

# STATE OF ALASKA

**DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF WATER QUALITY  
WASTEWATER DISCHARGE PROGRAM**

**SARAH PALIN, GOVERNOR**

555 Cordova Street  
Anchorage, Alaska 99501  
Phone: (907) 269-8198  
Fax: (907) 269-3487  
www.dec.state.ak.us

Date

Responsible Party Name  
Address

ADEC File No. #####

Re: **Authorization #####, Facility Name**

Dear Applicant:

The Alaska Department of Environmental Conservation has completed its review of the Notice of Intent for the **Facility Name** and is issuing authorization #####.

Any person who disagrees with this decision may request an adjudicatory hearing in accordance with 18 AAC 15.195- 18 AAC 15.340 or an informal review by the Division Director in accordance with 18 AAC 15.185. Informal review requests must be delivered to the Director of Water, 555 Cordova Street, Anchorage, Alaska 99501, within 15 days of receipt of the permit decision. Adjudicatory hearing requests must be delivered to the Commissioner of the Department of Environmental Conservation, 555 Cordova Street, Anchorage, Alaska 99501, within 30 days from the date of the permit decision. If a hearing is not requested within 30 days, the right to appeal is waived.

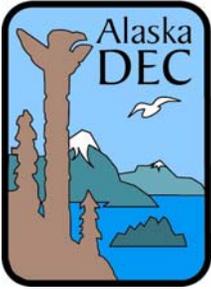
If you have any technical questions concerning this authorization, please contact (staff) at (e-mail) or (phone).

Sincerely,

Name  
Title  
Wastewater Discharge Program

Enclosure: Authorization #

cc:



Alaska Department of Environmental Conservation

Division of Water

**AUTHORIZATION TO DISCHARGE**

AUTHORIZATION TO DISCHARGE UNDER THE ALASKA POLLUTANT DISCHARGE ELIMINATION SYSTEM (APDES) FOR **(GP Title)**.

**FACILITY ASSIGNED AUTHORIZATION NUMBER: (Authorization #)**

**ADEC File Number:**

**GENERAL PERMIT NUMBER: [Permit #]**  
See this General Permit for all permit requirements.

The following facility is authorized to discharge in accordance with the terms of the State of Alaska General Permit (**Permit #**) and any site specific requirements listed in this authorization.

The authorization effective date is **(date)**

The authorization to discharge shall expire at midnight, **(date)**.

The permittee must reapply for an authorization on or before **(date)** if the permittee intends to continue operations and discharges from the facility

**SECTION 1 – RESPONSIBLE PARTY INFORMATION**

Issued to: **[Applicant]**

**SECTION 2 – FACILITY INFORMATION**

Facility Name: **[Facility Name]**

Facility Location: **[Facility Location]**

APDES Permit Category: **[Facility Category, POTW, Oil and Gas, Hatchery]**

Description of Outfall: **[Breif statement describing disposal method, 400’ outfall pipe to marine water at -50 feet M.L.L.W.]**

Type of Disinfection: **[Description of Disinfection Method if applicable]**

Latitude **[Latitude]** Longitude **[Longitude]**

**SECTION 3 – REGULATED DISCHARGE INFORMATION – EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

**Effluent Compliance Point:** [Effluent Compliance Point Description, End of the treatment process prior to discharge into the receiving area.]

**EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

[This table contains example parameters only]

Effluent Characteristic	Minimum Value	30 Day Average	Weekly Average	Maximum Value	Units	Frequency of Analysis	Sample Type
Total Flow (effluent or influent)	[x]	[x]	[x]	[x]	mgd	[Frequency]	Estimated/ Measured
5-day Biochemical Oxygen Demand (effluent)	[x]	[x]	[x]	[x]	mg/L	[Frequency]	Grab or composite <sup>1</sup>
	[x]	[x]	[x]	[x]	lbs/day		
Total Suspended Solids (effluent)	[x]	[x]	[x]	[x]	mg/L	[Frequency]	Grab or composite <sup>1</sup>
	[x]	[x]	[x]	[x]	lbs/day		
Fecal Coliform Bacteria <sup>3</sup> (effluent)	[x]	[x]	[x]	[x]	FC per 100 ml	[Frequency]	Grab
Dissolved Oxygen (effluent)	[x]	[x]	[x]	[x]	mg/L	[Frequency]	Grab
pH (effluent)	[x]	[x]	[x]	[x]	S.U.	[Frequency]	Grab
Total Residual Chlorine <sup>4</sup> (effluent)	[x]	[x]	[x]	[x]	mg/L	[Frequency]	Grab

Footnotes

1. Composite samples must consist of at least four equal volume grab samples, two of which must be taken during periods of peak flow.
2. All effluent fecal coliform average results must be reported as the geometric mean
3. Test not required if chlorine is not used as disinfectant.

