



NOTICE OF INTENT (NOI) / NOTICE OF DISPOSAL

General Permit AKG320000 – Statewide Oil and Gas Pipelines

Please submit this NOI 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 AKG320000 – Statewide Oil and Gas Pipelines (Permit). The Permit authorizes discharges into waters of the United States and disposals to land resulting from construction, operation, and maintenance activities for pipelines and related facilities. The term notice of intent (NOI) refers to an application to discharge to water and the term Notice of Disposal (NOD) refers to an application to dispose wastewater to land. Please provide all information below and attach supplemental information sheets as appropriate.

SECTION 1 – PERMIT INFORMATION

- New Applicant
- Existing Permittee Authorization No.:
 - Revision – An existing authorization that requires updates to include new discharges, or new discharge locations (e.g., phased large Plan of Development).
 - Renewal – An existing authorization that is requested to be administratively extended upon expiration of the GP.

SECTION 2 – PIPELINE INFORMATION Provide pipeline information and define individual pipeline segments for permit authorizations in the fields below. Pipelines may be divided into several project / management segment areas or a single segment for the entire pipeline right-of-way. Pipeline milepost (MP) zero (0) should start from the source of oil or gas (e.g., Gas Treatment Plant) and the terminating milepost should be the end destination (e.g., Liquefied Natural Gas Facility). Check only one box next to the Segment this NOI/NOD request is for.

If this NOI/NOD is submitted to revise or renew an existing authorization, skip to Section 4.

		Defined Segments	Start MP	End MP
Pipeline Name: <input type="checkbox"/> Operation/ Maintenance <input type="checkbox"/> Construction Coordinates at MP 0: Terminating Coordinates: Latitude: Latitude: Longitude: Longitude: Coordinate Source:	<input type="checkbox"/>	Segment 1	000.00	
	<input type="checkbox"/>	Segment 2		
	<input type="checkbox"/>	Segment 3		
	<input type="checkbox"/>	Segment 4		
	<input type="checkbox"/>	Segment 5		
	<input type="checkbox"/>	Segment 6		
	<input type="checkbox"/>	Segment 7		
	<input type="checkbox"/>	Segment 8		

SECTION 3 – RESPONSIBLE PARTY INFORMATION

Person responsible for overall management of the project.

First Name:	Last Name:	Title:	
Company:	Phone:	Fax:	
E-mail Address:			
Mailing Address:			
City:		State:	Zip:

SECTION 4 – ON-SITE CONTACT/OPERATOR INFORMATION Check if same as Responsible Party and skip to Section 7

First Name:	Last Name:	Title:	
Company:	Phone:	Fax:	
E-mail Address:			
Mailing Address:			
City:		State:	Zip:

SECTION 5 – NEGOTIATED FEE CONTACT Check if same as Responsible Party and skip to Section 7

First Name:	Last Name:	Title:	
Company:	Phone:	Fax:	
E-mail Address:			
Mailing Address:			
City:		State:	Zip:

SECTION 6 – BILLING INFORMATION Check if same as Responsible Party and skip to Section 7

First Name:	Last Name:	Title:	
Company:	Phone:	Fax:	
E-mail Address:			
Mailing Address:			
City:		State:	Zip:

SECTION 7 – SUMMARY OF DISCHARGES AND DISPOSALS

Complete the table below which summarizes the number of discharges, mixing zones, and disposals requested. Summary Table must match Section 8 and 9 attachments.

Discharges or Disposals Requested	How Many Disposal Outfalls to Land? ^{1,2}	How many Discharge Outfalls to Water? ^{1,2}	How many Outfalls will require a Mixing Zone? ³
<input type="checkbox"/> 001 Drilling Fluids and Drill Cuttings ⁴	N/A		
<input type="checkbox"/> 002 Domestic Wastewater	N/A		N/A
<input type="checkbox"/> 003 Gravel Pit Dewatering ⁴			
<input type="checkbox"/> 004 Excavation Dewatering ⁴			
<input type="checkbox"/> 005 Hydrostatic Test Water			N/A
<input type="checkbox"/> 006 Storm Water - Construction	N/A		N/A
<input type="checkbox"/> 006 Storm Water - Operation	N/A		N/A
<input type="checkbox"/> 007 Mobile Spill Response			N/A

