed with in the retention pond or surrounding areas.

2. Are any control measures in need of maintenance or repair? ☐ Yes ☒ No3. Have any control measures failed and require replacement? ☐ Yes ☒ No4. Are any additional/revised control measures necessary in this area? ☐ Yes ☒ No

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

Industrial Activity Area:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ Yes ☐ No3. Have any control measures failed and require replacement? ☐ Yes ☐ No4. Are any additional/revised control measures necessary in this area? ☐ Yes ☐ No

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

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

- ☐ Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or ADEC
☐ Other (describe):

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

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

9. Date corrective action initiated:

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

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

Section V. Annual Report Certification

Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?



Yes



No

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

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

Annual Report Certification

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

Name of Authorized Representative: **Jim Belz**

Title: Superintendent

Signature: Date Signed: 10-29-24

Email: james.belz@anchorageak.gov



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
Dowling Road Snow Disposal Site			
Facility Physical Address			
Street	City	State	Zip Code
6351 Spruce Street	Anchorage	Alaska	99507
Contact Person	Title	Phone	Email
Jim Belz	Superintendent	(907) 343-8265	james.belz@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Charles Pappas			10/08/2024

Section II. General Inspection Findings	
<p>1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?</p> <p>If NO, describe why not:</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</p>	
<p>2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?</p> <p>If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Permit Tracking #: _____

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

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

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

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

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

All outfalls and on-site drainage system were thawed. Due to no snow melt on site, no water was discharging from outlet. This routine 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? ☐ Yes ☒ No

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

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP Access Roads**

1. Brief Description:

Heavy equipment directly navigate on the RAP access roads. Both RAP access roads clear. Southern gate is closed and locked, northern gate is open. QAP employees driving in and out of site during inspection as QAP used to yard as staging this summer. No tracking or pollutants have been observed 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

The Snow Disposal pad main purpose is for sequence staging of snow stockpiles. No snow on site at time of inspection, unable to inspect snow sequencing. QAP equipment and vehicles staged across southern half of pad. A few minor oil spill/mechanical leaks are present from equipment.

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: **Detention Pond**

1. Brief Description:

The detention pond receives storm water and runoff that potentially been exposed to pollutants from heavy equipment. This routine 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 ☒ 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: **Street Sweeper Waste Stockpile**

1. 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: Rock Lined Conveyance Channel

1. Brief Description:

Rock lined conveyance channel assists snow melt in flowing towards retention pond. This routine inspection 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 ☒ 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 or leaving the 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 ☒ 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: **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 ☒ 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 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 ☒ No

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

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

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

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

9. Date corrective action initiated:

10. Date corrective action completed:

Or expected to be completed:

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

Section V. Annual Report Certification**Compliance Certification**

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



Yes



No

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

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

Annual Report Certification

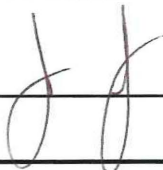
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage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

Jim Belz**Superintendent****james.belz@anchorageak.gov**

Name of Authorized Representative

Title

Email



Signature

10-29-24

Date Signed



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information

Facility Name		APDES Permit Tracking Number	
Sitka Street Snow Disposal Site			
Facility Physical Address			
Street	City	State	Zip Code
1505 Sitka Street	Anchorage	Alaska	99501
Contact Person	Title	Phone	Email
Jim Belz	Superintendent	(907) 343-8265	james.belz@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Charles Pappas			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? ☒ Yes ☐ No
If NO, describe why not:

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

2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? ☐ Yes ☒ No
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

Permit Tracking #: _____

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

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

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
- All discharge points were inspected. This inspection showed the drainage system and outfalls were 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 identified as a result of this annual comprehensive site inspection? ☐ Yes ☒ No
- If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP Access Road**

1. Brief Description:

The RAP Access Road is utilize by heavy equipment to access snow disposal pad. The access road has been cleared and maintained. No tracking or pollutants were observed 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

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

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: **Aggregate Stockpile**

1. Brief Description:

The stockpile is being correctly stored in the identified location 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 ☒ No

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

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

Industrial Activity Area: **Staging Area**

1. Brief Description:

The staging area is not currently being utilized and shows no evidence of pollutants.

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: Sedimentation Pond

1. Brief Description:

Sedimentation pond receives exposed runoff or stormwater from heavy equipment and daily facility operations. Pond is covered in snow and is frozen, due to winter conditions. Prior to these conditions, a routine inspection was performed. The inspection showed that the pond was free 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 ☒ 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: Oil and Grit Separator

1. Brief Description:

Oil and Grit Separator receives stormwater from sedimentation pond. The separator was frozen and covered in snow. Prior to these conditions a routine inspection was performed. The routine inspection showed that separator was free of pollutants and was operating per SWPPP 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Vegetative Buffer Strip**

1. Brief Description:

The Vegetative Buffer Strip receives runoff from the snow disposal pad, in which has exposure to pollutants from snow stockpile and heavy equipment. This routine inspection shows the vegetative buffer strip is free of pollutants and is being maintained per 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

Permit Tracking #: _____

9. Date corrective action initiated: _____

10. Date corrective action completed: _____

Or expected to be completed: _____

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

Section V. Annual Report Certification**Compliance Certification**

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



Yes



No

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

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

Annual Report Certification

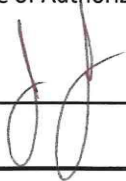
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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



Signature

10-29-24

Date Signed

Permit Tracking #: _____

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?

☐

Yes

☒

No

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

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?

☐

Yes

☐

No

☒

NA, no monitoring performed

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

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

Both retention ponds and outfall show no evidence of pollutants leaving site. This routine inspection showed that there were no evidence of pollutants entering or leaving 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?

☐

Yes

☒

No

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

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP Access Roads**

1. Brief Description:

There are two RAP Access Roads, one running north of the site and the other running south of site. These access roads have heavy equipment traveling on them frequently during facility operations. Both access roads are not being utilized at this time and each access gate was locked. No signs of pollutants or tracking was observed 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

The Snow disposal pad is exposed to potential pollutants from heavy equipment traveling and working in the pads area during daily operations. No snow at time of inspection, unable to see sequencing of snow storage. Light trash/litter across pad, no pollutants observed 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: Wood Lot (Laurel Acres)

1. Brief Description:

The Wood Lot is currently closed and was utilized for additional snow storage last winter. A stockpile of wood and mulch was present on site and was properly stockpiled per SWPPP plans. There was no evidence of pollutants leaving the area 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: Sedimentation Ponds #1 and #2

1. Brief Description:

Sedimentation ponds #1 and #2 receive runoff from Disposal pad and access roads which have potential pollutants from heavy equipment and snow disposal. Both retention ponds are thawed, receiving incoming flow at eastern inlet, discharging water on western end. This routine 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 ☒ No

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

Industrial Activity Area: **Staging Area**

1. Brief Description:

The staging area is not currently being used and has no signs 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Temporary Street Sweeper Waste Disposal Area**

1. Brief Description:

Temporary Street Sweeper Waste Disposal Area is primarily 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.

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: **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.

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

☐ An update on a corrective action from a previous annual report; or

☐ A new corrective action?

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

☐ Unauthorized release of discharge

☐ Numeric effluent limitation exceedance

☐ Control measures inadequate to meet applicable water quality standards

☐ Control measures inadequate to meet non-numeric effluent limitations

☐ Control measures not properly operated or maintained

☐ Change in facility operations necessitated change in control measures

☐ Average benchmark value exceedance

☐ Other (describe):

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

☐ Comprehensive site inspection

☐ Quarterly visual assessment

☐ Routine facility inspection

☐ Notification by EPA or DEC

☐ Other (describe):

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

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

☐ Yes

☐ No

Permit Tracking #: _____

9. Date corrective action initiated: _____

10. Date corrective action completed: _____

Or expected to be completed: _____

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

Section V. Annual Report Certification**Compliance Certification**

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



Yes



No

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

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

Annual Report Certification

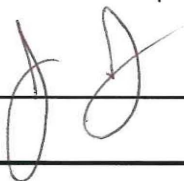
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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



Signature

10-29-24

Date Signed



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information				
Facility Name			APDES Permit Tracking Number	
Tudor Road Snow Disposal Site			Not Applicable	
Facility Physical Address				
Street		City	State	Zip Code
6135 East Tudor Road		Anchorage	Alaska	99515
Contact Person	Title	Phone	Email	
Jim Belz	Superintendent	(907) 343-8265	james.belz@anchorageak.gov	
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date	
Charles Pappas			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? ☒ Yes ☐ No
- If NO, describe why not:

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

2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? ☐ Yes ☒ No
- If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

Permit Tracking #: _____

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

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

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

This inspection shows that no maintenance was required and all BMP's 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? ☐ Yes ☒ No
- If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP Access 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 ☒ 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: **Snow Disposal Pad**

1. Brief Description:

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.

