



NOTICE OF DISPOSAL (NOD) / ADMINISTRATIVE EXTENSION

STATE OF ALASKA,

WASTE DISPOSAL GENERAL PERMIT:

2021DB0002 – CLASS I INJECTION WELL WASTE DISPOSAL

Please submit this NOD electronically to: dec.water.oilandgas@alaska.gov.

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 2 intends to be covered by the State of Alaska General Permit 2021DB0002 – Class I Injection Well Waste Disposal General Permit (Permit) under administrative extension should the Department not reissue the Permit prior to the expiration date. Authorization under the Permit covers injection of waste beneath the lowermost underground source of drinking water through an EPA-approved Class I underground injection well. EPA is the primary jurisdictional authority for deep subsurface disposal in Class I UIC wells. For more information visit <https://www.epa.gov/uic/underground-injection-control-region-10-ak-id-or-and-wa>.

SECTION 1 – PERMIT INFORMATION

Existing State Authorization #:		EPA Class I Injection Well Permit #:	
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Please indicate applicant status and requested action below.

- ☐ Existing Permittee: Applicant seeking to obtain administrative extension under existing State of Alaska General Permit 2021DB0002-Class I Injection Well Waste Disposal General Permit (See Section 1.1.1.3). If the EPA Permit for this authorization was modified or reissued during the term of the Permit, enclose or attach the new EPA Permit to this request per Permit Section 1.1.4.3.

List Wells Applicable to this reissuance:

Termination: Applicant with an existing authorization under State of Alaska General Permit 2021DB0002-Class I Injection Well Waste Disposal General Permit (See Section 1.1.4.4)

SECTION 2 – 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	