

Section I. General Informatio	n					
Facility Name				PDES Permit Tr	acking Number	
ANCHORAG	E MAINTANCE	STATION			AKS-0525	58
Facility Physical Address						
Street		City			State	Zip Code
5300 e tudor rd			Anchorage		Alaska	99507
Contact Person	Title		Phone	Email		1
Lead Inspector's Name	Additional Inspec	tor's Name	Additional Inspect	or's Name	Inspection D	ąte
Steven Charge					4/201	21
Section II. General Inspection	Findings	and the second				
 As part of this comprehensiv sources, including areas whe If NO, describe why not: 	re industrial ac	tivity may be expos	ed to storm wa	ater?	✓ Yes	No No
<i>Note:</i> Complete Section III of this forn parts 2 and 3 below, where pollutants	n for each indust	rial activity area inspe d to storm water	ected and include	ed in your SW.	PPP or as newly de	fined, in Section II
 Did this inspection identify an identified in your SWPPP? If YES, for each location, demeasures in place: 	y storm water	or non-storm wate			Yes Yes arges and any asso	No pociated control
)						

	For Agency Permit Tracking #: <u>AKS-052558</u>	/ Use
 Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? 	Yes D No	7
If YES, describe these sources of storm water or non-storm water pollutants expected to be pres- control measures in place:	esent in these discharges, and any	
4. Did you review storm water monitoring data as part of this		
	No NA, no monitoring performed	
	and the review.	
 Describe any evidence of pollutants entering the drainage system or discharging to surface w around outfalls, including flow dissination measure to prevent on the prevent of the prevent of	votore and the second second	
prevent scouring:	values, and the condition of and	
Sectiment overflued wittles		
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 c were addressed by these corrective actions?		
Note : Complete the attached Corrective Action Form (Section IV) for each condition identified, including any co this comprehensive storm water inspection.	conditions identified as a result of	

	Section III. Industrial Activity Area Specific Findings				the second s
	Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this In reviewing each area, you should consider:	naaaf			
in.	In reviewing each area, you should consider:	page Jo	or additiond	il industr	ial activity areas.
	 Industrial materials, residue, or trash that may have or could come into contact with storm water; Leaks or spills from industrial equipment durate track 				
	 Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and Tracking or blowing of raw final 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; and Industrial Activity Area:				
	Juice Juice				
F	1. Brief Description: Oct fall A				
-	2. Are any control measures in need of maintenance or repair?	7	Yes		No
-	3. Have any control measures failed and require replacement?	4	Yes		No
4	4. Are any additional/revised control measures necessary in this area? If YES, to any of these three questions area is a set of the s		Yes	v	No
	If YES, to any of these three questions, provide a description of the problem: (Any necessary the attached Corrective Action Form.)	correct	ive action.	s should	l be described on
	Wattles Need Laplaced 0,1 boom needs Replaced				
	an rediment Passine wouthles				
	hilattics ward a lat				
	addition inced heplace				
1	oil boom needs Rank 1				
Ĺ	regraced				
In	ndustrial Activity Area:				
1.	Brief Description:				
					1
2.	Are any control measures in need of maintenance or repair?				
			Yes		No
3.	Have any control measures failed and require replacement?		Yes	\Box	No
4.	and a control measures necessary in this area?	7	Yes		No
	If YES, to any of these three questions, provide a description of the problem: (Any necessary control the attached Corrective Action Form.)	orrectiv	e actions .	should b	e described on

1	Industrial Activity Area:				
1	1. Brief Description:				
2	2. Are any control measures in need of maintenance or repair?		Yes		No
3	B. 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 p the attached Corrective Action Form.)	problem: (Any necessary corre	ctive act	tions should be	e described on
	,				
)					
	dustrial Activity Area:				
1.	Brief Description:				
2.	Are any control measures in need of maintenance or repair?		Yes		0
3.	Have any control measures failed and require replacement?		Yes	N	
4.	Are any additional/revised control measures necessary in this area?	?	Yes		0
	If YES, to any of these three questions, provide a description of the protection of the protective Action Form.)	oblem: (Any necessary correct		ons should be a	described on
	the attached corrective Action Form.)				

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	Section IV. Corrective Actions
t	omplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy his page for additional corrective actions or reviews.
a	nclude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to Iddress problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not een 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:
	water over flowing wattles to due to Hydroseen
	Briefly describe the nature of the problem identified: Water over flowing wattles to due to Hydroseed Being Damaged From Plowing
5	. Date problem identified: 4/20/21
6	. How problem was identified:
	Comprehensive site inspection
	Quarterly visual assessment
	Routine facility inspection
	Notification by EPA or DEC
	Other (describe):
7	modifications or repairs to control measures, analysis to be conducted, etc.) or if no modification is needed, basis for that
	determination. Research area and water until grass is established
	Replace Straw wattles
1	Replace oil Boom
8	. Did/will this corrective action require modification of your SWPPP?

	Permit Tracking #: <u>AKS-052558</u>
9. Date corrective action initiated: 4/26/21	
100/01	ha completed:
3/12/21	
 If corrective action not yet completed, provide the status of the corrective actior inspections and describe any remaining steps (including timeframes associated w 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 th	a permit and
that, based upon the results of this inspection, to the best of your knowledge, you ar compliance with the permit?	
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 prepare accordance with a system designed to assure that qualified personnel properly gath Based on my inquiry of the person or persons who manage the system, or those per information submitted is, to the best of my knowledge and belief, true, accurate, a significant penalties for submitting false information, including the possibility of fin Stare Church Suppression	her and evaluate the information submitted. erson directly responsible for gathering the nd complete. I am aware that there are
Name of Authorized Representative Title	Email
A B	4/20/21
Signature	Date Signed
	1

Anchorage Maintenance Station Annual SPCC Inspection

The annual inspection must be completed each year with an individual evaluation of each storage tank. Deficiencies are to be addressed promptly. Provide further description and comments, if necessary, on a separate sheet of paper and attach to this sheet. The inspection checklist is to be kept with the SPCC plan.

