

Multi-Sector General Permit Annual Report

version 1.9

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

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

Report Details

Facility Name

Facility Address

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

The project site must be located in Alaska

Facility Contact

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Title		
<input type="text"/>		
Phone Type <small>(Only one phone number accepted)</small>	Number	Extension
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"/>
Email		
<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 next 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 8 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

Do you certify that your annual inspection has met the requirements of Part 6.3 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*

Multi-Sector 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 A new corrective action

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

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

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

Or expected to be completed

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 (include timeframes associated with each step) necessary to complete the corrective action

Do you certify that your annual inspection has met the requirements of Part 6.3 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.)

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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 that 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.

Attachments

Document Attachments

Please include any additional documents you would like submitted with this report.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

*.7z, *.7z, *.AVI, *.avi, *.BMP, *.bmp, *.Bmp, *.CSV, *.csv, *.Csv, *.DAT, *.dat, *.Dat, *.DOC, *.doc, *.Doc, *.DOCX, *.docx, *.Docx, *.DWG, *.dwg, *.Dwg, *.EML, *.eml, *.Eml, *.GIF, *.gif, *.Gif, *.GPX, *.gpx, *.Gpx, *.HTM, *

Comments

Confidential (Reason for Confidentiality)

Information Only: Use EDMS