NOTES:

1. Applications for Disposals to land < 500,000 gpd may not be required. See Permit Section 1.1.3.
2. Complete the appropriate outfall forms for each disposal to land and discharge to water and attach under Section 8.
3. Complete the AKG320000 Mixing Zone Attachment for each requested mixing zone and attach under Section 9.
4. If HDD or dewatering activities are within 1,500 feet of a contaminated site listed as active, clean-up complete, institutional controls, or contaminated groundwater plume contact DEC Contaminated Sites Program (CSP) and check this box. CSP contacted

SECTION 8 – OUTFALL DETAILS

Complete and attach AKG320000 – Outfall Forms 001 - 007 for discharges and disposals requested as a part of this NOI.

SECTION 9 – MIXING ZONE REQUESTS

Complete and attach AKG320000 - Mixing Zone Form for every mixing zone requested as a part of this NOI.

SECTION 10 – OTHER ATTACHMENTS

List additional attachments below. Examples include other Reports or Plans that are not specifically required but support the NOI (e.g., FERC Sediment and Erosion Control Plan).

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



FILE NUMBER _____ (for DEC use)

NOI SECTION 8 ATTACHMENT

General Permit AKG320000 – Statewide Oil and Gas Pipelines

DISCHARGE 001 – DRILLING FLUIDS AND DRILL CUTTINGS

PROJECT INFORMATION (Same as SECTION 3)

First Name:	Last Name:	Title:	
Company:	Phone:	Fax:	
E-mail Address:			
Mailing Address:			
City:		State:	Zip:
Pipeline Name (NOI Section 2):		Segment No. (NOI Section 2):	

CHECKLIST – ADDITIONAL NOI REQUIREMENTS

Project Vicinity Map, Site Plan, and Plan and Profile	<input type="checkbox"/> Included	Submit a vicinity map (topographic map or aerial photograph) showing the general location of all HDD activities included in NOI. Include detailed Site Plans showing drilling sites, receiving waters, and proposed equipment locations. Provide a plan and profile drawing of the proposed HDD that includes pertinent geological and hydrogeological information.
Project Description (for Type A1 Fluids)	<input type="checkbox"/> Included	A description of the method of drilling method, equipment technology used to minimize or eliminate discharges (i.e., HDD, recirculating), typical design schematics, and BMP measures taken to minimize the quantity of the water discharged and meet permit requirements. Project Descriptions for A2 and A3 are included in the DFP. See Fact Sheet Section 3.1.
SPP Data (for Type A1 Fluids)	<input type="checkbox"/> Included <input type="checkbox"/> N/A	Describe drilling fluid additive that will be used (i.e., bentonite) and include 96hr LC ₅₀ SPP data or analysis results for the product. Fluid mixture data must demonstrate an SPP concentration of 750,000ppm or greater. See Fact Sheet Section 3.1.
Drilling Fluids Plan (for Type A2 Fluids)	<input type="checkbox"/> Included <input type="checkbox"/> N/A	Include 96hr LC ₅₀ SPP data for each drilling fluid additive (Provide SPP analysis of the combined toxicity for the fluid mixture containing each additive at the maximum proposed concentration (See Appendix XX for equation).) All SPP results must be 500,000ppm or greater. See Fact Sheet Section 3.1.
Drilling Fluids Plan (for Type A3 Fluids)	<input type="checkbox"/> Included <input type="checkbox"/> N/A	Include 96hr LC ₅₀ SPP analysis for each drilling fluid additive and combined mixture demonstrating results of 500,000ppm or greater. Provide Total Metals analysis for stock barite using surrogate metals demonstrating values less than 3 mg/kg for Cadmium and 1 mg/kg for Mercury.
Other Reports and Related Plans	<input type="checkbox"/> Included	Provide copies reports, applications, and plans required by other state or federal agencies where information may support NOI (e.g., Inadvertent Release Plans).
AKG320000 Mixing Zone Attachment	<input type="checkbox"/> Included QTY. _____	Include one Mixing Zone Attachment for each discharge where a 500 ft mixing zone is requested for turbidity and residues associated with an inadvertent release.

