


# Attachment E

## Annual Report

# Attachment E- Annual Report Form

	<p><b>APDES Number AKG523-</b> _____</p> <p><b>ANNUAL REPORT FOR YEAR</b> <b>20</b>_____</p>	<p><b>Submit this form to:</b>          Department of Environmental Conservation          Division of Water          Compliance and Enforcement Program          555 Cordova Street          Anchorage, AK 99501  <a href="mailto:dec-wqreporting@alaska.gov">dec-wqreporting@alaska.gov</a></p>
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The annual report serves to inform DEC of the use and potential degradation of public water resources by vessels discharging pollutants to receiving waters in Alaska under the General Permit AKG523000.

## SECTION 1 – PERMITTEE INFORMATION

Permittee Company Name:			
Vessel Name			
USCG Vessel Number			
Authorized Representative Name or Title:			
Mailing Address:		City/State/Zip:	
Telephone:		Fax:	
Email:			

## SECTION 2 – STATIONARY AND IN-TRANSIT SEAFOOD PROCESSING VESSELS

All processing vessels discharging while stationary and/or in-transit (*excluding Inland Waters Discharge*) shall provide the following information required in this Section 2.

### ANNUAL PRODUCTION AND DISCHARGE SUMMARY (Part 3.3.4.1 and 3.3.4.2)

Total number of processing days	
Total amount of raw product processed	
Total amount of finished product	
Total amount of seafood processing waste discharged	

### For Each Authorized Discharge Location or Area-of-Operation (listed on the vessel's authorization)

- No Discharge, or
- Yes, Discharge occurred -**Fill out Attachment E-1** (Parts 3.3.4.2) and the information below. If a vessel discharged while stationary, the section below includes a seafloor survey applicability summary (Part 2.3.1.2)

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<b>Discharge Occurred? Y / N</b>	<b>Seafood processing waste discharge location (Receiving Water Name/Site Name)</b>	<b>Latitude</b>	<b>Longitude</b>	<b>Total Amount of Waste Discharged at location or area-of-operation</b>
<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> Y <input type="checkbox"/> N				
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<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> Y <input type="checkbox"/> N				

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<b>Volumes of Each Wastewater Discharged</b> – Estimated or measured volume (in million gallons per day) of wastewater discharged for each outfall. (Parts 2.1.1 & 3.3.4.2.10)		
<b>Outfall #</b>	<b>Type of Effluent Discharged</b> (Seafood WW, Stickwater, Fish Oil WW, Mince / Paste WW, Retort, Sanitary WW, Graywater)	<b>Average Flow Rate</b> (mgd)
Outfall 001:		mgd
Outfall ___:		mgd
Outfall ___:		mgd
Outfall ___:		mgd
Outfall ___:		mgd
Outfall ___:		mgd
Outfall ___:		mgd
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Outfall ___:		mgd
Outfall ___:		mgd
<b>Additional Submittals- Include the following:</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If by-products are produced on the vessel, such as fish meal – report the calculated or measured water volume lost to the atmosphere through water vapor. Include the calculation used to measure or estimate water vapor (Part 3.3.4.3).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	A copy of the vessel’s log documenting if discharge occurred between shore and 0.25 nm from shore, and the circumstances requiring discharge in that area.	

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**SECTION 3- INLAND WATER SEAFOOD WASTE DISCHARGE VESSEL**  
 Vessels discharging a seafood processors waste while in-transit and behind the baseline shall provide the following information:

Provide the waste treatment process applied to the discharge waste (Part 3.3.5.1):

- For Each Authorized Area-of-Operation**
- No Discharge, or
  - Yes, Discharge occurred -**Fill out Attachment E-1** Inland Waters Discharge Log– (Parts 3.3.5.3)

Provide a daily recording of stop and start GPS locations of vessel discharges (a map with daily location information presented as tracks on the map can also be used) (Part 3.3.5.2)

Discharge Occurred? Y / N	Seafood processing waste discharge location (Receiving Water Name/Site Name)	Latitude	Longitude	Total Amount of Waste Discharged at location or area-of-operation
<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> Y <input type="checkbox"/> N				
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<input type="checkbox"/> Y <input type="checkbox"/> N				
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<input type="checkbox"/> Y <input type="checkbox"/> N				

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SECTION 4 - ALL PERMITEES- REQUIRED SUBMITTALS (ATTACHMENTS) CHECK THE FOLLOWING LIST CAREFULLY - If not attached your annual report <b>maybe found incomplete</b> unless No discharge occurred during the year.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachment E-1</b> - Daily Production Amounts (Part 3.3.4.2)
<input type="checkbox"/> Yes <input type="checkbox"/> No	and Bathymetric charts/Area Maps delineating the daily location(s) of the processing vessel and depth of the seafloor for each discharge location and/or area of operation (Part 3.3.6.1, 3.3.6.2)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attachment E-2</b> – Monitoring Results (Part 3.3.6.5.2 and Part 3.3.6.5.3) <ul style="list-style-type: none"> <li>• Summary of seafood processing waste and wastewaters and “Other Wastewaters” port monitoring (Part 2.2.7), marine sanitation device effluent monitoring (Part 2.2.8), and graywater effluent monitoring report (Part 2.2.8).</li> <li>• Summary of receiving water monitoring results (Part 2.3.2)</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Summary of noncompliance reported in accordance with Appendix A, Parts 3.4 and 3.5 that occurred between January 1 <sup>st</sup> through December 31 <sup>st</sup> of the previous year (Part 3.3.6.3)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Summary Report of non-compliance and corrective actions for the Seafood Waste Treatment System Inspections, as verified through the review of the vessel’s seafood waste treatment inspection logs following procedures found in Attachment B (Part 3.3.6.5.4)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Summary Report of non-compliance and corrective actions for the vessel’s Sea Surface Monitoring (mixing zone violations) (Part 3.3.6.5.5)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge system pre-operational and/or required annual inspection (Part 3.3.6.5.6)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Log of Seafood waste treatment system(s) and inspection photos, and shoreline monitoring photographs, and a photograph log (Part 3.3.6.5.7)
<input type="checkbox"/> Yes or <input type="checkbox"/> N/A	Seafloor Survey Monitoring Report(s) (if applicable) (Part 3.3.6.5.8)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the information you are submitting reflect that an updated NOI is required to be submitted? <u>Y/N</u> (Part 1.5.5) If yes, explain. The NOI shall be submitted separately to Wastewater Permitting.
<input type="checkbox"/> Y or <input type="checkbox"/> N/A	Summary report of all onsite incidents of injured and/or dead Steller’s Eider (Part 3.3.6.4)
<input type="checkbox"/>	Other (Please specify)
<input type="checkbox"/>	Other (Please specify)
<input type="checkbox"/>	Other (Please specify)

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**Instructions:** For each required Seafloor Survey (Permit Part 2.3.4) report the following information.

<b>SECTION 5 – SEAFLOOR SURVEY SUMMARY REPORT</b>								
<b>Stationary Location Name</b>	<b>Receiving Water Name</b>	<b>Names of all Permittee’s vessels allowed to discharge at each location</b>	<b>Depth of Discharge</b>	<b>List Total number of hours of seafood waste discharged at each location</b>	<b>Discharged 7 consecutive days at each location?</b>	<b>Annual Amount of seafood waste discharged at each location</b>	<b>Seafloor Survey Performed (Y/N) <sup>a</sup></b>	<b>Square Feet &amp; Acre(s) of Continuous Waste</b>
					<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<p>Notes:</p> <p>a) If a survey is required by Permit Part 2.3.4, yet no survey was performed, provide reason why it wasn’t performed and expected survey date.</p>								

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SECTION 6 – CERTIFICATION INFORMATION							
<p>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.</p>							
Organization:							
Name:					Title:		
Phone:			Fax (optional):			Email:	
Mailing Address:		Street (PO Box):					
<input type="checkbox"/> Check if same as Operator Information		City:			State:		Zip:
Signature		Authority <sup>1</sup> to Sign				Date	
Notes 1) An Alaska Pollutant Discharge Elimination System (APDES) permit 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: <a href="http://dec.alaska.gov/commish/regulations/pdfs/18-aac-83.pdf">http://dec.alaska.gov/commish/regulations/pdfs/18-aac-83.pdf</a> Signing Authority: Please identify your authority to sign APDES permit reports.							

Annual Report Preparer (Complete if Annual Report was prepared by someone other than the certifier.)							
Organization:							
Name:					Title:		
Phone:			Fax (optional):			Email:	
Mailing Address:		Street (PO Box):					
<input type="checkbox"/> Check if same as Operator Information		City:			State:		Zip:



# Attachment E-1

## AKG523000 Daily Seafood Waste Discharge Report

# Attachment E-2

## AKG523000 Summary of Monitoring Results