

Department of Environmental Conservation

DIVISION OF WATER Wastewater Discharge Authorization Program

555 Cordova St Anchorage, Alaska 99501-2617 Main: 907.269.6285 Fax: 907.334.2415

3/31/2016 Company: AK DOT&PF ATTN: Ryan Anderson 2301 PEGER RD FAIRBANKS AK

K 99709-5316

Facility:
Tok Cutoff MP 17 Tulsona Creek
Mile Post 17 Tok Cutoff
Gakona AK 99586

Permit Number: AKR10FH08

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 starting tomorrow on the ADEC's Storm Water Permit Search website:

(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/wnpspc/stormwater/index.htm.

For tracking purposes, the following number has been assigned to your Notice of Intent Form: AKR10FH08.

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



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/iviul	tiple NOI Project											
Is this NOI fo	r a project with a	single N	OI?							⁄es	√ 1	١o
	en your project ha				•					⁄es	√ I	Мо
If "No,"	' then enter the n	ame of t	he operator pay	ing the f	fee: F	HC Contrac	ctors, Inc.					
II. Operator I	Information		_									
Organization: AK DOT&PF			Name: Ryan Anderson				Title: Acting Re	egior	nal Dire	ctor		
Phone: (907) 451-512	9	Fax (option	onal):		Email: ryan.a	anderson@	alaska.gc	ΟV				
Mailing Address:	Street (PO Box): 2301	PEGER	RRD									
	City: FAIRBANKS				State:	AK		Z	ip: 99709	9-5316		
III. Billing Co	ntact Information											
Organization: HC Contractors	, Inc.		Name: Missy Baron				Title: Accounts	Rece	eivable			
Phone: (907) 488-5919)	Fax (option	onal):		Email:							
Mailing Address:	Street (PO Box): PO E	3OX 8068	38		•							
	City: FAIRBANKS				State:	AK		Z	ip: 99708	8-0688		
					•							
IV. Project /	Site Information											
Project Name		reek		Estimat 03/25/		rt Date:			nated En 0/2016			
Project Name Tok Cutoff M	e:	reek		03/25/	2016		(09/3	0/2016			
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V. SWP	PP (Storm Water Pollution	on Prev	ention	Plan)							
Has the	SWPPP been prepared in	n advar	nce of f	iling th	is NOI?			✓ Y	′es 🗆] No	
For proj	jects with 5 or more acre	s of dis	turban	ce, has	a SWPPP	been submitted	to DEC?	✓ Y	'es 🗆	No, ≤ 5	acres
Locatio	n of SWPPP for Viewing:		Addres	s in Sec	tion II	Address in Section 1	ection IV		Other		
If other:	Street:										
	City:					State:		Zip	:		
CIMPDD	Contact Information (1)	1·cc			11/4	AK					
Organizati	Contact Information (if c	lifferent	than tha Name:	t in Secti	on II):		Title:				
AK DOT				na Sasta	amoinen		Storm Wa	ater E	inginee	r	
Phone: (007) 41	51-5493	Fax (optio	nal):			Email:	mainan@a	lacka	gov		
Mailing Ad						shawna.sastar	nomenwa	IdSKd	.gov		
		PEGER	RD								
	City:					State:		Zip			
	FAIRBANKS					AK			99709	9-5316	
	nanent Storm Water Co										
Will yoι (Part 4.	u construct a permanent 11)?	storm \	water r	nanage	ement con	itrol measure at t	he project	site		□ Yes 🗸	Z No
If "Y	es", indicate the type of	measu	re to b	e instal	led:						
	Pond \square Oil/Water/Gr	it Sepa	rator	☐ Pro	oprietary S	Storm Water Sed	imentation	n Dev	ice		
	Other:										
VII. Disc	charge Information										
Does you	ur project discharge into a I	Municip	al Sepa	rate Sto	rm Sewer S	System (MS4)?	☐ Yes ↓	Z No)		
If yes, na	ame of the MS4 Operator:						,				
Receivin	g Water and Wetlands Info	ormatio					ch separate she	eet or a	annotate i	n Section XI.)
			(see <u>htt</u>	p://dec.al		ter/wqsar/Docs/impaire			uator/tmo	II/tmdLindox	htm
			b. Are a			vgsar/map.html, and htt nswered YES to questio					
			your	•							ischarge
a. Identif	y the name(s) of waterbodies or			arges tly into			ii.	Are th			ent with umptions
	ds to which you discharge.		any s	egment				causir	ant(s) ng the	and	·
			of a 3 Listed	d Water,		ollutant(s) are causing t	the	impai	rment		ments of ble EPA
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Tuleon	a Creek		Yes	No 🗹				Yes	No	Yes	No 🗆
	ulsona Creek			 							
		0		Z					<u> </u>		
vvetian	ds adiacent to Tulsona	Cre		4							
								Ш			
VIII. Tre	eatment Chemicals										
	use control measures s	uch as p	oolyme	rs, floc	culants or	other treatment	chemicals		☐ Yes	🖊 No	
	construction site?	of the NO	I chast "	'No" ~~ d +	han if you was	a traatment chemical-	ila an NOI Ma-	lific~+:	n form i	dicatina "V-	. "
	OTE: If you are unsure at the filing 'es", indicate the following					e treatment cnemicais fi] Alum		Gyps		uicuting "Yes	•
	ther treatment chemical					Polyacrylamide				ım Chlari	da
	r construction site:				_	Other:	(FAIVI)	ruiya	arummil	ann CillOff	uC
1						Juliel.					

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IX. Certification I	nformation					
						he appropriate authority per h/regulations/pdfs/18 AAC 83.pdf
Signing Authority:	Please identify y	our authority to sigr	n APDES permi	t applications and	reports. (Sele	ect only one)
☐ Corporate Exe	cutive Officer	18 AAC 83.385 (a)(1)(A)	charge of a princ		or any other pe	vice-president of the corporation in rson who performs similar policy-
☐ Corporate Ope	erations Manage	er 18 AAC 83.385 (a)(1)(B)			•	acturing, production, or operating
Sole Proprieto Partner	r or General	18 AAC 83.385 (a)(2)	For a partnershi respectively.	p or sole proprietorship	o, the general pa	ertner or the proprietor
☐ Public Agency, Officer	Chief Executive	18 AAC 83.385 (a)(3)(A)				ief executive officer of the agency.
☐ Public Agency, Officer	Senior Executiv	18 AAC 83.385 (a)(3)(B)		•		or executive officer having eographic unit or division of the
Operations Ma (Delegated Au	•	18 AAC 83.385 (b)(2)(A)	the overall opera manager, opera responsibility.	ation of the regulated f tor of a well or a well fi	acility or activity eld, superintend	position having responsibility for ,, including the position of plant lent or position of equivalent
☐ Environmenta (Delegated Au	=	18 AAC 83.385 (b)(2)(B)		orized representative, a tal matters for the com		osition having overall responsibility
the DEC. Your signa	ture will not be app		the written delega	ation. An Example of w	ritten authorizat	nade in writing and submitted to tion delegating authority can be n Form.pdf
accordance with a s Based on my inquir information, the inf	system designed y of the person formation subm	I to assure that quali or persons who man itted is, to the best o	fied personnel page the syster of my knowled	I properly gather a m, or those person ge and belief, true	nd evaluate to s directly res , accurate, ar	tion or supervision in the information submitted. ponsible for gathering the nd complete. I am aware that apprisonment for knowing
Organization:		Name: Ryan Ande	erson		Title: Acting Reg	gional Director
Phone:		Fax (optional):		Email:		
Mailing Address:	Street (PO Box):					
	City:			State:		Zip:
Signature Page Si	gned by: Ryan	Anderson		3/31/2016		
Signature				Date		
•	Complete if NOI w	as prepared by someo	ne other than th	ne certifier.)		
Organization: AK DOT&PF		Name: Bryce A I	Hiles		Title: Intern	
Phone: (907) 451-30)22	Fax (optional):		Email: bryce.hiles@	alaska.go	V
Mailing Address:	Street (PO Box): 2301	PEGER RD				
	City: FAIRBANKS			State: AK		Zip: 99709-5316
XI. Document Att	achments and	Supplemental Inf	ormation			
Documents attache	d with this appl	ication:				
☐ Copy of SWPPP	if ≥ 5 acres of di	sturbance.				
☐ Delegation of Si	gnatory Authori	ty.				

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Attachment 1. (Fill in as necessary if more space is required for Receiving water and Wetlands Information.)