DISCHARGE 001 – DRILLING FLUIDS AND DRILL CUTTINGS ACTIVITIES Provide an inventory all anticipated HDD and Geotechnical Investigation sites included in your NOI application. Attach additional pages if necessary.

Drill Point Entry Location:		Estimated Start – End Dates	Drilling Fluid Category ¹	Mixing Zone Requested? ²
MP	Latitude: _____ Longitude: _____	Begin _____	<input type="checkbox"/> A1	<input type="checkbox"/> Yes
	Coordinate Source: _____		<input type="checkbox"/> A2	<input type="checkbox"/> No
	Waterbody Name: _____	End _____	<input type="checkbox"/> A3	
MP	Latitude: _____ Longitude: _____	Begin _____	<input type="checkbox"/> A1	<input type="checkbox"/> Yes
	Coordinate Source: _____		<input type="checkbox"/> A2	<input type="checkbox"/> No
	Waterbody Name: _____	End _____	<input type="checkbox"/> A3	
MP	Latitude: _____ Longitude: _____	Begin _____	<input type="checkbox"/> A1	<input type="checkbox"/> Yes
	Coordinate Source: _____		<input type="checkbox"/> A2	<input type="checkbox"/> No
	Waterbody Name: _____	End _____	<input type="checkbox"/> A3	
MP	Latitude: _____ Longitude: _____	Begin _____	<input type="checkbox"/> A1	<input type="checkbox"/> Yes
	Coordinate Source: _____		<input type="checkbox"/> A2	<input type="checkbox"/> No
	Waterbody Name: _____	End _____	<input type="checkbox"/> A3	
MP	Latitude: _____ Longitude: _____	Begin _____	<input type="checkbox"/> A1	<input type="checkbox"/> Yes
	Coordinate Source: _____		<input type="checkbox"/> A2	<input type="checkbox"/> No
	Waterbody Name: _____	End _____	<input type="checkbox"/> A3	
MP	Latitude: _____ Longitude: _____	Begin _____	<input type="checkbox"/> A1	<input type="checkbox"/> Yes
	Coordinate Source: _____		<input type="checkbox"/> A2	<input type="checkbox"/> No
	Waterbody Name: _____	End _____	<input type="checkbox"/> A3	

NOTES:

1. See Fact Sheet Section 3.1 for Outfall 001 - Drilling Fluids and Drill Cuttings Characterization for description of drilling fluid categories.
2. Complete AKG320000 - Mixing Zone Attachment form for each discharge requested.



FILE NUMBER _____ (for DEC use)

NOI SECTION 8 ATTACHMENT

General Permit AKG320000 – Statewide Oil and Gas Pipelines

DISCHARGE 002 – DOMESTIC WASTEWATER

PROJECT INFORMATION

First Name:	Last Name:	Title:	
Company:	Phone:	Fax:	
E-mail Address:			
Mailing Address:			
City:		State:	Zip:
Pipeline Name:		Segment No. (NOI Section 2):	

CHECKLIST – ADDITIONAL NOI REQUIREMENTS

Project Vicinity Map and Site Plan	<input type="checkbox"/> Included	Submit a general vicinity map (topographic map or aerial photograph) showing the general location of all Domestic Wastewater Facilities included in NOI. Include a detailed Site Plan showing the location (latitude and longitude) of each facility including the discharge location and the expected discharge flow direction. Provide the approximate distances from the end of the pipe to any water uses (e.g., water intakes, fisheries, bathing areas, other discharges, etc.).
Description of Wastewater Treatment and Operation	<input type="checkbox"/> Included	Include all makes, models, and a brief description of the treatment process(es) including the level of treatment (e.g. secondary) and type of disinfection. Describe all disposal methods for any sludge, septage, grit, screenings, and other facility residuals generated from the treatment system. Include schematic flow diagram of the wastewater treatment process. For pre-approved package treatment modules provide design flow of each module and number of modules used at the facility location.
DEC Plan Review	<input type="checkbox"/> Included	Submit any DEC Plan Review and Approval to Operate for wastewater treatment system, if applicable.
Effluent Testing (Existing Facilities Only)	<input type="checkbox"/> Included Permit #:	If the facility is being relocated from another camp, provide previous DEC permit authorization or permit number, if applicable. Effluent testing data collected over the previous 12 months for the following parameters: pH (minimum, maximum), maximum and average flow rate, BOD ₅ , TSS, fecal coliform bacteria, and total chlorine residual or the previous 12 instances of monitoring data collected if there has not been 12 months of data for the previous year.

