

Section I. General Information					
Facility Name: Commercial Drive Snow Disposal Site					
APDES Permit Tracking Number: N/A					
Facility Physical Address					
Street: 2941 Commercial Drive					
City: Anchorage State: Alaska Zip: 99501					
Lead Inspector's Name: Patrick Butler Title: SWPPP Inspector					
Additional Inspectors Names: Dustin Richmond					
Contact Person: Eric Hodgson Title: Superintendent					
Phone: (907) 343-8100 Email: eric.hodgson@anchorageak.gov					
Inspection Date: 10/15/2021					
Section II. General Inspection Findings					
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?					
If NO, describe why not:					
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.					
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?					
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated					
control measures in place:					

Permit Tracking #N/A					
3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified Yes Ves 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 Yes No V NA, no monitoring performed					
identify potential pollutant hotspots?					
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 was observed of pollutants entering the drainage system or surrounding surface waters. All outfalls are performing as intended and do not need additional flow dissipation.					
 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No 					
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?					
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.					

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Section III. Industrial Activity Area Specific Findings				
Complete one block for each industrial activity area where pollutants may be	e expo	osed to	o sto	orm 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 con 		with sto	rm v	water;
 Leaks or spills from industrial equipment, drums, tanks, and other container Offsite tracking of industrial or waste materials from areas of no exposure t 		nosed au	eac.	and
 Tracking or blowing of raw, final, or waste material from areas of no exposure 				
Industrial Activity Area: RAP access roads				
1. Brief Description:				
	do	منعده	~ f	in allity an arretiona
Industrial equipment directly utilize these access road	as c	aurin	g i	acility operations.
2. Are any control measures in need of maintenance or repair?	\Box	Yes	V	No
3. Have any control measures failed and require replacement?	Π	Yes	V	No
4. Are any additional/revised control measures necessary in this area?	Π	Yes	V	No
If YES to any of these three questions, provide a description of the probl			eces	
attached Corrective Action Form.)		. ,		
Industrial Activity Area: Snow disposal pad				
1. Brief Description:				
Industrial equipment travels across the pads during fa	acili	ity op	per	ations
2. Are any control measures in need of maintenance or repair?		Yes	V	No
3. Have any control measures failed and require replacement?	片	Yes	V	No
4. Are any additional/revised control measures necessary in this area?	╞╡	Yes		No
4. Are any additional/revised control measures necessary in this area r If YES to any of these three questions, provide a description of the probl				
attached Corrective Action Form.)	lem.	(Any n	eces	ssary corrective actions should be described on the
Industrial Activity Area: Vegetated buffers				
1. Brief Description:				
	flo	w thr		ugh those huffers
Stormwater or runoff exposed to industrial equipment flow through these buffers.				
2. Are any control measures in need of maintenance or repair?	Π	Yes	V	No
3. Have any control measures failed and require replacement?	⊨	Yes	2	No
 Are any additional/revised control measures necessary in this area? 	片	Yes	V	No
			•	10.2200
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.)				

		N	lote:	: Copy this page and attach additional pages as necessary.
Industrial Activity Area: Detention pond				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment	t fl	ow to	o th	is detention pond
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 prob attached Corrective Action Form.)	len	n: (Any	nece	essary corrective actions should be described on the
Industrial Activity Area: Retention basin				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment	t fl	ows	to t	his retention basin.
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? If YES to any of these three questions, provide a description of the prob		Yes		No
attached Corrective Action Form.)	nen	n. (Any	nece	essary corrective actions should be described on the
Industrial Activity Area: Vegetated conveyance channels				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment	t fl	ows	thro	ough these channels.
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	V	No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)				

Section IV. Corrective Actions				
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.				
1. Corrective Action # 0 of 0 for this reporting period.				
2. Is this corrective action:				
An update on a corrective action from a previous annual report; or				
A new corrective action?				
3. Identify the condition(s) triggering the need for this review:				
 Unauthorized release of discharge Numeric effluent limitation exceedance Control measures inadequate to meet applicable water quality standards Control measures inadequate to meet non-numeric effluent limitations Control measures not properly operated or maintained Change in facility operations necessitated change in control measures 				
Average benchmark value exceedance				
Other (describe):				
4. Briefly describe the nature of the problem identified:				
5. Date problem identified:				
6. How problem was identified:				
Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe):				
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:				
8. Did/will this corrective action require modification of you SWPPP?				
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?					
If No, summarize why you are not in compliance with the permit:					
Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector					
permit, but by its MS4 instead.					
Annual Report Certification					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					
Name of Authorized Representative: Eric Hodgson Title: Superindendent					
Signature: Date Signed: 10/20/2021 Email: eric.hodgson@anchorageak.gov					

Section I. General Information					
Facility Name: C Street Snow Disposal Site					
APDES Permit Tracking Number: Not Applicable					
Facility Physical Address					
Street: 10,000 Block of East 100th Avenue					
City: Anchorage State: Alaska Zip: 99515					
Lead Inspector's Name: Patrick Butler Title: SWPPP Inspector					
Additional Inspectors Names: Dustin Richmond					
Contact Person: Eric Hodgson Title: Superintendent					
Phone: (907) 343-8100 Email: eric.hodgson@anchorageak.gov					
Inspection Date: 10/14/2021					
Section II. General Inspection Findings					
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?					
If NO, describe why not:					
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.					
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your					
SWPPP?					
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:					

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3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? 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 Yes NA, no monitoring performed No identify potential pollutant hotspots? If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review: 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: No evidence of pollutants entering the drainage system or surface waters was observed. The outfalls are functioning as intended and do not need additional flow dissipation. 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions? Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

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Section III. Industrial Activity Area Specific Findings				inter the state
Complete one block for each industrial activity area where pollutants may be	exi	posed i	to st	form 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 cor		with st	orm	water;
 Leaks or spills from industrial equipment, drums, tanks, and other containe Offsite tracking of industrial or waste materials from areas of no exposure to 	-	nosod	aroa	er and
 Tracking or blowing of raw, final, or waste material from areas of no exposure 				
Industrial Activity Area: RAP Access Road				
1. Brief Description:				
Industrial equipment utilize this access road during fa	acil	lity o	nor	rations
		iity O	pei	alons.
				-
2. Are any control measures in need of maintenance or repair?		Yes	~	No
3. Have any control measures failed and require replacement?		Yes	V	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 prob	lem	: (Any i	nece	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area: Snow Disposal Pad				
1. Brief Description:				
Industrial equipment cross this pad during facility fall	nre	enara	atio	on and winter operations
	pro	opun	100	
	_		_	
2. Are any control measures in need of maintenance or repair?		Yes	2	
3. Have any control measures failed and require replacement?		Yes	2	
4. Are any additional/revised control measures necessary in this area?		Yes	V	
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: Vegetated Buffers				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment	flo	we t	bro	hugh those huffers
Stormwater of runon exposed to industrial equipment	. IIC	JVV5 L	inc	bugir triese buriers.
2. Are any control measures in need of maintenance or repair?	Π	Yes	V	Νο
3. Have any control measures failed and require replacement?	T	Yes	V	No
4. Are any additional/revised control measures necessary in this area?	H	Yes		No
If YES to any of these three questions, provide a description of the prob	lem:			
attached Corrective Action Form.)				

Permit Tracking #_

Note: Copy this page and attach additional pages as necessary. Industrial Activity Area: Temporary Sedimentation Pond 1. Brief Description: Stormwater or runoff exposed to industrial equipment flows to these temporary sedimentation ponds. V No 2. Are any control measures in need of maintenance or repair? Yes ✔ No 3. Have any control measures failed and require replacement? Yes V No 4. Are any additional/revised control measures necessary in this area? Yes If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.) Industrial Activity Area: Staging area for Summer Wood Lot 1. Brief Description: Industrial equipment travels across and works in the area during summer facility operations. ✓ No 2. Are any control measures in need of maintenance or repair? Yes 3. Have any control measures failed and require replacement? Yes ~ No Yes No 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.) Industrial Activity Area: 1. Brief Description: Yes No 2. Are any control measures in need of maintenance or repair? Yes No 3. Have any control measures failed and require replacement? 4. Are any additional/revised control measures necessary in this area? Yes No If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)

Section IV. Corrective Actions					
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.					
1. Corrective Action # 0 of 0 for this reporting period.					
2. Is this corrective action:					
An update on a corrective action from a previous annual report; or A new corrective action?					
3. Identify the condition(s) triggering the need for this review:					
Unauthorized release of discharge					
Numeric effluent limitation exceedance					
Control measures inadequate to meet applicable water quality standards					
Control measures inadequate to meet non-numeric effluent limitations					
Control measures not properly operated or maintained					
Change in facility operations necessitated change in control measures					
Average benchmark value exceedance					
Other (describe):					
5. Date problem identified:					
6. How problem was identified:					
Comprehensive site inspection					
Quarterly visual assessment					
Routine facility inspection					
Benchmark monitoring					
Notification by EPA or ADEC Other (describe):					
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:					
8. Did/will this corrective action require modification of you SWPPP?					
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:					

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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?					
If No, summarize why you are not in compliance with the permit:					
Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector					
permit, but by its MS4 instead.					
Annual Report Certification					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					
Name of Authorized Representative: Eric Hodgson Title: Superintendent					
Signature: Date Signed: 16/20/202/Email: eric.hodgson@anchorageak.gov					



Section I. General Information					
Facility Name: Dowling Road Snow Disposal Site					
APDES Permit Tracking Number: N/A					
Facility Physical Address					
Street: 6351 Spruce Street					
City: Anchorage State: Alaska Zip: 99507					
Lead Inspector's Name: Patrick Butler Title: SWPPP Inspector					
Additional Inspectors Names: Dustin Richmond					
Contact Person: Eric Hodgson Title: Superintendent					
Phone: (907)343-8100 Email: eric.hodgson@anchorageak.gov					
Inspection Date: 10/13/2021					
Section II. General Inspection Findings					
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?					
If NO, describe why not:					
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 Yes Ves 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:					

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3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified Yes Ves 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:
 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.
 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 (1) condition was identified in 2021 that required Corrective Actions.
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas. In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come into contact with storm water; Leaks or spills from industrial equipment, drums, tanks, and other containers; Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas. Industrial Activity Area: RAP access road 1. Brief Description: Industrial equipment utilize this access road during facility operations.						
2. Are any control measures in need of maintenance or repair?		Yes	V	No		
3. Have any control measures failed and require replacement?		Yes	V	No		
4. Are any additional/revised control measures necessary in this area?	Γ	Yes	V	No		
Industrial Activity Area: Snow disposal pad 1. Brief Description: Industrial equipment travel across this pad during facility operations.						
2. Are any control measures in need of maintenance or repair?		Yes	V	No		
3. Have any control measures failed and require replacement?	F	Yes	V			
4. Are any additional/revised control measures necessary in this area?	F	Yes	V			
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: Vegetated buffers 1. Brief Description: Stormwater or runoff exposed to industrial equipment flows through these buffers.						
2. Are any control measures in need of maintenance or repair?	Γ	Yes	V	Νο		
3. Have any control measures failed and require replacement?	Γ	Yes	V	No		
4. Are any additional/revised control measures necessary in this area?	Г	Yes	V	Νο		
If YES to any of these three questions, provide a description of the probl attached Corrective Action Form.)	lem	: (Any n	iece	issary corrective actions should be described on the		

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

Industrial Activity Area: Detention Pond

1. Brief Description:

Industrial equipment travel through the detention pond area during winter operations. Stormwater or runoff exposed to industrial equipment flows to this detention pond during the spring and summer months.

2. Are any control measures in need of maintenance or repair?		Yes	V	No	
3. Have any control measures failed and require replacement?	1	Yes	_	No	
	┢				
 4. Are any additional/revised control measures necessary in this area? Yes Yes 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		Νο	
3. Have any control measures failed and require replacement?		Yes		No	
4. Are any additional/revised control measures necessary in this area?		Yes		No	
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 prob attached Corrective Action Form.)	olen	ו: (Any n	iec	essary corrective actions should be described on the	

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 1 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): Spill kit and refuse container shed needed to be repaired.							
4. Briefly describe the nature of the problem identified:							
The door on the shed that houses the spill kit and refuse container was damaged and the spill kit							
materials exposed to the elements.							
5. Date problem identified: 8/12/2021							
6. How problem was identified:							
Comprehensive site inspection							
Quarterly visual assessment							
Routine facility inspection							
Benchmark monitoring							
Notification by EPA or ADEC							
 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 							
 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: 							
 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 							
 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: 							
 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: New doors were installed on the spill kit and refuse container shed. 							
 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: New doors were installed on the spill kit and refuse container shed. 8. Did/will this corrective action require modification of you SWPPP? 							
 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: New doors were installed on the spill kit and refuse container shed. 							
 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: New doors were installed on the spill kit and refuse container shed. 8. Did/will this corrective action require modification of you SWPPP? Yes No 9. Date corrective action initiated: 8/12/2021 10. Date corrective action completed: 9/16/2021 Or expected to be completed: 							
 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: New doors were installed on the spill kit and refuse container shed. 8. Did/will this corrective action require modification of you SWPPP? Yes No 9. Date corrective action initiated: 8/12/2021 10. Date corrective action completed: 9/16/2021 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 							
 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: New doors were installed on the spill kit and refuse container shed. 8. Did/will this corrective action require modification of you SWPPP? Yes No 9. Date corrective action initiated: 8/12/2021 10. Date corrective action completed: 9/16/2021 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: 							
 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: New doors were installed on the spill kit and refuse container shed. 8. Did/will this corrective action require modification of you SWPPP? Yes No 9. Date corrective action initiated: 8/12/2021 10. Date corrective action completed: 9/16/2021 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 							
 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: New doors were installed on the spill kit and refuse container shed. 8. Did/will this corrective action require modification of you SWPPP? Yes No 9. Date corrective action initiated: 8/12/2021 10. Date corrective action completed: 9/16/2021 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?
If No, summarize why you are not in compliance with the permit:
Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector
permit, but by its MS4 instead.
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson Title: Superintendent
Signature: Date Signed: 10/20/202(Email: eric.hodgson@anchorageak.gov



