



# Alaska Department of Environmental Conservation North Slope GP (NSGP) Annual Reporting Form

Section I. General Information			
Facility Name		NSGP Authorization	
Facility Physical Address			
Street	City	State	Zip Code
		Alaska	
Contact Person	Title	Phone	Email

Section II. Annual Updates			
<p>1. Are there any changes to ice roads or ice pads for permittees with authorizations to use gravel pit water as defined in section 2.3.2 that require submission of new maps or figures? If Yes, please describe attachments:</p>	Yes	No	N/A

**Note:** Please provide attachments in a separate document with submission.

<p>2. Does the NSGP authorization contain discharges for 002-005 or 007-008 and therefore require a BMP Plan with associated annual review as defined by section 3.2.6? If YES, please provide a certifying statement of annual review below with signatures from BMP committee members.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Signature BMP Committee Member 1	Date	Signature BMP Committee Member 5	Date
Signature BMP Committee Member 2	Date	Signature BMP Committee Member 6	Date
Signature BMP Committee Member 3	Date	Signature BMP Committee Member 7	Date
Signature BMP Committee Member 4	Date	Signature BMP Committee Member 8	Date

3. Does the NSGP authorization contain discharges for 002-005 or 007-008 and therefore require a QAPP as defined in section 3.1.1? Yes  No

If YES, please provide a statement below verifying that annual certification of the QAPP has been completed:

4. Does the NSGP authorization contain stormwater discharges (006) and therefore require a SWPPP? Yes  No

If YES, please provide a statement below verifying that annual review and certification of SWPPP has been completed:

**Note:** If the NSGP authorization requires a SWPPP please complete section 5 below; if not, the section can be left blank.

5. If the NSGP authorization requires a SWPPP, provide certification of biannual inspections as defined in section 3.3.2.4.

**1 of 2** biannual inspections occurred BEFORE spring break-up: Yes  No

\_\_\_\_\_  
Person Responsible for Inspection                      Date of Inspection

Were there findings that resulted in changes to BMPs?: Yes  No

If YES please describe below:

**2 of 2** biannual inspections occurred AFTER spring break-up: Yes  No

\_\_\_\_\_  
Person Responsible for Inspection                      Date of Inspection

Were there findings that were unanticipated and unaddressed by the SWPPP?: Yes  No

If Yes please describe below:

**Section III. Annual Report Certification****Compliance Certification**

Do you certify that your annual inspections have met the requirements of Section 3.4 of the NSGP, and that, based upon the results of these inspections, to the best of your knowledge, you are in compliance with the permit?  Yes  No

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

**Annual Report Certification**

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

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed