



# Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
ANCHORAGE MAINTANCE STATION		AKS-052558	
Facility Physical Address			
Street	City	State	Zip Code
5300 e tudor rd	Anchorage	Alaska	99507
Contact Person	Title	Phone	Email
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Steve Chwal			4/29/25

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

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

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

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

outfall A Has high traffic on a dirt Pad Twice a day witch makes outfall muddy.

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:

Traffic is disrupting water making it muddy

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: Equipment Parking area

1. Brief Description:

Dirt Parking area with high traffic

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.)

New wattles and oil Boom to be installed

Industrial Activity Area:

1. Brief Description:

Parking lot

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:

Back 40

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:

Sand 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.)*

**Section IV. Corrective Actions**

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

High traffic on dirt pad causing muddy water  
wattles overwhelmed

5. Date problem identified: 4/29/25

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.

Maintenance on wattles and oil Boom  
Replace with New

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

9. Date corrective action initiated: 4/29/25
10. Date corrective action completed: 4/29/25 Or expected to be completed:
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

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

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

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

**Annual Report Certification**

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

Steven Church  
Name of Authorized Representative

Supp Inspector  
Title

Steven.Church@Alaska.gov  
Email

[Signature]  
Signature

4/29/25  
Date Signed



# Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name DOT&PF Birchwood Maintenance Station and Birchwood Airport		APDES Permit Tracking Number AKS-052558	
<i>Facility Physical Address</i>			
Street 20651 Birchwood Spur Road	City Chugiak	State Alaska	Zip Code 99567
Contact Person Renée Goentzel	Title Environmental Analyst III	Phone (907) 269-0714	Email renee.goentzel@alaska.gov
Lead Inspector's Name <i>Breven Elmer</i>	Additional Inspector's Name	Additional Inspector's Name	Inspection Date <i>4/29/25</i>

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

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

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

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

Clean No Pollutants

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

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

**Section III. Industrial Activity Area Specific Findings**

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

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

Industrial Activity Area:

1. Brief Description: Sand Storage Area

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

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

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

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

Industrial Activity Area:

1. Brief Description: Behind Shop

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

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

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

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

Industrial Activity Area:		
1. Brief Description:		
Air Port		
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: <i>(Any necessary corrective actions should be described on the attached Corrective Action Form.)</i>		
Industrial Activity Area:		
1. Brief Description:		
2. Are any control measures in need of maintenance or repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have any control measures failed and require replacement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are any additional/revised control measures necessary in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, to any of these three questions, provide a description of the problem: <i>(Any necessary corrective actions should be described on the attached Corrective Action Form.)</i>		

**Section IV. Corrective Actions**

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

9. Date corrective action initiated:

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

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

**Section V. Annual Report Certification**

**Compliance Certification**

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

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

**Annual Report Certification**

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

Steve Church  
Name of Authorized Representative

Supp Inspector  
Title

Steve.Church@Alaska.gov  
Email

[Signature]  
Signature

4/29/25  
Date Signed



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

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

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

*Sediment collecting in grass and in front of wattles in station yard. Sediment is not going of site.*

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

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

**Section III. Industrial Activity Area Specific Findings**

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

In reviewing each area, you should consider:

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

Industrial Activity Area: South East Corner

1. Brief Description:

The Southeast corner is the only outfall from the site, water enters the outfall A area and flows through grass then wattle and in to rock field before entering the discharge culvert. Boards along the fence channel water to outfall A through slow dispersion measures

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.)

The wattle need to be replaced at the end of winter.

Industrial Activity Area: South end

1. Brief Description:

The south end has no outfalls. There is a berm as the BMP along the fence line. BMP is working properly

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: South West side

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

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

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

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

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

Industrial Activity Area: North end

1. Brief Description: Supply Storage area and equipment parking area. The North end has natural BMP's which consist of a hillside. The BMP are working well

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

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

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

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

**Section IV. Corrective Actions**

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

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

1. Corrective Action # 1 of 2 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:

*winter Sand was getting off pad*

5. Date problem identified:

*4/9/2025*

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.

*Sweep on and around Sand pad*

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

- Yes
- No



**Section IV. Corrective Actions**

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

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

1. Corrective Action # 2 of 2 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:

wattles need replaced after winter and needs Reseeding between asphalt and outfall A.

5. Date problem identified: 3/5/2025

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.

Replacing old wattles with new wattles. Reseed after wattles are installed.

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

9. Date corrective action initiated: 4/14/2025 PB 5/20/2025 5/23/2025  
 10. Date corrective action completed: \_\_\_\_\_ Or expected to be completed: 5/23/2025 PB

11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action: Corrective action needs to be completed as soon as possible. Gather supplies and let snow melt  
5/20/25 Installed wattles, waiting for Hydroseed to become available

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

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

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

**Annual Report Certification**

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

Paul Bertholl  
 Name of Authorized Representative

Foreman  
 Title

paul.bertholl@alaska.gov  
 Email

Paul Bertholl  
 Signature

4/14/2025  
 Date Signed



# Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
DOT&PF Hiland Road Snow Storage and Disposal Site		AKS-052558	
Facility Physical Address			
Street		City	State      Zip Code
8500 Hiland Road		Eagle River	Alaska      99577
Contact Person	Title	Phone	Email
Renée Goentzel	Environmental Analyst III	(907) 269-0714	renee.goentzel@alaska.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Taylor Jensen			7-30-25

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

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

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

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

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

*None*

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

1. Brief Description: Open area

Snow dump site No snow

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: gate area

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

**Section IV. Corrective Actions**

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

9. Date corrective action initiated:

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

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

**Section V. Annual Report Certification**

**Compliance Certification**

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

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

**Annual Report Certification**

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

Taylor Jernigan SWPPP inspector Taylor.Jernigan@Atask.gov  
 Name of Authorized Representative Title Email

[Signature] 7-30-25  
 Signature Date Signed



# Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
DOT&PF O'Malley Rd Snow Storage and Disposal Site		AKS-052558	
Facility Physical Address			
Street		City	State      Zip Code
10675 Old Seward Hwy		Anchorage	Alaska      99515
Contact Person	Title	Phone	Email
Renée Goentzel	Environmental Analyst III	(907) 269-0714	renee.goentzel@alaska.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Taylor Johnson			7-30-25

**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:

POV parking  
 ee

*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:

Water way clear No activity

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

None

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

If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP *IV/A* 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: outfall A

1. Brief Description: South Drain

Snow dump site

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

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

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

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

Industrial Activity Area:

1. Brief Description:

East Drain outfall B

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

**Section IV. Corrective Actions**

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:

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

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

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

9. Date corrective action initiated:

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

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

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

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

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

**Annual Report Certification**

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

Taylor Jernigan  
Name of Authorized Representative

SUWPPP inspector  
Title

Taylor.Jernigan@Alaska.gov  
Email

[Signature]  
Signature

7-30-25  
Date Signed