



**2017 ADEC Seafood Ice Manufacturer  
Application Instructions**  
Alaska Department of Environmental Conservation  
DEC - Food Safety and Sanitation Program



**WHICH PAGES DO I FILL OUT?**

**NEW APPLICANTS**

- Complete pages 1-3; and
- Submit drawings of the facility or vessel with the application.

**PERMIT RENEWAL APPLICANTS – LAST THREE DIGITS OF PERMIT NUMBER IS BETWEEN 301 AND 600**

- Complete pages 1-3.
- You are not required to submit new plans unless you have made significant changes.

**PERMIT RENEWAL APPLICANTS - ALL OTHER OPERATORS WHOSE LAST THREE DIGITS OF PERMIT NUMBER ARE BETWEEN (601-999) AND (000-300)**

Complete page 1

- You are not required to submit new plans unless you have made significant changes.

**PERMIT RENEWAL APPLICANTS - SIGNIFICANT CHANGES (INCLUDING CHANGES IN OWNERSHIP)**

- Complete pages 1-3; and
- Include drawings of the facility or vessel, indicating structural or equipment changes.

*It may take up to 60 days to process an ADEC permit application.*

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**FOR QUESTIONS CONTACT**

**SEAFOOD**

Joy McLaurin  
Ph: (907) 269-7628  
Fax: (907) 269-7510  
[seafoodprocessing@alaska.gov](mailto:seafoodprocessing@alaska.gov)

**SHELLFISH**

George Scanlan  
Ph: (907) 269-7638  
Fax: (907) 269-7510  
[dec.shellfish@alaska.gov](mailto:dec.shellfish@alaska.gov)

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**MAIL COMPLETED APPLICATIONS, PLANS, DRAWINGS, AND FEES TO**

DEC-FSS, Seafood Permits  
555 Cordova Street, 5<sup>th</sup> Floor  
Anchorage, AK 99501

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*Credit card payments may be made to (907) 269-4552 or (907) 269-7501  
NOTE: Credit card payments cannot be processed until application is received.*

Forms are available online at: [http://www.dec.alaska.gov/eh/fss/forms/forms\\_home.html](http://www.dec.alaska.gov/eh/fss/forms/forms_home.html)

# APPLICATION INSTRUCTIONS

## *Ice Manufacturer Application, Page 1*

### **OWNER INFORMATION**

Include the name of the individual or corporation that is legally-responsible for the vessel or shore-based facility. The "Contact Name" is typically the person you would like us to contact if we have questions about the application or the facility. If you are not sure of the type of business you operate, contact the [Division of Corporations, Business & Professional Licensing](#).

OWNER INFORMATION					
Individual or Corporation Name			ADEC Permit Number AK-  Check if new <input type="checkbox"/>	Contact Name	
Company or Business Name			Permanent Phone Number	Fax Number	
Business Mailing Address			Radio/Cell Number	E-mail Address	
City	State	Zip Code	Check one: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other		

### **SHORE-BASED**

Shore-based means that your operation is on land. In this section, the "Name of Owner" may be the same as the information you provided above, or may be a seasonal contact. Provide the physical location of the plant. If there is no street address, you may provide a location description such as, "Mile 1, Naknek Road." The "Number of Employees" should reflect the peak number of total employees at that location. If the seasonal mailing address is different from the permanent address, include that information. Regardless of where you indicate you want your mail to be sent during the season, include the seasonal phone number, radio/cell number, fax number, and email address. Food service means that you provide food to employees or operate a retail store or food business at the facility.

SHORE-BASED FACILITY INFORMATION					
Name of Facility			Previous Name of Facility (if applicable)	Number of Employees	
Location of Facility (Physical Address is Required)			Name of Owner	Does your facility provide food service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility/Seasonal Address			Food Service Permit Number:	Radio/Cell Number	
City	State	Zip Code	Seasonal Phone Number	Fax number	
Plant Manager or Quality Control Contact			E-mail Address		

## VESSEL INFORMATION

Indicate the registered name of the vessel, and the mailing address where the vessel manager receives mail during the harvest season. The "Alaska Port/Mooring Location" include the port where the vessel will be available for onsite inspections. Locations and ports designated in 18 AAC 34 for onsite inspections are: Anchorage, Dutch Harbor, Juneau, Kenai, Ketchikan, Kodiak, Sitka, and Valdez. ADEC also conducts inspections at Cordova, Homer, Petersburg, Wrangell, and Yakutat. If your vessel is only available at a port or location not listed, contact the Department for approval.

<b>VESSEL INFORMATION</b>					
Name of Vessel			Previous Name of Vessel (if applicable)		
Owner Name			Alaska Port/Mooring Location		
Vessel/Seasonal Mailing Address			Overall Vessel Length		Number of Employees
City	State	Zip Code	Seasonal Phone Number	Does your vessel provide food service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vessel Manager or Quality Control Contact			Radio/Cell Number		Fax number
			E-mail Address		

## TYPES OF FISHERIES / FEES

Check the box and submit the proper fee. If you are not sure of your permit type, contact ADEC.

## SIGNATURE

IMPORTANT: ADEC cannot process your application without a signature and date.

**CORPORATIONS, LLCS, PARTNERSHIPS OR OTHER**

If you checked that the firm operates as a corporation, LLC, partnership, or similar business, list the registered corporate officers, members, agents and partners of the entity applying for this permit. If you have multiple officers or partners, you may submit the information on a separate page.

<b>CORPORATIONS, LLC's, PARTNERSHIPS or OTHER</b> <i>(List the parent corporation on the first line if applicable. List names of all corporate officers or partners of the entity applying for this permit. If you have multiple officers or partners, please submit the information on a separate page).</i>		
Parent Corporation Name (if applicable)		Phone Number
President/Owner/Partner		Fax Number
Business Mailing Address		E-mail
City	State	Zip

**AFFILIATED SEAFOOD PROCESSING FIRMS**

If this plant/vessel is owned by a company that operates other seafood processing plants/vessels in Alaska, provide the name(s) and contact information of all owners. You may submit additional information on a separate page.

<b>AFFILIATED SEAFOOD PROCESSING FIRMS</b> <i>(List the name(s) and address(es) of associated firms that are permitted to process seafood in Alaska. If you have more firms than will fit below, please submit the information on a separate page).</i>		
Company or Business Name		Phone Number
Business Mailing Address		Fax Number
City	State	Zip
		E-mail

**WATER**

**Public Water System:**

If you use water from a Public Water System, list the PWS ID#, which can be obtained from the [ADEC Drinking Water program](#) at (866) 956-7656, or (800) 770-2137.

**Fresh Water, other than Public:**

If you are using **fresh** water from a source other than a Class A system note the estimated gallons of water used per day, the disinfectant used (chlorine, or alternative method as approved by ADEC), and how the disinfectant will be added (direct injection, or batch chlorination).

**Processing Salt Water:**

Indicate the specific water body of water where the processing water will be drawn from. Note the estimated gallons of water used per day, the disinfectant used (chlorine, or alternative method as approved by ADEC), and how the disinfectant will be added (direct injection, or batch chlorination).

A *daily disinfection log* is a record that shows the daily measurement of chlorine or other disinfectant in the processing water taken by the firm/vessel.

<b>WATER</b> Complete information below that is applicable to each drinking, and processing water system. Contact the Drinking Water program at (866) 956-7656 (outside of Anchorage), or (907) 269-7656 (in Anchorage)					
Water Type	ID# or Source	Gallons/Day	Disinfectant Used	PPM	Method
Public Water System	ID#				N/A
Fresh Water – (Other than Public Water System)	Source				<input type="checkbox"/> Direct-Injection <input type="checkbox"/> Batch Vessel < 65'
Salt Water (Used for Processing)	Specific Water Body(s)				<input type="checkbox"/> Direct-Injection <input type="checkbox"/> Batch Vessel < 65'
Do you have a Daily Disinfection Log for processing water?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

## WASTE WATER DISPOSAL

Contact the [ADEC Wastewater Permitting Program](#): (907) 269-7561 if you are unsure about information requested.

Indicate the type of system where your waste water will be discharged. If your facility is hooked up to a municipal system please indicate the system name. For all other types of wastewater treatment include the ADEC plan review number which can be obtained through the [ADEC Engineering Support and Plan Review](#). If you are discharging into a marine waterway indicate that water body. Indicate the estimated gallons of wastewater that you will be discharging daily.

<b>SHORE-BASED FACILITIES</b>		
<b>Treatment Type</b>	<b>Disposal Method</b>	<b>Capacity</b>
<u>Municipal System</u>	<u>Direct Connection to:</u> City of: _____ Municipality of: _____ Village of: _____	Gallons/day (gpd)
<u>Package Treatment Plant</u> ADEC Plan Review #	<u>Marine Discharge:</u> Water body: _____ Other: _____	Gallons/day (gpd)
<u>Septic System</u> ADEC Plan Review #	<u>On-lot to Subsurface</u> <input type="checkbox"/> Bed: _____ SF <input type="checkbox"/> Trench: _____ SF <input type="checkbox"/> Other: _____ SF	Gallons/day (gpd)
<u>Other (describe)</u>	Other (describe)	Gallons/day (gpd)

## VESSELS

The Coast Guard categorizes MSDs as follows:

**Type 1** - Flow-through treatment devices that commonly use maceration and disinfection for the treatment of sewage. They may be installed only on vessels less than or equal to 65 feet in length. Must produce an effluent with: no visible floating solids and a fecal coliform bacterial count not greater than 1000 per 100 milliliters.

**Type 2** - Flow-through treatment devices that may employ biological treatment and disinfection (some Type 2 MSDs may use maceration and disinfection). They may be installed on vessels of any length. Must produce an effluent with: A fecal coliform bacterial count not greater than 200 per 100 milliliters and no more than 150 milligrams of total suspended solids per liter.

**Type 3** - Typically a holding tank where sewage is stored until it can be disposed of shore-side or at sea (beyond three miles from shore). They may be installed on vessels of any length. No performance standard, but pursuant to Coast Guard regulations, a Type 3 MSD must "be designed to prevent the overboard discharge of treated or untreated sewage or any waste derived from sewage". [33 CFR 159.53\(c\)](#)