Page 4 of 4 2016 CGP NOI

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

Who Must File an NOI Form:

Operators of construction sites where one or more acres are disturbed, smaller sites that are part of a larger common plan of development or sale where there is a cumulative disturbance of at least one acre, or any other site specifically designated by the Director, must submit an NOI to obtain coverage under an APDES construction general permit. Each person, firm, public organization, or any other entity that meets either of the following criteria must file this form: (1) they have operational control over construction plans and specifications, including the ability to make modifications to those plans and specifications; or (2) they have day-to-day operational control of those activities at the project necessary to ensure compliance with SWPPP requirements or other permit conditions.

Completing the Form:

Obtain and read a copy of the APDES Construction General Permit. Type or print, in the appropriate areas only. "NA" can be entered in areas that are not applicable. If you have any questions about how or when to use this form, contact the DEC Storm Water Program at (907) 269-6285 or online at http://www.dec.state.ak.us/water/wnpspc/stormwater.

Section I. Single/Multiple NOI Project:

Indicate whether or not this is a single NOI project. If not, indicate if the fee will be paid with this NOI or another associated with this project. Provide the name of the operator that will be paying the fee.

Section II. Operator Information:

Provide the name of the contact person, title, and the legal name of the firm, public organization, or any other entity that operates the project described in this application. (An operator of a project is a legal entity that controls at least a portion of site operations and is not necessarily the site manager.) Also provide the operator's mailing address, telephone number, fax number (optional) and e-mail address (to be notified via e-mail of NOI approval when available). Correspondence for the NOI will be sent to this address.

Section III. Billing Contact Information

Provide the name of the contact person, title, and the legal name of the firm, public organization, or any other entity that is responsible for accounts payable for this project. Also provide the billing contact's mailing address, telephone number, fax number (optional), and email address. Correspondence for billing purposes will be sent to this address. If the billing contact is that same as the operator, check the box.

Section IV. Project/Site Information:

Enter the official or legal name, a brief description of the project or site, and complete street address, including city, state, zip code, and county or similar government subdivision of the project or site. If the project or site lacks a street address, indicate the general location of the site (e.g.,

Intersection of State Highways 61 and 34). Complete site information must be provided for permit authorization to be granted.

Provide the latitude and longitude of the facility in decimal degrees format with up to 5 digit accuracy. The latitude and longitude of your facility can be determined in several different ways, including through the use of global positioning system (GPS) receivers, U.S. Geological Survey (U.S.G.S.) topographic or quadrangle maps, Google Earth, Bing Maps, and EPA's webbased siting tools, among others. For consistency, DEC requests that measurements be taken from the approximate center of the construction site. Applicants must specify which method they used to determine latitude and longitude. If a U.S.G.S. topographic map is used, applicants are required to specify the scale of the map used. Enter the estimated construction start and completion dates using four digits for the year (i.e., 05/27/2016).

Enter the estimated area (acres) to be disturbed including but not limited to: grubbing, excavation, grading, and utilities and infrastructure installation. Indicate to the nearest tenth of an acre. Note: 1 acre = 43,560 sq. ft.

Indicate whether or not the project/site has been previously covered by an EPA or DEC permit. If "Yes" provide the permit authorization number that the project/site was covered under.

If this is a project that was covered under a previous DEC construction general permit indicate whether or not the SWPPP has been updated in accordance with the 2016 Alaska Construction General Permit.

If the project or site is less than one-acre, but part of a common plan of development, provide the permit authorization number and name of the common plan of development.

Section V. SWPPP (Storm Water Pollution Prevention Plan) Information:

Indicate whether or not the SWPPP was prepared in advance of filing the NOI form. For projects with 5 acres or more of disturbance, has a SWPPP been submitted to DEC (Part 2.1.3)? Check the appropriate box for the location where the SWPPP may be viewed. Provide the name, fax number (optional), and e-mail address of the contact person if different than that listed in Section II of the NOI form.

Section VI. Permanent Storm Water Controls

A permittee must comply with applicable APDES MS4 permit requirements, local requirements, and the applicable requirements under 18 AAC 72.600 (i.e., Nondomestic Wastewater System Plan Review) regarding the design and installation of permanent storm water management controls. Annotate the type of measure to be installed, and see Permit Part 4.11 for additional requirements regarding plan submittal deadlines.