Section I. General Information					
Facility Name: Kloep Station Maintenance & Storage Facility					
APDES Permit Tracking Number: N/A					
Facility Physical Address					
Street: 5601 Northwood Drive					
City: Anchorage State: Alaska Zip: 99502					
Lead Inspector's Name: Patrick Butler Title: SWPPP Inspector					
Additional Inspectors Names: Dustin Richmond					
Contact Person: Eric Hodgson Title: Superintendent					
Phone: (907)343-8100 Email: eric.hodgson@anchorageak.gov					
Inspection Date: 10/18/2021					
Section II. General Inspection Findings					
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?					
If NO, describe why not:					
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.					
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your					
SWPPP?					
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:					

For Agency Use
Permit Tracking #N/A
3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified Yes Ves 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:
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 was observed of pollutants entering the drainage system or surrounding surface waters. All outfalls are operating as intended and do not need additional flow dissipation.
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?
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?
Five (5) conditions were identified since the last annual inspection as needing corrective actions. All corrective actions were completed.
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 cor 	ntaci	with sto	orm	water:				
 Leaks or spills from industrial equipment, drums, tanks, and other containe 	rs;							
 Offsite tracking of industrial or waste materials from areas of no exposure t 								
Tracking or blowing of raw, final, or waste material from areas of no expose	ure t	o expos	ed a	reas.				
Industrial Activity Area: Pavement / access road								
1. Brief Description:								
Industrial equipment utilize the access road and pave	ed	areas	s.					
2. Are any control measures in need of maintenance or repair?		Yes	V	No				
3. Have any control measures failed and require replacement?		Yes	~	No				
4. Are any additional/revised control measures necessary in this area?		Yes	V					
If YES to any of these three questions, provide a description of the problem	lem	: (Any n	ece	ssary corrective actions should be described on the				
attached Corrective Action Form.)								
Industrial Activity Area: Vegetated buffers								
1. Brief Description:								
	. f l.		h	with the version of huffers				
Stormwater or runoff exposed to industrial equipment	. 110	วพร เ	nrc	bugh the vegetated buffers.				
2. Are any control measures in need of maintenance or repair?		Yes	~	No				
3. Have any control measures failed and require replacement?		Yes	V	No				
4. Are any additional/revised control measures necessary in this area?		Yes	V					
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: V/a a truck dian and area								
Industrial Activity Area: Vac truck disposal area								
1. Brief Description:								
Sedimentation basin for vac truck disposal								
2. Are any control measures in need of maintenance or repair?		Yes	V	Νο				
3. Have any control measures failed and require replacement?		Yes	V					
4. Are any additional/revised control measures necessary in this area?		Yes	V					
	em:	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.)				, see a s				
				,				

Note: Copy this page and attach additional pages as necessary.						
Industrial Activity Area: Fueling Station						
1. Brief Description:						
Onsite fueling for diesel and gas municipal vehicles.						
2. Are any control measures in need of maintenance or repair?		Yes	V	No		
3. Have any control measures failed and require replacement?		Yes	V	No		
4. Are any additional/revised control measures necessary in this area?		Yes	V	No		
If YES to any of these three questions, provide a description of the prol	bler	n: (Any	nec	essary 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 prol	L					
attached Corrective Action Form.)	oren			essary concerve decions should be described on the		
	_					
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	Ц	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 pro- attached Corrective Action Form.)	olen	n: (Any i	nece	essary corrective actions should be described on the		

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 5 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:					
Oil booms at the west end of the vacuum truck disposal area (BMP #13) removed for winter needs to be reinstalled.					
5. Date problem identified: 4/22/2021					
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: A water and sewer improvement project reconfigured the west end of the vac truck disposal site and corrected the issues at this end of the disposal site.	,				
8. Did/will this corrective action require modification of you SWPPP? Yes V No					
9. Date corrective action initiated: 4/23/2021					
10. Date corrective action completed: 4/29/2021 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 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 5 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 							
U Other (describe):							
4. Briefly describe the nature of the problem identified:							
Vac truck disposal area: oil booms (BMP #5) removed for winter need to be reinstalled.							
5. Date problem identified: 4/22/2021							
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: Oil booms installed.							
8. Did/will this corrective action require modification of you SWPPP? Yes 🗸 No							
9. Date corrective action initiated: 4/23/2021							
10. Date corrective action completed: 6/22/2021 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 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 5 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):
 Briefly describe the nature of the problem identified: Inlet protection on storm drain inlet north of the Maintenance Building removed for winter needs to be reinstalled. (BMP 15)
5. Date problem identified: 4/22/2021
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: Inlet protection installed
8. Did/will this corrective action require modification of you SWPPP?
9. Date corrective action initiated: 4/23/2021
10. Date corrective action completed: 4/29/2021 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 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 # 4 of 5 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 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:		
Inlet protection removed for winter needs to be reinstalled. (BMP 16)		
5. Date problem identified: 4/22/2021		
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: Inlet protection installed.		
8. Did/will this corrective action require modification of you SWPPP? Yes 🖌 No		
9. Date corrective action initiated: 4/23/2021		
10. Date corrective action completed: 4/29/2021 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 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 # 5 of 5 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:
Remove Oil boom from service, no longer needed. (BMP 8).
5. Date problem identified: 9/29/2021
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: BMP removed from service.
8. Did/will this corrective action require modification of you SWPPP? Yes 🔽 No
9. Date corrective action initiated: 9/30/2021
10. Date corrective action completed: 9/30/2021 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:

For Agency Use
Permit Tracking #_____N/A

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?
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector
permit, but by its MS4 instead.
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson Title: Superintendent
Signature: Date Signed: 10/21/202 (Email: eric.hodgson@anchorageak.gov



Section I. General Information
Facility Name: Kloep Station Snow Disposal Site
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 5600 Northwood Drive
City: Anchorage State: Alaska Zip: 99502
Lead Inspector's Name: Patrick Butler Title: SWPPP Inspector
Additional Inspectors Names: Dustin Richmond
Contact Person: Eric Hodgson Title: Superintendent
Phone: (907) 343-8100 Email: eric.hodgson@anchorageak.gov
Inspection Date: 10/18/2021
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?
If NO, describe why not:
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your
SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

