THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Environmental Conservation

DIVISION OF WATER
Wastewater Discharge Authorization Program

555 Cordova St
Anchorage, Alaska 99501-2617
Main: 907.269.6285
Fax: 907.334.2415

4/29/2016

Company: AK DOT&PF
ATTN: David M Kemp, P.E.
PO Box 196900
Anchorage AK 99519-6900

Facility:
Olympic Mountain Loop Improvements 5976
Olympic Mountain Loop
Girdwood AK 99587

Permit Number: AKR10FB41

This email/letter acknowledges that you have submitted a reissuance Notice of Intent form to be covered under the APDES General Permit for Stormwater Discharges for Construction General Permit Activity (Construction General Permit). The permittee is authorized to discharge storm water under the terms and conditions of this permit upon the issuance date of this letter. Permit documents can be accessed starting tomorrow on the ADEC's Storm Water Permit Search website: http://www.dec.state.ak.us/Applications/Water/WaterPermitSearch/Search.aspx

As stated above, this letter acknowledges receipt of a Notice of Intent. However, it is not an ADEC determination of the validity of the information you provided. Your eligibility for coverage under the Permit is based on the validity of the certification you provided. Your signature on the Notice of Intent certifies that you have read, understood, and are implementing all of the applicable requirements. An important aspect of this certification requires that you correctly determine whether you are eligible for coverage under this permit.

As you know, the Construction General Permit requires you to have developed and begun implementing a Stormwater Pollution Prevention Plan (SWPPP) and outlines important inspection and record keeping requirements. You must also comply with any additional location-specific requirements applicable to Alaska. A copy of the Construction General Permit must be kept with your SWPPP. An electronic copy of the Permit and additional guidance materials can be viewed and downloaded at http://www.dec.state.ak.us/water/wnpspc/stormwater/index.htm.

For tracking purposes, the following number has been assigned to your Notice of Intent Form: AKR10FB41 .

If you have general questions regarding the stormwater program or your responsibilities under the Construction General Permit, please call (907) 269-6285. Thank you for using the ADEC eNOI system.

(For Agency Use) Permit Authorization #: AKR10FB41

Notice of Intent (NOI) for Storm Water Discharges Associated with Construction Activity under an APDES Construction General Permit

Submission of this Notice of Intent (NOI) constitutes notice that the party identified in Section II of this form requests authorization to discharge pursuant to the APDES Construction General Permit (CGP, AKR100000). Submission of this NOI also constitutes notice that the party identified in Section II of this form meets the eligibility requirements of the CGP for the project identified in Section IV of this form. Permit authorization is required prior to commencement of construction activity until you are eligible to terminate coverage as detailed in the CGP. To obtain authorization, you must submit a complete and accurate NOI form. Refer to the instructions at the end of this form.

I. Single/Multiple NOI Project

Is this NOI for a project with a single NOI? ☐ Yes ☑ No

If "No," then your project has multiple NOIs, will the fee be paid with this NOI? ☐ Yes ☑ No

If "No," then enter the name of the operator paying the fee: Davis Constructors & Engineers

II. Operator Information

Organization:	Name:	Title:
AK DOT&PF	David M Kemp, P.E.	Regional Director

Phone:	Fax (optional):	Email:
(907) 269-0770		david.kemp@alaska.gov

Mailing Address:	Street (PO Box):		
	PO Box 196900		
	City: Anchorage	State: AK	Zip: 99519-6900

III. Billing Contact Information

Organization:	Name:	Title:
Davis Constructors & Engineers	Darla Hall	Project Engineer

Phone:	Fax (optional):	Email:
(907) 562-2336		

Mailing Address: ☐ Check if same as Operator Information	Street (PO Box):		
	6591 A ST		
	City: ANCHORAGE	State: AK	Zip: 99518-1866

IV. Project / Site Information

Project Name:	Estimated Start Date:	Estimated End Date:
Olympic Mountain Loop Improvements 59766	05/01/2015	09/30/2016

Brief Description of Project: Estimated Area to be Disturbed *(nearest tenth acre)*: 2.5

Olympic Mountain Loop is a local street that provides vehicle access to lodgings, restaurants and facilities within the Alyeska Ski Resort area. The loop is a two lane gravel road that is approximately 950 Feet long. The roadway can become dusty and requires frequent maintenance due to rapid deterioration resulting from steep grades and poor drainage.

Is your project / site less than one-acre, but part of a common plan of development? ☐ Yes ☑ No

If "Yes", provide the Permit Authorization Number and name of the common plan of development: Number: Name:

Have storm water discharges from your project / site been authorized previously by a DEC permit? ☑ Yes ☐ No

If "Yes," provide the Permit Authorization Number for the previous DEC permit? AKR10FB41

If "Yes," have you updated your SWPPP according to the most recently issued CGP? ☑ Yes ☐ No

Location Address:	Street:		Borough or similar government subdivision:	
	Olympic Mountain Loop		Anchorage	
	City: Girdwood		State: Alaska	Zip: 99587
	Latitude (decimal degree, 5 places):	Longitude (decimal degree, 5 places):	Determined By:	Internet - Other
			☐ USGS Topographic Map, scale:	
	60.960833	-149.11080	☐ Other: Google Earth	

CGPNOIREI-0458

V. SWPPP (Storm Water Pollution Prevention Plan)

Has the SWPPP been prepared in advance of filing this NOI? ☑ Yes ☐ No

For projects with 5 or more acres of disturbance, has a SWPPP been submitted to DEC? ☐ Yes ☑ No, ≤ 5 acres

Location of SWPPP for Viewing: ☐ Address in Section II ☐ Address in Section IV ☑ Other

If other:	Street: 210 Arlberg Ave.		
	City: Girdwood	State: AK	Zip: 99587

SWPPP Contact Information (if different than that in Section II):

Organization: AK DOT&PF	Name: Brian Hall	Title: Project Engineer
Phone: (907) 242-5355	Fax (optional):	Email: bhall@rmconsult.com

Mailing Address: ☐ Check if same as Operator Information	Street (PO Box): PO Box 196900		
	City: Anchorage	State: AK	Zip: 99519-6900

VI. Permanent Storm Water Controls

Will you construct a permanent storm water management control measure at the project site (Part 4.11)? ☐ Yes ☑ No

If "Yes", indicate the type of measure to be installed:

☐ Pond ☐ Oil/Water/Grit Separator ☐ Proprietary Storm Water Sedimentation Device

☐ Other:

VII. Discharge Information

Does your project discharge into a Municipal Separate Storm Sewer System (MS4)? ☑ Yes ☐ No

If yes, name of the MS4 Operator: Municipality of Anchorage

Receiving Water and Wetlands Information: (if additional space is needed for this question, attach separate sheet or annotate in Section XI.)

a. Identify the name(s) of waterbodies or wetlands to which you discharge.	Impaired waters/303d Listed waters: (see http://dec.alaska.gov/water/wqsar/Docs/impairedwaters.pdf or http://dec.alaska.gov/water/wqsar/map.html, and http://dec.alaska.gov/water/tmdl/tmdl_index.htm.						
	b. Are any of your discharges directly into any segment of a 303d Listed Water, i.e. "Impaired" Water?		c. If you answered **YES** to question **b**, then answer the following three questions:				
			i. What pollutant(s) are causing the impairment?	ii. Are the pollutant(s) causing the impairment present in your discharge?		iii. Is the discharge consistent with the assumptions and requirements of applicable EPA approved or established Total Maximum Daily Load (TMDL(s))?	
	Yes	No		Yes	No	Yes	No
Alyeska Creek	☐	☑		☐	☐	☐	☐
Glacier Creek	☐	☑		☐	☐	☐	☐
	☐	☐		☐	☐	☐	☐
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	☐	☐		☐	☐	☐	☐

VIII. Treatment Chemicals

Will you use control measures such as polymers, flocculants or other treatment chemicals at your construction site? ☐ Yes ☑ No

***NOTE**: If you are unsure at the filing of the NOI, check "No" and then if you use treatment chemicals file an NOI Modification form indicating "Yes."*

If "Yes", indicate the following polymers, flocculants, or other treatment chemicals that will be used at your construction site:

☐ Alum ☐ Gypsum

☐ Polyacrylamide (PAM) ☐ Polyaluminum Chloride

☐ Other:

IX. Certification Information

An Alaska Pollutant Discharge Elimination System (APDES) permit application or report must be signed by an individual with the appropriate authority per 18 AAC 83.385. For additional information, please refer to 18 AAC 83.385 at the following link: http://www.legis.state.ak.us/basis/aac.asp#18.83.385.

