



NOTICE OF INTENT (NOI) / APPLICATION TO DISCHARGE UNDER:

General Permit AKG283100 -

Geotechnical Surveys in State Waters of the Beaufort and Chukchi Seas

Please submit this NOI to:

ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Wastewater Discharge Authorization Program

555 Cordova Street

Anchorage, Alaska 99501

Submittal of this document constitutes notice that the party identified in Section 3 intends to be covered by the Alaska Pollutant Discharge Elimination System (APDES) General Permit AKG283100 – Geotechnical Surveys in State Waters of the Beaufort and Chukchi Seas (permit). The permit authorizes discharges into waters of the United States resulting from geotechnical facilities and obligates the applicant to comply with the terms and conditions of the permit. Please provide all information below per each site proposed for geotechnical survey activities. Attach supplemental information sheets as appropriate. The applicant may submit the NOI via email to dec.water.oilandgas@alaska.gov. However, a signed hardcopy must also be sent to the address above.

SECTION 1 – PERMIT INFORMATION

Previous Permit or Authorization No. (if applicable):

Please indicate the coverage requested.

New Authorization: A geotechnical facility wastewater discharge that has not been authorized under this general permit.

Reauthorization: A geotechnical facility wastewater discharge that was previously authorized under this general permit.

SECTION 2 – APPLICANT INFORMATION

Company Name:

Phone:

Name of Contact Person:

Fax:

Mailing Address (Street/Location):

City:

State:

Zip:

Email Address:

SECTION 3 – GEOTECHNICAL FACILITY INFORMATION

Facility Name: _____ Phone: _____

Name of Contact Person: _____ Fax: _____

Facility Mailing Address (Street/Location): _____ State: AK Zip: _____

Email Address: _____

Geotechnical Facility Type: <i>(check applicable type)</i>	<input type="checkbox"/>	Jackup Rig	Approx Start Date:		U.S. Coast Guard No.:	
	<input type="checkbox"/>	Drill Ship				
	<input type="checkbox"/>	Semisubmersible	Approx End Date:		Vessel Length:	
	<input type="checkbox"/>	Liftboat				
	<input type="checkbox"/>	Other (specify):				

SECTION 4 – SUPPORT VESSELS (FOR INFORMATION PURPOSES ONLY)
(If there are more than 6 support vessels, please use additional sheets).

VESSEL #1	Vessel Name: _____					
	Phone Number: _____		Fax Number: _____		Email: _____	
	U.S. Coast Guard No.: _____			Vessel Length: _____		

VESSEL #2	Vessel Name: _____					
	Phone Number: _____		Fax Number: _____		Email: _____	
	U.S. Coast Guard No.: _____			Vessel Length: _____		

VESSEL #3	Vessel Name: _____					
	Phone Number: _____		Fax Number: _____		Email: _____	
	U.S. Coast Guard No.: _____			Vessel Length: _____		

VESSEL #4	Vessel Name: _____					
	Phone Number: _____		Fax Number: _____		Email: _____	
	U.S. Coast Guard No.: _____			Vessel Length: _____		

VESSEL #5	Vessel Name: _____					
	Phone Number: _____		Fax Number: _____		Email: _____	
	U.S. Coast Guard No.: _____			Vessel Length: _____		

VESSEL #6	Vessel Name: _____					
	Phone Number: _____		Fax Number: _____		Email: _____	
	U.S. Coast Guard No.: _____			Vessel Length: _____		

SECTION 5 – RESPONSIBLE PARTY INFORMATION

Owner/Operator or Person responsible for overall management of the project and discharge

First Name:	Last Name:	Phone:
Title:		Signatory Authority*: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Fax:
City:	State:	Zip:
E-mail Address:		

SECTION 6 – ON-SITE CONTACT/OPERATOR INFORMATION Check if same as Responsible Party

First Name:	Last Name:	Phone:
Title:		Signatory Authority*: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Fax:
City:	State: Alaska	Zip:
E-mail Address:		

SECTION 7 – BILLING INFORMATION

First Name:	Last Name:	Phone:
Title:		Signatory Authority*: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Fax:
City:	State: Alaska	Zip:
E-mail Address:		

*If no signatory authority is identified above, please provide the appropriate contact and title in an attached cover letter.

