



# NOTICE OF INTENT (NOI) / APPLICATION TO DISCHARGE UNDER:

General Permit AKG315100 -

**Mobile Oil and Gas Exploration Facilities in State Waters in Cook Inlet**

Please submit this NOI electronically to: [dec.water.oilandgas@alaska.gov](mailto:dec.water.oilandgas@alaska.gov) and send a hardcopy to:

**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

**Wastewater Discharge Authorization Program**

**555 Cordova Street**

**Anchorage, Alaska 99501**

Submittal of this document constitutes notice that the party identified in Section 3 intends to be covered by the Alaska Pollutant Discharge Elimination System (APDES) General Permit AKG315100 – Mobile Oil and Gas Exploration Facilities in State Waters in Cook Inlet (permit). The permit authorizes discharges into waters of the United States resulting from mobile oil and gas exploration and obligates the applicant to comply with the terms and conditions of the permit. Please provide all information below per each site proposed for exploration activities. Attach supplemental information sheets as appropriate.

## SECTION 1 – PERMIT INFORMATION

**Previous Permit or Authorization No. (if applicable):**

Please indicate the coverage requested.

☐ Existing Permittee: Existing Mobile Cook Inlet Oil & Gas Exploration Facility previously covered under 2007 Cook Inlet General APDES Permit (See Section 1.1.1).

☐ New Applicant: A new Mobile Oil & Gas Exploration Facility meeting criteria under Sec. 1.1.2 for coverage under this permit.

## SECTION 2 – FACILITY INFORMATION

Facility Name:

Phone:

Name of Contact Person:

Fax:

Facility Mailing Address (Street/Location):

State: AK

Zip:

Email Address:

|   |                          |                  |  |                       |  |
|---|--------------------------|------------------|--|-----------------------|--|
| Mobile Facility Type<br>(check applicable type) | <input type="checkbox"/> | Jackup           | Is the Facility Operated<br>Seasonally? <input type="checkbox"/> Yes <input type="checkbox"/> No | Approx Start<br>Date: |  |
|   | <input type="checkbox"/> | Drill Ship       |  | Approx End<br>Date:   |  |
|   | <input type="checkbox"/> | Semisubmersible  |  |                       |  |
|   | <input type="checkbox"/> | Other (specify): |  |                       |  |

**SECTION 3 – RESPONSIBLE PARTY INFORMATION**

Owner/Operator or Person responsible for overall management of the project and discharge

First Name:

Last Name:

Phone:

Title:

Mailing Address:

Fax:

City:

State:

Zip:

E-mail Address:

**SECTION 4 – ON-SITE CONTACT/OPERATOR INFORMATION**☐ Check if same as Responsible Party

First Name:

Last Name:

Phone:

Title:

Mailing Address:

Fax:

City:

State: Alaska

Zip:

E-mail Address:

**SECTION 5 – BILLING INFORMATION**

First Name:

Last Name:

Phone:

Title:

Mailing Address:

Fax:

City:

State:

Zip:

E-mail Address:

**Section 6 – DISCHARGE LOCATIONS**

ADNR Lease Number:

Block #:

Exploration Facilities are required to designate the sites where they will be operating. Authorizations will be issued per well and/or geographic area. Provide detailed information and vicinity maps on proposed discharge locations.

**Do you wish to request to operate in a specific, defined geographical area?**☐

Yes

☐

No

If you answered yes to the above question, please provide a map, and a description of the area of coverage, and the following well information:

## Section 6 – DISCHARGE LOCATIONS (Continued...)

|                |   |  |  |  |  |  |   |            |  |  |  |
|----------------|---|--|--|--|--|--|---|------------|--|--|--|
| <b>WELL #1</b> | Well Name:  |  |  |  | Latitude:                                |  |   | Longitude: |  |  |  |
|                | Well Number:  |  |  | Estimated Total Volume of Drill Cuttings:  | (bbls)                                   |  | Estimated Total Volume of Drill Fluids:   | (bbls)     |  |  |  |
|                | Distance from discharge to shoreline or excluded discharge areas: |  |  | Is this a net depositional location in the Cook Inlet?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  | Have you collected baseline sediment samples at the site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |  |  |  |
|                | Beginning Drill Date:   |  |  |  | Estimated Drilling Depth:                |  |   |            |  |  |  |
|                | Estimated End Date:   |  |  |  | Depth below Mean Lower Low Water (MLLW): |  |   |            |  |  |  |
| <b>WELL #2</b> | Well Name:  |  |  |  | Latitude:                                |  |   | Longitude: |  |  |  |
|                | Well Number:  |  |  | Estimated Total Volume of Drill Cuttings:  | (bbls)                                   |  | Estimated Total Volume of Drill Fluids:   | (bbls)     |  |  |  |
|                | Distance from discharge to shoreline or excluded discharge areas: |  |  | Is this a net depositional location in the Cook Inlet?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  | Have you collected baseline sediment samples at the site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |  |  |  |
|                | Beginning Drill Date:   |  |  |  | Estimated Drilling Depth:                |  |   |            |  |  |  |
|                | Estimated End Date:   |  |  |  | Depth below Mean Lower Low Water (MLLW): |  |   |            |  |  |  |
| <b>WELL #3</b> | Well Name:  |  |  |  | Latitude:                                |  |   | Longitude: |  |  |  |
|                | Well Number:  |  |  | Estimated Total Volume of Drill Cuttings:  | (bbls)                                   |  | Estimated Total Volume of Drill Fluids:   | (bbls)     |  |  |  |
|                | Distance from discharge to shoreline or excluded discharge areas: |  |  | Is this a net depositional location in the Cook Inlet?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  | Have you collected baseline sediment samples at the site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |  |  |  |
|                | Beginning Drill Date:   |  |  |  | Estimated Drilling Depth:                |  |   |            |  |  |  |
|                | Estimated End Date:   |  |  |  | Depth below Mean Lower Low Water (MLLW): |  |   |            |  |  |  |
| <b>WELL #4</b> | Well Name:  |  |  |  | Latitude:                                |  |   | Longitude: |  |  |  |
|                | Well Number:  |  |  | Estimated Total Volume of Drill Cuttings:  | (bbls)                                   |  | Estimated Total Volume of Drill Fluids:   | (bbls)     |  |  |  |
|                | Distance from discharge to shoreline or excluded discharge areas: |  |  | Is this a net depositional location in the Cook Inlet?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  | Have you collected baseline sediment samples at the site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |  |  |  |
|                | Beginning Drill Date:   |  |  |  | Estimated Drilling Depth:                |  |   |            |  |  |  |
|                | Estimated End Date:   |  |  |  | Depth below Mean Lower Low Water (MLLW): |  |   |            |  |  |  |
| <b>WELL #5</b> | Well Name:  |  |  |  | Latitude:                                |  |   | Longitude: |  |  |  |
|                | Well Number:  |  |  | Estimated Total Volume of Drill Cuttings:  | (bbls)                                   |  | Estimated Total Volume of Drill Fluids:   | (bbls)     |  |  |  |
|                | Distance from discharge to shoreline or excluded discharge areas: |  |  | Is this a net depositional location in the Cook Inlet?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  | Have you collected baseline sediment samples at the site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |  |  |  |
|                | Beginning Drill Date:   |  |  |  | Estimated Drilling Depth:                |  |   |            |  |  |  |
|                | Estimated End Date:   |  |  |  | Depth below Mean Lower Low Water (MLLW): |  |   |            |  |  |  |

## SECTION 7 – DRILLING FLUIDS TO BE USED IN WELL DRILLING

|   |                          |                  |                                 |  |                |
|---|--------------------------|------------------|---------------------------------|--|----------------|
| Category<br>(check all that apply)  | <input type="checkbox"/> | Water-based      | Group<br>(check all that apply) | <input type="checkbox"/>                     | Lignosulfonate |
|   | <input type="checkbox"/> | Oil-based        |                                 | <input type="checkbox"/>                     | Lime           |
|   | <input type="checkbox"/> | Synthetic-based  |                                 | <input type="checkbox"/>                     | Gyp            |
|   | <input type="checkbox"/> | Other (specify): |                                 | <input type="checkbox"/>                     | Sea-water      |
| Provide a description of the disposal practice of oil-based, synthetic-based, or other drilling fluids proposed to be used in well drilling in the DFP. |                          |                  | <input type="checkbox"/>        | Saltwater                                    |                |
|   |                          |                  | <input type="checkbox"/>        | Saturated Saltwater                          |                |
|   |                          |                  | <input type="checkbox"/>        | Non-dispersed<br>(Viscosifier/Polymer) PH/PA |                |