Section VII. Discharge Information:

Identify the receiving water bodies or wetlands to which the project's storm water will discharge. These should be the first

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bodies of water that the discharge will reach. (Note: If you discharge to more than one water body, please indicate all such waters in the space provided and attach a separate sheet if necessary.) For example, if the discharge leaves your site and travels through a roadside swale or a storm sewer and then enters a stream that flows to a river, the stream would be the receiving water body. Waters of the U.S. include lakes, streams, creeks, rivers, wetlands, impoundments, estuaries, bays, oceans, and other surface bodies of water within the confines of the U.S. and U.S. coastal waters. (Waters of the U.S. do not include man-made structures created solely for the purpose of wastewater treatment.) U.S.G.S. topographical maps may be used to make this determination. If the map does not provide a name, use a format such as "unnamed tributary to Cross Creek". If you discharge into a municipal separate storm sewer system (MS4), you must identify the water body into which that portion of the storm sewer discharges. That information should be readily available from the operator of the MS4. Indicate if any of your storm water discharges from construction activities will be reach a 303d listed water (i.e., impaired water body)?

For a listing of impaired waters and an interactive map, see http://dec.alaska.gov/water/wqsar/Docs/impairedwaters.pdf or http://dec.alaska.gov/water/wqsar/map.html.

Indicate whether your storm water discharges from construction activities will be consistent with the assumptions and requirements of applicable EPA approved or established total maximum daily load(s)(TMDL(s)). To answer this question, refer to http://dec.alaska.gov/water/tmdl/tmdl_index.htm for specific TMDL information related to the construction general permit. You may also have to contact DEC. If there are no applicable TMDLs or no related requirements, please check the "yes" box in the NOI form.

Section VIII. Treatment Chemicals:

Indicate whether or not polymers, flocculants, or other treatment chemicals will be used. If you are unsure at the filing of the NOI, check "No" and then if you use them file an NOI Modification form indicating "Yes."

Check the box next to any treatment chemical that will be used. If "Other" is checked, list the treatment chemicals.

Section IX. Certification Information:

The NOI must be signed as follows:

- (1) For a corporation, a responsible corporate officer shall sign the NOI, a responsible corporate officer means:
 - (A) 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; or
 - (B) 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.
- (2) For a partnership or sole proprietorship, the general partner or the proprietor, respectively; or
- (3) for a municipality, state, or other public agency, either a principal executive officer or ranking elected official shall sign the application; in this subsection, a principal executive officer of an agency means
 - (A) the chief executive officer of the agency; or
 - (B) a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.
- (4) Include the name, title, organization, address, telephone number, and email address of the person signing the form and the date of signing. An unsigned or undated NOI form will not be considered valid application for permit coverage.

Section X. NOI Preparer Information.

If the NOI was prepared by someone other than the certifier (for example, if the NOI was prepared by the project SWPPP contact or a consultant for the certifier's signature), include the name, title, organization, address, telephone number, and email address of the NOI preparer.

Section XI. Document Attachments and Supplemental Information

Include a copy of the SWPPP if ≥ 5 acres of disturbance. Indicate documents attached and supplemental information.

Where to File NOI form

Select one of three options:

- Preferred Option: DEC encourages you to complete the NOI form electronically via DEC's Online Application System (OASys):
 - https://myalaska.state.ak.us/dec/water/OASys/Login.aspx. Filing electronically is the fastest way to obtain permit coverage and help ensure that your NOI is complete.
- If you file by mail please submit the original form with a signature in ink. Remember to retain a copy for your records.

NOIs sent by mail:

Alaska Dept. of Environmental Conservation Division of Water Wastewater Discharge Authorization Program 555 Cordova Street

Anchorage, AK 99501 Phone: (907) 269-6285

3) Submit all pages of scanned original form via Email: <u>DEC.Water.WQPermit@alaska.gov</u>. (Note, 20MB limit).

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

(Please copy content exactly from your NOI. Indicate changes on the next page.)

Current NOI Information

I. Permit Tracking Number:

AKR10FH08 Tok Cutoff MP 17 Tulsona Creek_2; AK DOT&PF

Instructions for Completing a Modification to an APDES Notice of Intent (NOI)

Use the form on the subsequent pages to indicate the items for which you are submitting this modification. Only enter the information you wish to change. You may use this form to modify an NOI that you submitted to ADEC for coverage under the Construction General Permit (CGP). If you have any questions about modifying your NOI, call the DEC Storm Water Program at (907) 269-8117.

When Should You Modify Your Notice of Intent (NOI)?

- You can use this form to update or correct information on your NOI, including:
- Owner/Operator address and contact information
- Site Information
- Start or End dates
- Number of acres to be disturbed (Note, if the original project disturbance was between 1 and < 5 acres, and now will disturb five acres or more, a SWPPP must also be submitted with the NOI modification. Please note the CGP has different provisions for small and large construction projects.)
- Storm Water Pollution Prevention Plan (SWPPP) location and contact information
- Continuation of expired permit in accordance with Part 2.6.

When must you Submit a Notice of Termination (NOT) Instead of a Modification Form?

The owner/operator has changed: You must submit a NOT when you transfer control of a site to a new owner/operator. The new owner/operator must then file a new NOI to obtain coverage under DEC's CGP. Coverage is not transferable.



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

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I. Single											
	e/Mul	tiple NOI Project									
Is this N	NOI for	a project with a	single N	OI?						Yes	□No
If "N	lo," the	en your project h	as multi _l	ple NOIs, will the	e fee be	paid w	vith this N	OI?		Yes	□No
If	"No,"	then enter the n	ame of t	he operator pay	ing the	fee:					
II. Oper	rator l	nformation									
Organizati	ion:			Name:				Title:			
Phone:			Fax (option	anal):		Email:					
T Hone.			l ax (optio	onary.		Lillali.					
Mailing Ad	ddress:	Street (PO Box):						*****			
		City:				State:			Zip	·:	
III. Billi	ng Cor	ntact Information									
Organizati	ion:			Name:				Title:			
Phone:			Fax (option	l onal):		Email:			,		
Mailing Ac	drace	Street (PO Box):								·	
Ivialing Ac	au (Street (1 0 box).									
		City:				State:			Zip	:	
IV Proi	oct / S	ite Information									
Project					Estimat	ed Sta	rt Date:		Estima	ited End Dat	٠٥٠
Troject	Name	•			ESCITION	.cu sta	or Date.		07/31		C.
Brief De	escript	ion of Project:									
					Estima	ited Ar	ea to be Di	sturbed (ne	earest tei	nth acre):	
					Estima	ited Ar	ea to be Di	sturbed (ne	earest tei	nth acre):	
					Estima	ited Ar	ea to be Di	sturbed (ne	earest tei	nth acre):	
	_				Estima	ted Ar	ea to be Di	sturbed (ne	earest tei	nth acre):	
ls your	projec	t / site less than c	one-acre	, but part of a cc				·	earest tei	-	Yes □ No
If "Y	es", pro	ovide the Permit Au	ıthorizati	ion Number and		plan o		·	earest tei	-	Yes □ No
If "Y	es", pro	ovide the Permit Au the common plan c	ithorizati of develo	ion Number and pment:	ommon Numb Name	plan o er: :	f developr	ment?			Yes □ No
If "Y na Have st	es", pro ame of orm w	ovide the Permit Au the common plan c ater discharges fr	uthorizati of develor om you	ion Number and pment: r project / site b	ommon Numb Name een autl	plan o er: : norized	f developr d previous	ment?			Yes □ No Yes □ No
If "Y na Have st	es", pro ame of orm w	ovide the Permit Au the common plan c	uthorizati of develor om you	ion Number and pment: r project / site b	ommon Numb Name een autl	plan o er: : norized	f developr d previous	ment?		mit?	Yes □ No
If "Ye	es", pro ame of orm w s," pro s," hav	ovide the Permit Au the common plan c ater discharges fr vide the Permit Aut e you updated you	uthorizati of develo om you horizatio	ion Number and pment: r project / site b on Number for the	ommon Numb Name een aut	plan o er: : norized s DEC p	f developr d previous permit?	ment? sly by a DE	C peri	mit?	
If "Ye	es", pro ame of orm w s," pro	ovide the Permit Au the common plan c ater discharges fr vide the Permit Aut e you updated you	uthorizati of develo om you horizatio	ion Number and pment: r project / site b on Number for the	ommon Numb Name een aut	plan o er: : norized s DEC p	f developr d previous permit?	ment?	C peri	mit?	Yes □ No
If "Ye na Have sti If "Ye If "Ye Location	es", pro ame of orm w s," pro s," hav	ovide the Permit Au the common plan c ater discharges fr vide the Permit Aut e you updated you	uthorizati of develo om you horizatio	ion Number and pment: r project / site b on Number for the	ommon Numb Name een aut	plan o er: : norized s DEC p	f developr d previous permit? Borough or State:	ment? Sly by a DE similar gover	C peri	mit?	Yes □ No
If "Ye na Have sti If "Ye If "Ye Location	es", pro ame of orm w s," pro s," hav Street:	ovide the Permit Au the common plan c ater discharges fr vide the Permit Aut e you updated you	uthorizati of develo com you chorization	ion Number and pment: r project / site b on Number for the	ommon Numb Name een autle previou	plan o er: : norized s DEC p	f developr d previous permit?	ment? Sly by a DE similar gover Zip: Se	C peri	mit?	Yes □ No
If "Ye na Have sti If "Ye If "Ye Location	es", pro ame of orm w s," pro s," hav Street:	ovide the Permit Au the common plan c ater discharges fr vide the Permit Aut e you updated you	uthorizati of develo com you chorization	ion Number and pment: r project / site bon Number for the according to the 2	ommon Numb Name een autle previou	plan o er: : norized s DEC p	f developr d previous permit? Borough or State: Alaska	ment? Sly by a DE similar gover Zip: Se	nment so	mit?	Yes □ No

