



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Environmental Conservation

DIVISION OF WATER
Wastewater Discharge Authorization Program

555 Cordova Street
Anchorage, Alaska 99501-2617
Phone: 907.269.6285
fax: 907.334.2415

April 11, 2016

Company: Chickaloon Village
ATTN: Brian Winnestaffer
Box 1105
Chickaloon, AK 99674

Facility:
N. Callison Street
21117 E Myers Ave
Sutton, AK 99674

Permit Number: AKR10EU58

This email/letter acknowledges that you have submitted a Notice of Intent form to be covered under the APDES General Permit for Stormwater Discharges for Construction General Permit Activity (Construction General Permit). The permittee is authorized to discharge storm water under the terms and conditions of this permit upon the issuance date of this letter. Permit documents can be accessed on ADEC's Storm Water Permit website starting tomorrow.

<http://www.dec.state.ak.us/Applications/Water/WaterPermitSearch/Search.aspx>

As stated above, this letter acknowledges receipt of a Notice of Intent. However, it is not an ADEC determination of the validity of the information you provided. Your eligibility for coverage under the Permit is based on the validity of the certification you provided. Your signature on the Notice of Intent certifies that you have read, understood, and are implementing all of the applicable requirements. An important aspect of this certification requires that you correctly determine whether you are eligible for coverage under this permit.

As you know, the Construction General Permit requires you to have developed and begun implementing a Stormwater Pollution Prevention Plan (SWPPP) and outlines important inspection and record keeping requirements. You must also comply with any additional location-specific requirements applicable to Alaska. A copy of the Construction General Permit must be kept with your SWPPP. An electronic copy of the Permit and additional guidance materials can be viewed and downloaded at <http://www.dec.state.ak.us/water/wnpssc/stormwater/index.htm>.

For tracking purposes, the following number has been assigned to your Notice of Intent Form:
AKR10EU58.

If you have general questions regarding the stormwater program or your responsibilities under the Construction General Permit, please call (907) 269-6285.



Notice of Intent (NOI) for Storm Water Discharges Associated with Construction Activity under an APDES Construction General Permit

Submission of this Notice of Intent (NOI) constitutes notice that the party identified in Section II of this form requests authorization to discharge pursuant to the APDES Construction General Permit (CGP, AKR100000). Submission of this NOI also constitutes notice that the party identified in Section II of this form meets the eligibility requirements of the CGP for the project identified in Section IV of this form. Permit authorization is required prior to commencement of construction activity until you are eligible to terminate coverage as detailed in the CGP. To obtain authorization, you must submit a complete and accurate NOI form. Refer to the instructions at the end of this form.

I. Single/Multiple NOI Project			
Is this NOI for a project with a single NOI?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "No," then your project has multiple NOIs, will the fee be paid with this NOI?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," then enter the name of the operator paying the fee:			

II. Operator Information			
Organization: Chickaloon Village		Name: Brian Winnestaffer	Title:
Phone: 9073547477	Fax (optional):	Email: brianw@chickaloon.org	
Mailing Address:	Street (PO Box): PO Box 1105		
	City: Chickaloon	State: AK	Zip: 99674

III. Billing Contact Information			
Organization: Chickaloon Village		Name:	Title:
Phone:	Fax (optional):	Email:	
Mailing Address:	Street (PO Box):		
<input checked="" type="checkbox"/> Check if same as Operator Information	City:	State:	Zip:

IV. Project / Site Information			
Project Name: N. Callison St		Estimated Start Date: 08/01/2014	Estimated End Date: 10/15/2014 <i>EC</i>
Brief Description of Project: Construct +/- 750 LF of gravel road.		Estimated Area to be Disturbed (nearest tenth acre): 4.5	

Is your project / site less than one-acre, but part of a common plan of development?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," provide the Permit Authorization Number and name of the common plan of development:		Number: Name:	
Have storm water discharges from your project / site been authorized previously by a DEC permit?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Permit Authorization Number for the previous DEC permit?			AKR10EU58
If "Yes," have you updated your SWPPP according to the 2016 CGP?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Location Address:	Street: 21117 E Myers Ave		Borough or similar government subdivision: Matanuska-Susitna	
	City: Sutton		State: Alaska	Zip: 99674
	Latitude (decimal degree, 5 places): 61.71138	Longitude (decimal degree, 5 places): 148.90416	Determined By: <input type="checkbox"/> GPS <input type="checkbox"/> USGS Topo Map, Scale: <input type="checkbox"/> Web Map, Source: <input checked="" type="checkbox"/> Other: itouchmap.com	

V. SWPPP (Storm Water Pollution Prevention Plan)

Has the SWPPP been prepared in advance of filing this NOI? Yes No

For projects with 5 or more acres of disturbance, has a SWPPP been submitted to DEC? Yes No, ≤ 5 acres

Location of SWPPP for Viewing: Address in Section II Address in Section IV Other

If other: Street: _____

City: _____ State: _____ Zip: _____

SWPPP Contact Information (if different than that in Section II):

Organization: _____ Name: _____ Title: _____

Phone: _____ Fax (optional): _____ Email: _____

Mailing Address: _____ Street (PO Box): _____

Check if same as Operator Information City: _____ State: _____ Zip: _____

VI. Permanent Storm Water Controls

Will you construct a permanent storm water management control measure at the project site (Part 4.11)? Yes No

If "Yes", indicate the type of measure to be installed:

Pond Oil/Water/Grit Separator Proprietary Storm Water Sedimentation Device

Other: Roadside ditches with gravel check dams @ 200' spacing.