DISCHARGE 002 – DOMESTIC WASTEWATER

Provide an inventory of all anticipated domestic wastewater facilities included in your NOI application. Attach additional pages if necessary.

Discharge Location:		Facility Type	Approved Treatment Capacity	Peak Demand Flow Rate ¹ :
MP	Latitude: Longitude:	<input type="checkbox"/> Stationary Facility	<input type="checkbox"/> Total Design Capacity ³ : (gpd)	(gpd)
	Coordinate Source: Waterbody Name:	<input type="checkbox"/> Mobile Camp Describe ² :	<input type="checkbox"/> Pre-Approved Package Treatment Modules Module Unit Design Capacity ⁴ : (gpd/unit) <u>Number of Modules Used: x (units)</u> Total Design Capacity ² : (gpd)	
MP	Latitude: Longitude:	<input type="checkbox"/> Stationary Facility	<input type="checkbox"/> Total Design Capacity ³ : (gpd)	(gpd)
	Coordinate Source: Waterbody Name:	<input type="checkbox"/> Mobile Camp Describe ² :	<input type="checkbox"/> Pre-Approved Package Treatment Modules Module Unit Design Capacity ⁴ : (gpd/unit) <u>Number of Modules Used: x (units)</u> Total Design Capacity ² : (gpd)	
MP	Latitude: Longitude:	<input type="checkbox"/> Stationary Facility	<input type="checkbox"/> Total Design Capacity ³ : (gpd)	(gpd)
	Coordinate Source: Waterbody Name:	<input type="checkbox"/> Mobile Camp Describe ² :	<input type="checkbox"/> Pre-Approved Package Treatment Modules Module Unit Design Capacity ⁴ : (gpd/unit) <u>Number of Modules Used: x (units)</u> Total Design Capacity ² : (gpd)	
MP	Latitude: Longitude:	<input type="checkbox"/> Stationary Facility	<input type="checkbox"/> Total Design Capacity ³ : (gpd)	(gpd)
	Coordinate Source: Waterbody Name:	<input type="checkbox"/> Mobile Camp Describe ² :	<input type="checkbox"/> Pre-Approved Package Treatment Modules Module Unit Design Capacity ⁴ : (gpd/unit) <u>Number of Modules Used: x (units)</u> Total Design Capacity ² : (gpd)	
MP	Latitude: Longitude:	<input type="checkbox"/> Stationary Facility	<input type="checkbox"/> Total Design Capacity ³ : (gpd)	(gpd)
	Coordinate Source: Waterbody Name:	<input type="checkbox"/> Mobile Camp Describe ² :	<input type="checkbox"/> Pre-Approved Package Treatment Modules Module Unit Design Capacity ⁴ : (gpd/unit) <u>Number of Modules Used: x (units)</u> Total Design Capacity ² : (gpd)	

NOTES:

1. Peak Demand is based on maximum camp occupancy and appropriate per capita flow assumptions (typically 75 gpd/cap)
2. Describe treatment system type (e.g., wastewater type, RBC, membrane, other)
3. This is the maximum monthly average flow that will be approved for the system
4. Pre-approved package treatment modules may be used individually or used in combination to meet Peak Demand Flow Rates



FILE NUMBER _____ (for DEC use)

NOI/NOD SECTION 8 ATTACHMENT

General Permit AKG320000 - Statewide Oil and Gas Pipelines

DISCHARGE/DISPOSAL 003 – GRAVEL PIT DEWATERING

PROJECT INFORMATION (Same as SECTION 3)

First Name:	Last Name:	Title:	
Company:	Phone:	Fax:	
E-mail Address:			
Mailing Address:			
City:		State:	Zip:
Pipeline Name (NOI Section 2):		Segment No. (NOI Section 2):	

Note: Land Disposals of less than 500,000 gpd are automatically authorized for Gravel Pit Dewatering necessary for preexisting pipeline operations and maintenance. See Permit Section 1.1.3.