For Agency Use
Permit Tracking #N/A
3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified I Yes V 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:
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 was observed of pollutants entering the drainage system or surrounding surface waters. All outfalls are operating as intended and do not need additional flow dissipation.
An outlans are operating as intended and do not need additional now dissipation.
 6. Have you taken or do you plan to take and corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection? Yes No
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas. In reviewing each area, you should consider: • Industrial materials, residue, or trash that may have or could come into contact with storm water; • Leaks or spills from industrial equipment, drums, tanks, and other containers; • Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and • Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.				
Industrial Activity Area: RAP access road				
1. Brief Description:				
Industrial equipment utilize the access road and paved areas.				
2. Are any control measures in need of maintenance or repair?		Yes	V	No
3. Have any control measures failed and require replacement?		Yes	V	No
4. Are any additional/revised control measures necessary in this area?		Yes	V	No
If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form.)				
Industrial Activity Area: Snow disposal pad:				
1. Brief Description: Industrial equipment travels across these pads during facility operations.				
2. Are any control measures in need of maintenance or repair?	—	Yes	V	No
3. Have any control measures failed and require replacement?	╞	Yes	V	No
4. Are any additional/revised control measures necessary in this area?			1	No
If YES to any of these three questions, provide a description of the probl attached Corrective Action Form.)	em	Yes : (Any r	Ľ	
Industrial Activity Area: Vegetated buffers.				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment flows through these buffers.				
	_		_	
2. Are any control measures in need of maintenance or repair?		Yes	2	No
3. Have any control measures failed and require replacement?		Yes	2	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 proble attached Corrective Action Form.)	em:	: (Any n	eces	ssary corrective actions should be described on the

		1	Vote	e: Copy this page and attach additional pages as necessary.
Industrial Activity Area:				
1. Brief Description:				
		-		7
2. Are any control measures in need of maintenance or repair?		Yes		No
3. Have any control measures failed and require replacement?		Yes	L	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 pro-		Yes		No
attached Corrective Action Form.)	obiei	m: (Any	nec	sessary corrective actions should be described on the
Industrial Activity Area:				
1. Brief Description:				
	_		-	1
2. Are any control measures in need of maintenance or repair?3. Have any control measures failed and require replacement?	┝	Yes	-	No
 Are any additional/revised control measures necessary in this area? 	┢	Yes Yes	┝	No
If YES to any of these three questions, provide a description of the pro-	bler		nec	
attached Corrective Action Form.)				
Industrial Activity Accou				
Industrial Activity Area:				
1. Brief Description:				
2. Are any control measures in need of maintenance or repair?	Γ	Yes	Γ	No
3. Have any control measures failed and require replacement?		Yes	Γ	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 pro	bler	m: (Any	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				

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Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 0 of 0 for this reporting period.
2. Is this corrective action:
An update on a corrective action from a previous annual report; or
A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release of discharge
Numeric effluent limitation exceedance
Control measures inadequate to meet applicable water quality standards
 Control measures inadequate to meet non-numeric effluent limitations Control measures not properly operated or maintained
Change in facility operations necessitated change in control measures
Average benchmark value exceedance
□ Other (describe):
4. Briefly describe the nature of the problem identified:
5. Date problem identified:
6. How problem was identified:
Comprehensive site inspection
Quarterly visual assessment
Routine facility inspection
Benchmark monitoring
 Notification by EPA or ADEC Other (describe):
Other (describe).
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:
8. Did/will this corrective action require modification of you SWPPP? Yes No
9. Date corrective action initiated:
10. Date corrective action completed: Or expected to be completed:
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

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? If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead. Annual Report Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name of Authorized Representative: Eric Hodgson Title: Superintendent Signature: Date Signed: /o/Al/2024/Email: eric.hodgson@anchorageak.gov	Section V. Annual Report Certification
the results of this inspection, to the best of your knowledge, you are in compliance with the permit? If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead. Annual Report Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name of Authorized Representative: Eric Hodgson	Compliance Certification
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Signature: Date Signed: 10/21/202/Email: eric.hodgson@anchorageak.gov	Name of Authorized Representative: Eric Hodgson Title: Superintendent
	Signature: Date Signed: 10/21/202/Email: eric.hodgson@anchorageak.gov



Section I. General Information
Facility Name: Muldoon Maintenance/Storage Facility
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 7909 Boundary Avenue
City: Anchorage State: Alaska Zip: 99504
Lead Inspector's Name: Patrick Butler Title: SWPPP Inspector
Additional Inspectors Names: Dustin Richmond
Contact Person: Eric Hodgson Title: Superintendent
Phone: (907) 343-8100 Email: eric.hodgson@anchorageak.gov
Inspection Date: 10/13/2021
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?
If NO, describe why not:
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 Yes VNo
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

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Permit Tracking #_	N/A

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified Yes Ves 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:			
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 was observed of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.			
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?			
No conditions were identified in 2021 that required a Corrective Action.			
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 con Leaks or spills from industrial equipment, drums, tanks, and other containe 		t with sto	orm	water;		
 Offsite tracking of industrial or waste materials from areas of no exposure t 		xposed a	reas	s: and		
 Tracking or blowing of raw, final, or waste material from areas of no exposu 						
Industrial Activity Area: Access road						
1. Brief Description:						
Industrial equipment utilize this access road during fa	aci	litv or	her	rations		
	201					
2. Are any control measures in need of maintenance or repair?		Yes	V	No		
3. Have any control measures failed and require replacement?		Yes	V	No		
4. Are any additional/revised control measures necessary in this area?		Yes	V	No		
If YES to any of these three questions, provide a description of the problem	lem	: (Any n	ece	essary corrective actions should be described on the		
attached Corrective Action Form.)						
Industrial Activity Area: RAP storage pads						
1. Brief Description:						
Industrial equipment is stored in these areas.						
2. Are any control measures in need of maintenance or repair?	Γ	Yes	V	No		
3. Have any control measures failed and require replacement?	┢	Yes	V			
4. Are any additional/revised control measures necessary in this area?	┢	Yes	V			
If YES to any of these three questions, provide a description of the probl	lem					
attached Corrective Action Form.)						
Industrial Activity Area: Vegetated buffers						
1. Brief Description:						
	fle	we th	aro	hugh those huffers		
Stormwater or runoff exposed to industrial equipment flows through these buffers.						
2. Are any control measures in need of maintenance or repair?		Yes	V	No		
3. Have any control measures failed and require replacement?	Ē	Yes	1	No		
4. Are any additional/revised control measures necessary in this area?	F	Yes		No		
If YES to any of these three questions, provide a description of the probl	em		ere			
attached Corrective Action Form.)	ent.	. (Any fr		stary concerve decions should be described on the		

		N	lote	: 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		Νο	
3. Have any control measures failed and require replacement?	-	Yes	F	No	
4. Are any additional/revised control measures necessary in this area?		Yes	F	No	
If YES to any of these three questions, provide a description of the pr	oble	m: (Any	nec	essary 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	
 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	_	Νο	
3. Have any control measures failed and require replacement?	┢	Yes	┢	No	
4. Are any additional/revised control measures necessary in this area?	F	Yes	F	No	
If YES to any of these three questions, provide a description of the pr	obler	n: (Any	nec	essary corrective actions should be described on the	
attached Corrective Action Form.)					

