



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
Main: 907.269.6285
Fax: 907.334.2415
www.dec.alaska.gov/water/wwdp

April 26, 2016

Jenni or Marvin Kuentzel
PO Box 110487
Anchorage, AK 99511

Facility:
Chugach Park View, L16 and 17

Anchorage, AK 99540

Permit Number: **AKR10FE10**

This email/letter acknowledges that you have submitted a Notice of Intent (NOI) form to be covered under the APDES General Permit for Storm Water 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 as of the date of this letter. The permit can be located on ADEC's Storm Water Permit Search website

(<http://www.dec.state.ak.us/Applications/Water/WaterPermitSearch/Search.aspx>) the day after the effective date.

As stated above, this letter acknowledges receipt of a NOI. 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 NOI 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 (CGP) requires you to have developed and begun implementing a Storm Water 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 CGP 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/wnpssp/stormwater/index.htm>.

For tracking purposes, the following number has been assigned to your Notice of Intent Form:
AKR10FE10.

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

Reissue

(For Agency Use) Permit Authorization #: AKR10FE10



RECEIVED

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

SCANNED

SD -> GPA 4/22/16

Division of Water Quality Wastewater Discharge Program

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? [X] Yes [] No
If "No," then your project has multiple NOIs, will the fee be paid with this NOI? [] Yes [] No
If "No," then enter the name of the operator paying the fee:

II. Operator Information
Organization: Name: Jenni or Marvin Kuentzel Title:
Phone: (907) 653-7633 Fax (optional): Email: Kuentzel@alaska.net
Mailing Address: Street (PO Box): PO Box 110487
City: Anchorage State: AK Zip: 99511

III. Billing Contact Information
Organization: Name: Same as above Title:
Phone: Fax (optional): Email:
Mailing Address: Street (PO Box):
[X] Check if same as Operator Information
City: State: Zip:

IV. Project / Site Information
Project Name: Chugach park View Subdivision L16 and L17 Estimated Start Date: 8/15/2015 Estimated End Date: 08/15/2017
Brief Description of Project: Fill and Grade site 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? [] Yes [X] No
If "Yes", provide the Permit Authorization Number and name of the common plan of development:
Have storm water discharges from your project / site been authorized previously by a DEC permit? [] Yes [X] No
If "Yes," provide the Permit Authorization Number for the previous DEC permit?
If "Yes," have you updated your SWPPP according to the most recently issued CGP? [] Yes [] No

Location Address: Street: L16 and L17 Reindeer Cr Borough or similar government subdivision: Municipality of Anchorage
City: Indian State: Alaska Zip: 99540
Latitude (decimal degree, 5 places): 605.91394 Longitude (decimal degree, 5 places): 1,493,031.41000
Determined By: [] GPS [] Web, Source: [X] Other: Google Earth
[] USGS Topographic Map, scale:

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: 262 Ledyard Cr		
	City: Indian	State: AK	Zip: 99540

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

Organization:	Name: Jenni or Marvin Kuentzel	Title:
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Phone: (907) 653-7633	Fax (optional):	Email: kuentzel@alaska.net
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Mailing Address: <input checked="" type="checkbox"/> Check if same as Operator Information	Street (PO Box):		
	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:

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:		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	i. What pollutant(s) are causing the impairment?		Yes	No	Yes	No
Turnagain Arm or Cook Inlet	<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

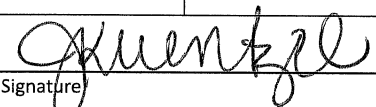
Other:

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://www.legis.state.ak.us/basis/aac.asp#18.83.385>.

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.
Corporate Operations Manager 18 AAC 83.385 (a)(1)(B)	For a corporation, the manager of one or more manufacturing, production, or operating facilities, if (i) the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations; (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
Sole Proprietor or General Partner 18 AAC 83.385 (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.
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.
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.
<i>*For Delegated Authority: the delegation must be made in writing and submitted to the DEC. 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>	
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.
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.

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:		Name: Jenni or Marvin Kuentzel	Title:	
Phone: (907) 653-7633		Fax (optional):	Email: kuentzel@alaska.net	
Mailing Address:	Street (PO Box):			
<input checked="" type="checkbox"/> Check if same as Operator Information	City:		State:	Zip:
Signature: 		Date: April 15, 2016		

X. NOI Preparer (Complete if NOI 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:

XI. Document Attachments and Supplemental Information

Documents attached with this application:	<input type="checkbox"/> Other:
<input type="checkbox"/> Copy of SWPPP if ≥ 5 acres of disturbance.	
<input type="checkbox"/> Delegation of Signatory Authority.	