Date: 4/20/21 Time: 1:30	Inspector: Steve Church
= Satisfactory N/A = Not A	
Facility Drainage	Training
No trash or debris under or near tank(s)	New employees trained on spill prevention & response
No erosion or stressed/dead vegetation under or near tank(s)	All SPCC-related trainings are properly recorded
No standing water under or around tank(s)	
No woody vegetation under or near tanks	
No sheen where water goes off-site	
Security	Fuel Transfer Area
Fence, gates, and locks operational, if any	Emergency shut off valve operational (test)
Bollards/tank barriers not damaged	Concrete or secondary containment is under tank dispenser(s)
Tank dispenser(s) locked or starter controls turped off when tank is not in use	No leaks or cracks in dispenser hose(s) or handle(s)
Lighting is working properly	No new staining or oil sheen on ground (if sheen, wipe up with an absorbent pad)
Sign on fence to keep out trespassers is legible	
Indoor Storage Areas No spotting or staining on floor (clean-up if pre-	esent): place pads under all dispensers
All containers are labeled properly (contents)	
Drum storage has secondary containment with	n no liquid or debris
Eloors are clean and free of debris	
Lids on drums are securely closed (must be cl	losed unless actively being used)
No open containers with fluid in them	Les (les ale autorit pada ta ramava)
Oil/Water separator does not have heavy oil s	neen (use absorbent paus to remove)
Comments:	

Above Ground Storage Tank #1 (10,000 gallon)	Above Ground Storage Tank #2 (120 gallon)
Tank surfaces checked for signs of leakage or	Tank surfaces checked for signs of leakage or
drips	/ parips
Tank is not damaged, significantly rusted, or	Tank is not damaged, significantly rusted, or
deteriorated	deteriorated
Bolts, rivets, pipes, seams, and hoses are not	Bolts, rivets, pipes, seams, and hoses are not
damaged, cracked, or significantly rusted	damaged, cracked, or significantly rusted
No leaks at valves, flanges, seals or other	No leaks at valves, flanges, seals or other
tank fittings	fittings connecting to tank
Tank foundation checked for cracks, erosion, settling, deterioration, buckling, or damage	Pressure gauge operative
Vent(s) not obstructed	Vent(s) not obstructed
Level gauges and alarms tested and operative	Tank contents clearly labeled on tank
Tank contents clearly labeled on tank	Tank fluid quantity clearly labeled (e.g. '10,000 gallons')
Tank fluid quantity clearly labeled (e.g. '10,000 gallons')	Hazard placards are intact and readable
Hazard placards are intact and readable	Tank marked with a distinctive, legible number (e.g. #1)
Tank marked with a distinctive, legible number (e.g. #1)	
	Above/Ground Storage Tank #4 (multi-fluid)
Above Ground Storage Tank #3 (107 gallon)	Tank surfaces checked for signs of leakage
drips	or drips
Tank is not damaged, significantly rusted, or	Tank is not damaged, significantly rusted, or
deteriorated	deteriorated
Bolts, rivets, pipes, seams, and hoses are not	Bolts, rivets, pipes, seams, and hoses are
damaged, cracked, or significantly rusted	not damaged, cracked, or significantly rusted
No leaks at valves, flanges, seals or other	No leaks at valves, flanges, seals or other
L fittings connecting to tank	fittings connecting to tank
Pressure gauge operative	Tank foundation checked for cracks, erosion, settling, deterioration, or damage
Vent(s) not obstructed	Fank contents clearly labeled on tank
Tank contents clearly labeled on tank	Tank fluid quantity clearly labeled (e.g. '300 gallons')
Tank fluid quantity clearly labeled (e.g. (10,000 gallons')	Hazard placards are intact and readable
Hazard placards are intact and readable	Tank marked with a distinctive, legible number (e.g. #4)
Tank marked with a distinctive, legible number (e.g. #1)	
Remarks:	

#5 55 Gallon Drums	Hazardous Waste Storage Area (HWSA) - fill out only if storing hazardous waste				
Drum surfaces checked for signs of leakage or drips (no significant rusting, corrosion, discoloration, etc.)	Containers on secondary containment (concrete pad or portable plastic containment)				
General drum condition (F) fair, (G) good or (E) excellent	Hazardous Waste Determination Forms current, if storing hazardous waste				
Lids on drums are securely closed (must be closed unless actively being used)	Containers marked properly (material type and date)				
Drum storage has secondary containment with no liquid or debris	Lids securely on containers unless they are being actively used				
Drums stored inside or under cover	36 inches between containers				
Used fluids being disposed of regularly (not an excess of drums in the facility)	Containers not rusted through, cracked, or have holes				
All containers are marked properly (with contents and date filled)	Manifest Log is current (if transporting hazardous waste)				
	Limited access sign readable				
	HWSA Log current				
	HWSA is secure (fenced and/or locked)				

Remarks:

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Section I. General Informatio	n						
Facility Name				APDES P	ermit Trackir	ng Number	
DOT&PF Birchwood Main	ntenance Station	and Birchwood Airpo	rt			AKS-0525	58
Facility Physical Address							
Street		City	- 12-14			State	Zip Code
20651 Birchwood Spur R	Road		Chugiak			Alaska	99567
Contact Person	Title		Phone		Email		
Renée Goentzel	Environme	ental Analyst III	(907) 269	9-0714		renee.goentz	el@alaska.gov
Lead Inspector's Name	Additional Inspect	or's Name	Additional Insp	ector's Na		Inspection	
Steven Church						4/201	21
Section II. General Inspection	Findings						
 As part of this comprehensive sources, including areas when If NO, describe why not: Mote: Complete Section III of this form 	ere industrial ac	tivity may be expo	sed to storm	water?		Yes	No No
parts 2 and 3 below, where pollutant	ts may be expose	d to storm water.					
2. Did this inspection identify a	ny storm water	or non-storm wat	er outfalls no	ot previo	usly [Yes	No
identified in your SWPPP? If YES, for each location, de	ascribe the source	as of those storm	tor and non -	torm wet	or dischart		Local I
measures in place:	escribe the source	es of those storm wa	iter and non-si	torm wat	er discharge	es and any as	sociated control

	For Agency Permit Tracking #: AKS-052558
3. Did this inspection identify any sources of storm water or non-storm water discharges	
previously lucifulied in your SWPPP?	res V No
If YES, describe these sources of storm water or non-storm water pollutants expected to be	procept in these disclars
control measures in place:	present in these discharges, and any
ũ.	
4. Did you review storm water monitoring data as part of this	
inspection to identify potential pollutant hotspots?	No NA, no monitoring
If YES, summarize the findings of that review and describe any additional inspection activitie	
additional inspection activitie	s resulting from this review:
5. Describe any evidence of pollutants entering the drainage sustain and in the interior	
Describe any evidence of pollutants entering the drainage system or discharging to surfa around outfalls, including flow dissipation measure to prevent scouring:	ice waters, and the condition of and
around outland, melading now dissipation measure to prevent scouring:	
. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the per	mit,
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 ident	ified Yes No
as a result of this annual comprehensive site inspection?	
If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and	d 8.2 of the MSGP
were addressed by these corrective actions?	
lote: Complete the attached Corrective Action Form (Section IV) for each condition identified, including	any conditions identified as a result of
his comprehensive storm water inspection.	,

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Section III. Industrial Activity Area Specific Findings Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy In reviewing each area, you should consider:		
	this page for additions	lindustrial +1. 11
	this page for additiona	in maustrial activity areas.
 Industrial materials, residue, or trash that may have or could come into contact with storm water; 		
 Leaks or spills from industrial equipment, drums, tanks, and other containers; 		
 Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and 		
 Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas 		
Industrial Activity Area:		
1. Brief Description: Packing Arch In Fort of Sou		
1. Brier Description: Packing Arch In Front of San	nd Steel	
0		
Are any control measures in need of maintenance or repair?	Yes	No
· · · · · · · · · · · · · · · · · · ·		
Have any control measures failed and require replacement?	[]	13
	Yes	No
Are any additional/revised control measures necessary in this area?	Yes	No
	5. 1. 2000 ADV	
If YES, to any of these three questions, provide a description of the problem: (Any necess the attached Corrective Action Form)	ary corrective action	s should be described on
the attached Corrective Action Form.)		s should be described on
		li de la companya de
Industrial Activity Area:		
1. Brief Description: Replind Maint ance Sho		
		1
 Are any control measures in need of maintenance or repair? 	Yes	No
2. Are any control measures in need of maintenance or repair?	Yes	No
 Are any control measures in need of maintenance or repair? Have any control measures failed and require replacement? 	Yes Yes	No
3. Have any control measures failed and require replacement?		
3. Have any control measures failed and require replacement?	Yes	No
3. Have any control measures failed and require replacement?4. Are any additional/revised control measures necessary in this area?	Yes Yes	No No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessor) 	Yes Yes	No No
3. Have any control measures failed and require replacement?	Yes Yes	No No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessor) 	Yes Yes	No No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessor) 	Yes Yes	No No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessor) 	Yes Yes	No No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessor) 	Yes Yes	No No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessor) 	Yes Yes	No No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessor) 	Yes Yes	No No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessor) 	Yes Yes	No No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessor) 	Yes Yes	No No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessor) 	Yes Yes	No No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Any necessor) 	Yes Yes	No No

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	For Agency Use
Permit Tracking #:	AKS-052558

Ir	dustrial Activity Area:				
1	Brief Description:				
-	Aro any control manufactor in pood of maintanana any main?				
	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 necessate the attached Corrective Action Form.)	ry correc	tive action	s should	be described on
	dustrial Activity Area:				
1	Brief Description:				
-					
2.	Are any control measures in need of maintenance or repair?		Yes		No
3.	Have any control measures failed and require replacement?		Yes		No
4.	Are any additional/revised control measures necessary in this area?		Yes		No
	If YES, to any of these three questions, provide a description of the problem: (Any necessar the attached Corrective Action Form.)	y correc	tive action	s should	be described on

Con	ction IV. Corrective Actions mplete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy s page for additional corrective actions or reviews.							
Incl add	lude both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to dress problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not en completed at the time of your previous annual report.							
1.	Corrective Action # O of O for this reporting period.							
2.	Is this corrective action:							
	An update on a corrective action from a previous annual report; or							
	A new corrective action?							
3.	Identify the condition(s) triggering the need for this review:							
	Unauthorized release of discharge							
	Numeric effluent limitation exceedance							
	Control measures inadequate to meet applicable water quality standards							
	Control measures inadequate to meet non-numeric effluent limitations							
	Control measures not properly operated or maintained							
	Change in facility operations necessitated change in control measures							
	Average benchmark value exceedance							
	Other (describe):							
4.	Briefly describe the nature of the problem identified:							
5.	Date problem identified:							
6.	How problem was identified:							
	Comprehensive site inspection							
	Quarterly visual assessment							
	Routine facility inspection							
	Notification by EPA or DEC							
	Other (describe):							
7.	Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analysis to be conducted, etc.) or if no modification is needed, basis for that determination.							
8.	Did/will this corrective action require modification of your SWPPP?							