Section IV. Corrective Actions				
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.				
1. Corrective Action # 0 of 0 for this reporting period.				
2. Is this corrective action:				
An update on a corrective action from a previous annual report; or				
A new corrective action?				
3. Identify the condition(s) triggering the need for this review:				
Unauthorized release of discharge				
Numeric effluent limitation exceedance				
Control measures inadequate to meet applicable water quality standards				
Control measures inadequate to meet non-numeric effluent limitations				
Control measures not properly operated or maintained				
Change in facility operations necessitated change in control measures Average benchmark value exceedance				
Other (describe):				
4. Briefly describe the nature of the problem identified:				
5. Date problem identified:				
6. How problem was identified:				
Comprehensive site inspection				
Quarterly visual assessment				
Routine facility inspection				
Benchmark monitoring				
Notification by EPA or ADEC				
Other (describe):				
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:				
8. Did/will this corrective action require modification of you SWPPP? Yes No				
9. Date corrective action initiated:				
10. Date corrective action completed: Or expected to be completed:				
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:				

Section V. Annual Report Certification
Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector
permit, but by its MS4 instead.
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson Title: Superintendent
Signature: Date Signed: 10/20/2021 Email: eric.hodgson@anchorageak.gov



Section I. General Information
Facility Name: Native Heritage Center Snow Disposal Site
APDES Permit Tracking Number: N/A
Facility Physical Address
Street: 8902 Heritage Center Drive
City: Anchorage State: Alaska Zip: 99504
Lead Inspector's Name: Patrick Butler Title: SWPPP Inspector
Additional Inspectors Names: Dustin Richmond
Contact Person: Eric Hodgson Title: Superintendent
Phone: (907) 343-8100 Email: eric.hodgson@anchorageak.gov
Inspection Date: 10-18-2021
Section II. General Inspection Findings
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?
If NO, describe why not:
Note: Complete Section III of this form for each inductrial activity area increased and included in your SM/DDD or as nowly defined, in Section II parts 2 and 2 holey
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:

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3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified Yes Vo
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:
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.
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?
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the MSGP were addressed by these corrective actions?
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings					
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial activity areas.					
In reviewing each area, you should consider:					
 Industrial materials, residue, or trash that may have or could come into co 	ntaci	t with s	torm	n water;	
 Leaks or spills from industrial equipment, drums, tanks, and other contained Officies tradicional findustrial equipment, drums, tanks, and other contained 					
 Offsite tracking of industrial or waste materials from areas of no exposure Tracking or blowing of raw, final, or waste material from areas of no expos 					
Industrial Activity Area: RAP access road					
1. Brief Description:					
Industrial equipment utilizes this access road.					
2. Are any control measures in need of maintenance or repair?		Yes	-	No	
3. Have any control measures failed and require replacement?	1	Yes	-		
4. Are any additional/revised control measures necessary in this area?	┝	1	-		
If YES to any of these three questions, provide a description of the prob		Yes	Ľ		
attached Corrective Action Form.)	nem	: (Any	nec	essary corrective actions should be described on the	
,					
Industrial Activity Area: Snow disposal pad					
1. Brief Description:					
Industrial equipment travels across this pad.					
2. Are any control measures in need of maintenance or repair?		Yes	v	No	
3. Have any control measures failed and require replacement?		Yes	v	No	
4. Are any additional/revised control measures necessary in this area?		Yes	v	No	
If YES to any of these three questions, provide a description of the prob	lem	: (Any	nec	essary corrective actions should be described on the	
attached Corrective Action Form.)					
Industrial Activity Area: Retention basin					
1. Brief Description:					
The primary purpose of the retention basin is to collect snow melt and storm water.					
2. Are any control measures in need of maintenance or repair?		Yes	V	No	
3. Have any control measures failed and require replacement?		Yes	V	No	
4. Are any additional/revised control measures necessary in this area?	T	Yes	1	No	
If YES to any of these three questions, provide a description of the prob	lem		nece		
attached Corrective Action Form.)					

		ľ	Vote	e: Copy this page and attach additional pages as necessary.
Industrial Activity Area: Vegetative Buffer				
1. Brief Description:				
Stormwater or runoff exposed to industrial equipment	nt f	lows	thr	ough these buffers.
				0
2. Are any control measures in need of maintenance or repair?		Yes	V	No
3. Have any control measures failed and require replacement?		Yes	V	No
4. Are any additional/revised control measures necessary in this area?		Yes	V	No
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	obler	n: (Any	nec	cessary corrective actions should be described on the
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.)				
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 pro attached Corrective Action Form.)	blen	n: (Any	nec	essary corrective actions should be described on the

Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 0 of 0 for this reporting period.
2. Is this corrective action:
 An update on a corrective action from a previous annual report; or A new corrective action?
3. Identify the condition(s) triggering the need for this review:
Unauthorized release of discharge Numeric effluent limitation exceedance Control measures inadequate to meet applicable water quality standards Control measures inadequate to meet non-numeric effluent limitations Control measures not properly operated or maintained Change in facility operations necessitated change in control measures Average benchmark value exceedance Other (describe):
4. Briefly describe the nature of the problem identified:
5. Date problem identified:
6. How problem was identified:
 Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination: Hasp was replaced.
8. Did/will this corrective action require modification of you SWPPP?
9. Date corrective action initiated:
10. Date corrective action completed: Or expected to be completed:
11. If corrective action not yet completed, provide the status of the corrective action as the time of the comprehensive site inspections and describe any remaining steps (including timeframes associated with each step) necessary to complete the corrective action:

Section V. Annual Report Certification				
Compliance Certification				
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? Yes No				
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector				
permit, but by its MS4 instead.				
Annual Report Certification				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
Name of Authorized Representative: Eric Hodgson Title: Superintendent				
Signature: Date Signed: 10/21/202/ Email: eric.hodgson@anchorageak.gov				



Section I. General Information				
Facility Name: North Mountain View Snow Disposal Site				
APDES Permit Tracking Number: N/A				
Facility Physical Address				
Street: 4800 Block of Mountain View Drive				
City: Anchorage State: Alaska Zip: 99501				
Lead Inspector's Name: Patrick Butler Title: SWPPP Inspector				
Additional Inspectors Names: Dustin Richmond				
Contact Person: Eric Hodgson Title: Superintendent				
Phone: (907) 343-8100 Email: eric.hodgson@anchorageak.gov				
Inspection Date: 10-15-2021				
Section II. General Inspection Findings				
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?				
If NO, describe why not:				
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.				
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your				
SWPPP?				
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:				

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Permit Tracking	#
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3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified I Yes V No in your SWPPP?					
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:					
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:					
 5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring: No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow discipation. 					
do not need additional flow dissipation.					
 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 (1) condition was identified in 2021 as needing a Corrective Action.					
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:	In reviewing each area, you should consider:				
 Industrial materials, residue, or trash that may have or could come into con 	ntact	with sto	orm	water;	
 Leaks or spills from industrial equipment, drums, tanks, and other containe 					
 Offsite tracking of industrial or waste materials from areas of no exposure t Tracking or blowing of raw, final, or waste material from areas of no exposure 				-	
Tracking or blowing of raw, final, or waste material from areas of no exposure to exposed areas.					
Industrial Activity Area: RAP access road					
1. Brief Description:					
Industrial equipment utilize this access road.					
2. Are any control measures in need of maintenance or repair?		Yes	V	No	
3. Have any control measures failed and require replacement?	⊢		V		
	님	Yes			
4. Are any additional/revised control measures necessary in this area?		Yes	Ľ	No	
If YES to any of these three questions, provide a description of the probl attached Corrective Action Form.)	lem:	: (Any n	nece	essary corrective actions should be described on the	
Industrial Activity Area: Snow disposal pad					
1. Brief Description:					
Industrial equipment travel across this pad.					
			-	9	
2. Are any control measures in need of maintenance or repair?		Yes	~	No	
3. Have any control measures failed and require replacement?		Yes	V	No	
4. Are any additional/revised control measures necessary in this area?		Yes	V	No	
If YES to any of these three questions, provide a description of the probl	lem:	: (Any n	ece	essary corrective actions should be described on the	
attached Corrective Action Form.)					
			-		
Industrial Activity Area: Vegetated buffers					
1. Brief Description:					
Stormwater or runoff exposed to industrial equipment	flo	ows th	nro	ough these buffers.	
	-				
2. Are any control measures in need of maintenance or repair?		Yes	V	No	
3. Have any control measures failed and require replacement?		Yes	~	No	
4. Are any additional/revised control measures necessary in this area?		Yes	V	No	
If YES to any of these three questions, provide a description of the probl	em:	(Any n	ece	ssary corrective actions should be described on the	
attached Corrective Action Form.)					

		N	lote	: Copy this page and attach additional pages as necessary.
Industrial Activity Area:				
1. Brief Description:				
	_		_	i
2. Are any control measures in need of maintenance or repair?	╘	Yes	L	No
3. Have any control measures failed and require replacement?	-	Yes	F	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 pro		Yes		No
attached Corrective Action Form.)	DIEI	n. (Any	nec	essary corrective actions should be described on the
Industrial Activity Area:				
1. Brief Description:				
2. Are any control measures in need of maintenance or repair?	Γ	Yes	Γ	No
3. Have any control measures failed and require replacement?	Γ	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 pro	bler	m: (Any	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				
Industrial Activity Area:				
1. Brief Description:				
	_	1	_	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? If YES to any of these three questions, provide a description of the prol		Yes		No
attached Corrective Action Form.)	bici	n. (Any	nee	essary corrective detions should be described on the

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 1 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 guality 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): Access gate was damaged.						
4. Briefly describe the nature of the problem identified:						
The access gate off of McCarrey Street was damaged and no longer controlled access.						
5 , 5 5						
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):						
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: Gate was repaired.						
8. Did/will this corrective action require modification of you SWPPP? Yes 🗸 No						
9. Date corrective action initiated: 8/13/2021						
10. Date corrective action completed: 9-20-21 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?
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector
permit, but by its MS4 instead.
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson Title: Superintendent
Signature: Date Signed: 10/20/2021 Email: eric.hodgson@anchorageak.gov



Section I. General Information			
Facility Name: Orca Street Lighting Storage Facility			
APDES Permit Tracking Number: N/A			
Facility Physical Address			
Street: 245 Orca Street			
City: Anchorage State: Alaska Zip: 99501			
spector's Name: Patrick Butler Title: SWPPP Inspector			
Additional Inspectors Names: Dustin Richmond			
Contact Person: Eric Hodgson Title: Superintendent			
Phone: (907) 343-8100 Email: eric.hodgson@anchorageak.gov			
Inspection Date: 10-20-2021			
Section II. General Inspection Findings			
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?			
If NO, describe why not:			
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.			
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your			
SWPPP?			
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:			

	For Agency Use
Permit Tracking #_	N/A

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified
in your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
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:
 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 was observed of pollutants entering the drainage system or discharging to surface
waters. The outfalls do not need additional flow dissipation.
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?
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 (1) condition was identified in 2021 as needing a corrective action. The corrective action was
completed.
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.

		1		
Section III. Industrial Activity Area Specific Findings	awrocod	+0.0	terre water. Convittioners for additional industrial	
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 com		torm	ו water;	
 Leaks or spills from industrial equipment, drums, tanks, and other container Offsite tracking of industrial or waste materials from areas of no exposure to 		area	ac and	
 Tracking or blowing of raw, final, or waste material from areas of no exposure at Tracking or blowing of raw, final, or waste material from areas of no exposure at the second second				
Industrial Activity Area: RAP access roads and pad				
1. Brief Description:				
Industrial equipment travels along and is stored in the	- RAP	ac	cess roads and nad	
	2100	uc		
	<u> </u>		.	
2. Are any control measures in need of maintenance or repair?	Yes	~		
3. Have any control measures failed and require replacement?	Yes	-		
4. Are any additional/revised control measures necessary in this area?	Yes	v		
If YES to any of these three questions, provide a description of the proble attached Corrective Action Form.)	em: (Any	nec	essary corrective actions should be described on the	
Industrial Activity Area: Manadata d huffore				
Industrial Activity Area: Vegetated buffers				
1. Brief Description: Stormwater exposed to industrial equipment flows the	ouah (ho	as huffors	
Stormwater exposed to industrial equipment flows through these buffers.				
2. Are any control measures in need of maintenance or repair?	Yes	~	No	
3. Have any control measures failed and require replacement?	Yes	v	No	
4. Are any additional/revised control measures necessary in this area?	Yes	v	No	
If YES to any of these three questions, provide a description of the proble attached Corrective Action Form.)	em: (Any	nec	essary corrective actions should be described on the	
attached corrective Action Form.				
Industrial Activity Area:				
1. Brief Description:				
			٦	
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 proble attached Corrective Action Form.)	em: (Any	nece	essary corrective actions should be described on the	

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 pr	obler	m: (Any	nec	sessary 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 provi	obler	m: (Any	nec	essary 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 pro	obler	n: (Any	nec	essary corrective actions should be described on the
attached Corrective Action Form.)				

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 1 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:						
No inlet protection on the MS4 inlet located on E. 2nd Ave.						
5. Date problem identified: 04/22/2021						
6. How problem was identified:						
Comprehensive site inspection						
Quarterly visual assessment						
Routine facility inspection						
Benchmark monitoring						
Notification by EPA or ADEC						
Notification by EPA or ADEC						
 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: 						
 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: Inlet protection was installed. 						
 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: Inlet protection was installed. 8. Did/will this corrective action require modification of you SWPPP? Yes Yes 						

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?
If No, summarize why you are not in compliance with the permit: Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector permit, but by its MS4 instead.
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson Title: Superintendent
Signature: Jew Date Signed: 10/21/202/Email: eric.hodgson@anchorageak.gov



Section I. General Information					
Facility Name: Sitka Street Snow Disposal Site					
APDES Permit Tracking Number: N/A					
Facility Physical Address					
Street: 1505 Sitka Street					
City: Anchorage State: Alaska Zip: 99501					
Lead Inspector's Name: Patrick Butler Title: SWPPP Inspector					
Additional Inspectors Names: Dustin Richmond					
Contact Person: Eric Hodgson Title: Superintendent					
Phone: 907 343-8100 Email: eric.hodgson@anchorageak.gov					
Inspection Date: 10/12/2021					
Section II. General Inspection Findings					
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?					
If NO, describe why not:					
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.					
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP?					
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:					

	For Agency Use
Permit Tracking #_	N/A

3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified Yes Ves 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:
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measure to prevent scouring:
No evidence of pollutants entering the drainage system or discharging to surface waters. The outfalls do not need additional flow dissipation.
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?
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 (1) condition was identified in 2021 that required Corrective Actions.
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of
this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings						
Complete one block for each industrial activity area where pollutants may be exposed to storm water. Copy this page for additional industrial						
activity areas.						
In reviewing each area, you should consider:						
 Industrial materials, residue, or trash that may have or could come into con 		with sto	orm	water;		
 Leaks or spills from industrial equipment, drums, tanks, and other container Offsite tracking of industrial or waste materials from areas of no exposure to 		nosed a	reas	s: and		
 Tracking or blowing of raw, final, or waste material from areas of no exposu 						
Industrial Activity Area: RAP access road						
1. Brief Description:						
Industrial equipment utilize this access road during facility operations.						
2. Are any control measures in need of maintenance or repair?		Yes	V	No		
3. Have any control measures failed and require replacement?		Yes	V	No		
4. Are any additional/revised control measures necessary in this area? Yes V No						
If YES to any of these three questions, provide a description of the probl	em:	(Any r	nece	essary corrective actions should be described on the		
attached Corrective Action Form.)						
Industrial Activity Area: Snow Disposal Site						
1. Brief Description:						
Industrial equipment travel across this pad during faci	ility	/ ope	era	tions.		
2. Are any control measures in need of maintenance or repair?	Π	Yes	V	No		
3. Have any control measures failed and require replacement?	\Box	Yes	V	No		
4. Are any additional/revised control measures necessary in this area? Yes V 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: Vegetated buffers						
1. Brief Description:						
Stormwater or runoff exposed to industrial equipment	flo	ws tl	hrc	ough these buffers.		
			_			
2. Are any control measures in need of maintenance or repair?		Yes	2	No		
3. Have any control measures failed and require replacement?		Yes	~	No		
4. Are any additional/revised control measures necessary in this area?		Yes	V			
If YES to any of these three questions, provide a description of the problem	em:	(Any n	ece	essary corrective actions should be described on the		
attached Corrective Action Form.)						

Note: Copy this page and attach additional pages as necessary.						
Industrial Activity Area: Sedimentation pond						
1. Brief Description:						
The primary purpose of the sedimentation pond is to	000	ollect	t bo	oth snow melt and storm water		
2. Are any control measures in need of maintenance or repair?		Yes	V			
3. Have any control measures failed and require replacement?		Yes	v	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.)						
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:						
				7		
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 pro attached Corrective Action Form.)	bien	n: (Any	/ nec	essary corrective actions should be described on the		

complete this page for additional corrective actions or reviews. Include both corrective actions that have been inflated 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 1 for this reporting period. 2. Is this corrective action:						
2. Is this corrective action: A nupdate 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 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): Routine maintenance inspection of OGS by Street Maintenance 4. Briefly describe the nature of the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: 6. How problem was identified: Quarterly visual assessment Quarterly inspection Routine facility ins						
An update on a corrective action from a previous annual report; or A new corrective action? A new corrective action? Anumeric effluent limitation exceedance Control measures inadequate to meet applicable water quality standards Control measures inadequate to meet non-numeric effluent limitations Control measures indequate 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 Control measures inadequate to meet inspection of OGS by Street Maintenance Average benchmark value exceedance Control measures in advected the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring						
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 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): Routine maintenance inspection of OGS by Street Maintenance 4. Briefly describe the nature of the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: 6. How problem was identified: Quarterly visual assessment Quarterly visual assessment Routine facility inspection Benchmark monitoring						
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 applicable water quality standards 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): Routine maintenance inspection of OGS by Street Maintenance 4. Briefly describe the nature of the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring						
□ 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): Routine maintenance inspection of OGS by Street Maintenance 4. Briefly describe the nature of the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: 6. How problem was identified: □ Comprehensive site inspection □ Quarterly visual assessment □ Routine facility inspection □ Benchmark monitoring						
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): Routine maintenance inspection of OGS by Street Maintenance 4. Briefly describe the nature of the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: 6. How problem was identified: Quarterly visual assessment Quarterly visual assessment Routine facility inspection Benchmark monitoring						
□ Control measures inadequate to meet applicable water quality standards □ Control measures inadequate to meet non-numeric effluent limitations □ Control measures on properly operated or maintained □ Change in facility operations necessitated change in control measures □ Average benchmark value exceedance ☑ Other (describe): Routine maintenance inspection of OGS by Street Maintenance 4. Briefly describe the nature of the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: 6. How problem was identified: □ Comprehensive site inspection □ Quarterly visual assessment □ Routine facility inspection □ Benchmark monitoring						
□ Control measures inadequate to meet non-numeric effluent limitations □ Change in facility operations necessitated change in control measures □ Change in facility operations necessitated change in control measures □ Average benchmark value exceedance ☑ Other (describe): Routine maintenance inspection of OGS by Street Maintenance 4. Briefly describe the nature of the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: 6. How problem was identified: □ Comprehensive site inspection □ Quarterly visual assessment □ Routine facility inspection □ Benchmark monitoring						
□ Control measures not properly operated or maintained □ Change in facility operations necessitated change in control measures □ Average benchmark value exceedance ☑ Other (describe): Routine maintenance inspection of OGS by Street Maintenance 4. Briefly describe the nature of the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: 6. How problem was identified: □ Comprehensive site inspection □ Quarterly visual assessment □ Routine facility inspection □ Benchmark monitoring						
 Average benchmark value exceedance Other (describe): Routine maintenance inspection of OGS by Street Maintenance Briefly describe the nature of the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: 6. How problem was identified: Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring 						
 Other (describe): Routine maintenance inspection of OGS by Street Maintenance 4. Briefly describe the nature of the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: 6. How problem was identified: Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring 						
4. Briefly describe the nature of the problem identified: Tee baffle inside the outfall structure was identified as corroded during maintenance inspections. 5. Date problem identified: 6. How problem was identified: Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring						
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6. How problem was identified: Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring						
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Quarterly visual assessment Routine facility inspection Benchmark monitoring						
Routine facility inspection Benchmark monitoring						
Benchmark monitoring						
I I Notification by EPA or ADEC						
Notification by EPA or ADEC Other (describe): In between inspections						
Other (describe): In between inspections.						
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: Tee baffle replaced.						
8. Did/will this corrective action require modification of you SWPPP? Yes V No						
9. Date corrective action initiated: 10-7-21						
10. Date corrective action completed: 10-8-21 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 rea the results of this inspection, to the best of your knowled	quirements of Part 4.2 of the permit, and that, based upon version of Yes No ge, you are in compliance with the permit?
If No, summarize why you are not in compliance with the Municipality of Anchorage Facilities are no permit, but by its MS4 instead.	permit: ot regulated under conditions set forth by the Multi-sector
Annual Report Certification	
assure that qualified personnel properly gather and evaluate the inf or those persons directly responsible for gathering the information,	is were prepared under my direction or supervision in accordance with a system designed to formation submitted. Based on my inquiry of the person or persons who manage the system, the information submitted is, to the best of my knowledge and belief, true, accurate, and ting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson	Title: Superintendent
Signature:	Date Signed: 10/25/202/ Email: eric.hodgson@anchorageak.gov