SECTION 8 – BOREHOLE LOCATION INFORMATION (DISCHARGE 001)

(Use additional sheets as necessary)

Name of Receiving Waterbody or Area:

Geotechnical Facilities are required to designate the sites where they will be operating. Authorizations will be issued per borehole location. Provide vicinity and borehole maps depicting proposed discharge locations that clearly demonstrate that the well location meets requirements for permit coverage. Field adjustments for borehole locations can be made per Permit Section 1.2.8.

Borehole Transect Name	Borehole Number	Borehole Diameter (inches)	Seafloor Depth from MLLW (feet)	Latitude	Longitude	Coordinate Source	Planned Drill Depth (feet)	Are Drilling Fluids likely to be used?*	Projected Start Date	Is the borehole within 3,280 feet of any area described in Table 7?
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

*If the applicant answers “No” for the use of Drilling Fluids, please indicate “No Discharge” on the appropriate Discharge Monitoring Report (001) for that individual borehole. The applicant is still required to report for any Discharges (002-012) associated with the Geotechnical Facility even if drilling fluids are not used while actively conducting Geotechnical Surveys.

SECTION 9 – DRILLING FLUIDS TO BE USED IN BOREHOLE DRILLING

Category (check all that apply)	<input type="checkbox"/>	Water-based	Group (check all that apply)	<input type="checkbox"/>	Lignosulfonate
	<input type="checkbox"/>	Other (specify):		<input type="checkbox"/>	Lime
Provide a description of the disposal practice of oil-based, synthetic-based, or other drilling fluids proposed to be used in well drilling in the DFP.				<input type="checkbox"/>	Gyp
				<input type="checkbox"/>	Sea-water
				<input type="checkbox"/>	Saltwater
				<input type="checkbox"/>	Saturated Saltwater
				<input type="checkbox"/>	Non-dispersed (Viscosifier/Polymer) PH/PA

SECTION 10 – INVENTORY OF DISCHARGES

Check all that apply then indicate the depth of discharge and the maximum daily and average discharge rate, and indicate if you will be requesting a default mixing zone for that discharge (include units of measure).

	Mixing Zone Requested	Discharge Depth:	Max Daily Discharge Rate	Average Discharge Rate
<input type="checkbox"/> 001 Drilling Fluids and Drill Cuttings*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> 002 Deck Drainage	N/A			
<input type="checkbox"/> 003 Domestic Wastewater (See NOI Section 12)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> 004 Graywater (See NOI Section 12)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> 005 Desalination Unit Waste	N/A			
<input type="checkbox"/> 007 Boiler Blowdown	N/A			
<input type="checkbox"/> 008 Fire Control System Test Water	N/A			
<input type="checkbox"/> 009 Non-Contact Cooling Water	N/A			
<input type="checkbox"/> 010 Uncontaminated Ballast Water	N/A			
<input type="checkbox"/> 011 Bilge Water	N/A			
<input type="checkbox"/> 012 Excess Cement Slurry	N/A			

*Drilling Fluids Plan (DFP) and Environmental Monitoring Plan (EMP)-Study Plan are required.

SECTION 11 – COMPLIANCE WITH WASTEWATER DISPOSAL REGULATIONS (18 AAC 72)

DOMESTIC WASTEWATER TREATMENT: Provide a brief description of the domestic wastewater treatment process(es) of the facility, including the level of treatment and type of disinfection (if any). Include all makes, models, treatment capacities of the wastewater treatment units, and a schematic (line diagram) of the wastewater treatment process.

ENGINEERED PLAN REVIEW: Proof of a current Approval to Operate (ATO) from DEC for the geotechnical facility indicated in this NOI, satisfies requirements of 18 AAC 72.200 and 72.205. Provide the dates of plan submittal and ATO (if applicable). If you do not have an ATO or have not yet submitted plans, please indicate in the spaces provided below.

