**Permit Authorization Number:** Click here to enter text.

**Project Name:** Click here to enter text.

**Completed by**: Click here to enter text.

**Date:** Click here to enter a date.

**SWPPP Completion Check List**

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| Identifying Information |
| --- |

| Project (2.2.3) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you included project name, site location/address, city, state, zip code, and phone number (if appropriate)? |  |  |

| Operator(s) (2.2.3) | | Yes | No |
| --- | --- | --- | --- |
|  | Are there multiple operators on this permit? |  |  |
| If YES, have you included company/organization name, contact person, address, (including city, state, and zip code), and telephone/fax/email contact information? |  |  |
| If NO, have you included the above information for the single operator? |  |  |

| SWPPP Contact(s) (2.2.3) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you identified the contact person for SWPPP questions or concerns, including: company/organization name, contact person, address, (including city, state, and zip code), telephone/fax/email contact information? |  |  |
| Have you identified the date the SWPPP was prepared (MM/DD/YYYY)? |  |  |
| Have you identified the (estimated) start and completion of construction (MM/DD/YYYY)? |  |  |
| APDES Permit Authorization Number? |  |  |
| Have revisions to the SWPPP been documented on the Record of SWPPP Amendments? |  |  |
| Has the Operator Plan Authorization/Certification/Delegation form been completely filled out, dated, and signed by a Responsible Corporate Officer? |  |  |

| Section 1 - General information |
| --- |

| Permittee (5.3.1) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you identified all Operator(s)/Contractor(s) for the project, including address, contact information, and area of control? |  |  |
| Have you identified all Subcontractor(s) for the project, including address, contact information, and area of control/specialty/responsibility? |  |  |

| Storm Water Contacts (5.3.2) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you identified the qualified person(s) for the following required positions? |  |  |
| Storm Water Lead |  |  |
| Person(s) preparing SWPPP |  |  |
| Person(s) updating SWPPP |  |  |
| Person(s) conducting inspections |  |  |
| Person(s) conducting monitoring (if applicable) |  |  |
| Person(s) operating an active treatment system (if applicable) |  |  |
| (If all positions are carried out by a single individual, check here) |  |  |
| Are the individuals named in this section Qualified Persons as described in [CGP Appendix C](http://dec.alaska.gov/media/22136/2021-cgp-pmt-akr10-fnl-20201217.pdf#page=80)? |  |  |
|  | Are their qualifications documented in Appendix E of this SWPPP? |  |  |

| Project Information (5.3.3) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you included the following information? |  |  |
| Project Site/Name |  |  |
| Street/Location, City, Borough, State, Zip |  |  |
| Latitude and longitude (in one of the specified formats) and method for determining |  |  |
| Site-Specific Conditions: |  |  |
| Precipitation |  |  |
| Soil types |  |  |
| Slopes |  |  |
| Topography |  |  |
| Drainage patterns |  |  |
| Growing season |  |  |
| Existing vegetation |  |  |
| Historic site contamination |  |  |

| Nature of Construction Activity (5.3.4) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you described/identified: |  |  |
| The general scope of work for the project, including major phases and approximate start/complete dates? |  |  |
| Function of the project |  |  |
| Sequence and timing of soil-disturbing activities |  |  |
| Size of project area AND total area expected to be disturbed |  |  |
| Runoff coefficient and impervious area estimates |  |  |
| Potential sources of sediment from construction project |  |  |
| Other potential pollutants and their sources |  |  |