CHECKLIST – ADDITIONAL NOI REQUIREMENTS

Project Vicinity Map and Site Plan	<input type="checkbox"/> Included	Submit a vicinity map (topographic map or aerial photograph) showing the general location of all gravel pit activities included in NOI/NOD. Include a detailed Site Plan showing the pit to be excavated and any treatment systems. The detailed map must show the discharge location in the receiving water or land Disposal Area.
Project Description	<input type="checkbox"/> Included	A description of the method of dewatering, including typical design schematics, and measures taken to minimize the quantity of the water discharged as well as a description of the treatment and control methods that will be used to meet permit requirements.
DEC Plan Review	<input type="checkbox"/> Included	If chemicals or physical treatment systems are proposed, include typical design schematics and any DEC approvals of the proposed treatment methods and disposal methods. See Fact Sheet Section 6.1.2.1.
Other Reports and Related Plans	<input type="checkbox"/> Included	Provide copies reports, applications, and plans required by other state or federal agencies where information may support the NOI/NOD).
AKG320000 Mixing Zone Attachment	<input type="checkbox"/> Included QTY. _____	Include one Mixing Zone Attachment for each discharge which may require a 500 ft mixing zone for turbidity and residues resulting from Gravel Pit Dewatering Discharges.

DISCHARGE/DISPOSAL 003 – GRAVEL PIT DEWATERING

Provide an inventory all anticipated gravel pit dewatering sites included in your NOI application. Attach additional pages if necessary.

Location		Effluent Destination:	Mixing Zone ¹	Flow Rate ²	Describe Treatment ³
MP	Latitude: Longitude: Coordinate Source:	<input type="checkbox"/> Disposal to land <input type="checkbox"/> Discharge to Waterbody Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Discharge (Pump) Rate: (gpd) Estimated Daily Volume: (gpd)	
MP	Latitude: Longitude: Coordinate Source:	<input type="checkbox"/> Disposal to land <input type="checkbox"/> Discharge to Waterbody Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Discharge (Pump) Rate: (gpd) Estimated Daily Volume: (gpd)	
MP	Latitude: Longitude: Coordinate Source:	<input type="checkbox"/> Disposal to land <input type="checkbox"/> Discharge to Waterbody Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Discharge (Pump) Rate: (gpd) Estimated Daily Volume: (gpd)	
MP	Latitude: Longitude: Coordinate Source:	<input type="checkbox"/> Disposal to land <input type="checkbox"/> Discharge to Waterbody Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Discharge (Pump) Rate: (gpd) Estimated Daily Volume: (gpd)	
MP	Latitude: Longitude: Coordinate Source:	<input type="checkbox"/> Disposal to land <input type="checkbox"/> Discharge to Waterbody Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Discharge (Pump) Rate: (gpd) Estimated Daily Volume: (gpd)	

NOTES:

1. Complete AKG320000 - Mixing Zone Attachment form for each Mixing Zone requested.
2. For gravel pits with large daily discharge volumes where sediment and erosion control issues cannot be managed by BMPs, or the limits cannot be attained at the boundary of a single mixing zone, the applicant may request multiple discharge locations with separate mixing zones. In this case complete a separate section for each outfall.
3. Some chemicals and treatment or disposal methods may require a plan submittal prior to adoption in BMP Toolkit (i.e. mechanical treatment packages, flocculants, coagulants, etc.).



FILE NUMBER _____ (for DEC use)

NOI/NOD SECTION 8 ATTACHMENT

General Permit AKG320000 - Statewide Oil and Gas Pipelines

DISCHARGE/DISPOSAL 004 – EXCAVATION DEWATERING

PROJECT INFORMATION (Same as SECTION 3)

First Name:	Last Name:	Title:	
Company:	Phone:	Fax:	
E-mail Address:			
Mailing Address:			
City:		State:	Zip:
Pipeline Name (NOI Section 2):		Segment No. (NOI Section 2):	

Note: Land Disposals of less than 500,000 gpd are automatically authorized for Excavation Dewatering necessary for preexisting pipeline O&M. See Permit Section 1.1.3.

