# STATE OF ALASKA
## DEPARTMENT OF ENVIRONMENTAL CONSERVATION
## Division of Water

# NOTICE OF DISPOSAL (NOD)
**For Secondary Treated Domestic Wastewater From Waste Stabilization Ponds With Seasonal Discharges From Communities With Less Than 1,000 Residents**

| | | | | | |
|---|---|---|---|---|---|
| **RESPONSIBLE PARTY** *(Owner, Operator or Person responsible for overall management of the project):* | | | | | |
| First Name: | | Last Name : | | Phone Number: | |
| Title: | | | | Fax Number: | |
| Company Name: | | | | Email Address: | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| **FACILITY INFORMATION** | | | | | |
| NAICS Code (which replaced the Standard Industrial Code (SIC)): | | | | | |
| Facility Name: | | | Facility Address: | | |
| Population Served by this facility: | | | City/State/Zip | | |
| **OPERATOR INFORMATION OR ON-SITE CONTACT** | | | | | |
| Name: | | Title: | | Phone Number: | |
| **PREVIOUS PERMITS OR AUTHORIZATIONS** *(if applicable)* | | | | | |
| **DAILY DISCHARGE FLOW RATES: (GPD)** | | | | | |
| Average: | | Maximum: | | Design Capacity: | |
| **RECEIVING AREA INFORMATION** | | | | | |
| Name of Receiving Area: | | | | | |
| Latitude / Longitude of Discharge Point(s) in **either** *decimal degrees* **or** in *degrees: minutes: seconds*: | | | | | |
| Latitude | | Longitude: | | | |
| Lat/Long Coordinate Source: | ☐ Internet | ☐ Map | ☐ GPS/Survey | | |
| Submit to ADEC two maps. A site map showing the exact location, (latitude and longitude), of all facilities associated with the project including the outfall line. Include a topographic map or aerial photograph showing the general location of the facility, discharge area, and expected flow direction of the discharge, including nearby drinking water sources within ¼ mile. Also provide approximate distance of the end of pipe from the edge of any other wastewater mixing zone (if known). | | | | | |
| **DESCRIPTION OF WASTEWATER TREATMENT AND OPERATION**: Provide a brief description of the treatment process (es) provided by the facility including the level of treatment (primary, other) and type of disinfection. Proof of approval of plans for the treatment works and all associated facilities as required by 18 AAC 72.205. Include schematic flow diagram of the wastewater treatment process. Describe all disposal methods for any sludge, septage, grit, screenings, and other facility residuals generated from the treatment system. Include calculations of tank size for loadings**.** | | | | | |
| **Specify number of cells or ponds (e.g. 2-cell, 3-cell etc.):** | | | | | |
| **How many times per year do you discharge?** | ☐ **Once Per Year** | ☐ **Twice Per Year** | ☐ **More Than Twice Per Year** | | |
| Indicate months of discharge: | | | | | |
| Describe any seasonal variation: | | | | | |

**SLUDGE:** Indicate how often sludge would be removed from the waste stabilization pond(s):

**BEST MANAGEMENT PRACTICES:** Provide a description of the practices that the facility operator will use to reduce the amount of wastes that would otherwise be disposed of in the wastewater. This includes ways to reduce the amount of wastewater that would include toxic materials (oil, antifreeze, household cleaners, solvents), solid wastes (paper, plastics, etc), and excess wastewater. Local educational programs can be proposed as a way to help the community reduce these wastes before they enter the wastewater, and to conserve water. This will help reduce the pollution accumulations in and near the community, as well as meet the requirements of State Law (AS 46.06.021).

THE FOLLOWING INFORMATION MUST BE PROVIDED TO ENABLE THE DEPARTMENT ESTABLISH A MIXING ZONE. 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 (the Department may request additional information when necessary).

| | | | |
|---|---|---|---|
| Length of discharge line from shoreline (measured at M.L.L.W.): | | Diameter of diffuser: | |
| Length of diffuser: | | Depth of diffuser (measured at M.L.L.W.): | |
| Orientation of diffuser to shoreline: (e.g. perpendicular, 45°, parallel): | | Number of ports: | |
| Height of ports above diffuser: | | Angle of diffuser pipe (degrees from top of pipe): | |
| Diffuser port diameter: | | Port Spacing: | |
| Direction of the current relative to diffuser (perpendicular, parallel, angle): | | | |

**EFFLUENT TESTING INFORMATION.** Provide 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.

**USES OF RECEIVING WATER AT DISTANCE FROM DIFFUSER:**

| *USE* | *DISTANCE* | *UNITS* |
|---|---|---|
| Supply for drinking water | | |
| Supply for agriculture including irrigation & stock water | | |
| Supply for aquaculture | | |
| Supply for industrial use | | |
| Contact recreation | | |
| Secondary recreation | | |
| Fish spawning | | |
| Harvesting and consumption of raw fish, or other aquatic life | | |

| | | | |
|---|---|---|---|
| **Certification:** | 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. | | |
| Signature: | | Dated: | |
| Printed Name: | | Title: | |

The NOD must be submitted at least sixty (60) days prior to the initiation of the disposal activity. If it is not possible to submit this NOD electronically, please mail to the address below which is nearest to the proposed discharge.

State of Alaska Department of Environmental Conservation
Water Division
610 University Avenue, Fairbanks, Alaska 99709-3643
Telephone (907) 451-2130 Fax (907) 451-2187
Email: wq_permit@dec.state.ak.us

State of Alaska Department of Environmental Conservation
Water Division
410 Willoughby Suite 303, Juneau, Alaska 99801-1795
Telephone (907) 465-5300 Fax (907) 465-5274
Email: wq_permit@dec.state.ak.us

State of Alaska Department of Environmental Conservation
Water Division
555 Cordova Street, Anchorage, Alaska 99501
Telephone (907) 269-7500 Fax (907) 269-7652 Email: wq_permit@dec.state.ak.us