For Agency Use

Permit Tracking #: _____

Alaska Department of Environmental Conservation
MSGP Corrective Action Form

Section I. General Information

Facility Name	APDES Permit Tracking Number

Facility Physical Address

Street	City	State	Zip Code
		Alaska	

Contact Person	Title	Phone	Email

Lead Inspector's Name	Additional Inspector's Name	Additional Inspector's Name	Inspection Date

Section II. Corrective Actions

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

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

1. Corrective Action # of for this reporting period.

2. Is this corrective action:
   - ☐ An update on a corrective action from a previous annual report; or
   - ☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:
   - ☐ Unauthorized release of discharge
   - ☐ Numeric effluent limitation exceedance
   - ☐ Control measures inadequate to meet applicable water quality standards
   - ☐ Control measures inadequate to meet non-numeric effluent limitations
   - ☐ Control measures not properly operated or maintained
   - ☐ Change in facility operations necessitated change in control measures
   - ☐ Average benchmark value exceedance
   - ☐ Other (describe):

4. Briefly describe the nature of the problem identified:

5. Date problem identified:

6. How problem was identified:
   - ☐ Comprehensive site inspection
   - ☐ Quarterly visual assessment
   - ☐ Routine facility inspection
   - ☐ Notification by EPA or DEC
   - ☐ Other (describe):

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

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

9. Date corrective action initiated:

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

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

Section III. Certification

Do you certify that your annual inspection has met the requirements of Part 6.2 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:

Certification Statement

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

Name of Authorized Representative	Title	Email

Signature	Date Signed