

Permit No: _____



NOTICE OF INTENT (NOI)
APDES General Permit for Aquaculture Facilities in Alaska
General Permit No. AKG130000

Submittal of this document constitutes notice that the party identified in Section III requests authorization to be authorized to discharge pollutants to waters of the United States under the Alaska Pollutant Discharge Elimination System (APDES) General Permit for Aquaculture Facilities in Alaska and agrees to comply with all applicable terms and conditions of the general permit. To be granted coverage, all information required on this form must be completed. Please provide all information below and attach a Carcass Disposal Plan and any other supplemental information sheets as appropriate. If you have any questions in regards to your eligibility for coverage under the general permit or completing this form, please visit <http://dec.alaska.gov/water/wwdp/index.htm> for DEC contact information.

I. Facility Information			
Facility Name	Existing Facility	Existing Permit No.	Proposed Facility
Physical Location			
Mailing Address			
City	State	Zip	
Latitude (decimal degree)	Longitude (decimal degree)	Determined By: <input type="checkbox"/> GIS <input type="checkbox"/> USGS Topographic Map <input type="checkbox"/> Other <input type="checkbox"/> Web, Source:	
Email	Phone	Fax	

II. Owner Information			
Organization			
Contact Name	Title		
Mailing Address			
City	State	Zip	
Email	Phone	Fax	

III. Operator/Permittee			
<input type="checkbox"/> Check if the same as Owner			
Organization			
On-Site Contact Name	Title		
Mailing Address			
City	State	Zip	
Email	Phone	Fax	

IV. Billing Information			<input type="checkbox"/> Check if the same as Owner
Organization			
Contact Name			Title
Mailing Address			
City	State	Zip	
Email Address	Phone	Fax	

V. Operational Information					
Does the hatchery operate year round?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, what months does it operate?					
Production Systems: Check all that apply	<input type="checkbox"/> Flow Through	<input type="checkbox"/> Recirculating <input type="checkbox"/> Net Pens			
Number of rearing units:	Flow Through	Recirculating Net Pens			
Facility Production					
List production facility type (i.e., flow through, recirculating, or net pen) and corresponding total annual release weight for each production facility. Attach extra sheets as needed.					
Aquatic Species	Facility Type	Total Annual Release Weight			
Net Pen Information					
Aquatic Species	Latitude (decimal degree)	Longitude (decimal degree)	Months Held	Release Location	Release Date

VI. Source Water Information			
Source Water Name	Maximum Flow (gallons per day)	Minimum Flow (gallons per day)	Average Flow (gallons per day)
Is the source water treated prior to use?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe treatment process			

VII. Receiving Water Information			
Receiving Waterbody Name			
Is the receiving waterbody listed as "impaired" on the 303(d) list?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
For which Pollutant(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are the pollutant(s) causing the impairment present in your discharge?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is the discharge consistent with the assumptions and requirements of the applicable EPA approved or established Total Maximum Daily Load(s) (TMDLs)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

VIII. Wastewater Discharge Characterization						
Number of outfalls:		Maximum Daily Flow (gal)		Maximum 30-day Flow (gal)		Monthly Average Flow (gal)
Outfall	Depth	Latitude (decimal degree)	Longitude (decimal degree)	Frequency	Duration	Volume (gallons)
Ground Waste Outfall	Depth	Latitude (decimal degree)	Longitude (decimal degree)	Frequency	Duration	Weight (kg, lbs)
Does the facility produce commingled processing waste or stormwater?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the facility produce other wastewater streams (e.g., domestic)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please list other wastewater streams						
Does the facility convert aquatic animals from a raw to marketable form?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is Operator requesting a Zone of Deposit for discharges of ground waste?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is yes, please provide location(s):		Latitude (decimal degree):		Longitude (decimal degree):		
Does the facility have coverage under other DEC Division of Water Permits?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please list below.						
Name of Permit	Authorization Number	Expiration	Type of Discharge			

IX. Feed Use

What month does the maximum amount of feeding occur?

Total mass of food during that month?

Facility Type	Feed Type	Max Monthly Feed (pounds, kg)	Average Annual Feed (pounds, kg)

X. Aquaculture Drugs And Chemicals

Drug or Chemical	Reason for Use	Application Method	Max Daily Amount	Frequency of Use

XI. Additional Information To Attach

- Site map:** Submit a site map showing the exact location (latitude and longitude) of all facilities associated with the hatchery and net pens. Include a topographic map and/or aerial photograph showing the general location of the facility, the expected flow direction of the discharge, and the discharge area.
- Carcass Disposal Plan:** Submit a plan describing how the facility disposes of mortality and broodstock carcasses and the proposed discharge location (latitude and longitude). See general permit Part 1.5.4 for specific plan requirements.
- Zone of Deposit:** If requesting a Zone of Deposit, submit information required in 18 AAC 70.210(b).

XII. 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.

PLEASE NOTE THAT AN INCOMPLETE NOI OR MISSING ATTACHEMENTS WILL DELAY PROCESSING. DEC MAY REQUEST ADDITIONAL INFORMATION RELATED TO THIS NOI TO DISCHARGE UNDER AKG130000.

Signature	Title
Printed Name	Date