## SECTION 8 – INVENTORY OF DISCHARGES

Check all that apply then indicate the depth of discharge and the maximum daily and average discharge rate, and indicate if you will be requesting a default mixing zone for that discharge (*include units of measure*).

|   | Mixing Zone Requested                                    | Discharge Depth: | Max Daily Discharge Rate | Average Discharge Rate |
|---|--|------------------|--------------------------|------------------------|
| <input type="checkbox"/> 001 Drilling Fluids and Drill Cuttings*        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 002 Deck Drainage                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 003 Domestic Wastewater (See Section 10)       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 004 Graywater (Requires Waiver per Section 10) | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 005 Desalination Unit Waste                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 006 Blowout Preventer Fluid                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 007 Boiler Blowdown                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 008 Fire Control System Test Water             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 009 Non-Contact Cooling Water                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 010 Uncontaminated Ballast Water               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 011 Bilge Water                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 012 Excess Cement Slurry                       | N/A  |                  |                          |                        |
| <input type="checkbox"/> 013 Mud, Cuttings, Cement and Seafloor         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |
| <input type="checkbox"/> 019 Test Fluids                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                          |                        |

\*Drilling Fluids Plan (DFP) and Environmental Monitoring Plan (EMP)-Study Plan are required.

**SECTION 9 - REQUEST FOR MIXING ZONE AND EFFLUENT MODIFICATION FROM DEC**

**Did you select “Yes” for any Mixing Zone Request(s) in SECTION 8 of this form?**

Check an answer below, read the instructions to the right.

|                              |   |                  |               |
|------------------------------|---|------------------|---------------|
| <input type="checkbox"/> Yes | <b>THE FOLLOWING INFORMATION MUST BE PROVIDED IF REQUESTING A MIXING ZONE*</b>                                      |                  |               |
|                              | <b>USE:</b>   | <b>DISTANCE:</b> | <b>UNITS:</b> |
|                              | Supply for aquaculture  |                  |               |
|                              | Supply for industrial use   |                  |               |
|                              | Contact recreation  |                  |               |
|                              | Secondary recreation  |                  |               |
|                              | Fish spawning   |                  |               |
|                              | Harvesting and consumption of raw fish or other aquatic life  |                  |               |
| <input type="checkbox"/> No  | If you answered “No” to requesting a mixing zone or have questions concerning mixing zones, please contact the DEC. |                  |               |

**\*NOTE:** The NOI and all requested information below will be reviewed to determine if the discharges associated with the mixing zone request are consistent with the permit conditions and that the site conditions meet the permit requirements. The burden of proof for justifying a mixing zone through demonstrating compliance with the requirements of 18 AAC 70.240 – 18 AAC 70.270 rests with the applicant. Additional information may be requested by DEC based on this review.

**SECTION 10 – COMPLIANCE WITH WASTEWATER DISPOSAL REGULATIONS (18 AAC 72)**

**DOMESTIC WASTEWATER TREATMENT:** Provide a brief description of the domestic wastewater treatment process(es) of the facility, including the level of treatment and type of disinfection (if any). Include all makes, models, treatment capacities of the wastewater treatment units, and a schematic flow diagram of the wastewater treatment process.

|  |   |   |
|--|---|---|
| Will graywater (as defined by 18 AAC 72.990(35)) be discharged as a segregated wastewater stream?<br><input type="checkbox"/> Yes - A waiver is required for Graywater Discharge (003) <input type="checkbox"/> No | Maximum Rated Personnel Capacity of the Facility: | Average Estimated Personnel on this Facility: |
|--|---|---|

|   |   |
|---|---|
| <b>TREATMENT SYSTEM TYPE:</b><br><input type="checkbox"/> MSD <input type="checkbox"/> MSD/BTU <input type="checkbox"/> BTU | <b>STAFFING CLASSIFICATION:</b><br><input type="checkbox"/> M10 <input type="checkbox"/> M9IM |
|---|---|

**NOTE:** All combinations of Treatment System Types and Staffing Classifications will require a Waiver for Domestic Discharge (004) except M10/BTU’s.