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0. Date corrective action completed:	Or expected to be completed:
inspections and describe any remaining store	e the status of the corrective action as the time of the comprehensive site
corrective action:	(including timeframes associated with each step) necessary to complete the
ction V. Annual Report Certification mpliance Certification	
at, based upon the results of this inspection, to t	the requirements of Part 6.3 of the permit, and
mpliance with the permit?	No
If NO, summarize why you are not in complian	ce with the permit:
nnual Report Certification	
certify under penalty of law that this document a	and all attachments were prepared under my direction or supervision in
certify under penalty of law that this document a coordance with a system designed to assure that	qualified personnel properly gather and evaluate the information submitted
certify under penalty of law that this document a ccordance with a system designed to assure that ased on my inquiry of the person or persons who	qualified personnel properly gather and evaluate the information submitted.
certify under penalty of law that this document a ccordance with a system designed to assure that ased on my inquiry of the person or persons who iformation submitted is, to the best of my knowly	qualified personnel properly gather and evaluate the information submitted. The manage the system, or those person directly responsible for gathering the edge and belief, true, accurate, and complete Lam aware that those are
ased on my inquiry of the person or persons who ased on my inquiry of the person or persons who aformation submitted is, to the best of my knowly	qualified personnel properly gather and evaluate the information submitted.
certify under penalty of law that this document a ccordance with a system designed to assure that ased on my inquiry of the person or persons who formation submitted is, to the best of my knowl gnificant penalties for submitting false informati	qualified personnel properly gather and evaluate the information submitted. o manage the system, or those person directly responsible for gathering the edge and belief, true, accurate, and complete. I am aware that there are on, including the possibility of fine and imprisonment for knowing violations.
certify under penalty of law that this document a coordance with a system designed to assure that ased on my inquiry of the person or persons who formation submitted is, to the best of my knowl gnificant penalties for submitting false informati	Equalified personnel properly gather and evaluate the information submitted.In manage the system, or those person directly responsible for gathering theedge and belief, true, accurate, and complete. I am aware that there areon, including the possibility of fine and imprisonment for knowing violations.Supp In spectorSteven.Church@Alaska.
certify under penalty of law that this document a coordance with a system designed to assure that ased on my inquiry of the person or persons who formation submitted is, to the best of my knowl gnificant penalties for submitting false informati	qualified personnel properly gather and evaluate the information submitted. o manage the system, or those person directly responsible for gathering the edge and belief, true, accurate, and complete. I am aware that there are on, including the possibility of fine and imprisonment for knowing violations.
certify under penalty of law that this document a coordance with a system designed to assure that ased on my inquiry of the person or persons who formation submitted is, to the best of my knowl gnificant penalties for submitting false informati Steam CMrd	Equalified personnel properly gather and evaluate the information submitted.In manage the system, or those person directly responsible for gathering theedge and belief, true, accurate, and complete. I am aware that there areon, including the possibility of fine and imprisonment for knowing violations.Supp In spectorSteven.Church@Alaska.
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certify under penalty of law that this document a coordance with a system designed to assure that ased on my inquiry of the person or persons who formation submitted is, to the best of my knowl gnificant penalties for submitting false informati Steam CMrd	Equalified personnel properly gather and evaluate the information submitted.In manage the system, or those person directly responsible for gathering theedge and belief, true, accurate, and complete. I am aware that there areon, including the possibility of fine and imprisonment for knowing violations.Supp In spectorSteven.Church@Alaska.

Birchwood Maintenance Station Annual SPCC Inspection

The annual inspection must be completed each year with an individual evaluation of each storage tank. Deficiencies are to be addressed promptly. Provide further description and comments, if necessary, on a separate sheet of paper and attach to this sheet. The inspection checklist is to be kept with the SP

Date: 4/20/21 Time: 10:30 Am	Inspector:
✓ = Satisfactory N/A = N-4	Jere Church
Facility Drainage	Applicable R = Repair required
No trash or debris under or near tank(s)	
No erosion or stronged/de a	New employees trained on spill prevention & response
No erosion or stressed/dead vegetation under or near tank(s)	All SPCC-related trainings are properly
No standing water under or around tank(a)	recorded
No woody vegetation under or near tanks	
No sheen where water goes off-site	
Security	
Fence, gates, and locks operational, if any	Fuel Transfer Area
Bollards/tank barriers not damaged	Emergency shut off valve operational (test)
	Concrete or secondary containment is under tank dispenser(s)
Tank dispenser(s) locked or starter controls turned off when tank is not in use	No leaks or cracks in dispenser boop(a) and
Lighting is working properly	No new staining or oil sheen on ground (if
Sign on fence to keep out trespassers is legible	sheen, wipe up with an absorbent pad)
Indoor Storage Areas	
No spotting or staining on floor (close up if	ent): place pode
All containers are labeled properly (contents)	ent), place paus under all dispensers
Drum storage has secondary containment with r Floors are clean and free of debris	no liquid or debris
Lids on drums are securely closed (must be closed No open containers with fluid in them	ed unless actively being used)
Oil/Water separator does not have heavy oil she	en (use absorbont node to
Comments:	(use absorbent pads to remove)
somments.	

