



## **JUNEAU INTERNATIONAL AIRPORT (JNU)**

### **STORMWATER POLLUTION PREVENTION PLAN 2020 MSGP REVISION 1**

**PREPARED FOR COMPLIANCE WITH  
2020 MSGP  
AKR06-AD4 2**

**Volume 3 of 3  
Attachments J through N**

**ATTACHMENT J**  
**BENCHMARK SAMPLING DATA**

**Summary of Benchmark Monitoring Sample Results - Juneau International Airport**  
**Annual Summary**

Outfall #	Parameter	Benchmark	Q1 Sample	Q2 Sample	Q3 Sample	Q4 Sample
Outfall 3 <i>Upper Duck Creek -2</i>	BOD <sub>5</sub>	30 mg/L				
	COD	120 mg/L				
	Ammonia	2.14 mg/L				
	pH	6.5 to 8.5				

Outfall #	Parameter	Benchmark	Q1 Sample	Q2 Sample	Q3 Sample	Q4 Sample
Outfall 9 <i>NE Dev Area Outlet</i>	BOD <sub>5</sub>	30 mg/L				
	COD	120 mg/L				
	Ammonia	2.14 mg/L				
	pH	6.5 to 8.5				

Outfall #	Parameter	Benchmark	Q1 Sample	Q2 Sample	Q3 Sample	Q4 Sample
Outfall 10 <i>TW G Culvert</i>	BOD <sub>5</sub>	30 mg/L				
	COD	120 mg/L				
	pH	6.5 to 8.5				

Outfall #	Parameter	Benchmark	Q1 Sample	Q2 Sample	Q3 Sample	Q4 Sample
Outfall 11 <i>Jordan Creek Culvert Outlet</i>	BOD <sub>5</sub>	30 mg/L				
	COD	120 mg/L				
	pH	6.5 to 8.5				

Outfall #	Parameter	Benchmark	Q1 Sample	Q2 Sample	Q3 Sample	Q4 Sample
Outfall 16 <i>Pond Discharge to River</i>	BOD <sub>5</sub>	30 mg/L				
	COD	120 mg/L				
	pH	6.5 to 8.5				

**ATTACHMENT K**  
**RESULTS OF LABORATORY ANALYSIS**



**ATTACHMENT L**  
**DISCHARGE MONITORING REPORTS**



# Alaska Department of Environmental Conservation

## Multi-Sector General Permit (MSGP)

### Discharge Monitoring Report (DMR)

Part 9.1 requires you to use the electronic NetDMR system to prepare and submit your Discharge Monitoring Report (DMR) form. However, if you are given approval by the DEC (Permitting Program or Compliance and Enforcement Program, see Standard Conditions, Appendix A, Part 1.1 Contact Information and Addresses) to use a paper DMR form, and you elect to use it, you must complete and submit the following form.

#### Reason(s) for Submission *(Check all that apply)*

- ☐ Submitting monitoring data (fill in all Sections).
- ☐ Reporting no discharge for all outfalls for this monitoring period (fill in Sections I, II, III, IV, and VI).
- ☐ Reporting that your site status has changed to inactive and unstaffed (fill in Sections I, II, VI and include date of status change in comments field in Section V).
- ☐ Reporting that your site status has changed to active (fill in all sections and include date of status change in comments field in Section V).
- ☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 7.2.1.4 of the MSGP (fill in Sections I, II, and VI).

#### Section I. Permit Information

Permit Authorization Number:

#### Section II. Facility Information

<b>Facility Name:</b>			
Street Location	Street:		
	City:	State: Alaska	Zip:
Contact Name:		Organization:	Title:
Phone:		Fax (optional):	Email:

#### DMR Preparer *(Complete if DMR was prepared by someone other than the person signing the certification in Section VI):*

Name:	Organization:	Title:
Phone:	Fax (optional):	Email:

#### Section III. Discharge Information

Identify Monitoring Period:	Check here if proposing alternative monitoring periods due to irregular storm water runoff. Identify alternative monitoring schedule and indicate for which alternative period you are reporting monitoring data.	
<input type="checkbox"/> Quarter 1 (January 1 – March 31)	Quarter 1: From:	To:
<input type="checkbox"/> Quarter 2 (April 1 – June 30)	Quarter 2: From:	To:
<input type="checkbox"/> Quarter 3 (July 1 – September 30)	Quarter 3: From:	To:
<input type="checkbox"/> Quarter 4 (October 1 – December 31)	Quarter 4: From:	To:

Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? ☐ Yes, ☐ No (Skip to Section IV)

What is the hardness level of the receiving water? \_\_\_\_\_ mg/L

#### Section IV. Outfall Information

How many outfalls are identified in your SWPPP? \_\_\_\_\_ List names of outfalls required to be monitored in the table below.

Do any of your outfalls discharge substantially identical effluents? ☐ Yes, ☐ No

If YES, for each monitored outfall, indicate outfall names that are substantially identical in the table below.

a. Monitored Outfall Name*	b. Substantially Identical Outfalls [List name(s) of outfall(s) that are substantially identical to outfall in a.]	c. No Discharge?

\* Reference attachment if additional space is needed to complete the table.

**Section V. Monitoring Information**

Permit Tracking Number:

Nature of Discharge: ☐ Rainfall (complete a, b. and c below) ☐ Snowmelt

a. Duration of the rainfall event (hours): b. Rainfall amount (inches): c. Time since previous measurable storm event (days):

Outfall Name	Monitoring Type (QBM, ELG, S, I, O)*	Parameter	Quality or Concentration	Units	Results Description	Collection Date	Exceedance due to natural background pollutant levels	No further pollutant reductions achievable?

\* (QBM) – Quarterly benchmark monitoring; (ELG) – Annual effluent limitation guidelines monitoring; (S) – State specific monitoring; (I) – Impaired waters monitoring; (O) – Other monitoring as required by DEC

Comment and/or Explanation of any Violations (Reference all attachments here)

**Section VI. 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 persons directly responsible for gathering the information, 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.

Organization:		Name:		Title:	
Phone:		Fax (optional):		Email:	
Mailing Address:	Street (PO Box):				
	City:		State:		Zip:
<div>Signature/Responsible Official</div> <div>Date</div>					

## Instructions for Completing the MSGP Industrial Discharge Monitoring Report (DMR)

### Who Must Submit A Discharge Monitoring Report to DEC?

- An operator or owner of a facility covered under the Multi-Sector General Permit (MSGP or permit) that are required to monitor pursuant to Parts 7.2.1, 7.2.2, 7.2.3, and 7.2.4 of the permit must submit the MSGP Discharge Monitoring Report (DMR) consistent with the reporting requirements specified in Part 9.1 of the permit.

### Completing the Form

- Type or print, in the appropriate areas only. "NA" can be entered in areas that are not applicable. If you have any questions about how or when to use this form, contact the DEC Storm Water Program at (907) 269-6285 or online at <http://dec.alaska.gov/water/wastewater/stormwater/>.

### Reasons for Submission

- Indicate your reason(s) for submitting this DMR by checking all boxes that apply. The reasons for submission are defined as follows:
- *Submitting monitoring data:* For each storm event sampled, submit one DMR form with data for all outfalls sampled. Select this reason even if you only have monitoring data for some of your outfalls (i.e., some outfalls did not discharge). If you select this reason, you are required to complete all Sections of the form.
- *Reporting no discharge for all outfalls for this monitoring period:* Indicates that there were no discharges from all outfalls during this monitoring period. If you select this reason, you are only required to complete Sections I, II, III, IV, and VI.
- *Reporting that your site status has changed to inactive and unstaffed:* Indicates that your facility is currently inactive and unstaffed (See Part 7.2.1.6 of the permit for more information). If you select this reason, you are only required to complete Sections I, II, and VI and include date of status change in the comment field in Section V.
- *Reporting that your site status has changed from inactive to active:* Indicates that your facility is currently active (See Part 7.2.1.6 of the permit for more information). If you select this reason, you are required to complete all Sections of the form and include date of status change in the comment field in Section V.
- *Reporting that no further reductions are achievable for all outfalls and for all effluent monitoring pollutants via Part 7.2.1.4 and Parts 4 of the permit:* Indicates that your facility has determined that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice to meet the technology-based effluent limitations or are necessary to meet the water-quality-based effluent limitations in Parts 4 of the permit (See Part 7.2.1.4 of the permit for more information). If you select this reason, you are required to complete Sections I, II and VI. However, if you can make this finding for some outfalls and pollutants, but not for others, you cannot select this reason; you will instead be able to identify which outfalls and which pollutants you can make this finding for in Section V.

### Section I. Permit Tracking Number

- Enter the APDES tracking number assigned by DEC to the facility. If you do not know the tracking number, you can find the tracking number assigned to your facility on DEC's Water Permit Search <http://dec.alaska.gov/Applications/Water/WaterPermitSearch/Search.aspx>

### Section II. Facility Information

- Enter the facility's official or legal name. Unless the name of your facility has changed, please use the same name provided on your NOI. You can use ADEC's Water Permit Search, <http://dec.alaska.gov/Applications/Water/WaterPermitSearch/Search.aspx> to view your NOI.
- Enter the street address, including city, state, and zip code of the actual physical location of the facility. Do not use a P.O. Box.
- Identify the name, telephone number, and email address of the person who will serve as a contact for DEC on issues related to monitoring at your facility. This person should be able to answer questions related to stormwater discharges and monitoring or have immediate access to individuals with that knowledge. This person does not have to be the facility operator but should have intimate knowledge of monitoring activities at the facility.
- If the form was prepared by someone other than the person who is signing the certification statement in Section VI (for example, if the DMR was prepared by a member of the facility's storm water pollution prevention team or a consultant for the certifier's signature), include the name, organization, telephone number, and email address of the DMR preparer.

### Section III. Discharge Information

- Indicate the appropriate monitoring period (Quarter 1, 2, 3, or 4) covered by the DMR. "Alternative" monitoring periods can apply to facilities located in arid and semi-arid climates or in areas subject to snow or prolonged freezing. To use alternative monitoring periods, you must provide a revised monitoring schedule here in the first monitoring report submitted and indicate for which alternative monitoring period you are reporting monitoring data. If using alternative monitoring periods, identify the first day of the monitoring period through the last day of the monitoring period for each of the four periods. The dates should be displayed as month (Mo) / day (Day). See Part 7.2.1.2 of the permit for more information.
- If you are submitting benchmark monitoring data, identify if your facility is required to collect benchmark samples for one or more hardness-dependent metals (i.e., cadmium, copper, lead, nickel, silver, and zinc). If you select "yes" to this question you must also complete the table in Section III., and if you select "no" to this question, you may skip to Section IV.
- If you selected "yes" for the previous question, then you are required to submit to DEC with your first benchmark report a hardness level established consistent with the procedures in Appendix E of the permit, which is representative of your receiving water. If your outfalls discharge to more than one receiving water, as reported in your NOI form, you should report hardness for the receiving water with the lowest hardness values. Hardness values must be reported in milligrams per liter (mg/L).

### Section IV. Outfall Information

- Enter the total number of outfalls identified in your SWPPP. Outfalls are locations where storm water exits the facility, including pipes, ditches, swales, and other structures used to remove storm water from the facility.
- Indicate if your facility has two or more outfalls that you believe discharge substantially identical effluents (i.e., storm water), based on the similarities of the general industrial activities and control measures, exposed materials that may significantly contribute pollutants to storm water, and runoff coefficients of



their drainage areas. See Parts 5.2.6.2 and 6.2.3 of the permit for more information on substantially identical outfalls.

- If you selected “yes” for the previous question, then you must list the outfall name(s) in Column b that you expect to be substantially identical to the corresponding outfall in Column a.
  - a. *Monitored Outfall Name:* List name(s) of outfall(s) you are required to monitor.
  - b. *Substantially Identical Outfalls:* List name(s) of outfall(s) substantially identical to “*Monitored Outfall*” in Column a. (if applicable)].
  - c. *No Discharge:* Check box if you are reporting “No Discharge” for the monitored outfall for the reporting period identified in Section III.

Example:

a. Monitored Outfall Name	b. Substantially Identical Outfall	c. No Discharge
Outfall A	Outfall B, Outfall C	<input type="checkbox"/>
Outfall D		<input checked="" type="checkbox"/>

Reference attachments if additional space is needed to complete the table in Section IV.

