



**AGC of Alaska is pleased to announce training for:**

**WRITING A STORM WATER POLLUTION PREVENTION PLAN (SWPPP)**

**Mar. 14th 2019**

This one day course is designed to supplement the AK-CESCL (Certified Erosion and Sediment Control Lead) training by explaining how to properly produce and maintain a SWPPP in compliance with federal, state, and local storm water requirements. This course will describe key elements of the SWPPP. The course will detail the production of the SWPPP from the initial planning and fact gathering phases, to the necessary permitting and BMP, and finally maintenance and termination. The class will include a hands-on SWPPP writing exercise, using real-world examples. Shawn Trasky will be the SWPPP Instructor.

**Prerequisite: Successful completion of the AK-CESCL class is required.**

**Who should attend? AK-CESCL trained individuals responsible for putting together or maintaining a SWPPP.**

**Topics covered will include:**

- A review of pertinent laws and regulations.
- A review of the SWPPP and its required elements.
- Necessary data for production of a SWPPP.
- Resources for the SWPPP author.
- Permitting requirements.
- Choosing and using adequate BMPs.
- Writing the plan.
- Assembling the SWPPP.
- DOT, MOA and USACE requirements.
- Maintaining the SWPPP.

**Registration:**

- **Prerequisite** to attend class: must have completed and passed AK-CESCL (card number required to register).
- \$300 for AGC Members, Home Builders Association Members, and State of Alaska Employees.
- \$350 for Non-Members.
- Payment due at time of registration.
- Class begins promptly at 8 am and ends at 5 pm. The day includes a one-hour lunch break and lunch is provided.

**No shows are non-refundable. Refunds require 2 working days notice prior to course**

**AGC of Alaska**  
8005 Schoon Street  
Anchorage, Alaska 99518  
Call Megan for class reservation at 907-561-5354  
or email at [training@agcak.org](mailto:training@agcak.org)

**Prerequisite AK-CESCL #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Method of Payment:** Check \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Invoice (Members only) \_\_\_\_\_

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