Above Ground Storage Tank #1 (4,000 gallon)	Above Ground Storens Tank 10
or drips	Above Ground Storage Tank #2 (multi-fluid) Tank surfaces checked for signs of leakage of drips
Tank is not damaged, significantly rusted, or deteriorated	Tank is not damaged, significantly rusted, or deteriorated
Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted	Bolts, rivets, pipes, seams, and hoses are not damaged, cracked, or significantly rusted
No leaks at valves, flanges, seals or other tank fittings	No leaks at valves, flanges, seals or other fittings connecting to tank
Tank foundation checked for cracks, erosion, settling, deterioration, buckling, or damage	Vent is not obstructed
Vent(s) not obstructed	Tank contents clearly labeled on tank
Level gauges and alarms tested and operative	Tank fluid quantity clearly labeled (e.g. '10,000 gallons')
Tank contents clearly labeled on tank	Hazard placards are intact and readable
Tank fluid quantity clearly labeled (e.g. 10,000 gallons')	Tank marked with a distinctive, legible number (e.g. #1)
Hazard placards are intact and readable	
Tank marked with a distinctive, legible number (e.g. #1)	
#3 55 Gallon Drums (main shop)	#4.55 Q. II
Drum surfaces checked for signs of leakage	#4 55 Gallon Drums (warm storage)
discoloration, etc.)	Drum surfaces checked for signs of leakage or drips (no significant rusting, corrosion, discoloration, etc.)
General drum condition (F) fair, (G) good or (E) excellent	General drum condition (F) fair, (G) good or (E) excellent
Lids on drums are securely closed (must be closed unless actively being used)	Lids on drums are securely closed (must be closed unless actively being used)
Drum storage has secondary containment with no liquid or debris	Drum storage has secondary containment with no liquid or debris
Drums stored inside or under cover	Drums stored inside or under cover
Used fluids being disposed of regularly (not an excess of drums in the facility)	Used fluids being disposed of regularly (not an excess of drums in the facility)
All containers are marked properly (with contents and date filled)	All containers are marked properly (with contents and date filled)
emarke	

Remarks:

	dous Waste Storage Area (HWSA) - fill out only if storing hazardous waste Containers on secondary containment (concrete pad or portable plastic containment) Hazardous Waste Determination Forme ourset if
	Hazardous Waste Determination Forme auror to for portable plastic containment)
	Hazardous Waste Determination Forms current, if storing hazardous waste Containers marked properly (material type and date)
1	
	Lids securely on containers unless they are being actively used 36 inches between containers
	Containers not rusted through cracked as here here
	Manifest Log is current (if transporting hazardous waste) Limited access sign readable
	HWSA Log current
	HWSA is secure (fenced and/or locked)

Remarks:



Section I. General Information Facility Name A			APDES Permit Tracking Number				
DOT&PF Girdwood Maintenance Station and Girdwood Airport					AKS-052558		
	City				State	Zip Code	
		Girdwood			Alaska	99587	
				Email			
	ctor's Name	Additional Insp	ector's Na	me			
NA					4/27	12021	
on Findings							
here industrial a : form for each indu ants may be expos y any storm wate	nctivity may be exp Instrial activity area in Sed to storm water. Per or non-storm w	nspected and inc	n water? cluded in ot previc	your SWPF	PP or as newly a	No No	
	Title Additional Inspe Additional Inspe Inspective site inspective there industrial at form for each induction form for each induction y any storm water	City ive Title Environmental Analyst III Additional Inspector's Name M/M ion Findings Isive site inspection, did you inspect where industrial activity may be exp where industrial activity may be exp is form for each industrial activity area in fants may be exposed to storm water. y any storm water or non-storm w	City ive Girdwood Title Phone Environmental Analyst III (907) 263 Additional Inspector's Name Additional Insp Mathematical Analyst III (907) 263 Additional Inspector's Name Additional Insp Mathematical Analyst III (907) 263 Additional Inspector's Name Additional Insp Mathematical Analyst III (907) 263 Sive site inspection, did you inspect all potential where industrial activity may be exposed to storm where industrial activity may be exposed to storm form for each industrial activity area inspected and industrial activity area inspected and industriation and the stants may be exposed to storm water. y any storm water or non-storm water outfalls not stants may be exposed to storm water.	City ive Girdwood Title Phone Environmental Analyst III (907) 269-0714 Additional Inspector's Name Additional Inspector's Name Additional Inspector Name Additional Inspector's Name Additional Inspector Name Additional Inspector's Name Information Inspector Name Additional Inspector's Name Information Informatio	City ive Girdwood Title Phone Email Additional Inspector's Name Additional Inspector's Name Additional Inspector's Name Additional Inspector's Name Additional Inspector's Name Additional Inspector's Name Month Month Inspector's Name Additional Inspector's Name Month Month Inspector's Name Additional Inspector's Name Month Month Inspector's Name Inspector's Name Month Inspector Name Inspector's Name Inspector's Name Inspector Inspector Name Inspector's Name Inspector's Name Inspector Inspector Inspector Name Inspector's Name Inspector Inspector Inspector Name Inspector's Name Inspector Inspector Inspector Inspector's Name Inspector Inspector Inspector Inspector's Name <td>City State ive Girdwood Alaska Title Phone Email Environmental Analyst III (907) 269-0714 renee.goentze Additional Inspector's Name Additional Inspector's Name Inspection D Additional Inspector's Name Vestarts Yes issive site inspection, did you inspect all potential pollutant Yes Yes where industrial activity may be exposed to storm water? Yes Yes form for each industrial activity area inspected and included in your SWPPP or as newly or tants may be exposed to storm water. Yes form some be exposed to storm water. Yes Yes</td>	City State ive Girdwood Alaska Title Phone Email Environmental Analyst III (907) 269-0714 renee.goentze Additional Inspector's Name Additional Inspector's Name Inspection D Additional Inspector's Name Vestarts Yes issive site inspection, did you inspect all potential pollutant Yes Yes where industrial activity may be exposed to storm water? Yes Yes form for each industrial activity area inspected and included in your SWPPP or as newly or tants may be exposed to storm water. Yes form some be exposed to storm water. Yes Yes	

	Permit Tracking #: AKS-052558
3.	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? If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
	If they, summarize the midings of that review and describe any additional inspection activities resulting from this review.
5.	
	around outfalls, including flow dissipation measure to prevent scouring:
2.00	The winter Sand has not been swept up yet. The
	Southeast outfall area and wattles will need to
	be cleaned
6	Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit,
0.	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
	If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP
	te: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any conditions identified as a result of
this	s comprehensive storm water inspection.

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Section III. Industrial Activity Area Specific Findings Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas. In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come into contact with storm water; Leaks or spills from industrial equipment, drums, tanks, and other containers: Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas. Doutheast Industrial Activity Area: Corner Brief Description: 1. The Southeast corner is the only out Sall Form the site. wate enters the area and flows through wattles before entering the discharge colverts Yes 2. Are any control measures in need of maintenance or repair? No X 3. Have any control measures failed and require replacement? Yes No S 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.) winter Sand has acculated in Front of the wattles which needs to be cleaned out. Industrial Activity Area: South end 1. Brief Description: The South has no out falls in this area. There 13 a berm as the BMP along the fence line. BMP is work well. X 2. Are any control measures in need of maintenance or repair? Yes No 3. Have any control measures failed and require replacement? X Yes No N 4. Are any additional/revised control measures necessary in this area? Yes No If YES, to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

	For Agency Use Permit Tracking #: <u>AKS-052558</u>
Ind	dustrial Activity Area: Southwest Side
1.	Brief Description: Entrance to the facility and main traffic area. There is a berm and ditch along this area. The bern and ditch are working well.
2.	Are any control measures in need of maintenance or repair?
3.	Have any control measures failed and require replacement?
4.	Are any additional/revised control measures necessary in this area?
	Austrial Activity Area: North end Brief Description: Supply Storage are and equipment parking and Stow store area The Northend has Natural BMPS. which consist of hillside banks. The BMP's are working well.
2.	Are any control measures in need of maintenance or repair? Yes 🛛 Yes
3.	Have any control measures failed and require replacement? Yes 🖉 No
4.	Are any additional/revised control measures necessary in this area?
	If YES, to any of these three questions, provide a description of the problem: (Any 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. Con 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 no 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:
Southeast out fall has winter Sand accumulated in Front of wattles. This area will be cleaned out of Sand.
5. Date problem identified: 4/27/2021
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. Clean up winder Sand From wattles. Have operator not Load send trucks so close to this area
8. Did/will this corrective action require modification of your SWPPP?

	For Agency	Use
ermit Tracking #:	AKS-052558	

D

Date corrective action completed:	/2021 Or expected to be		. /	2)	
If corrective action not yet completed, provide the inspections and describe any remaining steps (in corrective action: 4/27/2021 Rem Hope to have equipment 5/12/2021. At that point	1 11 11 6 1 11				and. 4
tion V. Annual Report Certification		N.C. C. Martin			
ou certify that your annual inspection has met th , based upon the results of this inspection, to the pliance with the permit?			Yes		No
If NO, summarize why you are not in compliance	with the permit:				
nual Report Certification					
ertify under penalty of law that this document an cordance with a system designed to assure that q sed on my inquiry of the person or persons who r cormation submitted is, to the best of my knowled nificant penalties for submitting false information Pertonne	ualified personnel properly gather nanage the system, or those perso lge and belief, true, accurate, and n, including the possibility of fine an	and evaluate t on directly resp complete. I am	the informationsible for gate aware that the the the the the the the the the th	on submit athering t there are ng violati	he ons.
Pare Butholl		4/27 Date Signed	/2021	/	
Signature		0			

Girdwood SPCC Annual Inspection

The annual inspection must be completed each year with an individual evaluation of each storage tank. Deficiencies are to be addressed promptly. Provide further description and comments, if necessary, on a separate sheet of paper and attach to this sheet. The inspection checklist is to be kept with the SPCC plan.

Date: 4/13/2021	Time: /1:00 Am	Inspector: Paul Bertholl
√ = Satis		Applicable R = Repair required
Facility Drainage		Training
No trash or debris u	inder or near tank(s)	New employees trained on spill prevention & response
No erosion or stress under or near tank	sed/dead vegetation	All SPCC-related trainings are properly recorded
	under or around tank(s)	
	on under or near tanks	
✓ No sheen where was		
Security		Fuel Transfer Area
Fence, gates, and le	ocks operational, if any	 Emergency shut off valve operational (test)
Bollards/tank barrie		Concrete or secondary containment is under tank dispenser(s)
Tank dispenser(s) le turned off when tan	ocked or starter controls k is not in use	No leaks or cracks in dispenser hose(s) or handle(s)
Lighting is working	properly	No new staining or oil sheen on ground (if sheen, wipe up with an absorbent pad)
Sign on fence to ke	ep out trespassers is	
Indoor Storage Areas	`	
		esent); place pads under all dispensers
	beled properly (contents)	
	econdary containment with	n no liquid or debris
Floors are clean an		
		losed unless actively being used)
No open containers		
-Oil/Water separator	does not have heavy oil s	heen (use absorbent pads to remove)
Comments:		



Section I. General Informatio	n								
Facility Name APDES Permit Tracking Number									
DOT&PF Hiland Roa	ad Snow Storage	and Disposal Site				AKS-05255	58		
Facility Physical Address	•			1					
Street		City				State Zip Cod		de	
8500 Hiland Road			Eagle River			Alaska		99577	
Contact Person	Title		Phone		Email				
Renée Goentzel Environmental Analyst III			(907) 269			renee.goentzel@alaska.gov			
Lead Inspector's Name Additional Inspector's Name Additional Inspector's Name					Inspection D				
TAylor Jernigon						7-22	-21		
Section II. General Inspection	Findings	•			1.4				
 As part of this comprehensive sources, including areas when if NO, describe why not: 	ere industrial ac	tivity may be exp	osed to storm	water?	l	Yes		No	
Note: Complete Section III of this for parts 2 and 3 below, where pollutan 2. Did this inspection identify a identified in your SWPPP? If YES, for each location, do	<u>ts may be expose</u> ny storm water	d to storm water. or non-storm wa	iter outfalls no	ot previo	usly	Yes	X	No	
measures in place:									