## Section V. Monitoring Information

- Enter the APDES tracking number assigned to the facility reported in Section I.
- For the reported monitoring event, indicate whether the discharge was from a rainfall or snowmelt event. If you select “rainfall”, then indicate:
  - the duration (in hours) of the rainfall event;
  - rainfall total (in inches) for that rainfall event; and
  - time (in days) since the previous measurable storm event.
- If the discharge occurs during a period of both rainfall and snowmelt, check both the rainfall and snowmelt boxes and report the appropriate rainfall information in items a-c. To report multiple monitoring events in the same reporting period, copy Page 2 of this Form and enter each monitoring event separately with data for all outfalls sampled.
- For each pollutant monitored at an outfall, you must complete one row in the Table as follows:
  - *Outfall Name:* Provide the outfall name for which you monitored (e.g., Outfall 1, Outfall 2, Outfall 3).
  - *Monitoring Type:* Provide the type of monitoring using the specified codes below:
    - QBM – Quarterly benchmark monitoring;
    - ELG – Annual effluent limitations guidelines monitoring;
    - S – State specific monitoring;
    - I – Impaired waters monitoring; or
    - O – Other monitoring as required by DEC.
- *Parameter(s):* Enter each “Parameter” (or “pollutant”) monitored. For QBM and ELG monitoring, use the same parameter name as in Part 11 of the permit.
- *Quality or Concentration:* Enter sample measurement value for each parameter analyzed and required to be reported. Enter “ND” (i.e., not detected) for any sample results below the method detection limit or “BQL” (i.e., below quantitation limit) for sample results above the detection limit but below the quantitation limit.
- *Units:* Enter the units for sample measurement values (e.g., “mg/L” for milligrams per liter) for each parameter analyzed and required to be reported. For monitoring results reported as ND or BQL, this space will be left blank and the units will be reported under Results Description.
- *Results Description:* This section must be completed for any monitoring results reported as ND or BQL in the “Quality or Concentration” column. For ND, report the laboratory detection

level and units in this column. For BQL, report the laboratory quantitation limit and units in this column.

- *Collection Date:* Identify the sampling date for each parameter monitoring result reported on this form.
- *Exceedance due to natural background pollutant levels:* Check box if following the first 4 quarters of benchmark monitoring (or sooner if the exceedance is triggered by less than 4 quarters of data) you have determined that the exceedance of the benchmark is attributable solely to the presence of that pollutant in the natural background for that outfall and any substantially identical outfalls. See Part 7.2.1.5 of the permit for more information. Attach supporting rationale for your determination to the submitted DMR and reference attachment in comments portion of Section V.
- *No further pollutant reductions achievable:* Check box if after collection of 4 quarterly samples (or sooner if the exceedance is triggered by less than 4 quarters of data), the average of the 4 monitoring values for any parameter exceeds the benchmark and you have made the determination that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice to meet the technology-based effluent limitations or are necessary to meet the water-quality-based effluent limitations in Parts 4 of the permit (See Part 7.2.1.4 of the permit for more information) for that outfall and any substantially identical outfalls. Attach supporting rationale for your determination to the submitted DMR and reference attachment in comments portion of Section V.
- Where violations of the permit requirements are reported, include a brief explanation to describe the cause and corrective actions taken and reference each violation by date. Also, this section should include any additional comments such as are required when changing site status from inactive and unstaffed to active or vice versa. Attach additional pages if you need more space.
- Attach additional copies of Section V as necessary to address all outfalls and parameters.

## Section VI. Certification

- Enter *Printed Name and Title of Principal Executive Officer or Authorized Agent* with *Signature of Principal Executive Officer or Authorized Agent*, and the *Date* this form was signed and the email address of the “*Principal Executive Officer or Authorized Agent*.” If you submit multiple pages of Section V monitoring data, each page must be appropriately signed and certified as described below.

The DMRs must be signed as follows:

- (1) For a corporation, a responsible corporate officer shall sign the DMR, a responsible corporate officer means:
  - (A) 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; or
  - (B) 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.
- (2) For a partnership or sole proprietorship, the general partner or the proprietor, respectively; or
- (3) for a municipality, state, or other public agency, either a principal executive officer or ranking elected official shall sign the application; in this subsection, a principal executive officer of an agency means
  - (A) the chief executive officer of the agency; or
  - (B) a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.
- Include the name, title, and email address of the person signing the form and the date of signing. An unsigned or undated DMR will not be considered valid.

#### **Where to File the DMR Form**

- Monitoring data collected pursuant to Part 7.2 of the permit must be reported on the paper DMR form and sent to the following address:
- If you file by mail, remember to retain a copy for your records.
  - DMRs sent by mail:  
Alaska Dept. of Environmental Conservation  
Wastewater Discharge Authorization Program  
Office of Compliance  
555 Cordova Street  
Anchorage, AK 99501  
Phone: (907) 269-6285  
[dec-wqreporting@alaska.gov](mailto:dec-wqreporting@alaska.gov)

**ATTACHMENT M**  
**SPILL LOGS**

**ATTACHMENT N**  
**NON-COMPLIANCE REPORTS**





# 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
			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): \_\_\_\_\_

Permit Tracking #: \_\_\_\_\_

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 6.3 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

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

