

# Ted Stevens ANC General Permit Annual Report

version 1.6

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### Form Instructions

A separate Annual Report must be submitted for each permit number. Permittees must retain legible copies of submitted documents.

### Permit Information

Permit Number

Permittee Information

<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Organization Name</b>		
<input type="text"/>		
<b>Phone Type</b> <small>(Only one phone number is accepted)</small>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		
<b>Address Line 1</b>		
<input type="text"/>		
<b>Address Line 2</b>		
<input type="text"/>		
<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Report Details

Facility Name

Facility Address

<b>Address Line 1</b>		
<input type="text"/>		
<b>Address Line 2</b>		
<input type="text"/>		
<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

The project site must be located in Alaska

**Facility Contact**

<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Phone Type</b> <small><i>*Only one phone number accepted</i></small>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		

**Lead Inspector's Name**

**Additional Inspector's Names**

**Inspection Date**

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? \*Select One

- Yes  No

Please describe why all potential pollutant sources weren't inspected

\*This control is conditionally displayed based on answers provided in other parts of the form

Note: Complete the Industrial Activity Area Specific Findings section of this form for each industrial activity area inspected and included in your SWPPP or as newly defined, in this section below, where pollutants may be exposed to storm water

Did this inspection identify any storm water or non-storm water outfalls not previously identified in your SWPPP? \*Select One

- Yes  No

**For each location, describe the sources of those storm water and non-storm water discharges and any associated control measures in place**

Did this inspection identify any sources of storm water or non-storm water discharges not previously identified in your SWPPP? \*Select One

- Yes  No

Describe these sources of storm water or non-storm water pollutants expected to be present in these discharges, and any control measures in place

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Did you review storm water monitoring data as part of this inspection to identify potential pollutant hotspots? \*Select One

- Yes  No  
 N/A, no monitoring performed

Summarize the findings of that review and describe any additional inspection activities resulting from this review

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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

Have you taken or do you plan to take corrective actions, as specified in Part 9 of the permit, since your last annual report submission (or since you received a new 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

How many conditions requiring review for corrective action as specified in Parts 9.1 and 9.2 of the ANC-GP were addressed by these corrective actions?

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Complete the Corrective Action Section for each condition identified, including any conditions identified as a result of this comprehensive storm water inspection.

Do you certify that your annual inspection has met the requirements of Part 7.3 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

Summarize why you are not in compliance with the permit

*\*This control is conditionally displayed based on answers provided in other parts of the form*

### Industrial Activity Area Specific Findings

Industrial Activity Area

Brief

Are any control measures in need of maintenance or repair? \*Select One

Yes  No

Have any control measures failed and require replacement? \*Select One

Yes  No

Are any additional/revised control measures necessary in this area? \*Select One

Yes  No

Provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action section.)

*\*This control is conditionally displayed based on answers provided in other parts of the form*

### Ted Stevens ANC General Permit Corrective Action

*\*This section is conditionally displayed based on answers provided in other parts of the form*

Corrective Action Number

Is this corrective action \*Select One

An update on a corrective action from a previous annual report  new corrective action

Identify the condition(s) triggering the need for this review \*Select All That Apply

- |   |  |
|---|--|
| <input type="checkbox"/> Unauthorized release of discharge                                      | <input type="checkbox"/> Numeric effluent limitation exceedance                                |
| <input type="checkbox"/> Control measures inadequate to meet applicable water quality standards | <input type="checkbox"/> Control measures inadequate to meet non-numeric effluent limitations  |
| <input type="checkbox"/> Control measures not properly operated or maintained                   | <input type="checkbox"/> Change in facility operations necessitated change in control measures |
| <input type="checkbox"/> Average benchmark value exceedance                                     |  |

Briefly describe the nature of the problem identified

Date problem identified

How problem was identified \*Select One

- Comprehensive site inspection  Quarterly visual assessment  
 Routine facility inspection  Notification by EPA or DEC

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.

Did/will this corrective action require modification of your SWPPP? \*Select One

Yes  No

Date corrective action initiated

Date corrective action completed

