



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

May 05, 2015

Company: Native Village of Ouzinkie
ATTN: Robert Boskofsky, Sr.
PO Box 130
Ouzinkie, AK 99644

Facility:
Ouzinkie, AK
F Street
Ouzinkie, AK 99644

Permit Number: **AKR10FA66**

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 seven (7) calendar days after acknowledgment of receipt of the permittee's completed NOI is posted on ADEC's Storm Water Permit Search website (<http://www.dec.state.ak.us/Applications/Water/WaterPermitSearch/Search.aspx>). Coverage under this permit begins seven-days from the 'Date Issued' on the Water Permit Search.

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:
AKR10FA66.

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 I of this form requests authorization to discharge pursuant to the APDES Construction General Permit (CGP). Submission of this NOI also constitutes notice that the party identified in Section I of this form meets the eligibility requirements of the CGP for the project identified in Section II of this form. Permit coverage 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 you project has multiple NOIs, will the fee be paid with this NOI?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If "No," then enter the name of the operator paying the fee:	
II. Operator Information	
Organization:	Native Village of Ouzinkie
Contact Person:	Robert Boskofsky, Sr.
Mailing Address:	Street (PO Box): PO Box 130
	City: Ouzinkie State: AK Zip: 99644
	Phone: (907) 680-2259 Fax(optional): (907) 680-2214
	Email: TBA
III. Billing Contact Information	
Organization:	NATIVE VILLAGE OF OUZINKIE
Contact Person:	JOSEPH DELGADO
Mailing Address:	Street (PO Box): 130
<input type="checkbox"/> Check if same as Operator Information.	City: OUZINKIE State: AK Zip: 99644
	Phone: 907-680-2259 Fax(optional):
	Email: JOELROADS@gmail.com
IV. Project/Site Information	
Project/Site Name:	OUZINKIE, AK
Project Street/Location:	F STREET
City:	OUZINKIE State: AK Zip: 99644
Borough or similar government subdivision:	
Latitude:	57.924601 Longitude: -152.499711
Determined By:	<input type="checkbox"/> GPS <input type="checkbox"/> USGS topographic map <input checked="" type="checkbox"/> Other: GOOGLE EARTH

If you used a USGS topographic map, what was the scale?	
Estimated Project Start Date: <u>5/20/15</u>	Estimated Project Completion Date: <u>7/1/15</u>
Estimated Area to be Disturbed (to the nearest quarter acre): <u>0.94 ACRES</u>	
Have storm water discharges from your project/site been covered previously under an EPA or DEC issued permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes", provide the Tracking Number for the coverage under a previous EPA or DEC permit:	
If "Yes," have you updated your SWPPP according to the 2011 Alaska Construction General Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
V. SWPPP (Storm Water Pollution Prevention Plan)	
Has the SWPPP been prepared in advance of filing this NOI?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
For projects of 5 or more acres has a SWPPP been submitted to DEC as required per Part 2.1.3 of the 2011 CGP?	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Location of SWPPP for Viewing:	<input type="checkbox"/> Address in Section II <input checked="" type="checkbox"/> Address in Section IV <input type="checkbox"/> Other
If other:	SWPPP Street:
	City: State: Zip:
SWPPP Contact Information (if different than that in Section II):	
Name:	
Phone: Fax(optional):	
Email:	
VI. Discharge Information	
Identify the name(s) of waterbodies to which you discharge: <u>NARROW STRAIT / GULF OF ALASKA / PACIFIC OCEAN STRAIT</u>	
Is this discharge consistent with the assumptions and requirements of applicable EPA approved or established TMDL(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VII. Treatment Chemicals	
Will you use control measures such as polymers, flocculants or other treatment chemicals at your construction site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	<input type="checkbox"/> Alum <input type="checkbox"/> Gypsum
	<input type="checkbox"/> Polyacrylamide (PAM) <input type="checkbox"/> Polyaluminum Chloride
	<input type="checkbox"/> Other:

VIII. Certification Information

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.

Printed Name: **Robert Boskofsky, Sr.** Title: **President, Ouzinkie Tribal Council**

Signature: *Robert Boskofsky Sr.* Date: **5/5/15** Email: **nvo.clerk@gmail.com**

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

Prepared By:

Organization:

Phone:

Email:

IX. Document Attachments

Documents attached with this application: