



# Alaska Department of Environmental Conservation

## MSGP Annual Reporting Form

### Section I. General Information

Facility Name: Anchorage Maintenance Station

APDES Permit Tracking Number: AKS-052558

#### Facility Physical Address

Street: 5300 E Tudor road

City: Anchorage

State: Alaska

Zip: 99507

Lead Inspector's Name: Tim Hanley

Title: SWPPP inspector

Additional Inspectors Names:

Contact Person: Jennifer Micolichek

Title: Central Region Envi. Impact

Phone: 907-269-5690

Email: jennifer.micolichek@alaska.gov

Inspection Date: 6-5-17

### 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:

*No evidence of pollutants entering the drainage system. The wattles on both sides of the east gate are worn and should be replaced.*

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?

*One condition*

**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: *South east yard is where 10,000 gal. fuel tank & east gate are.*

1. Brief Description:

*This area is where we fuel all of our Hvy equipment & enter and exit our yard.*

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

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

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

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

*The wattles on both sides of the gate are worn and need replacing.*

Industrial Activity Area: *North east parking area.*

1. Brief Description:

*This area is used to park our light duty pickups when not in use.*

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

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

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

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

Industrial Activity Area: *North west personal vehicle parking area.*

1. Brief Description:

*This is where all employees and visitors park during business hours.*

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: *South west overflow parking*

1. Brief Description:

*This area is used for oversize equipment with trailers to be parked when not in use*

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

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

Industrial Activity Area: *South Area for heavy equipment.*

1. Brief Description:

*This area of the yard is used to park our Heavy equipment and plug them in during winter.*

- 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: *East side-main shop-outside.*

1. Brief Description:

*we use this area to store all of our cutting edges for our graders and plow trucks*

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

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

**Section IV. Corrective Actions**

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

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

1. Corrective Action # \_\_\_\_\_ of \_\_\_\_\_ for this reporting period.

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

*The wattles on both sides of the east gate need to be replaced. They are still working to date.*

5. Date problem identified: *6-5-17*

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:

*we will be replacing the wattles on both sides of the east gate.*

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

9. Date corrective action initiated: *6-5-17*

10. Date corrective action completed: \_\_\_\_\_ Or expected to be completed: *7-5-17*

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:

*The existing wattles are still functioning but are showing wear so we will replace them by 7-5-17*

Permit Tracking # \_\_\_\_\_

**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:

## 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: *Tim Hanley*

Title: *SWPPP Inspector*

Signature: *Tim Hanley*

Date Signed: *6-6-17*

Email: *timothy.hanley@alaska.gov*



## Alaska Department of Environmental Conservation MSGP Annual Reporting Form

**Section I. General Information**

Facility Name: Birchwood Airport + Maintenance station

APDES Permit Tracking Number: AKS-052558

Facility Physical Address

Street: 20651 Birchwood Spur road

City: Chugiak

State: Alaska

Zip: 99567

Lead Inspector's Name: Tim Hanley

Title: SWPPP Inspector

Additional Inspectors Names:

Contact Person: Tim Hanley

Title:

Phone: 440-8453

Email: timothy.hanley@alaska.gov

Inspection Date: 6-5-2017

**Section II. General Inspection Findings**

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?

Yes  No

If NO, describe why not:

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

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

Yes  No

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

Permit Tracking # \_\_\_\_\_

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

Yes  No

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

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

Yes  No  NA, no monitoring performed

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

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

*No sign of pollutants entering drainage system or waterways*  
*Raining at the time of inspection*

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

Yes  No

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

*One condition*

**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: *Fuel tank sight*

1. Brief Description:

*Diesel fuel + gasoline in one tank above ground  
spill kit in place*

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: *Maintenance building*

1. Brief Description:

*4 bays for equipment, 2 bays are used for DOT + 2 bays are used for  
Chugank Fire department. spill kit is inside*

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: *Sand storage building*

1. Brief Description:

*1 large building for sand storage, ~~and~~  
spill kit is inside*

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: *Warm storage building*

1. Brief Description:

*Building is used for equipment storage. Spill kit is inside*

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: *Open lot behind main building.*

1. Brief Description:

*Old sand storage area, wattles in front of gate that leads to side road.*

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.)

*wattles are still functioning but need to be replaced.*

Industrial Activity Area:

1. Brief Description:

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

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

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

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

**Section IV. Corrective Actions**

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

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

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

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

*wattles in front of gate are still working but need to be replaced.*

5. Date problem identified: *6-5-17*

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:

*we will be replacing the wattles in front of the gate*

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

9. Date corrective action initiated: *6-5-17*

10. Date corrective action completed: Or expected to be completed: *7-5-17*

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?

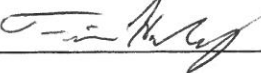
Yes  No

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

## 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: Tim Hanley Title: SWPPP Inspector

Signature:  Date Signed: 6-5-17 Email: timothy.hanley@alaska.gov



# Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information			
Facility Name		APDES Permit Tracking Number	
Girdwood DOT Maintenance Station		AKS-052558	
Facility Physical Address			
Street		City	State      Zip Code
388Toadstool Rd.		Girdwood	Alaska      99587
Contact Person	Title	Phone	Email
Paul Bertholl	Girdwood Foreman	907-783-2232	paul.bertholl@alaska.gov
Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date
Paul Bertholl	Bob McDonald		5/4/2017

**Section II. General Inspection Findings**

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?  Yes  No  
 If NO, describe why not:

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

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



Permit Tracking #: \_\_\_\_\_

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

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

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:  
BMP's need to be replaced. Sediment build-up in outfall A.  
Outfall in good condition, no erosion or scour issues.

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? **One condition is addressed**

**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: East side

1. Brief Description:

Drainage leading to southwest BMP and outfall.

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.)

Sand from winter activity is present on asphalt .  
 Asphalt has been swept and sand removed.

Industrial Activity Area: SOUTH END

1. Brief Description:

Outfall A and BMP's for lot drainage.

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.)

BMP's need to be cleaned up and Sand and sediment removed.  
 Winter sand and sediment removed, wattles have been removed and replaced and extended.



Industrial Activity Area: **SOUTHWEST SIDE**

1. Brief Description:

Entrance to facility and main traffic area.

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

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

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

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

Some winter sand accumulation on paved areas.  
Paved areas have been swept and winter sand removed.

Industrial Activity Area: **NORTH END**

1. Brief Description:

Supply storage, snow storage, material stockpiles and equipment parking.

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.)*

Berms need to be extended and concrete barrier installed to keep snow storage out of ditch.  
Shore up berm with larger rock. Extend berm on south end to protect stockpile.



**Section IV. Corrective Actions**

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

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

1. Corrective Action # 1 of 3 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): Sweeping of aprons to remove sediment

4. Briefly describe the nature of the problem identified:

Sand and sediment on all asphalt needs to be swept off and removed to prevent sediment runoff from east and southwest side.

5. Date problem identified: April 27, 2017

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.

All asphalt swept. Winter sand and sediment removed.

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

**Section IV. Corrective Actions**

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

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

1. Corrective Action # 2 of 3 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:

South end: BMP's need to be cleaned-up and replaced.  
 Winter sand and sediment removed.

5. Date problem identified: 4/27/2017

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.

winter sand and sediment has been removed.  
 Wattles have been replaced and extended.

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

Yes

No



**Section IV. Corrective Actions**

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

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

1. Corrective Action # 3 of 3 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:

*Berms need to be extended and concrete barrier installed to prevent snow storage in ditch. Extend berm to cover stockpile to stop migration of stockpile material.*

5. Date problem identified: 4/27/2017

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.

*Extend berms to cover behind stockpile and install concrete barrier to prevent snow storage in drainage ditch.*

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

Yes

No

Permit Tracking #: \_\_\_\_\_

9. Date corrective action initiated: **May 1, 2017**

10. Date corrective action completed: \_\_\_\_\_ Or expected to be completed: **July 31, 2017**

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

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

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

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

**Annual Report Certification**

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

Paul Bertnoll  
Name of Authorized Representative

Station Foreman  
Title

paul.bertnoll@alaska.gov  
Email

Paul Bertnoll  
Signature

5/9/2017  
Date Signed



## Alaska Department of Environmental Conservation MSGP Annual Reporting Form

Section I. General Information	
Facility Name:	Hiland Snow dump site
APDES Permit Tracking Number:	AKS-052558
<u>Facility Physical Address</u>	
Street:	
City:	Eagle River State: Alaska Zip: 99577
Lead Inspector's Name:	Tim Hanley Title: SWPPP Inspector
Additional Inspectors Names:	
Contact Person:	Tim Hanley Title: Foreman
Phone:	907-440-8453 Email: timothy.hanley@alaska.gov
Inspection Date:	9-27-2017
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? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If NO, describe why not:	
<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>	
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	
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:

*No pollutants entering the drainage system. All wattles at the outfall were replaced on 6-5-17.*

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?

*All wattles at the outfall were replaced on 6-5-17*

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: *Snow storage site*

1. Brief Description:

*Snow storage when removing snow from roadways.*

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.)

Note: Copy this page and attach additional pages as necessary.

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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

Industrial Activity Area:

1. Brief Description:

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

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

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

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



**Section IV. Corrective Actions**

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

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

1. Corrective Action # \_\_\_\_\_ of \_\_\_\_\_ for this reporting period.

2. Is this corrective action:

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

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

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

4. Briefly describe the nature of the problem identified:

*All wattles at outfall were replaced 6-5-17*

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:

*wattles were replaced 6-5-17*

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:

## 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.

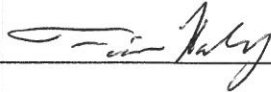
Name of Authorized Representative:

Tim Hanley

Title:

Swppp inspector

Signature:



Date Signed:

9-27-17

Email:

timothy-hanley@alaska.gov