CHECKLIST – ADDITIONAL NOI REQUIREMENTS

Project Scope Map and Site Map	<input type="checkbox"/> Included	Submit a general site map (topographic map or aerial photograph) showing the general location of all excavation activities included in NOI. Include a detailed map showing the site to be excavated and location of sedimentation ponds, if applicable. The detailed map must show the location of the receiving water or area of land discharge.
Project Description	<input type="checkbox"/> Included	A description of the method of dewatering, including typical design schematics, and measures taken to minimize the quantity of the water discharged as well as a description of the treatment and control methods that will be used to meet permit requirements.
DEC Plan Review	<input type="checkbox"/> Included	A description of the method of dewatering, including typical design schematics, and submit proof of DEC Plan Review and Approvals of pretreatment methods (not required for energy depletion devices or sedimentation ponds without chemical additions).
Other Reports and Related Plans	<input type="checkbox"/> Included	Provide copies reports, applications, and plans required by other state or federal agencies where information may support NOI/NOD.
AKG320000 Mixing Zone Attachment	<input type="checkbox"/> Included QTY. _____	Include one Mixing Zone Attachment for each discharge which may require a 500 ft mixing zone for Turbidity and Residues resulting from Excavation dewatering discharges.

DISCHARGE/DISPOSAL 004 - EXCAVATION DEWATERING

Provide an inventory all anticipated excavation dewatering sites included in your NOI application. Attach additional pages if necessary.

	Location:	Effluent Destination	Mixing Zone ¹	Flow Rate / Estimated Volume Total ²	Describe Any Treatment ³
MP	Latitude: Longitude: Coordinate Source:	<input type="checkbox"/> Disposal to land <input type="checkbox"/> Discharge to Waterbody Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Discharge (Pump) Rate: (gpd) Estimated Daily Volume: (gpd) Volume: (gal)	
MP	Latitude: Longitude: Coordinate Source:	<input type="checkbox"/> Disposal to land <input type="checkbox"/> Discharge to Waterbody Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Discharge (Pump) Rate: (gpd) Estimated Daily Volume: (gpd) Volume: (gal)	
MP	Latitude: Longitude: Coordinate Source:	<input type="checkbox"/> Disposal to land <input type="checkbox"/> Discharge to Waterbody Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Discharge (Pump) Rate: (gpd) Estimated Daily Volume: (gpd) Volume: (gal)	
MP	Latitude: Longitude: Coordinate Source:	<input type="checkbox"/> Disposal to land <input type="checkbox"/> Discharge to Waterbody Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Discharge (Pump) Rate: (gpd) Estimated Daily Volume: (gpd) Volume: (gal)	
MP	Latitude: Longitude: Coordinate Source:	<input type="checkbox"/> Disposal to land <input type="checkbox"/> Discharge to Waterbody Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max Discharge (Pump) Rate: (gpd) Estimated Daily Volume: (gpd) Volume: (gal)	

NOTES:

1. Complete AKG320000 - Mixing Zone Attachment form for each Mixing Zone requested.
2. For gravel pits with large daily discharge volumes where sediment and erosion control issues cannot be managed by BMPs, or the limits cannot be attained at the boundary of a single mixing zone, the applicant may request multiple discharge locations with separate mixing zones. In this case complete a separate section for each outfall.
3. Some chemicals and treatment or disposal methods may require a plan submittal prior to adoption in BMP Toolkit (i.e. mechanical treatment packages, flocculants, coagulants, etc.).



FILE NUMBER _____ (for DEC use)

NOI/NOD SECTION 8 ATTACHMENT

General Permit AKG320000 - Statewide Oil and Gas Pipelines

DISCHARGE/DISPOSAL 005 – HYDROSTATIC TEST

PROJECT INFORMATION (Same as SECTION 3)

First Name:	Last Name:	Title:	
Company:	Phone:	Fax:	
E-mail Address:			
Mailing Address:			
City:		State:	Zip:
Pipeline Name (NOI Section 2):		Segment No. (NOI Section 2):	

Note: Land Disposals of less than 500,000 gpd are automatically authorized for Hydrostatic Tests necessary for preexisting pipeline O&M. See Permit Section 1.1.3.

