

# Attachment A-2

Discharge to Excluded Areas Request



## Notice of Intent (NOI) – Excluded Areas Request

**To be Covered under  
APDES General Permit AKG521000  
Onshore Seafood Processors Wastewater  
Discharge**

**Submit with NOI to:**  
Wastewater Discharge Authorization Program  
555 Cordova Street  
Anchorage, Alaska 99501  
Telephone (907) 269-6285

[DEC.Water.SeafoodPermitting@alaska.gov](mailto:DEC.Water.SeafoodPermitting@alaska.gov)

Submittal of this document constitutes notice that the party identified in Section II intends to be covered by the APDES permit authorizing discharges and obligates the operator to comply with the terms and conditions of the permit and Authorization.

### Section I. Permit Information

Currently Assigned APDES Permit No.(s) or Previous NPDES No.(s):

### Section II. Operator / Permittee Information

Company/Organization Name:

### Section III. – Facility Information

Facility Name:

### Section IV. – Excluded Area Information

**For each Excluded Area -  
Fill out the following  
information.**

- a.) Excluded Area(s) Name
- b.) Type of Excluded Area (e.g., Sea Otter CHA, National Park Service, National Wildlife Refuge, etc.)
- c.) Distance in nautical miles or feet from Excluded Area
- d.) Expected dates and amounts of discharge (Attachment A-1)
- e.) Detailed description of circumstances requiring discharge to the Excluded Area
- f.) Four year average of annual discharge amounts (lbs)

#### Excluded Area #1

Map Attached? (required)

Y  N

a.

b.

c.

d.  Y  N – Information regarding dates and amounts discharge included on Attachment A-1?

e.

f.

**Section IV. – Excluded Area Information (continued)**

**Excluded Area #2**

Map Attached? (required)

Y  N

- a.
- b.
- c.
- d.  Y  N – Information regarding dates and amounts discharge included on Attachment A-1?
- e.
- f.

**Excluded Area #3**

Map Attached? (required)

Y  N

- a.
- b.
- c.
- d.  Y  N – Information regarding dates and amounts discharge included on Attachment A-1?
- e.
- f.

**Excluded Area #4**

Map Attached? (required)

Y  N

- a.
- b.
- c.
- d.  Y  N – Information regarding dates and amounts discharge included on Attachment A-1?
- e.
- f.