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		Permit Tracking		Agency Use
3.	Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? If YES, describe these sources of storm water or non-storm water pollutants expected to be preser control measures in place:	Yes Yes	arges, and ar	No iy
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 resu		NA, no monit performed eview:	oring
5.	Describe any evidence of pollutants entering the drainage system or discharging to surface w around outfalls, including flow dissipation measure to prevent scouring: NONC	aters, and the	condition o	fand
6. Not	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 were addressed by these corrective actions? te: Complete the attached Corrective Action Form (Section IV) for each condition identified, including any	of the MSGP	Nt	No

Permit Tracking #: _

For Agency Use

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	ction III. Industrial Activity Area Specific Findings				
Con In r	mplete one block for each industrial activity area where pollutants may be exposed to storm water. Copy eviewing each area, you should consider:	this page for	r additional	industrial	activity areas.
	 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.				
	Justrial Activity Area:				
1.	Brief Description:				
	South outfall Hadand Show dump				
2	Are any control measures in need of maintenance or repair?		Yes	X	No
	The dry contor measures in need of maintenance of repairs		res	LA.	No
3.	Have any control measures failed and require replacement?		Yes	X	No
	· · · · · · · · · · · · · · · · · · ·				110
4.	Are any additional/revised control measures necessary in this area?		Yes	X	No
	If YES, to any of these three questions, provide a description of the problem: (Any neces				
	the attached Corrective Action Form.)	sury correct	ive action	s snouiu	be described on
Ind	lustrial Activity Area:				
1.	Brief Description:				
			-		
2.	Are any control measures in need of maintenance or repair?		Yes		No
3.	Have any control measures failed and require replacement?		Yes		No
4.	Are any additional/revised control measures necessary in this area?		Yes		No
	If YES, to any of these three questions, provide a description of the problem: (Any neces		tive action	c chould	he decertified an
	the attached Corrective Action Form.)	sary correc	live action	s snoula i	be described on

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		Permit Tracking #:	For Agency U
ndı	ustrial Activity Area:		
	Brief Description:		
	Are any control measures in need of maintenance or repair?	Yes	No
;.	Have any control measures failed and require replacement?	Yes	No
1 .	Are any additional/revised control measures necessary in this area?	Yes	No
_	If YES, to any of these three questions, provide a description of the problem: (Any nec the attached Corrective Action Form.)	cessary corrective actions should	be described o
	the attached corrective Action Form.)		
Inc	lustrial Activity Area:		
1.			
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 ne the attached Corrective Action Form.)	ecessary corrective actions should	l be described
	the attached corrective Action Form.y		

For Agency Use

Permit Tracking #: ___

Comp this p Incluc addre	ion IV. Corrective Actions olete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy hage for additional corrective actions or reviews. He both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to ease problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not completed at the time of your previous annual report.
1. (Corrective Action # D of O for this reporting period.
2. 1	s this corrective action:
	An update on a corrective action from a previous annual report; or
	A new corrective action?
3. 1	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):
5.	Date problem identified:
6.	How problem was identified:
	Comprehensive site inspection
	Quarterly visual assessment
	Routine facility inspection
	Notification by EPA or DEC
	Other (describe):
7.	Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analysis to be conducted, etc.) or if no modification is needed, basis for that determination.
8.	Did/will this corrective action require modification of your SWPPP?

Permit Tracking #: __

Date corrective action initiated:		
. Date corrective action completed:	Or expected to be completed:	
 If corrective action not yet completed, provide inspections and describe any remaining steps (corrective action: 	the status of the corrective action as the time of including timeframes associated with each step) r	the comprehensive site necessary to complete the
ection V. Annual Report Certification		
ompliance Certification o you certify that your annual inspection has met	the requirements of Part 6.3 of the permit, and	
hat, based upon the results of this inspection, to t	the best of your knowledge, you are in	Yes No
ompliance with the permit? If NO, summarize why you are not in complian	the share a second to	
Annual Report Certification		
I certify under penalty of law that this document accordance with a system designed to assure the Based on my inquiry of the person or persons whi information submitted is to the best of my know	t and all attachments were prepared under my dir at qualified personnel properly gather and evaluar ho manage the system, or those person directly re wledge and belief, true, accurate, and complete. I ation, including the possibility of fine and imprisor	esponsible for gathering the am aware that there are
I certify under penalty of law that this document accordance with a system designed to assure the Based on my inquiry of the person or persons whi information submitted is to the best of my know	at qualified personnel properly gather and evalua ho manage the system, or those person directly re wledge and belief, true, accurate, and complete. I ation, including the possibility of fine and imprisor	esponsible for gathering the am aware that there are
I certify under penalty of law that this document accordance with a system designed to assure the Based on my inquiry of the person or persons wh information submitted is, to the best of my know significant penalties for submitting false information information SCENIGEN	at qualified personnel properly gather and evaluation ho manage the system, or those person directly re- wledge and belief, true, accurate, and complete. I ation, including the possibility of fine and imprison Foreman Title	esponsible for gathering the am aware that there are ment for knowing violations. Jcm.gen Casak

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Section I. General Information						Active with the second		
Facility Name	511			APDES	ormit Tracking	Number		
DOT&PF O'Malley	Rd Snow Storage	and Disposal Site		AFDLSF	ermit Tracking	AKS-0525	= 0	
Facility Physical Address				L		AK3-0525	00	
Street		City			Т	State	Zip Code	
10675 Old Seward H	WY		Anchorage			Alaska		9515
Contact Person	Title	I	Phone		Email	Aldaka	9	9515
Renée Goentzel	Environm	vironmental Analyst III		-0714		enee.goentze	el@alaska.d	01/
Lead Inspector's Name	Additional Inspect		Additional Inspe			Inspection [00
TAylor Jernigan						7-21-21		
							1- 51	
Section II. General Inspectio 1. As part of this comprehensi								
sources, including areas wh If NO, describe why not:	ere industrial ac	tivity may be exp	oosed to storm	water?	L.	Yes		10
Note: Complete Section III of this fo	rm for each indusi	trial activity area ir	nspected and inc.	luded in y	our SWPPP	or as newly c	defined, in Si	ection II
parts 2 and 3 below, where pollutar	nts may be expose	d to storm water.						
2. Did this inspection identify a identified in your SWPPP?	any storm water	or non-storm wa	ater outfalls no	ot previo	usly [Yes	X N	0
If YES, for each location, c	escribe the sourc	es of those storm	water and non st	torm wat	ar discharge		ų	
measures in place:				torni wat	er discharge:	s and any ass	sociated cor	itrol

For Agency Use Permit Tracking #: AKS-052558 Did this inspection identify any sources of storm water or non-storm water discharges not 3. 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: Did you review storm water monitoring data as part of this 4. NA, no monitoring Yes X inspection to identify potential pollutant hotspots? No performed If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review: Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and 5. around outfalls, including flow dissipation measure to prevent scouring: Silt Has Built up near outfall But No Pollutant going into drain 6. Have you taken or do you plan to take corrective actions, as specified in Part 8 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified Yes No as a result of this annual comprehensive site inspection? If YES, how many conditions requiring review for corrective action as specified in Parts 8.1 and 8.2 of the MSGP were addressed by these corrective actions? 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 was In reviewing each area, you should consider:	ater. Copy this page for additional industrial activity areas.
 Industrial materials, residue, or trash that may have or could come into contact with store 	m water
ceaks of spins from maustrial equipment, drums, tanks, and other containers.	
 Offsite tracking of industrial or waste materials from areas of no exposure to exposed area Tracking or blowing of row, final, or waste materials 	as; and
Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed area Industrial Activity Area:	l areas.
1. Brief Description:	
Show Storage Site	
2 Are any control more in the control more in	
2. Are any control measures in need of maintenance or repair?	Yes X No
3. Have any control measures failed and require replacement?	
	Yes 📉 No
4. Are any additional/revised control measures necessary in this area?	
	Yes X No
If YES, to any of these three questions, provide a description of the problem: (An the attached Corrective Action Form.)	ny necessary corrective actions should be described on
Industrial Activity Area:	
1. Brief Description:	
	(
2. Are any control measures in need of maintenance or repair?	Yes K No
	Yes X No
	Yes X No
8. Have any control measures failed and require replacement?	
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? 	Yes X No
 B. Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Applied Control Research of the problem). 	Yes X No
3. Have any control measures failed and require replacement?	Yes X No
 B. Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Applied Control Research of the problem). 	Yes X No
 B. Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Applied Control Research of the problem). 	Yes X No
 B. Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Applied Control Research of the problem). 	Yes X No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Applied Control Research of the problem). 	Yes X No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Applied Control Research of the problem). 	Yes X No
 Have any control measures failed and require replacement? Are any additional/revised control measures necessary in this area? If YES, to any of these three questions, provide a description of the problem: (Applied Control Research of the problem). 	Yes X No

	For Agency Use
Permit Tracking #:	AKS-052558

Industrial Activity Area:						
1. Brief Description:						
2. Are any control measures in need of maintenan	e or repair?		Yes		No	
3. Have any control measures failed and require re	placement?		Yes		No	
4. Are any additional/revised control measures nee			Yes		No	
If YES, to any of these three questions, provide a the attached Corrective Action Form.)	description of the problem: (Any necessar	y correc	tive actions	should b	oe describ	bed on
· · · · · · · · · · · · · · · · · · ·						
Industrial Activity Area:	0					
1. Brief Description:						
4						
						×.
2. Are any control measures in need of maintenance	e or repair?		Yes		No	
3. Have any control measures failed and require re	placement?		Yes		No	
4. Are any additional/revised control measures nec	essary in this area?		Yes		No	
If YES, to any of these three questions, provide a the attached Corrective Action Form.)	description of the problem: (Any necessar)	correct	ive actions	should b	e describ	ed 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 # O of O 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?
 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):
 Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analysis to be conducted, etc.) or if no modification is needed, basis for that determination.
8. Did/will this corrective action require modification of your SWPPP?

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.0. Date corrective action completed:		
o. Date corrective action completed:	Or expected to be completed:	
 If corrective action not yet completed, p inspections and describe any remaining corrective action: 	provide the status of the corrective action as the t steps (including timeframes associated with each	ime of the comprehensive site step) necessary to complete the
ection V. Annual Report Certification		
	as met the requirements of Part 6.3 of the permit,	and
hat, based upon the results of this inspection of the second se	on, to the best of your knowledge, you are in	Yes No
If NO, summarize why you are not in co	ompliance with the permit:	
Annual Report Certification		
accordance with a system designed to assu Based on my inquiry of the person or perso information submitted is, to the best of my	ument and all attachments were prepared under n are that qualified personnel properly gather and even ons who manage the system, or those person direct y knowledge and belief, true, accurate, and comple formation, including the possibility of fine and imp	valuate the information submitted. ctly responsible for gathering the ete. I am aware that there are
TAylor Jermigan	foreman TA.	yloro Jernigon Calaska
Name of Authorized Representative	Title Email	V V
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