

## Alaska Department of Environmental Conservation ANC-GP 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 # of for this reporting period.  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
|   |  |  |  |  |  |  |  |  |
| An update on a corrective action from a previous annual report; or  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| Unauthorized release of discharge   |  |  |  |  |  |  |  |  |
| Numeric effluent limitation exceedance  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| Control measures inadequate to meet non-numeric effluent limitations  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| Change in facility operations necessitated change in control measures   |  |  |  |  |  |  |  |  |
| Other (describe):   |  |  |  |  |  |  |  |  |
| 4. Briefly describe the nature of the problem identified:   |  |  |  |  |  |  |  |  |
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| 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  Other (describe): |  |  |  |  |  |  |  |  |

Permit Tracking #: \_

| 5. Date problem identified:  |   |
|--|---|
| 6. How problem was identified:   |   |
| Comprehensive site inspection  | Routine facility inspection   |
| Quarterly visual assessment  | Notification by EPA or DEC  |
| Other (describe):  |   |
| 7. Description of corrective action(s) taken or to be taken to elimi modifications or repairs to control measures, analysis to be condetermination.      |   |
| O Did/will this agreeting action require readification of value CMF  | DDD2  |
| 8. Did/will this corrective action require modification of your SWF  | PPP? 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 inspections and describe any remaining steps (including timefra corrective action: | e corrective action at the time of the comprehensive site ames associated with each step) necessary to complete the |
| inspections and describe any remaining steps (including timefra  | ames associated with each step) necessary to complete the   |

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| IV. Certification Information   |   |  |                  |                          |                   |  |  |  |
|---|---|--|------------------|--------------------------|-------------------|--|--|--|
| An Alaska Pollutant Dise  | charge Eliminati  | on System (APDES) perm   | it application   | or report must be        | signed by an i    | ndividual with the appropriate                       |  |  |
| authority per 18 AAC 83   | 3.385. For additi   | onal information, please   | refer to 18 A    | AC 83.385 at the fo      | ollowing link:    |  |  |  |
| http://www.legis.state.ak.us/basis/aac.asp#18.83.385.   |   |  |                  |                          |                   |  |  |  |
| Corporate Executive Offi<br>18 AAC 83.385 (a)(1   |   | For a corporation, a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation.  |                  |                          |                   |  |  |  |
| Corporate Operations M<br>18 AAC 83.385 (a)(1   | L)(B)   | For a corporation, the manager of one or more manufacturing, production, or operating facilities, if  (i) the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations;  (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and  (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. |                  |                          |                   |  |  |  |
| Sole Proprietor or Gener  |   | For a partnership or sole p  | proprietorship,  | the general partner o    | or the proprietor | respectively.  |  |  |
| Public Agency, Chief Exe  | 18 AAC 83.385 (a)(2) ic Agency, Chief Executive Officer 18 AAC 83.385 (a)(3)(A) For a municipality, state, or other public agency, the chief executive officer of the agency. |  |                  |                          |                   |  |  |  |
| Public Agency, Senior Ex<br>18 AAC 83.385 (a)(3   | ecutive Officer   | For a municipality, state, o operations of a principal go  | •                |                          |                   | ving responsibility for the overall                  |  |  |
| Any report required by an APDES permit, and a submittal with any other information requested by the department, must be signed by a person described in above, or by a duly authorized representative of that person.  *For Delegated Authority: the delegation must be made in writing and submitted to the DEC.  Your signature will not be approved until DEC receives the written delegation.  An Example of written authorization delegating authority can be found on the Division of Water website:  http://dec.alaska.gov/Water/OASysHelp/attachments/Delegation Authorization Form.pdf |   |  |                  |                          |                   |  |  |  |
| Operations Manager  |   | For a duly authorized repre  | esentative, an i | individual or a position | on having respor  | nsibility for the overall operation of               |  |  |
| (Delegated Authorit<br>18 AAC 83.385 (b)(2  | Authority)* the regulated facility or activity, including the position of plant manager, operator of a well or a well field,  |  |                  |                          |                   |  |  |  |
| Environmental Manager<br>(Delegated Authorit<br>18 AAC 83.385 (b)(2   | ty)*  | For a duly authorized representative, an individual or position having overall responsibility for environmental matters for the company.   |                  |                          |                   |  |  |  |
|   | -   |  |                  |                          | =                 | ection or supervision in ethe information submitted. |  |  |
| •   | _   | •  | -                |                          |                   | esponsible for gathering the                         |  |  |
|   |   |  |                  |                          |                   | and complete. I am aware that                        |  |  |
|   |   |  | =                | -                        |                   | imprisonment for knowing                             |  |  |
| violations.   | Jenaries 151 5.   | Addition of the second   | ution, more      | mg the pools             | y or mic and      | imprisonment for knowing                             |  |  |
| Organization:   |   | Name:  |                  |                          | Title:            |  |  |  |
| Phone:  |   | Fax (optional):  |                  | Email:                   |                   |  |  |  |
| Mailing Address:  Check if same as  | Street (PO Box):  |  |                  |                          |                   |  |  |  |
| Operator Information  | City:   |  |                  | State:                   |                   | Zip:   |  |  |
|   |   |  |                  |                          |                   |  |  |  |
| Signature/Responsible Official  |   |  | Date             |                          |                   |  |  |  |