| Site Maps (5.3.5) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you included a general location map? |  |  |
| Have you included site maps containing the following information? |  |  |
| Property boundaries |  |  |
| Locations where earth-disturbing activities will occur, noting phasing |  |  |
| Locations of areas that will not be disturbed and natural features to be preserved |  |  |
| Location of all storm water conveyances including ditches, pipes, and swales |  |  |
| Locations of storm water inlets and outfalls, with a unique identification code for each outfall |  |  |
| Locations where storm water and/or authorized non-storm water discharges to waters of the U.S. (including wetlands) or a Municipal Separate Storm Sewer System (MS4). |  |  |
| Direction of storm water flow and approximate slopes anticipated after grading activities |  |  |
| Locations where control measures will be or have been installed |  |  |
| Locations where exposed soils will be or have been stabilized |  |  |
| Locations where post-construction storm water controls will be or have been installed |  |  |
| Locations of support activities |  |  |
| Locations where authorized non-storm water will be used |  |  |
| Locations and sources of run-on to the site from adjacent property that may contain quantities of pollutants which could be exposed to precipitation. |  |  |
| Locations of all waters of the U.S. on-site (including significant wetland areas ≥10,000 ft2) and those within 2,500 feet of the site boundary |  |  |
| Location of existing public water system (PWS) drinking water protection areas (DWPA) for PWS sources (e.g., springs, wells, or surface water intakes) that intersect the boundary of the project area. (The DWPAs can be found using the interactive web map application, “Alaska DEC Drinking Water Protection Areas” located at <http://dec.alaska.gov/das/GIS/apps.htm>.) |  |  |
| Sampling point(s), if applicable |  |  |
| Areas where final stabilization has been accomplished |  |  |
| Staging and material storage areas (construction materials, hazardous materials, fuels, etc.) |  |  |
| Dumpsters |  |  |
| Portable sanitary facilities |  |  |
| Concrete, paint, or stucco washout areas |  |  |
| Stabilized construction exits |  |  |

| Discharges (1.4.2, 1.4.3) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you identified other industrial storm water discharge locations and allowable non-storm water discharges? |  |  |

| Section 2: Compliance With Standards, Limits, And Other Applicable Requirements |
| --- |

| Receiving Waters (1.4.1.2) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you listed and described ANY water bodies that could potentially receive stormwater from the construction site, includng storm sewer and/or drainage systems? |  |  |
| Are they indicated on the site map? |  |  |

| Total Maximum Daily Load (TMDL) (3.2, 5.6) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you included documentation supporting a determination of permit eligibility for waters with a TMDL? |  |  |
| Have you determined if there is a TMDL for turbidity or sediment? |  |  |
| If YES, have you listed measures taken to comply with requirements? |  |  |
| Are contacts with state or federal TMDL authorities summarized in this section and documented in Appendix D? |  |  |

| Endangered Species (3.3, 5.7) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you determined whether there are endangered/threatened species or critical habitat on or near the project area and described how that determination was made? |  |  |
|  | Have you determined whether species or critical habitats will be affected by storm water discharge, and listed them? |  |  |
| If YES, have you listed measures taken for compliance with protection? |  |  |

| Applicable Federal, State, Tribal, or Local Requirements (4.15) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you determined whether there are there other applicable federal, state, tribal, or local requirements to be implemented at the site? |  |  |

