



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information				
Facility Name <div style="text-align: center;">C Street Snow Disposal Site</div>			APDES Permit Tracking Number	
<i>Facility Physical Address</i>				
Street 10,000 Block of East 100th Avenue		City Anchorage		State Alaska
Zip Code 99502				
Contact Person Eric Hodgson		Title Superintendent	Phone (907) 343-8100	Email eric.hodgson@anchorageak.gov
Lead Inspector's Name Jay Smith		Additional Inspector's Name		Inspection Date 11/20/2025

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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<p>3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA, no monitoring performed</p>
<p>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:</p> <p>No evidence of pollutants entering the drainage system or discharging to surface waters was observed during the inspection. Both retention ponds and outfall areas were snow-covered and largely frozen, with no active runoff. Minor surface melt had pooled in Sequences 3 and 4 due to the warmer temperatures, but no pollutants were visible. All drainage features appeared stable under current conditions.</p>	
<p>6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>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.</p>	

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 on the north side of the site and one on the south side. These roads are typically used by heavy equipment during facility operations. At the time of inspection, neither access road was being used and both gates were locked. The roads were snow-covered, and no signs of tracking or pollutants were observed.

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 typically exposed to potential pollutants during periods of heavy equipment activity. At the time of inspection, no hauled or staged snow was present—only natural ground snow. While the pad appeared scraped at some point, no equipment was onsite during the inspection. No evidence of pollutants was observed.

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:

This area is used for additional snow storage and was open at the time of inspection. Only natural ground snow was present, and the surface appeared to have been scraped at some point. A small wood pile was located in the southeast corner. No evidence of pollutants or off-site discharge was observed.

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 the disposal pad and access roads during melt periods. At the time of inspection, both ponds were fully snow-covered and frozen, with no visible flow at the inlets or outlets. No evidence of pollutants was observed, and the ponds appeared stable under current conditions.

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 was not in use at the time of inspection and showed 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: **Temporary Street Sweeper Waste Disposal Area**

1. Brief Description:

The Temporary Street Sweeper Waste Disposal Area is primarily used during spring and summer operations and is traveled across by heavy equipment in winter. At the time of inspection, no street sweeper waste stockpiles were present, and no pollutants were observed.

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 areas between the ponds during melt periods. At the time of inspection, the buffer was snow-covered with no visible flow or evidence of pollutants. The area appeared stable under current conditions.

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. <i>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.</i>	
1. Corrective Action # 0	of 0 for this reporting period.
2. Is this corrective action:	
<input type="checkbox"/> An update on a corrective action from a previous annual report; or <input type="checkbox"/> A new corrective action?	
3. Identify the condition(s) triggering the need for this review:	
<input type="checkbox"/> Unauthorized release of discharge <input type="checkbox"/> Numeric effluent limitation exceedance <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations <input type="checkbox"/> Control measures not properly operated or maintained <input type="checkbox"/> Change in facility operations necessitated change in control measures <input type="checkbox"/> Average benchmark value exceedance <input type="checkbox"/> Other (describe):	
4. Briefly describe the nature of the problem identified:	
5. Date problem identified:	
6. How problem was identified:	
<input type="checkbox"/> Comprehensive site inspection <input type="checkbox"/> Quarterly visual assessment <input type="checkbox"/> Routine facility inspection <input type="checkbox"/> Notification by EPA or DEC <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Eric Hodgson	Superintendent	eric.hodgson@anchorageak.gov
_____ Name of Authorized Representative	_____ Title	_____ Email
 _____ Signature		12/28/2025 _____ Date Signed



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	
<i>Facility Physical Address</i>			
Street	City	State	Zip Code
2941 Commercial Drive	Anchorage	Alaska	99501
Contact Person	Title	Phone	Email
Eric Hodgson	Superintendent	(907) 343-8100	eric.hodgson@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Jay Smith			11/14/2025

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>	<p style="text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p><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></p>	
<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>	<p style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>

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:

No evidence of pollutants was observed entering the drainage system or discharging to any surface waters. All stormwater conveyances and outfall locations were stable and free of sediment, debris, or discoloration. Flow dissipation measures at outfalls were intact, functioning as intended, and showed no signs of erosion, undercutting, or scouring at the time of inspection.

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge 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	
<p>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas. <i>In reviewing each area, you should consider:</i></p> <ul style="list-style-type: none"> • 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:	
<p>Heavy equipment typically navigates the RAP access roads; however, no equipment was observed on site during the inspection. The site entrance and access gate for RAP Access Road #1 was open, and the road had been cleared and maintained, providing access to the snow disposal pad. RAP Access Road #2 had not been cleared or maintained and was not accessible at the time of inspection.</p>	
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
<p>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></p>	
Industrial Activity Area: Snow Disposal Pad	
1. Brief Description:	
<p>The snow disposal pad typically receives heavy equipment traffic for snow stockpiling; however, no equipment was present at the time of inspection. Snow from the previous winter remains on the pad, but no pollutants or discharge concerns were observed. Stockpiled snow was placed in accordance with the site's SWPPP requirements.</p>	
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
<p>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></p>	

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

1. Brief Description:

Vac trucks and heavy equipment typically operate in this area during spring and summer, and heavy equipment travels through it during winter operations. No stockpiles were present at the time of inspection, and no evidence of pollutants or discharge concerns was observed.

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 typically operate in this area during spring and summer, and heavy equipment travels through it during winter operations. No street-sweeper waste stockpiles were present at the time of inspection, and no evidence of pollutants or discharge concerns was observed.

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 stormwater and runoff from the site. At the time of inspection, the pond was fully iced over with no visible flow or snowmelt. No evidence of pollutants was observed, and the pond appeared to be functioning in accordance with SWPPP plans and design requirements.

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:

The retention basins receive stormwater and runoff generated from snowmelt. At the time of inspection, the basins were covered in snow and ice with no visible flow. No evidence of pollutants was observed, and the basins appeared to be functioning in accordance with SWPPP plans and design requirements.

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:

The conveyance channels receive runoff and stormwater primarily from snowmelt within the site. At the time of inspection, the channel areas were fully packed with snow from winter operations, and adjacent vegetation was covered by snow as well. No flow, stockpiles, or potential pollutant sources were present, and no evidence of pollutants was observed. All conveyance features appeared to be functioning in accordance with the SWPPP plans and design requirements.

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.

Eric Hodgson

Superintendent

eric.hodgson@anchorageak.gov

Name of Authorized Representative

Title

Email



Signature

12/20/2025

Date Signed



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
Eric Hodgson	Superintendent	(907) 343-8100	eric.hodgson@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Jay Smith			11/19/2025

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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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 systems were fully snow-covered and frozen at the time of inspection. No snow-melt or discharge was present. No evidence of pollutants entering the drainage system was observed, and all drainage features appeared stable under current winter conditions.

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 typically navigates the RAP access roads. At the time of inspection, both RAP access road gates were closed, and no personnel were on site. The access roads were snow-covered but cleared, and no snow had been placed in the disposal area yet. No tracking or evidence of pollutants was observed.

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 primary function of the snow disposal pad is to serve as the designated sequencing area for snow stockpiles. At the time of inspection, only natural ground snow was present, and no hauled snow was on site, so sequencing could not be evaluated. The gate was closed, no personnel were present, and no equipment, pollutants, or discharges were observed.

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 stormwater and runoff during active melt periods. At the time of inspection, the pond was fully snow-covered and frozen with no visible flow. No evidence of pollutants or discharge was observed, and the pond appeared stable under current conditions.

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:

This area is typically traveled by heavy equipment during winter operations. At the time of inspection, no street sweeper waste stockpiles were present, and no evidence of pollutants was observed.

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:

The rock-lined conveyance channel directs snowmelt toward the retention pond during thaw periods. At the time of inspection, the channel was fully snow-covered and frozen, with no visible flow or 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: Velocity Dissipater Discharge Point #1

1. Brief Description:

The velocity dissipater slows runoff from the rock-lined conveyance channel and the snow disposal pad during melt periods. At the time of inspection, the dissipater was fully snow-covered and not in use due to the absence of snowmelt. No evidence of pollutants entering or leaving the drainage system was observed, and the structure appeared stable under current conditions.

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 receive runoff during melt periods after it passes through the velocity dissipater from the rock-lined conveyance channel and snow disposal pad. At the time of inspection, the settling ponds were fully snow-covered and frozen, with no visible flow. No evidence of pollutants entering or leaving the drainage system was observed, and the ponds appeared stable under current conditions.			
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: Vegetative Buffer Strip			
1. Brief Description:			
The vegetative buffer strip receives runoff from the RAP access roads during melt periods. At the time of inspection, the buffer area was fully snow-covered with no visible flow or evidence of pollutants. The area appeared stable under current conditions.			
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>			

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.

Eric Hodgson

Superintendent

eric.hodgson@anchorageak.gov

Name of Authorized Representative

Title

Email



12/20/2025

Signature

Date Signed



Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
Kloep Station Maintenance & Storage Facility			
<i>Facility Physical Address</i>			
Street		City	State
5610 Northwood Drive		Anchorage	Alaska
Zip Code			
99502			
Contact Person	Title	Phone	Email
Eric Hodgson	Superintendent	(907) 343-8100	eric.hodgson@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Jay Smith			11/20/2025

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
---	---

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 dissipation areas, and on-site drainage systems were evaluated during the inspection. Facility roads had been recently graded and cleared, with patches of residual meltwater present. Outfall and drainage features were snow-covered with no active flow observed. No evidence of pollutants was present, and no maintenance needs were identified under the current conditions.

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 paved areas are routinely used by heavy equipment during facility operations, creating potential for tracking and pollutant exposure. At the time of inspection, heavy equipment was actively operating on site, and the roads and paved areas had been cleared and maintained, with some remaining snow along the edges. No tracking or evidence of pollutants was observed.

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:

The Vac Truck Disposal Area consists of a series of sedimentation basins with weirs used for vac truck debris during active seasons. At the time of inspection, the area was snow-covered with no vac truck activity present. No evidence of pollutants was observed, and the basins appeared stable under current conditions.

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 designated storage locations within the facility. At the time of inspection, each storage area was properly identified and snow-covered, with no materials, debris, or pollutants observed.

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:

The facility contains three oil and grit separators, all of which are housed inside secured buildings. During the inspection, each building was locked, and interior access was not available. A recent routine check had already been completed on these units, and no concerns were reported. Based on that prior inspection and current site conditions, the separators are being maintained appropriately and are operating in line with SWPPP requirements.

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 locations throughout the facility were checked during the inspection. These areas were snow- and ice-covered, but signage and identification were in place and clearly visible. No debris or signs of contamination were noted, and the storage zones appeared to be maintained in accordance with the SWPPP.

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 collects runoff from the access road, paved surfaces, and the vehicle wash station during active flow periods. At the time of inspection, the entire area was covered by snow and ice, and no runoff was occurring. A routine inspection completed before winter found no issues, noting that the BMPs were clean and operating as intended under the SWPPP.

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 grated inlet located in a paved area of the site. It typically collects runoff that may be exposed to heavy equipment activity. During my inspection, the inlet was fully frozen and covered with snow, and no flow or evidence of pollutants was observed.

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 the paved areas and from drainage coming off the vac truck sedimentation basins. During my inspection, the pond was completely frozen and covered in snow. No flow or evidence of pollutants was observed, and the pond appeared stable under current conditions.

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 runoff from the surrounding pavement and roadway areas. During my inspection, both the velocity dissipater and the discharge point were fully covered in snow, and no runoff or pollutants were visible. The area appeared stable under the current winter conditions.

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.

Eric Hodgson

Superintendent

eric.hodgson@anchorageak.gov

Name of Authorized Representative

Title

Email



Signature

12/20/2025

Date Signed



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
Kloop Station Snow Disposal Site			
Facility Physical Address			
Street	City	State	Zip Code
5600 Northwood Drive	Anchorage	Alaska	99502
Contact Person	Title	Phone	Email
Eric Hodgson	Superintendent	(907) 343-8100	eric.hodgson@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Jay Smith			11/20/2025

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
<p><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></p>	
<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

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 inspection, snow covered the ground, and standing water areas were frozen with snow accumulated on top of the ice. No evidence of pollutants entering or leaving the drainage system was observed, and all drainage features appeared stable under current conditions.

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	
<p><i>Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.</i></p> <p><i>In reviewing each area, you should consider:</i></p> <ul style="list-style-type: none"> • 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:	
<p>The area was not being used at the time of inspection and was covered in snow, with all site gates closed. RAP access roads are typically used by heavy equipment during facility operations, but neither access road had been used recently. RAP Access Road #2 remained closed and secured. No tracking or evidence of pollutants was observed on either access road.</p>	
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
<p style="text-align: center;"><i>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.)</i></p>	
Industrial Activity Area: Snow Disposal Pad	
1. Brief Description:	
<p>The snow disposal pad is the designated area for staging snow stockpiles per the SWPPP sequencing. At the time of inspection, only natural ground snow was present, and no hauled snow or stockpiling activity had occurred. No heavy equipment was operating on the pad, and no pollutants were observed.</p>	
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
<p style="text-align: center;"><i>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.)</i></p>	

Industrial Activity Area: Vegetative Buffer Discharge Point #2			
1. Brief Description:			
The vegetative buffer discharge point receives runoff from the snow disposal pad during melt periods. At the time of inspection, the area was covered with natural snow and no hauled snow was present. No flow or evidence of pollutants was observed, and the buffer area appeared stable under current conditions.			
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: Staging Area			
1. Brief Description:			
Both staging areas were empty at the time of inspection, with no equipment present. The areas were snow-covered and showed no evidence of pollutants.			
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: **Conveyance Channel**

1. Brief Description:

The conveyance channel receives runoff from the RAP access roads and snow disposal pad during melt periods. At the time of inspection, the channel was covered with snow and ice due to winter conditions. No flow or evidence of pollutants was observed, and the channel appeared stable under current conditions.

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 the RAP access roads, staging areas, and snow disposal pad during melt periods. At the time of inspection, the buffer and discharge point were snow-covered with frost and a thin layer of ice. No visible flow or evidence of pollutants was observed, and the area appeared stable under current conditions.

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 the snow disposal pad and Drainage Zone #3 during melt periods. At the time of inspection, the discharge point and vegetative buffer were snow-covered with frost and a thin layer of ice. No visible flow or evidence of pollutants was observed, and the area appeared stable under current conditions.		
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: Street Sweeper Waste Stockpile		
1. Brief Description:		
The Street Sweeper Waste Stockpile Area was not present or established at the time of inspection. The ground was covered with natural snow and frost, and no equipment, material stockpiles, 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: <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

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.

Eric Hodgson

Superintendent

eric.hodgson@anchorageak.gov

Name of Authorized Representative

Title

Email



Signature

12/20/2025

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: **Jay Smith**

Title: **SWPPP Inspector**

Additional Inspectors Names:

Contact Person: **Eric Hodgson**

Title: **Superintendent**

Phone: **(907) 343-8265**

Email: **eric.hodgson@anchorageak.gov**

Inspection Date: **11/14/2025**

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 drainage structures and outfall areas were fully covered by snow and ice at the time of inspection. No flowing water, discharge, or signs of pollutants were visible. Due to frozen conditions, flow dissipation measures could not be fully evaluated, but no evidence of scouring, erosion, or pollutant impacts was observed in the surrounding areas.

6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

Yes No

If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?

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

Section III. Industrial Activity Area Specific Findings

Complete one block for each industrial activity area where pollutants may be 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. Site entrance #1 was open at the 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:

A snow pile was staged within Facility Zone #11. All surrounding areas of the site had been cleared to support ongoing snow-hauling operations.

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

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

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

These buffer areas typically convey stormwater or runoff that may come into contact with industrial equipment. At the time of inspection, the discharge point was snow- and ice-covered with no visible flow or evidence of pollutants. No maintenance was required, and all control measures appeared to be performing as intended under current conditions.

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:

The facility building was locked during my inspection, so I was unable to determine whether equipment is stored inside. Equipment was observed staged along the perimeter fencing throughout the 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: Retention Basin Area

1. Brief Description:

During spring and summer, stormwater or runoff from industrial equipment flows to this detention pond. At the time of my inspection, the pond and surrounding areas were snow and ice covered with no visible flow or signs 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:

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
 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: Eric Hodgson

Title: Superintendent

Signature:



Date Signed:

12/20/2025

Email: eric.hodgson@anchorageak.gov

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:

No evidence of pollutants entering the drainage system or discharging to surface waters was observed during the inspection. All outfall locations and the retention pond were snow-covered and frozen with no visible flow. No active work was occurring at the time of inspection, and no maintenance needs were identified under current conditions.

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	
<p>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:</p> <ul style="list-style-type: none"> • 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:	
<p>The RAP access road is used by heavy equipment during facility operations. At the time of inspection, the road was snow-covered and in good condition, with no evidence of tracking or pollutants observed. No active hauling was noted during the inspection.</p>	
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
<p>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></p>	
Industrial Activity Area: Snow Disposal Pad	
1. Brief Description:	
<p>The snow disposal pad is typically used by heavy equipment for snow stockpiling operations. At the time of inspection, no snow was being stored on the pad, and no active equipment use was occurring. Snow storage sequencing could not be evaluated under current conditions.</p>	
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
<p>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></p>	

Industrial Activity Area: **Staging Area**

1. Brief Description:

The staging area had only natural ground snow cover at the time of inspection, with no stored snow or materials present. No evidence of pollutants was observed.

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 runoff from the snow disposal pad and the RAP access road during melt periods. At the time of inspection, the basin was fully snow-covered and frozen, with no visible flow or signs of pollutants. The basin appeared stable under current winter conditions.

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?	<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>		
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>		

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

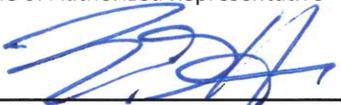
Do you certify that your annual inspection has met the requirements of Part 6.3 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No

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

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.

Eric Hodgson	Superintendent	eric.hodgson@anchorageak.gov
_____ Name of Authorized Representative	_____ Title	_____ Email
 _____ Signature		12/20/2025 _____ Date Signed



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	
<i>Facility Physical Address</i>			
Street		City	State
4800 Block of Mountain View Drive		Anchorage	Alaska
Zip Code			
99501			
Contact Person	Title	Phone	Email
Eric Hodgson	Superintendent	(907) 343-8100	eric.hodgson@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Jay Smith			11/14/2025

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:

All outfalls and on-site drainage systems were stable with no maintenance needs observed. The active BMPs—including vegetated buffer strips, the vegetated impoundment berm surrounding the site, and the retention basins—were all functioning as intended and in compliance with the SWPPP design requirements. The existing RAP surface area, which is currently snow-covered, showed no signs of erosion or sediment tracking. The impoundment berm effectively contains and directs stormwater across the site, and no evidence of scouring, sediment discharge, or pollutant migration was observed during inspection.

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge 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 utilizes the RAP access road to enter the site and to access the snow disposal pad during facility operations. At the time of inspection, the site entrance and access gate on the north end were open. The access road on the west end remained closed and blocked by concrete barricades. A front loader was observed on the northwest side removing previously cut wood from the natural vegetation line and staging the material at Sequence #3. No tracking, sediment displacement, or impacts to BMPs were observed from this activity.