CHECKLIST – ADDITIONAL NOI REQUIREMENTS

Project Vicinity Map and Site Plan	<input type="checkbox"/> Included	Submit a vicinity map (topographic map or aerial photograph) showing the general location of hydrostatic test activities included in NOI. Include a detailed map showing the hydrostatic test site. The detailed map must show the location of the receiving water or area of land discharge.
Project Description	<input type="checkbox"/> Included	A description of hydrostatic test method, including volume estimates and measures taken to minimize the quantity of the water discharged as well as a description of the treatment and control methods that will be used to meet permit requirements.
DEC Plan Review	<input type="checkbox"/> Included	If a large volume of hydrostatic test water is to be disposed to an area that will require evaluation of infiltration capacity, a plan submittal may be required.
Other Reports and Related Plans	<input type="checkbox"/> Included	Provide copies reports, applications, and plans required by other state or federal agencies where information may support NOI/NOD.

DISCHARGE/DISPOSAL 005 - HYDROSTATIC TEST

Provide an inventory all anticipated hydrostatic test sites included in your NOI application. Attach additional pages if necessary.

Activity Location:		Effluent Destination	Has pipe been exposed to hydrocarbons? ³	Flow Rate / Volume	Describe proposed treatment, if applicable.
MP	Latitude:	<input type="checkbox"/> Disposal to land ¹	<input type="checkbox"/> Yes	Max Daily: (gpd)	
	Longitude:	<input type="checkbox"/> Discharge to Waterbody ²	<input type="checkbox"/> No	Average Mo: (gpd)	
	Coordinate Source:	Name:		Volume: (gal)	
MP	Latitude:	<input type="checkbox"/> Disposal to land ¹	<input type="checkbox"/> Yes	Max Daily: (gpd)	
	Longitude:	<input type="checkbox"/> Discharge to Waterbody ²	<input type="checkbox"/> No	Average Mo: (gpd)	
	Coordinate Source:	Name:		Volume: (gal)	
MP	Latitude:	<input type="checkbox"/> Disposal to land ¹	<input type="checkbox"/> Yes	Max Daily: (gpd)	
	Longitude:	<input type="checkbox"/> Discharge to Waterbody ²	<input type="checkbox"/> No	Average Mo: (gpd)	
	Coordinate Source:	Name:		Volume: (gal)	
MP	Latitude:	<input type="checkbox"/> Disposal to land ¹	<input type="checkbox"/> Yes	Max Daily: (gpd)	
	Longitude:	<input type="checkbox"/> Discharge to Waterbody ²	<input type="checkbox"/> No	Average Mo: (gpd)	
	Coordinate Source:	Name:		Volume: (gal)	
MP	Latitude:	<input type="checkbox"/> Disposal to land ¹	<input type="checkbox"/> Yes	Max Daily: (gpd)	
	Longitude:	<input type="checkbox"/> Discharge to Waterbody ²	<input type="checkbox"/> No	Average Mo: (gpd)	
	Coordinate Source:	Name:		Volume: (gal)	

NOTES:

1. Some chemicals with treatment and disposal to land may be approved on a case-by-case basis via a plan submittal.
2. The use of chemicals such as biocides or antifreeze are prohibited. See Permit Section 2.6.4.
3. Hydrostatic testing on new unused oil and gas pipelines are assumed to contain no hydrocarbons. A pipeline, tank, or other vessel that previously carried hydrocarbons, may be required to undergo additional monitoring prior to discharging to water to ensure limits are met (see Permit Section 2.6.1).