Corporate Executive Officer 18 AAC 83.385 (a)(1)(A)	For a corporation, 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.
Corporate Operations Manager 18 AAC 83.385 (a)(1)(B)	For a corporation, 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.
Sole Proprietor or General Partner 18 AAC 83.385 (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.
Public Agency, Chief Executive Officer 18 AAC 83.385 (a)(3)(A)	For a municipality, state, or other public agency, the chief executive officer of the agency.
Public Agency, Senior Executive Officer 18 AAC 83.385 (a)(3)(B)	For a municipality, state, or other public agency, a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.
**For Delegated Authority: the delegation must be made in writing and submitted to the DEC. An Example of written authorization delegating authority can be found on the Division of Water website: http://dec.alaska.gov/Water/OASysHelp/attachments/Delegation_Authorization_Form.pdf*	
Operations Manager *(Delegated Authority)** 18 AAC 83.385 (b)(2)(A)	For a duly authorized representative, an individual or a position having responsibility for the overall operation of the regulated facility or activity, including the position of plant manager, operator of a well or a well field, superintendent or position of equivalent responsibility.
Environmental Manager *(Delegated Authority)** 18 AAC 83.385 (b)(2)(B)	For a duly authorized representative, an individual or position having overall responsibility for environmental matters for the company.

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:
AK DOT&PF	David M Kemp, P.E.	Regional Director

Phone:	Fax (optional):	Email:
(907) 269-0770		david.kemp@alaska.gov

Mailing Address:	Street (PO Box):		
☐ Check if same as Operator Information	PO Box 196900		
	City: Anchorage	State: AK	Zip: 99519-6900

Signature Page Signed by: David Kemp
Signature

4/29/2016
Date

X. NOI Preparer *(Complete if NOI was prepared by someone other than the certifier.)*

Organization:	Name:	Title:
AK DOT&PF	Taylor White	Office Assistant

Phone:	Fax (optional):	Email:
907-269-0542		taylor.white@alaska.gov

Mailing Address:	Street (PO Box):		
☐ Check if same as Operator Information	PO BOX 196900		
	City: Anchorage	State: AK	Zip: 99519-6900

XI. Document Attachments and Supplemental Information

Attachment 1. (Fill in as necessary if more space is required for Receiving water and Wetlands Information.)

a. What is the name(s) of your receiving water(s) that receive storm water directly and/or through a MS4? If your receiving water is impaired, then identify the name of the impaired segment, if applicable, in parenthesis following the receiving water name.	b. Are any of your discharges directly into any segment of an "impaired" water?		c. If you answered yes to question b, then answer the following three questions:				
			i. What pollutant(s) are causing the impairment?	ii. Are the pollutant(s) causing the impairment present in your discharge?		iii. Has the TMDL been completed for the pollutant(s) causing the impairment?	
	Yes	No		Yes	No	Yes	No
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CGPNOIREI-0458

(For Agency Use) Permit Authorization #: AKR10FB41 (
OASys Tracking #: CGPMOD-0913

Notice of Intent (NOI) Modification for Storm Water Discharges Associated with Construction Activity filed under an APDES General Permit

(***Please copy content exactly from your NOI. Indicate changes*** *on the* ***next page***.)

Current NOI Information
I. Permit Tracking Number: AKR10FB41 Olympic Mountain Loop Improvements_2; Alaska DOT&PF CR

Instructions for Completing a Modification to an APDES Notice of Intent (NOI)
Use the form on the subsequent pages to indicate the items for which you are submitting this modification. Only enter the information you wish to change. You may use this form to modify an NOI that you submitted to ADEC for coverage under the Construction General Permit (CGP). If you have any questions about modifying your NOI, call the DEC Storm Water Program at (907) 269-8117.
When Should You Modify Your Notice of Intent (NOI)? • You can use this form to update or correct information on your NOI, including: • Owner/Operator address and contact information • Site Information • Start or End dates • Number of acres to be disturbed *(Note, if the original project disturbance was between 1 and < 5 acres, and now will disturb five acres or more, a SWPPP must also be submitted with the NOI modification. Please note the CGP has different provisions for small and large construction projects.)* • Storm Water Pollution Prevention Plan (SWPPP) location and contact information • Continuation of expired permit in accordance with Part 2.6.
When must you Submit a Notice of Termination (NOT) Instead of a Modification Form? • The owner/operator has changed: You must submit a NOT when you transfer control of a site to a new owner/operator. The new owner/operator must then file a new NOI to obtain coverage under DEC's CGP. Coverage is not transferable.