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:

The retention basins receive and contain runoff from the RAP access road and the snow disposal pad, both of which are exposed to potential pollutants from heavy equipment use and daily facility operations. All retention basins were observed to be free of pollutants and functioning in accordance with the SWPPP plans and design specifications at the 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: **Snow Disposal Pad**

1. Brief Description:

The snow disposal pad experiences periodic heavy equipment traffic, including the staging and handling of cut wood during this inspection. The pad was observed to be free of pollutants, with no evidence of staining, debris, or discharge concerns at the 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: **Staging Area**

1. Brief Description:

Heavy equipment was present on site; however, none was located within the designated staging area. The staging area itself had been cleared and was observed to be free of pollutants at the 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: **Vegetative Buffer Strips**

1. Brief Description:

The vegetative buffer strips receive runoff from the RAP access road and the snow disposal pad, both of which are exposed to potential pollutants from heavy equipment use and facility operations. All buffer strips were observed to be free of pollutants, and the BMPs were functioning in accordance with SWPPP plans and design specifications.

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?	<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>		
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

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.

Eric Hodgson

Superintendent

eric.hodgson@anchorageak.gov

Name of Authorized Representative

Title

Email

12/20/2025

Signature

Date Signed



Alaska Department of Environmental Conservation

MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
Orca Street Lighting Storage Facility		Not Applicable	
<i>Facility Physical Address</i>			
Street		City	State
245 Orca Street		Anchorage	Alaska
Zip Code			
99501			
Contact Person	Title	Phone	Email
Eric Hodgson	Superintendent	(907) 343-8100	eric.hodgson@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Jay Smith			11/25/2025

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
<p><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></p>	
<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

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

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

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

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

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

The site is fully snow-covered and frosted over, with all ground surfaces and disturbed areas obscured by seasonal conditions. No exposed soil or open water was visible during the inspection. Drainage features, outfalls, and stormwater conveyance paths were reviewed to the extent possible and showed no signs of pollutants, staining, or debris accumulation. All BMPs that remain in place, appeared intact and functioning as intended per the SWPPP. No issues, deficiencies, or maintenance needs were observed at the time of inspection.

6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge 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 frequently used by heavy equipment and facility operations. The roadway is fully snow-covered and frosted over, but remained clear and passable at the time of inspection. No signs of tracking, sediment movement, or pollutants were visible on or adjacent to the access route.

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**

1. Brief Description:

Discharge Point #1 receives runoff from the RAP Access Road, which is typically exposed to potential pollutants from heavy equipment and facility operations. During this inspection, the entire area was snow-covered and frosted over, with no exposed water or flowing runoff present. No pollutants, staining, or signs of mobilized sediment were observed at the discharge point.

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 site-wide drainage, including flow paths from equipment storage, material storage, and the RAP Access Road. The area was snow-covered and frosted during the inspection, and no exposed runoff was present. The buffer strip showed no evidence of pollutants, sediment, or debris, and it appeared to be functioning as intended in accordance with the 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: **Equipment/Material Storage Areas**

1. Brief Description:

All equipment and material storage areas across the site remain organized and stored in accordance with SWPPP requirements. The areas were snow-covered, and no signs of leaks, spills, staining, or other pollutants were observed in or around the storage locations.

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 in the correct position per SWPPP plans. The surrounding area was snow-covered and showed no evidence of leaks, spills, or other pollutants at the 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:

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?	<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>		
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:

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.

Eric Hodgson	Superintendent	eric.hodgson@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	
Sitka Street Snow Disposal Site			
Facility Physical Address			
Street		City	State
1505 Sitka Street		Anchorage	Alaska
			Zip Code
			99501
Contact Person	Title	Phone	Email
Eric Hodgson	Superintendent	(907) 343-8100	eric.hodgson@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Jay Smith			11/19/2025

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> <p style="text-align: right;"><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>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> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
--	--

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. Due to snow and frozen conditions, no flow was present; however, no evidence of pollutants was observed. The drainage system and outfall areas appeared stable, and BMPs were maintained and functioning in accordance with the SWPPP.

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 used by heavy equipment to access the snow disposal pad. The road had been cleared and maintained but remained snow-covered at the time of inspection. No tracking or evidence of pollutants was observed.

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 following the site's designated sequencing (Sequence #1 and Sequence #3). Heavy equipment regularly travels across the pad to place and manage snow. During my inspection, snow hauling was underway, with trucks placing snow on the south end of the pad and a grader pushing material toward the east end limit.