| Section 3: Control Measures |
| --- |

| Best Management Practices (BMPs) (4.2, 4.3) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you described appropriate control measures (BMPs) for each major activity that will take place at the construction site, including sequence; maintenance and inspection procedures; cleaning, repair, or replacement protocols, thresholds and schedules; and operator responsible? |  |  |
| Does the site map indicate location of BMPs? |  |  |
| Have you included design specifications and details for structural BMPs in Appendix B? |  |  |
| Have you described areas that will be disturbed for each phase of construction and methods intended to protect areas not to be disturbed? |  |  |
| Have you identified natural features of the site and how those features will be protected? |  |  |
| Have you described how topsoil will be preserved? |  |  |
| Have you described how you will maintain natural buffer areas to protect stream crossings or waters of the U.S. within or immediately adjacent to construction site, if applicable? |  |  |
| Have you identified and described the BMPs you will use to control storm water discharges and flow rates, including BMP, installation schedule, maintenance and inspection, and responsible staff? |  |  |
| Have you identified steep slopes present at the site and what measures you will use to control them, including BMP installation schedule, maintenance and inspection, and responsible staff, if applicable? |  |  |
| Have you identified storm drain inlets present at the site and what measures you will use to control them, including BMP installation schedule, maintenance and inspection, and responsible staff, if applicable? |  |  |
| Have you identified water bodies present at the site and what measures you will use to control them, including BMP installation schedule, maintenance and inspection, and responsible staff, if applicable? |  |  |
| Have you identified down-slope sediment controls needed at the site, including BMP installation schedule, maintenance and inspection, and responsible staff, if applicable? |  |  |
| Have you determined where vehicles will enter and exit the site, procedures to remove accumulated sediment from vehicles before exiting the site (vehicle tracking), and stabilization, dust-generation minimization, and off-site vehicle tracking control practices? |  |  |
| Have you identified soil-stockpile locations and measures to control sediment loss from them, including BMP installation schedule, maintenance and inspection, and responsible staff, if applicable? Have you indicated stockpile locations on the site map? |  |  |
| Have you identified whether a sediment basin is required, and described the measures you will use to control them, including BMP installation schedule, maintenance and inspection, and responsible staff, if applicable? |  |  |
| Have you appended the detailed design information in Appendix B, including calculated volume and approximate size? |  |  |
| Are sediment basins located on your site map? |  |  |
| Have you determined whether dewatering will be necessary? |  |  |
| If YES, have you described dewatering practices and ensure they comply with the construction general permit guidelines, including BMP installation schedule, maintenance and inspection, and responsible staff? |  |  |
| Is any dewatering planned within 1,500 feet of a DEC mapped contaminated site which would require authorization under the AKG002000 Excavation Dewatering general permit? |  |  |
| If YES, have you submitted an NOI for excavation dewatering authorization under the terms and conditions of the AKG002000 Excavation Dewatering general permit? |  |  |
| Have you determined what control measures you will use to minimize on-site erosion and sedimentation, and discharge of pollutants, including BMP installation schedule, maintenance and inspection, and responsible staff? |  |  |
| Have you described your final stabilization plan, including sequence of installation? |  |  |
| Have you indicated whether treatment chemicals will be used to reduce erosion? |  |  |
| If YES, have you ensured you meet [CGP Section 4.6](http://dec.alaska.gov/media/22136/2021-cgp-pmt-akr10-fnl-20201217.pdf#page=30) and provided the required information, including chemicals to be used, procedures for use, training of staff, and application and physical control measures? |  |  |
| Have you included documentation of training, application procedures, and control measures in the appropriate appendix? |  |  |
| Have you determined whether an Active Treatment System (ATS) will be used, received approval from the DEC, and described the ATS process? |  |  |

| Good Housekeeping Measures (4.8) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you described all measures you will use to minimize pollutant discharge, including responsible staff, and design, installation, implementation, and maintenance plans, for the following activities: |  |  |
| Vehicle and equipment washing |  |  |
| Fueling and maintenance areas |  |  |
| Applicator/Container washout |  |  |
| Staging and material storage |  |  |
| Fertilizer or pesticide use and storage |  |  |
| Storage, handling, and disposal of construction waste |  |  |

| Spill Notification (4.9) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you described your plan for notifying the appropriate authorities of any leak, spill, or release of hazardous substance per [CGP Section 4.9](http://dec.alaska.gov/media/22136/2021-cgp-pmt-akr10-fnl-20201217.pdf#page=34)? |  |  |

| Waste Materials (5.3.7) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you described what waste (hazardous, non-hazardous, and construction debris) and construction materials will be stored on-site, control measures, handling and disposal procedures? |  |  |

| Section 4: Inspection, Monitoring, and recordkeeping |
| --- |

| Inspections (5.4, 6.0) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you described: |  |  |
| Person responsible for inspections |  |  |
| Frequency of inspections |  |  |
| Justification for reduced frequency, if applicable |  |  |
| Documentation of repairs and maintenance |  |  |
| Winter shutdown, if applicable |  |  |
| Do you have a clear inspection form/checklist for inspections attached to the SWPPP? |  |  |
| Have you described corrective action plan and log, which should include action(s) taken, date, and person completing the work? |  |  |

| Monitoring Plan (if applicable) (5.5, 7.0) | | Yes | No |
| --- | --- | --- | --- |
|  | Do you need a monitoring plan? |  |  |
| If YES, have you developed a monitoring plan, including schedules, checklist, and corrective action procedures? |  |  |

| Post-Authorization Records (5.8) | | Yes | No |
| --- | --- | --- | --- |
|  | Have you included all the required documents in Appendix F? |  |  |
| Have you included all employee training records in the appropriate appendix? |  |  |