**SECTION 4 – RECEIVING AREA INFORMATION-RECEIVING WATER**

Receiving Area Name: [Description of Receiving Water]

Discharge location: Latitude: [Latitude] Longitude: [Longitude]

Receiving Area Compliance Point: [Compliance Point Description, Outer edge of the mixing zone]

Mixing Zone Authorization: [What parameters the mixing zone is for if a mixing zone is authorized, This discharge is assigned a mixing zone to meet the Alaska Water Quality Standards (18 AAC 70) for {Parameter}].

Mixing Zone Description: [Details of the mixing zone definition, the mixing zone for this discharge is defined as the {Definition}, the area of 100 meter circle, centered over the diffuser, from the end of pipe to the surface.]

**RECEIVING AREA LIMITATIONS AND MONITORING REQUIREMENTS**

[This table contains example parameters only]

Mixing Zone Characteristic	Minimum Value	30 Day Average	Maximum Value	Units	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria <sup>1</sup> (Outside edge of MZ)	[x]	[x]	[x] <sup>2</sup>	FC per 100 ml	[Frequency] <sup>3</sup>	Grab
Fecal Coliform Bacteria <sup>1</sup> (Shoreline in MZ)	[x]	[x]	[x] <sup>2</sup>	FC per 100 ml	[Frequency] <sup>3</sup>	Grab
Total Chlorine <sup>4</sup> (Outside edge of MZ)	[x]	[x]	[x]	mg/l	[Frequency] <sup>3</sup>	Grab
pH <sup>5</sup> (Outside edge of MZ)	[x]	[x]	[x]	S.U.	[Frequency] <sup>6</sup>	Grab
Dissolved Oxygen (Outside edge of MZ)	[x]	[x]	[x]	mg/l	[Frequency] <sup>6</sup>	Grab

Footnotes

- All mixing zone fecal coliform results must be reported as the geometric mean;
- Not more than 10% of the samples taken during the reporting period may exceed this value;
- Twice per year shall consist of two time periods during the calendar year, (Oct. through April and May through Sept.). When sampling is not possible during the stated time period, twice per year shall be, one sample in the summer and the other just before freeze up.
- The Alaska Water Quality Standard (see 18 AAC 70) limit is 0.0075 mg/L for total residual chlorine in marine water. The Department will use 0.100 mg/L (the minimum level for EPA Method 330.3 and Method 330.4) as the compliance evaluation level for this parameter. Daily maximum concentrations below 0.100 mg/l will be considered in compliance with the limitation. Testing for total residual chlorine is not required if chlorine is not used as disinfectant in the wastewater treatment works process.
- pH for marine waters must be within 0.2 S.U. of naturally occurring range of the receiving body.
- Reasonable potential to exceed these limits does not appear to exist when the treatment system is operating according to design and therefore monitoring will not normally be required, however ADEC may require monitoring in the future after contacting the permittee and notifying the permittee of the monitoring requirement.

**SECTION 5 – SITE SPECIFIC REQUIREMENTS**  
(Any additional requirements to those already listed in the general permit)

If you have any technical questions regarding this authorization or the requirements of the general permit, please contact [Name] at [Number] or [E-mail Address].

**SECTION 6 – CERTIFICATION/SIGNATURE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**SECTION 7 – ATTACHMENTS**

[\[Reference any attachments to the Authorization\]](#)

[\[Example of possible attachments only\]](#)

- 1. ADEC Discharge Monitoring Report (DMR)**
- 2. NONCOMPLIANCE NOTIFICATION**
- 3. ACCIDENTAL DISCHARGE/SPILL NOTIFICATION**