VII. Discharge Information

Does your project discharge into a Municipal Separate Storm Sewer System (MS4)? Yes No

If yes, name of the MS4 Operator: _____

Receiving Water and Wetlands Information: (If additional space is needed for this question, attach separate sheet or annotate in Section XI.)

a. Identify the name(s) of waterbodies or wetlands to which you discharge.	Impaired waters/303d Listed waters: (see http://dec.alaska.gov/water/wqsar/Docs/impairdwaters.pdf or http://dec.alaska.gov/water/wqsar/map.html , and http://dec.alaska.gov/water/tmdl/tmdl_index.htm .)								
	b. Are any of your discharges directly into any segment of a 303d Listed Water, i.e. "Impaired" Water?		c. If you answered YES to question b, then answer the following three questions:	i. What pollutant(s) are causing the impairment?		ii. Are the pollutant(s) causing the impairment present in your discharge?		iii. Is the discharge consistent with the assumptions and requirements of applicable EPA approved or established Total Maximum Daily Load (TMDL(s))?	
	Yes	No		Yes	No	Yes	No		
Eska Creek	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VIII. Treatment Chemicals

Will you use control measures such as polymers, flocculants or other treatment chemicals at your construction site? Yes No

NOTE: If you are unsure at the filing of the NOI, check "No" and then if you use treatment chemicals file an NOI Modification form indicating "Yes."

If "Yes", indicate the following polymers, flocculants, or other treatment chemicals that will be used at your construction site:

Alum Gypsum

Polyacrylamide (PAM) Polyaluminum Chloride

Other: _____


IX. Certification Information

An Alaska Pollutant Discharge Elimination System (APDES) permit application or 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: <http://dec.alaska.gov/commish/regulations/pdfs/18 AAC 83.pdf>

Signing Authority: Please identify your authority to sign APDES permit applications and reports. (Select only one)

<input type="checkbox"/> Corporate Executive Officer	18 AAC 83.385 (a)(1)(A)	For a corporation, a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation.
<input type="checkbox"/> Corporate Operations Manager	18 AAC 83.385 (a)(1)(B)	For a corporation, the manager of one or more manufacturing, production, or operating facilities.
<input type="checkbox"/> Sole Proprietor or General Partner	18 AAC 83.385 (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.
<input type="checkbox"/> Public Agency, Chief Executive Officer	18 AAC 83.385 (a)(3)(A)	For a municipality, state, or other public agency, the chief executive officer of the agency.
<input checked="" type="checkbox"/> Public Agency, Senior Executive Officer	18 AAC 83.385 (a)(3)(B)	For a municipality, state, or other public agency, a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.
<input type="checkbox"/> Operations Manager (Delegated Authority)*	18 AAC 83.385 (b)(2)(A)	For a duly authorized representative, an individual or a position having responsibility for the overall operation of the regulated facility or activity, including the position of plant manager, operator of a well or a well field, superintendent or position of equivalent responsibility.
<input type="checkbox"/> Environmental Manager (Delegated Authority)*	18 AAC 83.385 (b)(2)(B)	For a duly authorized representative, an individual or position having overall responsibility for environmental matters for the company.
* For Delegated Authority: If you select "Delegated Authority" (Duly Authorized Representative), the delegation must be made in writing and submitted to the DEC. Your signature will not be approved until DEC receives the written delegation. An Example of written authorization delegating authority can be found on the Division of Water website: http://dec.alaska.gov/Water/OASysHelp/attachments/Delegation_Authorization_Form.pdf		

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.

Organization: Chickaloon Village		Name: Brian Winnestaffer		Title: Transportation Director	
Phone: 9073547477		Fax (optional):		Email: brianw@chickaloon.org	
Mailing Address: <input checked="" type="checkbox"/> Check if same as Operator Information		Street (PO Box):			
		City:		State:	
				Zip:	
Signature 			Date 4-7-16		

X. NOI Preparer (Complete if NOI was prepared by someone other than the certifier.)

Organization: Alaska Rim Engineering		Name: Norm Gutcher		Title: Managing Director	
Phone: 9077450222		Fax (optional): 9077460222		Email: norm@alaskarim.com	
Mailing Address: <input type="checkbox"/> Check if same as Operator Information		Street (PO Box): 9131 E Frontage Rd			
		City: Palmer		State: AK	
				Zip: 99645	

XI. Document Attachments and Supplemental Information

Documents attached with this application:

- Copy of SWPPP if ≥ 5 acres of disturbance.
 Delegation of Signatory Authority.