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:

No stockpile was observed at the time of inspection. Snow storage areas were clear, and no materials were present outside of designated locations.

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:

The sedimentation pond receives runoff and stormwater during active seasons. At the time of my inspection, the pond was fully snow-covered and frozen due to winter conditions. No flow or signs of pollutants were visible. Based on current field conditions, the pond appears stable and functioning in accordance with SWPPP plans and design requirements.

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:

The oil and grit separator receives stormwater from the sedimentation pond. At the time of my inspection, the separator was frozen and covered in snow. No flow or signs of pollutants were visible under current conditions, and the unit appeared stable and consistent with SWPPP design requirements.

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 during active melt periods. At the time of my inspection, the buffer strip was fully snow-covered with no visible flow or evidence of pollutants. Under current conditions, the buffer appears stable and maintained in accordance with the SWPPP.

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:

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.

Eric Hodgson

Superintendent

eric.hodgson@anchorageak.gov

Name of Authorized Representative

Title

Email



Signature

12/20/2025

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	
<i>Facility Physical Address</i>			
Street		City	State
6135 East Tudor Road		Anchorage	Alaska
Zip Code			
99515			
Contact Person	Title	Phone	Email
Eric Hodgson	Superintendent	(907) 343-8100	eric.hodgson@anchorageak.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Jay Smith			11/19/2025

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>	<p style="text-align: right;"> <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>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>	<p style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
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Permit Tracking #: _____

<p>3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA, no monitoring performed</p>
<p>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:</p> <p>No evidence of pollutants entering the drainage system or discharging to surface waters was observed during this inspection. Outfall areas and surrounding drainage features were snow-covered and stable, with no visible flow or signs of scouring. No maintenance needs were identified under current frozen conditions.</p>	
<p>6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>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.</p>	

Section III. Industrial Activity Area Specific Findings		
<p>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:</p> <ul style="list-style-type: none"> • 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:		
<p>The RAP access roads are used by heavy equipment entering and exiting the site. At the time of inspection, both access gates were closed and locked. The access roads had been cleared but remained snow-covered and frozen. No signs of tracking or pollutants were observed.</p>		
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
<p style="text-align: center;">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></p>		
Industrial Activity Area: Snow Disposal Pad		
1. Brief Description:		
<p>The snow disposal pad is used by heavy equipment during snow stockpiling operations. At the time of inspection, the pad was snow-covered and frozen, and no active stockpiling was occurring. Snow sequencing could not be evaluated under current conditions.</p>		
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
<p style="text-align: center;">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></p>		

Industrial Activity Area: **Staging Area**

1. Brief Description:

The staging area is not being utilized at this time. The area has been cleared of heavy snow and was observed to be 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: **Sedimentation Pond**

1. Brief Description:

The sedimentation pond receives runoff from the snow disposal pad and access roads during active melt periods. At the time of inspection, the pond was fully snow-covered and frozen, with no visible flow or signs of pollutants. Based on current conditions, the pond appeared stable and consistent with SWPPP design requirements.

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 access roads, staging areas, and the snow disposal pad during melt periods. At the time of inspection, all buffer areas were fully snow-covered with no visible flow or evidence of pollutants. Under current conditions, the buffers appeared stable and consistent with SWPPP design requirements.

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 runoff from the access road and snow disposal pad before it enters the vegetative buffers and conveyance channel. At the time of inspection, all dissipater areas were snow-covered and frozen, with no visible flow or signs of pollutants. No maintenance needs were observed, and the dissipaters appeared stable and consistent with SWPPP design requirements under current conditions.

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.

Eric Hodgson

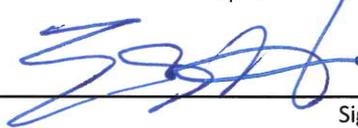
Name of Authorized Representative

Superintendent

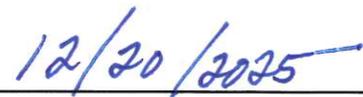
Title

eric.hodgson@anchorageak.gov

Email



Signature



Date Signed