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

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

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

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

Industrial Activity Area: **Staging Area**

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 ☒ 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: **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? ☐ 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: **Vegetative Buffer Strips**

1. Brief 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? ☐ 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: **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 from 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

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

Permit Tracking #: _____

9. Date corrective action initiated:

10. Date corrective action completed:

Or expected to be completed:

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

Section V. Annual Report Certification**Compliance Certification**

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



Yes



No

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

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

Signature

Date Signed

10-29-24

Alaska Department of Environmental Conservation
MSGP Annual Reporting Form

Section I. General Information				
Facility Name			APDES Permit Tracking Number	
Commercial Drive Snow Disposal Site			Not Applicable	
Facility Physical Address				
Street		City	State	Zip Code
2941 Commercial Drive		Anchorage	Alaska	99501
Contact Person	Title	Phone	Email	
Jim Belz	Superintendent	(907) 343-8265	james.belz@anchorageak.gov	
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date	
Charles Pappas			10/09/2024	
Section II. General Inspection Findings				
<p>1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO, describe why not:</p>				
<p>Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.</p>				
<p>2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:</p>				

Permit Tracking #: _____

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

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

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

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? ☐ Yes ☒ No
- If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?

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

Section III. Industrial Activity Area Specific Findings

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

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

Industrial Activity Area: **RAP Access Roads**

1. Brief Description:

Heavy equipment navigates on the RAP access roads. RAP access road #1 has been cleared and maintained for access to the snow disposal pad. Access road #2 has not been cleared 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Snow Disposal Pad**

1. Brief Description:

Snow Disposal Pad has heavy equipment traveling across it frequently in order to stockpile snow. Snow from previous winter has melted off %80, still remains on pad. Stockpiling of snow is being correctly sequence and stored at Storage area #1 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Vac Truck Disposal Area**

1. Brief Description:

Vac trucks and heavy equipment utilize and work in this area during summer and spring time operations. During the winter time this area is traveled across by heavy equipment. Stockpiles are contained within the vegetated buffer on site, there are no evidence of pollutants.

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: **Street Sweeper Waste Area**

1. Brief Description:

Street Sweeper and heavy equipment work in this area during summer and spring time operations. During the winter time this area is traveled across by heavy equipment. Street sweeper waste stockpiles are contained within the vegetated buffer on site, there are no evidence of pollutants.

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: **Equipment Staging Area**

1. Brief Description:

No equipment stored on site at time of inspection. The designated Equipment area for staging showed no signs 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Detention Pond**

1. Brief Description:

The detention pond receives storm water and runoff that potentially been exposed to pollutants from heavy equipment. The pond has constant flow from snow melt leaving site. 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 ☒ No

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

Industrial Activity Area: **Retention 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 ☒ 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? ☐ Yes ☒ No

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

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

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

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

Permit Tracking #: _____

9. Date corrective action initiated:

10. Date corrective action completed:

Or expected to be completed:

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

Section V. Annual Report Certification**Compliance Certification**

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

☐

Yes

☒

No

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

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

Signature

Date Signed

10-29-24

Permit Tracking #: _____

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

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

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

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

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

At the time of the inspection a thin layer of ice was formed on the surface of standing water and there was frost on the ground. During the inspection there was no evidence of pollutants entering or leaving 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? ☐ Yes ☒ No

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

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP Access Roads**

1. Brief Description:

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 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: **Snow Disposal Pad**

1. Brief Description:

The Snow Disposal pad area is for staging of snow stockpiles per sequence in SWPPP plans. Heavy equipment travels across it regularly in order to stockpile snow. The snow pad is clear with no snow present at this time. No pollutants have been observed 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 necessary corrective actions should be described on the attached Corrective Action Form.)

Industrial Activity Area: **Vegetative Buffer Discharge Point #2**

1. Brief Description:

The Vegetative Buffer Discharge Point receives runoff from the snow pad disposal area, in which has exposure to pollutants from heavy equipment and snow melt contaminants. No snow was present at time of inspection. The inspection provided that there was no evidence of pollutants and all 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Staging Area**

1. Brief Description:

This includes both staging areas. On site was a end dump, a bull dozer, 2 graders, and a street sweeper. No pollutants were observed where the staging areas are located.