Engineered Plan Review Submittal Date:	Approval to Operate Issue Date Date: (Attach ATO Letter)
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MINIMUM TREATMENT WAIVER: In accordance with 18 AAC 72.050(d)(1) – (5) and 18 AAC 72.060(b), an applicant seeking a waiver from the minimum treatment requirements of 18 AAC 72.050(a)(1) or (a)(4) for domestic wastewater discharge 003 or graywater discharge 004, shall provide proof of previous approval or submit a report prepared by a registered engineer. The department will review the report and determine if a waiver or modification will be made in accordance with 18 AAC 72.060. Provide the submittal date for any applicable waiver requests and the approval (if applicable). If you do not have a Minimum Treatment Waiver or have not yet requested one, please indicate in the spaces provided below.

Will graywater (as defined by 18 AAC 72.990(35)) be discharged as a segregated wastewater stream? <input type="checkbox"/> Yes - A waiver is required for Graywater Discharge (003) <input type="checkbox"/> No	Maximum Rated Personnel Capacity of the Facility:	Average Estimated Personnel on this Facility:
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Minimum Treatment Waiver Submittal: Date: Waiver for: (indicate discharge)	Minimum Treatment Waiver Approval (attach Approval): Date:
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SECTION 12 – CERTIFICATION

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.

Signature	Title
Printed Name	Date

NOTICE OF INTENT (NOI) CHECKLIST OF ATTACHEMENTS
(Permit Number AKG283100)

The applicant must submit the following information (if applicable) with the NOI:

Vicinity Map	<input type="checkbox"/> Included	Submit a vicinity map showing that the approximate location of the project is within the coverage area. Mobile geotechnical facilities must indicate the intended areas of operation (e.g. Survey Area).
Borehole Map	<input type="checkbox"/> Included	Submit initial site assessment with NOI documenting that each borehole site is not located in or near a sensitive marine environment specifically excluded from coverage by this permit (see Table 7 of the permit). Adjust map scale as needed to depict sensitive areas.
Line Drawings and Flow Balances	<input type="checkbox"/> Included	Submit line drawings that show the flow, including rates/volumes of each discharged waste stream through facility. The line drawings must contain flow balances showing average and maximum flow rates between intakes, operations, treatment units, and outfalls.
Environmental Monitoring Program (EMP) Plan of Study	<input type="checkbox"/> Included	Submit EMP Plan of Study (i.e., EMP design and detailed scope of work), including dilution, plume and deposition monitoring (Permit Section 3.3). Include references to or copies of any previously completed EMP Reports.
Other Environmental Reports and Related Plans	<input type="checkbox"/> Included	Provide copies of exploration plans, biological surveys, and environmental reports for the site required by other state (e.g., ADNR, ADFG) and federal (e.g., BOEM, BSEE, NMFS, FWS) agencies that may support NOI requirements.
Drilling Fluid Plan	<input type="checkbox"/> Included	Submit a plan for the formulation and control of drilling fluid/chemical additive systems for each well.
Best Management Practices (BMP) Plan	<input type="checkbox"/> Included	Submit the BMP Plan that incorporates practices to achieve the objectives and specific requirements of the permit.
Quality Assurance Project Plan (QAPP) Certification	<input type="checkbox"/> Acknowledge	Submit a letter certifying that a QAPP for all monitoring required by this general permit has been developed and implemented. Submittal is required with the NOI or within 90 days of discharging.
Plan Review for All Discharges (003 - 004)	<input type="checkbox"/> Included	Submit proof of prior approval or an engineering plan to DEC for written approval before constructing, installing, or modifying a domestic or nondomestic wastewater treatment works (18 AAC 72.200 and 18 AAC 72.205).
Waiver from minimum treatment requirements for domestic wastewater (if applicable).	<input type="checkbox"/> Included	Submit proof of prior approval or an engineering report with a request for written approval of a waiver to DEC's minimum treatment requirements (18 AAC 72.050).