

STATE OF ALASKA AUTHORIZATION: ATTACHMENT 1

AUTHORIZATION TO DISCHARGE UNDER THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) FOR FACILITIES RELATED TO OIL AND GAS EXTRACTION, DISCHARGING TO FRESHWATER

FACILITY ASSIGNED NUMBER AKG330073

NPDES PERMIT NUMBER: **AKG-33-0000**

See this General Permit for additional permit requirements

THE FOLLOWING FACILITY IS AUTHORIZED TO DISCHARGE IN ACCORDANCE WITH THE TERMS OF NPDES GENERAL PERMIT AKG-33-0000 AND ANY SITE SPECIFIC REQUIREMENTS LISTED IN THIS AUTHORIZATION:

Issued to: Doyon Drilling Inc
Facility Name: DDI Rig 141 Mobile Drilling Camp
Location of Discharge: National Petroleum Reserve - Alaska
Latitude: N/A (see below) **Longitude:** N/A (see below)
Waterbody or Surface discharged to: Frozen tundra and tundra wetlands
Maximum Volume: 7,000 gpd
Type of Disinfection: Chlorine
Type of Treatment Facility: Neptune Microfloc portable physical chemical treatment plant by Garness Industrial Inc w/ chlorine disinfection
Effluent Compliance Point: End of the treatment process prior to discharge.

SITE SPECIFIC PERMIT REQUIREMENTS UNDER THIS AUTHORIZATION (in addition to those required in the NPDES general permit):

1. This authorization is effective on Jan. 14, 2005 and expires January 2, 2009.
2. Applicant is authorized for domestic wastewater discharge (001) onto frozen tundra. A mixing zone has not been established, therefore effluent must meet water quality standards at the discharge point as stated in General Permit AKG330000.
3. Since a general area (NPRA) was identified in the Notice of Intent the permittee must furnish ADEC the longitude and latitude and name of various discharge locations within the NPRA once a month as required by AKG330000 Part 1B.
4. The duration of discharge to a specific area shall not exceed 30 days.
5. The discharge shall not be directly to the open waters of a freshwater lake or river.
6. Final approval to operate this wastewater treatment system was granted by ADEC on June 20, 1997.

EFFLUENT LIMITATIONS AND MONITORING FOR DOMESTIC DISCHARGE:

Effluent Characteristic	Minimum Value	30 Day Average	7 Day Average	Maximum Value	Units	Frequency of Analysis	Sample Type
Total Flow (effluent or influent)	N/A	N/A	N/A	7000	GPD	Daily -- 5/week	Estimated or Measured
Floating Solids & Garbage (effluent)	N/A	N/A	N/A	0	N/A	Daily	Observation
Foam (effluent)	N/A	N/A	N/A	0	N/A	Daily	Observation
Oily Sheen (effluent)	N/A	N/A	N/A	0	N/A	Daily	Observation
Dissolved Oxygen (effluent)	7	N/A	N/A	17	mg/L	1/Week	Grab
Total Residual Chlorine (effluent) ^{2,4}	N/A	N/A	N/A	0.002	mg/L	1/Week	Grab
5-day Biochemical Oxygen Demand (effluent)	N/A	30	45	60	mg/L	1/month	Grab or composite ³
	N/A	N/A	N/A	3.5	lbs/day		
Total Suspended Solids (effluent)	N/A	30	45	60	mg/L	1/month	Grab or composite ³
	N/A	N/A	N/A	3.5	lbs/day		
Fecal Coliform Bacteria (effluent) ¹	N/A	20	N/A	40	FC per 100 mL	1/month	Grab
pH (effluent)	6.5	N/A	N/A	8.5	S.U.	1/month	Grab

Footnotes

1. All effluent fecal coliform average results must be reported as the geometric mean
2. Test not required if chlorine is not used as disinfectant.
3. Composite samples must consist of at least four equal volume grab samples, two of which must be taken during periods of peak flow.
4. The detection limit is 0.1 mg/l

Should you have any further questions please do not hesitate to contact Catherine Seymour at 907-451-2106.

SIGNATURE:

January 14, 2005

SIGNATURE ON FILE

Signature

Date

William D. McGee

Technical Engineer

Printed Name

Title

Discharge Monitoring Report

(DMR) – PAGE 1 of 1

Permit number: AKG330000	Expires: 1/2/2009	Submit this report to:	ADEC and EPA to the addresses on Part 1E of the NPDES general permit.
File number: 375.45.007	Authorization: AKG330073		

Applicant Name: Doyon Drilling Inc	Responsible party: Russ Douglas
Address: 101 West Benson Blvd, Anchorage, AK 99503	Phone / email: 907-565-4269
Facility: DDI Rig 141 Mobile Drilling Camp	Onsite Contact: Pat Krupa
Location: Prudhoe Bay	Phone: 907-659-7115

Required Reporting Frequency Quarterly	Discharge: Domestic wastewater discharged onto tundra	Sample Period	
		From:	To:

Parameter	Min. Value	30 day Average	7 day Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method
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Discharge 001										
Flow Rate (effluent or influent)	Estmt'd/ Measure	N/A		N/A				gpd	Daily -- 5/week	Estimated/ Measured
	Permit Limits	N/A	Report	N/A	7000	report	report			
Floating Solids & Garbage (effluent)	Analytical Results	N/A	N/A	N/A				N/A	Daily	Observation
	Permit Limits	N/A	N/A	N/A	0	report	report			
Foam (effluent)	Analytical Results	N/A	N/A	N/A				N/A	Daily	Observation
	Permit Limits	N/A	N/A	N/A	0	report	report			
Oily Sheen (effluent or influent)	Analytical Results	N/A	N/A	N/A				N/A	Daily	Observation
	Permit Limits	N/A	N/A	N/A	0	report	report			
Total Residual Chlorine (effluent)	Analytical Results	N/A	N/A	N/A				mg/L	1/Week	Grab
	Permit Limits	N/A	N/A	N/A	<0.1	report	report			
Dissolved Oxygen (effluent)	Analytical Results		N/A	N/A				mg/L	1/Week	Grab
	Permit Limits	7	N/A	N/A	17	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results	N/A						mg/L	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Biochemical Oxygen Demand (effluent)	Analytical Results	N/A	N/A	N/A				lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	N/A	N/A	3.5	report	report			
Total Suspended Solids (effluent)	Analytical Results	N/A						mg/L	1/month	Grab or Composite
	Permit Limits	N/A	30	45	60	report	report			
Total Suspended Solids (effluent)	Analytical Results	N/A	N/A	N/A				lbs/day	1/month	Grab or Composite
	Permit Limits	N/A	N/A	N/A	3.5	report	report			
Fecal Coliform Bacteria (effluent)	Analytical Results	N/A		N/A				#/100 mL	1/month	Grab
	Permit Limits	N/A	20	N/A	40	report	report			
pH (effluent)	Analytical Results		N/A	N/A				Std. Units	1/month	Grab
	Permit Limits	6.5	N/A	N/A	8.5	report	report			

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THAT INFORMATION, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION.

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT		
	DATE	TELEPHONE	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE)

_____ CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD

NPDES Compliance Hotline, Seattle, Washington. Phone: (206) 553-1846

ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 Division of Air and Water Quality, 610 University Avenue, Fairbanks AK 99709-3643
 Phone: FAIRBANKS (907) 451-2130, Fax: (907) 451-2187

NONCOMPLIANCE NOTIFICATION¹

GENERAL INFORMATION		PERMIT #: AKG330072	
APPLICANT/COMPANY: Doyon Drilling Inc		FACILITY NAME: DDI Rig 141 Mobile Drilling Camp	FACILITY LOCATION NPRA
PERSON REPORTING	PHONE NUMBER OF PERSON REPORTING	REPORTED HOW? (e.g. by phone)	
DATE/TIME EVENT WAS NOTICED	DATE/TIME REPORTED	NAME OF DEC STAFF CONTACTED	
VERBAL NOTIFICATION MUST BE MADE TO ADEC & EPA WITHIN 24 HOURS OF DISCOVERY			
INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)			
ESTIMATED QUANTITY INVOLVED (volume or weight)			
CAUSE OF EVENT (be specific)			
PERMIT CONDITION DEVIATION (Identify each permit condition exceeded during the event).			
Parameter (e.g. BOD, pH)	Permit Limit	Exceedance (sample result)	Sample date
CORRECTIVE ACTIONS Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.			
ENVIRONMENTAL DAMAGE. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN (If yes, provide details below).			
ACTUAL/POTENTIAL IMPACT ON ENVIRONMENT/PUBLIC HEALTH (describe in detail)			
ACTIONS TAKEN TO REDUCE OR ELIMINATE ACTUAL/POTENTIAL IMPACT ON ENVIRONMENT/PUBLIC HEALTH [(describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)].			
COMMENTS			
Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.			
NAME: _____		SIGNATURE: _____	DATE: _____
FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.			

1. Includes noncompliance caused by upset. Note that there are other noncompliance reporting that does not require 24 hour reporting. See Part III H of permit AKG-33-0000.

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ACCIDENTAL DISCHARGE / SPILL NOTIFICATION¹

GENERAL INFORMATION		PERMIT #: AKG330073	
APPLICANT/COMPANY: Doyon Drilling Inc		FACILITY NAME: DDI Rig 141 Mobile Drilling Camp	FACILITY LOCATION NPRA
PERSON REPORTING		PHONE NUMBER OF PERSON REPORTING	REPORTED HOW? (e.g. by phone)
DATE/TIME OF SPILL	DATE/TIME REPORTED	NAME OF DEC STAFF CONTACTED	
VERBAL NOTIFICATION MUST BE MADE TO ADEC & EPA WITHIN 24 HOURS OF DISCOVERY OF SPILL.			
INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)			
PRODUCT SPILLED (e.g. sewage, propylene glycol, etc)		SOURCE OF SPILL	
QUANTITY SPILLED (volume or weight)	QUANTITY CONTAINED	QUANTITY RECOVERED	QUANTITY DISPOSED
CAUSE OF SPILL AND ACTIONS TAKEN TO CORRECT THE CAUSE (be specific)			
CLEANUP ACTIONS (describe in detail)			
DISPOSAL METHODS AND LOCATION (describe in detail)			
STATUS OF CLEANUP ACTIONS (If clean up has not begun, provide estimated time to begin and complete clean up and reasons for the delay)			
ENVIRONMENTAL DAMAGE. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If yes, provide details below.	SURFACE AREA AFFECTED (square feet)	SURFACE TYPE (e.g. tundra, land covered with snow, etc)	
ACTUAL/POTENTIAL IMPACT ON ENVIRONMENT/PUBLIC HEALTH (describe in detail)			
COMMENTS			
Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.			
NAME: _____	SIGNATURE: _____		DATE: _____
FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.			

1. Includes all overflows and unanticipated bypass that exceeds the effluent limits in the authorization.