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: **Conveyance Channel**

1. Brief Description:

The Conveyance Channel receives runoff from RAP access roads and Snow Disposal pads. This runoff has been exposed to potential pollutants from Heavy equipment and facility operations. At this time the Channel has ice on it due to winter conditions. The channel was free of pollutants and 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Vegetative Buffer Discharge Point #1**

1. Brief Description:

Vegetative Buffer Discharge Point # 1 receives runoff from RAP access roads, Staging areas, and Snow disposal pad. The runoff from these areas have been exposed to potential pollutants from heavy equipment and stockpiles from daily facility operations. The buffer and discharge point is covered in frost and thin ice. The discharge point and vegetative buffer strip 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Vegetative Buffer Discharge Point #2**

1. Brief Description:

Vegetative Buffer Discharge point #2 receives runoff from Snow Disposal pad and drainage zone #3. The runoff 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Street Sweeper Waste Stockpile**

1. Brief Description:

Street Sweeper Waste Stockpile area has heavy equipment working in this area during summer and spring time operations. During the Winter time this area is traveled across by heavy equipment. Area has frost due to winter conditions. Area was free 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

☐ Yes ☐ No

9. Date corrective action initiated:

10. Date corrective action completed:

Or expected to be completed:

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

Section V. Annual Report Certification**Compliance Certification**

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



Yes



No

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

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

Annual Report Certification

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

Jim Belz**Superintendent****james.belz@anchorageak.gov**

Name of Authorized Representative

Title

Email

Signature

Date Signed

10-29-24



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information

Facility Name		APDES Permit Tracking Number	
North Mountain View Snow Disposal Site		Not Applicable	
Facility Physical Address			
Street	City	State	Zip Code
4800 Block of Mountain View Drive	Anchorage	Alaska	99501
Contact Person	Title	Phone	Email
Jim Belz	Superintendent	(907) 343-8265	James.belz@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Colby Fletcher	Charles Pappas		10/15/2024

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? ☒ Yes ☐ No
If NO, describe why not:

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

2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? ☐ Yes ☒ No
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

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

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

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

All outfalls and on-site drainage systems showed that no maintenance was required and all BMP's were 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? ☐ Yes ☒ No
- If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

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

Industrial Activity Area: **RAP Access Road**

1. Brief Description:

Heavy equipment utilize the RAP access road to enter the site and to access the snow disposal pad 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.

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

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

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

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

Industrial Activity Area: **Retention Basins 1, 2, & 3**

1. Brief Description:

Retention Basins receive and retain runoff from RAP access road and snow disposal pad. All in which are exposed to potential pollutants from heavy equipment and daily facility operations. All of the Retention Basins were free of pollutants and 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

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 ☒ No

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

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

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

Industrial Activity Area: **Staging Area**

1. Brief Description:

No heavy equipment was present on site at time of inspection. The designated Staging Area was cleared and was free of pollutants.

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: **Vegetative Buffer Strips**

1. Brief Description:

The Vegetative Buffer Strips receive runoff from the RAP Access Road and Snow Disposal Pad. The runoff from these areas have been exposed to potential pollutants from heavy equipment and facility operations. All Buffer Strips were free of pollutants and 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

☐

Yes

☐

No

Permit Tracking #: _____

9. Date corrective action initiated: _____

10. Date corrective action completed: _____

Or expected to be completed: _____

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

Section V. Annual Report Certification**Compliance Certification**

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



Yes



No

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

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

Signature

Date Signed



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information

Facility Name		APDES Permit Tracking Number	
Kloop Station Maintenance & Storage Facility			
Facility Physical Address			
Street	City	State	Zip Code
5610 Northwood Drive	Anchorage	Alaska	99502
Contact Person	Title	Phone	Email
Jim Belz	Superintendent	(907) 343-8265	james.belz@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Charles Pappas	Colby Fletcher		10/15/2024

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

2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? ☐ Yes ☒ No
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

Permit Tracking #: _____

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP?

☐

Yes

☒

No

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

4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots?

☐

Yes

☐

No

☒

NA, no monitoring performed

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

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

All outfalls, flow dissipations, and on-site drainage systems were reviewed as part of this inspection. This routine inspection showed that the outfalls and on-site drainage system were free of any pollutants and no maintenance was required. All BMP's 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?

☐

Yes

☒

No

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

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

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

Industrial Activity Area: **Access Roads/ Pavement**

1. Brief Description:

The access roads and pavement areas are utilized by heavy equipment and daily facility operations, being exposed to tracking and potential pollutants. All roads and pavement areas were cleared and maintained at time of inspection. No tracking or pollutants were observed 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Vac Truck Disposal Area**

1. Brief Description:

Vac Truck Disposal Area is series of sedimentation basins with weirs that stockpiles debris from vac trucks. This inspection showed that the disposal area was maintained and functioning per 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Materials Storage Areas**

1. Brief Description:

Material Storage Areas include all storage areas within the facility. All storage areas within the site was correctly identified with signs and was free of any pollutants and debris.