(For Agency Use) Permit Authorization #: AKR10FB41 (

Notice of Intent (NOI)
for Storm Water Discharges Associated with Construction Activity under an APDES Construction General Permit

Submission of this Notice of Intent (NOI) constitutes notice that the party identified in Section II of this form requests authorization to discharge pursuant to the APDES Construction General Permit (CGP, AKR100000). Submission of this NOI also constitutes notice that the party identified in Section II of this form meets the eligibility requirements of the CGP for the project identified in Section IV of this form. Permit authorization is required prior to commencement of construction activity until you are eligible to terminate coverage as detailed in the CGP. To obtain authorization, you must submit a complete and accurate NOI form. Refer to the instructions at the end of this form.

I. Single/Multiple NOI Project

Is this NOI for a project with a single NOI? ☐ Yes ☐ No

If "No," then your project has multiple NOIs, will the fee be paid with this NOI? ☐ Yes ☐ No

If "No," then enter the name of the operator paying the fee:

II. Operator Information

Organization:	Name:	Title:
Phone:	Fax (optional):	Email:
Mailing Address: Street (PO Box):		
City:	State:	Zip:

III. Billing Contact Information

Organization:	Name:	Title:
Phone:	Fax (optional):	Email:
Mailing Address: Street (PO Box):		
City:	State:	Zip:

IV. Project / Site Information

Project Name:	Estimated Start Date: 05/01/2015	Estimated End Date: 07/31/2017
Brief Description of Project:	Estimated Area to be Disturbed *(nearest tenth acre)*:	

Is your project / site less than one-acre, but part of a common plan of development? ☐ Yes ☐ No

If "Yes", provide the Permit Authorization Number and name of the common plan of development: Number: Name:

Have storm water discharges from your project / site been authorized previously by a DEC permit? ☐ Yes ☐ No

If "Yes," provide the Permit Authorization Number for the previous DEC permit?

If "Yes," have you updated your SWPPP according to the 2016 CGP? ☐ Yes ☐ No

Location Address:	Street:	Borough or similar government subdivision:	
	City: Select	State: Alaska	Zip: Select
	Latitude (decimal degree, 5 places):	Longitude (decimal degree, 5 places):	Determined By: ☐ GPS ☐ USGS Topographic Map ☐ Other
	If you used a USGS Topographic map, what was the scale?		

V. SWPPP (Storm Water Pollution Prevention Plan)

Has the SWPPP been prepared in advance of filing this NOI? ☐ Yes ☐ No

For projects with 5 or more acres of disturbance, has a SWPPP been submitted to DEC? ☐ Yes ☐ No, ≤ 5 acres

Location of SWPPP for Viewing: ☐ Address in Section II ☐ Address in Section IV ☐ Other

If other:	Street:		
	City:	State: AK	Zip:

SWPPP Contact Information (if different than that in Section II):

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

Mailing Address:	Street (PO Box):		
	City:	State:	Zip:

VI. Permanent Storm Water Controls

Will you construct a permanent storm water management control measure at the project site (Part 4.11)? ☐ Yes ☐ No

If "Yes", indicate the type of measure to be installed:

☐ Pond ☐ Oil/Water/Grit Separator ☐ Proprietary Storm Water Sedimentation Device

☐ Other:

VII. Discharge Information

Does your project discharge into a Municipal Separate Storm Sewer System (MS4)? ☐ Yes ☐ No

If yes, name of the MS4 Operator:

Receiving Water and Wetlands Information: (if additional space is needed for this question, attach separate sheet or annotate in Section XI.)

a. Identify the name(s) of waterbodies or wetlands to which you discharge.	**Impaired waters/303d Listed waters**: (see http://dec.alaska.gov/water/wqsar/Docs/impairedwaters.pdf or http://dec.alaska.gov/water/wqsar/map.html, and http://dec.alaska.gov/water/tmdl/tmdl_index.htm.					
	b. Are any of your discharges directly into any segment of a 303d Listed Water, i.e. "Impaired" Water?		**c.** If you answered **YES** to question **b**, then answer the following three questions:			
			i. What pollutant(s) are causing the impairment?	**ii.** Are the pollutant(s) causing the impairment present in your discharge?		**iii.** Is the discharge consistent with the assumptions and requirements of applicable EPA approved or established Total Maximum Daily Load (TMDL(s))?
	Yes	**No**		**Yes**	**No**	**Yes**	**No**
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VIII. Treatment Chemicals

Will you use control measures such as polymers, flocculants or other treatment chemicals at your construction site? ☐ Yes ☐ No

***NOTE**: If you are unsure at the filing of the NOI, check "No" and then if you use treatment chemicals file an NOI Modification form indicating "Yes."*

If "Yes", indicate the following polymers, flocculants, or other treatment chemicals that will be used at your construction site:

☐ Alum ☐ Gypsum

☐ Polyacrylamide (PAM) ☐ Polyaluminum Chloride

☐ Other:

(For Agency Use) Permit Authorization #: AKR10FB41 C

IX. Certification Information

An Alaska Pollutant Discharge Elimination System (APDES) permit application or report must be signed by an individual with the appropriate authority per 18 AAC 83.385. For additional information, please refer to 18 AAC 83.385 at the following link: http://dec.alaska.gov/commish/regulations/pdfs/18%20AAC%2083.pdf#page=71

Signing Authority: Please identify your authority to sign APDES permit applications and reports. (Select only one)

☐ Corporate Executive Officer	18 AAC 83.385 (a)(1)(A)	For a corporation, 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.
☐ Corporate Operations Manager	18 AAC 83.385 (a)(1)(B)	For a corporation, the manager of one or more manufacturing, production, or operating facilities.
☐ Sole Proprietor or General Partner	18 AAC 83.385 (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.
☐ Public Agency, Chief Executive Officer	18 AAC 83.385 (a)(3)(A)	For a municipality, state, or other public agency, the chief executive officer of the agency.
☐ Public Agency, Senior Executive Officer	18 AAC 83.385 (a)(3)(B)	For a municipality, state, or other public agency, a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.
☐ Operations Manager (Delegated Authority)*	18 AAC 83.385 (b)(2)(A)	For a duly authorized representative, an individual or a position having responsibility for the overall operation of the regulated facility or activity, including the position of plant manager, operator of a well or a well field, superintendent or position of equivalent responsibility.
☐ Environmental Manager (Delegated Authority)*	18 AAC 83.385 (b)(2)(B)	For a duly authorized representative, an individual or position having overall responsibility for environmental matters for the company.

* For Delegated Authority: If you select "Delegated Authority" (Duly Authorized Representative), the delegation must be made in writing and submitted to the DEC. Your signature will not be approved until DEC receives the written delegation.
An Example of written authorization delegating authority can be found on the Division of Water website:
http://dec.alaska.gov/Water/OASysHelp/attachments/Delegation_Authorization_Form.pdf

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:
Alaska DOT&PF CR	David M Kemp, P.E.	Regional Director

Phone:	Fax (optional):	Email:
(907) 269-0542		david.kemp@alaska.gov

Mailing Address:	Street (PO Box):		
	P.O. Box 196900		
	City: Anchorage	State: AK	Zip: 99519-6900

Signature: D M Kemp

Date: 10-3-16

X. NOI Preparer *(Complete if NOI was prepared by someone other than the certifier.)*

Organization:	Name:	Title:

Phone:	Fax (optional):	Email:

Mailing Address:	Street (PO Box):		
	City:	State:	Zip:

XI. Document Attachments and Supplemental Information

Documents attached with this application:

☐ Copy of SWPPP if ≥ 5 acres of disturbance.

☐ Delegation of Signatory Authority.

For Agency Use
Permit #: CGPMOD-091:

Attachment 1. (Fill in as necessary if more space is required for Receiving water and Wetlands Information.)

a. What is the name(s) of your receiving water(s) that receive storm water directly and/or through a MS4? If your receiving water is impaired, then identify the name of the impaired segment, if applicable, in parenthesis following the receiving water name.	b. Are any of your discharges directly into any segment of an "impaired" water?		c. If you answered yes to question b, then answer the following three questions:				
			i. What pollutant(s) are causing the impairment?	ii. Are the pollutant(s) causing the impairment present in your discharge?		iii. Has the TMDL been completed for the pollutant(s) causing the impairment?	
	Yes	No		Yes	No	Yes	No
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