**ENGINEERED PLAN REVIEW:** Proof of a current Approval to Operate (ATO) from DEC for the mobile exploration facility indicated in this NOI, satisfies requirements of 18 AAC 72.205, 72.200, and 72. 600. Provide the dates of plan submittal and ATO (if applicable). If you do not have an ATO or have not yet submitted plans, please indicate in the spaces provided below.

|   |   |
|---|---|
| Engineered Plan Review Submittal<br>Date: | Approval to Operate Issue Date<br>Date: (Attach ATO Letter) |
|---|---|

**SECTION 10 – COMPLIANCE WITH WASTEWATER DISPOSAL REGULATIONS (18 AAC 72)****(Continued...)**

**MINIMUM TREATMENT WAIVER:** In accordance with 18 AAC 72.050(d)(1) – (5) and 18 AAC 72.060(b), an applicant seeking a waiver from the minimum treatment requirements of 18 AAC 72.050(a)(1) or (a)(4) for domestic wastewater discharge 003 or graywater discharge 004, shall provide proof of previous approval or submit a report prepared by a registered engineer. The department will review the report and determine if a waiver or modification will be made in accordance with 18 AAC 72.060. Provide the submittal date for any applicable waiver requests and the approval (if applicable). If you do not have a Minimum Treatment Waiver or have not yet requested one, please indicate in the spaces provided below.

**Minimum Treatment Waiver Submittal**

Date:                      Waiver for:                      (indicate discharge)

**Minimum Treatment Waiver Approval (attach Approval)**

Date:

**SECTION 11 – CERTIFICATION**

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.

Signature

Title

Printed Name

Date

# NOTICE OF INTENT (NOI) CHECKLIST OF ATTACHEMENTS

(Permit Number AKG315100)

**The applicant must submit the following information (if applicable) with the NOI:**

|   |   |  |
|---|---|--|
| Site Map  | <input type="checkbox"/> Included   | Submit a site map showing the exact location of the facility and discharges associated with the project. Mobile facilities must indicate the intended areas of operation, a description of operations within those areas, and the initial latitude and longitude of the facility.  |
| Initial Site Assessment   | <input type="checkbox"/> Included   | Submit initial site assessment with NOI documenting that the drill site is not located in or near a sensitive marine environment specifically excluded from coverage by this permit (see Section 9 of this NOI or Prohibited Areas in Permit Section 1.4).   |
| Line Drawings and Flow Balances   | <input type="checkbox"/> Included   | Submit line drawings that show the flow, including rates/volumes of each discharged waste stream through facility. The line drawings must contain flow balances showing average and maximum flow rates between intakes, operations, treatment units, and outfalls.   |
| Environmental Monitoring Program (EMP) Plan of Study                                | <input type="checkbox"/> Included   | Submit EMP Plan of Study (i.e., EMP design and detailed scope of work), including dilution, plume and deposition monitoring (Permit Section 2.2.7.4). Include references to or copies of any previously completed EMP Reports.   |
| Other Environmental Reports and Related Plans                                       | <input type="checkbox"/> Included   | Provide copies of exploration plans, biological surveys, and environmental reports for the site required by other state (e.g., ADNR, ADFG) and federal (e.g., BOEM, BSEE, NMFS, USFWS) agencies.   |
| Drilling Fluid Plan   | <input type="checkbox"/> Included   | Submit a plan for the formulation and control of drilling fluid/chemical additive systems for each well.   |
| Best Management Practices (BMP) Plan  | <input type="checkbox"/> Included   | Submit the BMP Plan that incorporates practices to achieve the objectives and specific requirements of the permit.   |
| Quality Assurance Project Plan (QAPP) Certification                                 | <input type="checkbox"/> Acknowledge                                      | Submit a letter certifying that a QAPP for all monitoring required by this general permit has been developed and implemented. Submittal is required with the NOI or within 90 days of discharging.   |
| Cooling Water Intake Structure Requirements 316(b)                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><hr/> Date | Indicate whether the facility meets the applicability criteria in Section 2.12 of the permit. If so, mobile exploration facilities under this permit must comply with Track I requirements as described in Appendix H of the permit and Section 10.4 of the Fact Sheet.<br><br>If not, please indicate the date of construction for the facility |
| Plan Review for All Discharges (001-013)  | <input type="checkbox"/> Included   | Submit proof of prior approval or an engineering plan to DEC for written approval before constructing, installing, or modifying a domestic or nondomestic wastewater treatment works (18 AAC 72.200 and 18 AAC 72.600).  |
| Waiver from minimum treatment requirements for domestic wastewater (if applicable). | <input type="checkbox"/> Included   | Submit proof of prior approval or an engineering report with a request for written approval of a waiver to DEC's minimum treatment requirements (18 AAC 72.050).   |