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: **Oil and Grit Separators**

1. Brief Description:

There are three oil and grit separators within the facility. Each separator receives potential pollutants from heavy equipment, vehicles, and daily facility operations. In this inspection all oil and grit separators were maintained and 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Equipment Storage Areas**

1. Brief Description:

Equipment Storage areas in including all areas of equipment that is stored within the facility. All equipment areas were labeled correctly within the site. No pollutants or debris was present at this 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 ☒ 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: **Fueling Station**

1. Brief Description:

Fueling Station provides fuel for diesel and gas municipal vehicles and equipment. No spills or leaks were observed 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: Discharge Point #1 (Vehicle Wash Station)

1. Brief Description:

Discharge Point #1 receives runoff from access road, pavement, and vehicle wash station, with all having exposure to pollutants from heavy equipments and vehicle wash off. This routine inspection observed that the BMP's were free of pollutants and was 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 necessary corrective actions should be described on 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 runoff and drainage that has been exposed to potential pollutants from heavy equipment and daily facility operations. Inlet is marked with sign and inlet protecting has been removed for winter. This routine inspection showed that the inlet was free of pollutants and was 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Water Treatment Pond**

1. Brief Description:

The Water Treatment Pond receives runoff from pavement and drainage directly from vac truck sedimentation basins. Both areas having exposure to pollutants from either heavy equipment or vac truck disposal waste. This inspection showed that the pond and all BMP's were maintained and 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Discharge point #5 Velocity Dissipater**

1. Brief Description:

Discharge point #5 receives and slows down runoff from pavement and roads. The runoff from the pavement and roads have exposure to potential pollutants from heavy equipment. This routine inspection provided that the area was free of pollutants and was 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Section IV. Corrective Actions

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

☐

Yes

☐

No

Permit Tracking #: _____

9. Date corrective action initiated: _____

10. Date corrective action completed: _____

Or expected to be completed: _____

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

Section V. Annual Report Certification**Compliance Certification**

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



Yes



No

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

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

Annual Report Certification

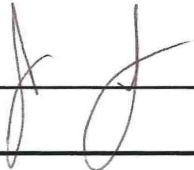
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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

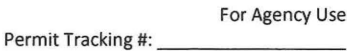
Email



Signature

10-29-24

Date Signed



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

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

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

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

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 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 utilized frequently by heavy equipment and facility operations. The access road is clear and no evidence of tracking or pollutants were observed.

- | | | | | |
|--|--------------------------|-----|-------------------------------------|----|
| 2. Are any control measures in need of maintenance or repair? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 3. Have any control measures failed and require replacement? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 4. Are any additional/revised control measures necessary in this area? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

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: **Discharge point #1**

1. Brief Description:

Discharge point #1 receives runoff from the RAP Access Road. The runoff from this area has been exposed to potential pollutants from heavy equipment and facility operations. This routine inspection it was observed that there was no pollutants present at time of the inspection.

- | | | | | |
|--|--------------------------|-----|-------------------------------------|----|
| 2. Are any control measures in need of maintenance or repair? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 3. Have any control measures failed and require replacement? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 4. Are any additional/revised control measures necessary in this area? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

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 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 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 necessary corrective actions should be described on the attached Corrective Action Form.)*

Industrial Activity Area: **Equipment/Material Storage Areas**

1. Brief Description:

All Equipment and Material storage areas through out the site are stored and identified per SWPPP plans. 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 ☒ No

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

☐

Yes

☐

No

3. Have any control measures failed and require replacement?

☐

Yes

☐

No

4. Are any additional/revised control measures necessary in this area?

☐

Yes

☐

No

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

Industrial Activity Area:

1. Brief Description:

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

☐

Yes

☐

No

3. Have any control measures failed and require replacement?

☐

Yes

☐

No

4. Are any additional/revised control measures necessary in this area?

☐

Yes

☐

No

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

Section IV. Corrective Actions

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

☐

Yes

☐

No

Permit Tracking #: _____

9. Date corrective action initiated: _____

10. Date corrective action completed: _____

Or expected to be completed: _____

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

Section V. Annual Report Certification**Compliance Certification**

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



Yes



No

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

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

Signature

Date Signed

10-29-24