(For Agency Use) Permit Authorization #: AKR10FH08 1

V. SWP	PP (Stc	orm Water Pollu	tion Pre	ventio	n Plan)							
Has the	SWPP	P been prepared	l in adva	nce of	filing th	nis NOI?			□ Y	es [□ No	
		· · · · · · · · · · · · · · · · · · ·					been submitted	to DEC?		es [No, ≤ 5	acres
		VPPP for Viewing			s in Sec		☐ Address in S			Other		
If other:	Street:		,-									
	<u></u>						•					
1	City:					!	State: AK		Zip:			
CIAIDDD	Contac	Information /i	r liffarent	· +hr	· · · · Coct	· - 111.	AK					
Organization		ct Information (if	/ different	than tha	it in Seci	ion II).		Title:				
_		-	ĺ				ļ	1100				
Phone:			Fax (option	onal):			Email:	1				
Mailing Ad		Street (PO Box):	<u></u>									
Midiling Au	laress.	Street (PO BOA).										
	1	City:					State:		Zip:			
									<u></u>			
VI. Perr	nanent	Storm Water Co	ontrols									
1		ruct a permanen	t storm v	water r	manage	ement con	trol measure at t	the project	site		☐ Yes [□No
(Part 4.1)		dicate the type o	of measu	re to h		llad.						
	Pond	oicate the type o					Storm Water Sed	limontation	Dovi	20		
	Pona Other:	□ Oil) water, c	յլլլ շբեր	fatoi	<u> </u>	oprietally c	Storm Water Sed	Imentation	Devi	ce		
		· ftion										
		Information	!ala				(- 40 410			**		
		ct discharge into a		al Sepai	rate Sto	rm Sewer S	ystem (MS4)?	☐ Yes ☐	□No			
		he MS4 Operator:										
Receiving	g Water	and Wetlands III	formation			ace is needed /303d Listed v	for this question, attac	ch separate she	et or an	ınotate ı	in Section XI.	.)
				(see <u>htt</u>	p://dec.al	laska.gov/wate	er/wgsar/Docs/impaire					
			-	http://d b. Are a			gsar/map.html, and htt nswered YES to questio					
				your		60 11 yu	Swered the to que	H b, men and.	er unc		iii. Is the c	discharge
- Idontifi	·· +ba nam	-/-\ -fotorbadios ar		discha	arges tly into			ii.	Are the	اِ	1 .	tent with
		e(s) of waterbodies or th you discharge.			egment				pollutai		and	sumptions
		•		of a 3		i. What p	ollutant(s) are causing t	I	causing impairn	- I		ements of
			1	Listed i.e.	d Water,	impairm			present		applica approv	able EPA ved or
				"Impa	aired"				your dischar	·ge?	establis	ished Total
				Wate	t,				*			num Daily TMDL(s))?
				Yes	No	<u> </u>		Y	res	No	Yes	No No
								[]			
								ſ				
VIII. Tre	atment	t Chemicals										
		······	such as r	nolvme	rs. floc	culants or	other treatment	chemicals			☐ No	
		iction site?	, en en en en en en	.,	,					163	LI NO	
						***	treatment chemicals fi	ile an NOI Modi	fication	form in	dicating "Yes	s."
		licate the followi		-			Alum		Gypsu	m		
		eatment chemica	ıls that w	/ill be ι	used at		Polyacrylamide ((PAM) 🗆 F	² olyal	uminı	ım Chlori	de
your	constr	uction site:					Other:	•	•			

