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

8/11/2016

Company: Yukon-Kuskokwim Health Corporation
ATTN: Kris Manke
PO BOX 2265
BETHEL AK 99559-2265

Facility:
YKHC-PJCP New Clinic and Hospital Renov
Lots 1 & 2 of US Survey No. 4000
Bethel AK 99559

Permit Number: AKR10FK96

This email/letter acknowledges that you have submitted a 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:
AKR10FK96 ·

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 #: AKR10FK96

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: ASKW-Davis, LLC

II. Operator Information

Organization:	Name:	Title:
Yukon-Kuskokwim Health Corporation	Kris Manke	Director of Construction

Phone:	Fax (optional):	Email:
(907) 543-3848	(907) 543-6054	Lennard_Manke@ykhc.org

Mailing Address:	Street (PO Box):		
	PO BOX 2265		
	City: BETHEL	State: AK	Zip: 99559-2265

III. Billing Contact Information

Organization:	Name:	Title:
Yukon-Kuskokwim Health Corporation	Kris Manke	Director of Construction

Phone:	Fax (optional):	Email:
(907) 543-3848	(907) 543-6054	Lennard_Manke@ykhc.org

Mailing Address: ☐ Check if same as Operator Information	Street (PO Box):		
	PO BOX 2265		
	City: BETHEL	State: AK	Zip: 99559-2265

IV. Project / Site Information

Project Name:	Estimated Start Date:	Estimated End Date:
YKHC-PJCP New Clinic and Hospital Renovations	09/05/2016	09/23/2020

Brief Description of Project:

Estimated Area to be Disturbed *(nearest tenth acre)*: 13

The YKHC-PJCP New Clinic and Hospital Renovation project will comprise of a new 3-story site work improvement including new access points, parking areas, various amenities, and utility development.

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? Select

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

Location Address:	Street:		Borough or similar government subdivision:	
	Lots 1 & 2 of US Survey No. 4000		Bethel	
	City: Bethel		State: Alaska	Zip: 99559
	Latitude (decimal degree, 5 places):	Longitude (decimal degree, 5 places):	Determined By:	Internet - Google Maps
			☐ USGS Topographic Map, scale:	
	60.78906	-161.78449	☐ Other:	

(For Agency Use) Permit Authorization #: AKR10FK96

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: 6591 A St STE 300		
	City: Anchorage	State: AK	Zip: 99518-1866

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

Organization:	Name:	Title:
Yukon-Kuskokwim Health Corporatior	Kris Manke	Director of Construction

Phone:	Fax (optional):	Email:
(907) 543-3848	(907) 543-6054	Lennard Manke@ykhc.org

Mailing Address: ☐ Check if same as Operator Information	Street (PO Box): PO BOX 2265		
	City: BETHEL	State: AK	Zip: 99559-2265

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
Kuskokwim River	☑	☐	Metals, Antimony, Arsenic, Mur	☐	☑	☑	☐
	☐	☐		☐	☐	☐	☐
	☐	☐		☐	☐	☐	☐
	☐	☐		☐	☐	☐	☐
	☐	☐		☐	☐	☐	☐

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:
Yukon-Kuskokwim Health Corpora	Kris Manke	Director of Construction

Phone:	Fax (optional):	Email:
(907) 543-3848	(907) 543-6054	Lennard_Manke@ykhc.org

Mailing Address:	Street (PO Box):		
☐ Check if same as Operator Information	PO BOX 2265		
	City: BETHEL	State: AK	Zip: 99559-2265

Signature Page Signed by: Kris Manke
Signature

8/11/2016
Date

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

Organization:	Name:	Title:
Yukon-Kuskokwim Health Corpora	Kris Manke	Director of Construction

Phone:	Fax (optional):	Email:
(907) 543-3848	(907) 543-6054	Lennard_Manke@ykhc.org

Mailing Address:	Street (PO Box):		
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XI. Document Attachments and Supplemental Information

For Agency Use
Permit #: AKR10FK96

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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	☐	☐		☐	☐	☐	☐
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