Section I. General Information					
Facility Name: Tudor Road Snow Disposal Site					
APDES Permit Tracking Number: Not Applicable					
Facility Physical Address					
Street: 6135 East Tudor Road					
City: Anchorage State: Alaska Zip: 99507					
Lead Inspector's Name: Patrick Butler Title: SWPPP Inspector					
Additional Inspectors Names: Dustin Richmond					
Contact Person: Eric Hodgson Title: Superintendent					
Phone: (907) 343-8100 Email: eric.hodgson@anchorageak.gov					
Inspection Date: 10/13/2021					
Section II. General Inspection Findings					
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to storm water?					
If NO, describe why not:					
Note: Complete Section III of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in Section II parts 2 and 3 below, where pollutants may be exposed to storm water.					
2. Did this inspection identify any storm water or non-storm water outfalls not previously identified in your					
SWPPP?					
If YES, for each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place:					

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3. Did this inspection identify any sources of storm water or non-storm water discharges not previously identified Yes Ves In your SWPPP?
If YES, describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place:
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:
 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:
There is no evidence of pollutants entering the drainage system or discharge from surface waters. The sedimentation pond is surrounded by vigorous growing vegetation and the outfalls require no
additional flow dissipation.
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?
If YES, how many conditions requiring review for corrective active as specified in Parts 3.1 and 3.2 of the
MSGP were addressed by these corrective actions?
Note: Complete the attached Corrective Action Form (Section IV) for each condition indentified, including any conditions identified as a result of this comprehensive storm water inspection.

Section III. Industrial Activity Area Specific Findings Complete one block for each industrial activity area where pollutants may be activity areas. In reviewing each area, you should consider: Industrial materials, residue, or trash that may have or could come into con Leaks or spills from industrial equipment, drums, tanks, and other contained Offsite tracking of industrial or waste materials from areas of no exposure t Tracking or blowing of raw, final, or waste material from areas of no exposue Industrial Activity Area: RAP Access Road 1. Brief Description: Industrial equipment utilize this access road during factors	itact rs; io ex ire t	with sto posed a o expos	orm v ireas; ed ar	water; ; and :eas.			
2. Are any control measures in need of maintenance or repair?		Yes	V	No			
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 probl		Yes	~	No			
Industrial Activity Area: Snow Disposal Pad 1. Brief Description: Industrial equipment cross this pad during facility fall preparation and winter operations.							
2. Are any control measures in need of maintenance or repair?		Yes	~	No			
3. Have any control measures failed and require replacement?		Yes	V	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.) Industrial Activity Area: Vegetated Buffers 1. Brief Description: Stormwater or runoff exposed to industrial equipment flows through these buffers.							
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	V	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.)							

		ľ	lote	: Copy this page and attach additional pages as necessary.			
Industrial Activity Area: Sedimentation Pond							
1. Brief Description:							
Stormwater or runoff exposed to industrial equipment flows to this sedimentation pond.							
				·			
2. Are any control measures in need of maintenance or repair?		Yes	V	No			
3. Have any control measures failed and require replacement?		Yes	~	No			
4. Are any additional/revised control measures necessary in this area? Yes V 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 pr			nec				
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?	L	Yes		No			
If YES to any of these three questions, provide a description of the pro attached Corrective Action Form.)	obler	m: (Any	nece	essary corrective actions should be described on the			
attached corrective Action Form.							

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Section IV. Corrective Actions
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews. Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in the comprehensive storm water inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 0 of 0 for this reporting period.
2. Is this corrective action:
 An update on a corrective action from a previous annual report; or A new corrective action?
3. Identify the condition(s) triggering the need for this review:
 Unauthorized release of discharge Numeric effluent limitation exceedance Control measures inadequate to meet applicable water quality standards Control measures inadequate to meet non-numeric effluent limitations Control measures not properly operated or maintained Change in facility operations necessitated change in control measures Average benchmark value exceedance Other (describe):
4. Briefly describe the nature of the problem identified:
5. Date problem identified:
6. How problem was identified:
 Comprehensive site inspection Quarterly visual assessment Routine facility inspection Benchmark monitoring Notification by EPA or ADEC Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modification are needed, basis for that determination:
8. Did/will this corrective action require modification of you SWPPP?
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:

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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?
If No, summarize why you are not in compliance with the permit:
Municipality of Anchorage Facilities are not regulated under conditions set forth by the Multi-sector
permit, but by its MS4 instead.
Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Name of Authorized Representative: Eric Hodgson Title: Superintendent
Signature: Date Signed: 10/21/202/Email: eric.hodgson@anchorageak.gov