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	tion Information					
An Alaska Pollu	ıtant Discharge Elimina	ition System (APDES) pr	ermit applicatio	n or report must be	signed by an ir	ndividual with the appropriate
authority per 1	.8 AAC 83.385. For addi	itional information, plea	ase refer to 18 A	AAC 83.385 at the fol	llowing link:	••
		lations/pdfs/18%20AAC				
1		your authority to sig				
☐ Corporat	te Executive Officer	18 AAC 83.385 (a)(1)(A)	charge of a prin or decision-mal	ncipal business function king functions for the c	n, or any other p corporation.	or vice-president of the corporation in person who performs similar policy-
☐ Corporat	te Operations Manag	(a)(1)(B)	For a corporation facilities.	on, the manager of one	e or more manul	facturing, production, or operating
Sole Prop	prietor or General	18 AAC 83.385 (a)(2)	respectively.			partner or the proprietor
Public Ag Officer	gency, Chief Executiv	(a)(3)(A)				chief executive officer of the agency.
Public Ag Officer	gency, Senior Executi	ive 18 AAC 83.385 (a)(3)(B)	responsibility for agency.	or the overall operation	ns of a principal p	nlor executive officer having geographic unit or division of the
(Delegate	ons Manager ed Authority)*	18 AAC 83.385 (b)(2)(A)	For a duly author the overall oper manager, opera responsibility.	ration of the regulated ator of a well or a well f	facility or activit field, superinten	a position having responsibility for ity, including the position of plant ndent or position of equivalent
(Delegate	nental Manager ed Authority)*	18 AAC 83.385 (b)(2)(B)	for environmen	ntal matters for the com	npany.	position having overall responsibility
* For Delegat	ted Authority: If you se	lect "Delegated Author	rity" (Duly Autho	orized Representativ	e), the delega	ition must be made in writing
		ignature will not be app ion delegating authority				
		ion delegating authority SysHelp/attachments/De			iter website.	
					-dar my direc	ction or supervision in
accordance wi	ith a system designer	d to assure that qual	ified nersonne	were prepared سا aronerly gather الا	ider my uncc and evaluate	ction or supervision in the the information submitted.
Based on my i	nguiry of the person	or persons who mar	nage the system	m. or those persor	is directly res	sponsible for gathering the
information, th	he information subm	nitted is, to the best o	of my knowled	dge and belief, true	e, accurate, a	and complete. I am aware that
there are signi	ficant penalties for s	submitting false infor	mation, includ	ling the possibility	of fine and in	mprisonment for knowing
violations.		1 81			1 .	
Organization: State of Alask	ka Northern Region	Name: Ryan Ande	rron	!	Title:	St
Phone:	a Northern Negron	Fax (optional):	:rson	Email:	Regional D	irector
(907) 451-				ryan.anderson	າ@alaska.gc	ΩV
Mailing Address:				1,000	10 4.2	, v
	Street (PO Box): 230)1 Peger Ka				•
	City: Fairbanks			State: AK		^{Zip:} 99709
		3				33100
1 Kg	111			10/12/2014	0	
Signature	1.0			Date		
X. NOI Prepa	rer (Complete if NOI w	vas prepared by someor	ne other than th	ne certifier)		
Organization:		Name:	Te outer state	e corajieri,	Title:	
Phone:		Fax (optional):		Email:		
Mailing Address:	Street (PO Box):					
	City:			State:		Zip:
XI. Document	t Attachments and	l Supplemental Info	ormation			
	ached with this appli		VIII			
	•					
	/PPP if ≥ 5 acres of di					
Delegation	of Signatory Authori	ity.				

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Attachment 1. (Fill in as necessary if more space is required for Receiving water and Wetlands Information.)

	b. Are an		 ITYOU answered yes to question b, then answer the following three questions: 	uestions:			
a. What is the name(s) of your receiving water(s) that receive storm water directly and/orthrough a MS4? If your receiving water is impaired, then identify the name of the impaired segment, if applicable, in parenthesis following the receiving water name.	discharges directly into any segment of an "impaired" waterî	discharges directly into any segment of an "impaired" water?	i. What pollutant(s) are causing the impairment?	ii. Are the pollutant(s) causing the impairment present i your discharge?	<u>_</u> _	iii. Has the TMDL been completed for the pollutant(s) causing the impairment?	ADL been I for the S) causing
	Yes	No		Yes	No	Yes	No
			The second secon				

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