FILE NUMBER _____ (for DEC use)

NOI SECTION 8 ATTACHMENT

General Permit AKG320000 - Statewide Oil and Gas Pipelines

DISCHARGE 006 – STORM WATER/CONSTRUCTION

PROJECT INFORMATION (Same as SECTION 3)

Applicant:		Phone:	
Contact Person:		Fax:	
E-mail Address:			
Mailing Address:		City:	
Borough or Similar Government Subdivision:		State: AK	Zip:
Project name and Segment number:			
Beginning Latitude and Longitude or Mile Post:		Ending Latitude and Longitude or Mile Post:	

PROJECT INFORMATION (If applicable per Fact Sheet Section 5.3.3.1)

Co-Applicant:		Phone:	
Contact Person:		Fax:	
E-mail Address:			
Mailing Address:		City:	

CHECKLIST – ADDITIONAL NOI REQUIREMENTS

Project Scope Vicinity Map and Site Plans	<input type="checkbox"/> Included	Submit a vicinity map (topographic map or aerial photograph) showing the general location of all construction storm water areas to be included in NOI. Include detailed site plans showing initially proposed storm water discharge locations as well as interrelated discharges for gravel pit and excavation dewatering, and hydrostatic test. The detailed site plans must show the location of receiving waters and land disposal areas that may impact, or be impacted by, storm water.
Initial Project SWPPP and Certification	<input type="checkbox"/> Included	Submit initial SWPPP with the first NOI for DEC files. For revisions to existing authorizations, submit a certification that the SWPPP has been revised and is ready for implementation..
Equivalent Plans Consistency Certification	<input type="checkbox"/> Included	Per Fact Sheet Section 10.4, federally required sediment and erosion control plans (e.g., FERC Sediment and Erosion Control Plans) may be accepted as equivalent to a SWPPP if developed to be consistent with the Permit. Submit certification with the NOI that the equivalent plan is consistent with Permit requirements.



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NOI SECTION 8 ATTACHMENT

General Permit AKG320000 - Statewide Oil and Gas Pipelines

DISCHARGE 006 – STORM WATER/OPERATION

PROJECT INFORMATION (Same as SECTION 3)

Applicant:		Phone:	
Contact Person:		Fax:	
E-mail Address:			
Mailing Address:		City:	
Borough or Similar Government Subdivision:		State: AK	Zip:
Project name and Segment number:			
Beginning Latitude and Longitude or Mile Post:		Ending Latitude and Longitude or Mile Post:	

FACILITY OR FACILITIES (For Multiple Facilities, See Fact Sheet Section XX)

Facility Name or Multi-Facility Description:

Facility Location Description:

List of Facilities in Multi-Facility Description:

CHECKLIST – ADDITIONAL NOI REQUIREMENTS

Vicinity Map and Site Plans	<input type="checkbox"/> Included	Submit a vicinity map (topographic map or aerial photograph) showing the general location of all facilities to be included in NOI. Include detailed individual site plans showing each facility, other facility related discharge locations, infrastructure layout, areas of potential contamination, and flow directions. To obtain multi-facility coverage, the facilities must be proximal and have an operational nexus that allows for the responsible party to implement the SWPPP per the Permit.
Initial SWPPP and Subsequent Certifications	<input type="checkbox"/> Included	Submit initial SWPPP with the first NOI for DEC files. For revisions to existing authorizations, submit a certification that the SWPPP has been revised and is ready for implementation.



NOI/NOD SECTION 8 ATTACHMENT FORM

General Permit AKG320000 - Statewide Pipeline Activities

DISCHARGE/DISPOSAL 007 – MOBILE SPILL RESPONSE

PROJECT INFORMATION (Same as SECTION 3)

First Name:	Last Name:	Title:	
Company:	Phone:	Fax:	
E-mail Address:			
Mailing Address:			
City:		State:	Zip:
Pipeline Name (NOI Section 2):		Segment No. (NOI Section 2):	

CHECKLIST – ADDITIONAL NOI REQUIREMENTS

Discharge/Disposal of contaminated Spill Response water requires use of an approved treatment process/system adopted in the BMP Toolkit. If the volume of treatment required is greater than 500 gpd, plan submittals may be required.

DISCHARGE/DISPOSAL 007 – MOBILE SPILL RESPONSE

Effluent Destination ¹	Describe Treatment Package ²
<input type="checkbox"/> Disposal to land <input type="checkbox"/> Discharge to Water	

NOTES:

- Select both options if seeking flexible permit coverage.
- A description of the process or treatment system used to remove free-phase and dissolved phase hydrocarbons. Process/systems must be approved for use in the BMP Toolkit.