



**NOTICE OF INTENT (NOI)**  
**FOR**  
**APDES GENERAL PERMIT AKG572000**  
**Small Publicly Owned Treatment Works and other Small Treatment**  
**Works Providing Secondary Treatment of Domestic Wastewater and**  
**Discharging to Surface Water**

Please submit this NOI to:

**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
**Wastewater Discharge Authorization Program**  
**555 Cordova Street**  
**Anchorage, Alaska 99501**  
  
**DEC.Water.WQPermit@alaska.gov**

Submittal of this document constitutes notice that the party identified in Section 3 intends to be covered by Alaska Pollutant Discharge Elimination System General Permit AKG572000 authorizing discharges into waters of the United States resulting from secondary treatment of domestic wastewater and obligates the permittee to comply with the terms and conditions of the permit. Please provide all information below. Attach supplemental information sheets as appropriate. If you have any questions in regards to your eligibility for coverage under AKG572000 or completing this form, please visit <http://dec.alaska.gov/water/wwdp/index.htm> for DEC contact information.

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## **SECTION 1 – PERMIT INFORMATION**

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

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Please describe the coverage requested.

New Use: A wastewater discharge that has not been authorized under a previous permit, including new facilities  
(complete all Sections except 8)

New Use: A wastewater discharge that was previously authorized under a different individual or general permit  
(complete all Sections except 8)

Reissuance: A wastewater discharge that was previously authorized under AKG572000  
(complete Sections 1-5 and 8-10)

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## **SECTION 2 – FACILITY INFORMATION**

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Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street/location: \_\_\_\_\_ FAX: \_\_\_\_\_

City (nearest city if not in a city): \_\_\_\_\_ State: Alaska \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Number of people facility will serve: \_\_\_\_\_

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Daily discharge flow rates in gallons per day:

Note: A facility will not be authorized to discharge beyond the design capacity.

Average daily:	Maximum daily:	Design Capacity:			
Do you discharge fewer than 12 months per year?	Yes*	No			
	January	April	July	October	
	February	May	August	November	
	March	June	September	December	

\*If yes, indicate the months that you typically discharge. Include partial months.

**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 – OPERATOR OR ON-SITE CONTACT 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**  
Check here if same as Responsible Party

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ FAX: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## SECTION 6 – RECEIVING WATER INFORMATION

Name of Receiving Waterbody or Area:

Receiving area type (e.g. wetlands, lake, ocean):

Fresh

Marine

Latitude / Longitude of Discharge Point(s) in **either decimal degrees or in degrees: minutes: seconds**. For mobile facilities, indicate the *initial* discharge location.

Latitude:

Longitude:

Determined by:

GPS

Map

Internet

Other (indicate source):

Do you wish to request a mixing zone?

Yes \*

No

**\* If yes, Form 2M must also be submitted with the NOI. Form 2M can be found at:**

[http://dec.alaska.gov/water/wwdp/online\\_permitting/dom\\_ww\\_apps.htm](http://dec.alaska.gov/water/wwdp/online_permitting/dom_ww_apps.htm)

## SECTION 7 – ADDITIONAL INFORMATION TO INCLUDE

**INDUSTRIAL SOURCES:** Provide the names, approximate flow rates and types of pollutants for any significant industrial users\* that discharge to the treatment works.

\* Significant industrial user means an indirect discharger that is the focus of control efforts under the national pretreatment program; includes all indirect dischargers subject to national categorical pretreatment standards, and all other indirect dischargers that contribute 25,000 gallons per day or more of process wastewater, or which make up five percent or more of the hydraulic or organic loading to the municipal treatment plant, subject to certain exceptions [40 CFR §403.3(v)].

**DRINKING WATER TREATMENT PLANT DISCHARGE:** Provide the approximate flow rate and types of pollutants from any drinking water treatment plants that discharge either to the domestic wastewater treatment plant identified in this NOI or to the domestic wastewater treatment plant's outfall, identified in this NOI. Indicate whether the drinking water plant uses conventional/direct, membrane, or ion exchange processes. Include a diagram that indicates the location of the drinking water treatment plant connection to the domestic wastewater treatment plant or outfall.

**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, 5-day biochemical oxygen demand, total suspended solids, 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.

**SITE MAP:** Submit a site map showing the exact location (latitude and longitude) of all facilities associated with the project. Include a topographic map or aerial photograph showing the general location of the facility, the expected flow direction of the discharge, and discharge area.

**FOR NEW OR REVISED OPERATIONS:** Provide a brief description of the treatment process provided by the facility including the level of treatment (e.g. secondary) and type of disinfection. Include schematic flow diagram of the wastewater treatment process.

**SECTION 8 – FOR DISCHARGES PREVIOUSLY AUTHORIZED UNDER AKG572000**

Have the wastewater treatment methods, including method of disinfection, or location of the outfall(s) as indicated in previous applications, been altered in any way since the last application was submitted?

Yes No if "Yes", explain:

Has the quantity or quality of wastewater discharged, as indicated in previous applications significantly changed in any way since the last application was submitted?

Yes No if "Yes", explain:

**SECTION 9 – ADDITIONAL INFORMATION TO INCLUDE**

**INDUSTRIAL SOURCES:** Provide the names, approximate flow rates and types of pollutants for any significant industrial users\* that discharge to the treatment works.

\* Significant industrial user means an indirect discharger that is the focus of control efforts under the national pretreatment program; includes all indirect dischargers subject to national categorical pretreatment standards, and all other indirect dischargers that contribute 25,000 gallons per day or more of process wastewater, or which make up five percent or more of the hydraulic or organic loading to the municipal treatment plant, subject to certain exceptions [40 CFR §403.3(v)].

**DRINKING WATER TREATMENT PLANT DISCHARGE:** Provide the approximate flow rate and types of pollutants from any drinking water treatment plants that discharge either to the domestic wastewater treatment plant identified in this NOI or to the domestic wastewater treatment plant's outfall, identified in this NOI. Indicate whether the drinking water plant uses conventional/direct, membrane, or ion exchange processes. Include a diagram that indicates the location of the drinking water treatment plant connection to the domestic wastewater treatment plant or outfall.

**SECTION 10 – 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.

**PLEASE NOTE THAT AN INCOMPLETE NOI OR MISSING ATTACHMENTS WILL DELAY PROCESSING. DEC MAY REQUEST ADDITIONAL INFORMATION RELATED TO THIS NOI TO DISCHARGE UNDER AKG572000.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date