



NOTICE OF INTENT (NOI)
FOR
APDES GENERAL PERMIT AKG573000
Domestic Wastewater Treatment Lagoons

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 AKG573000 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 AKG573000 or completing this form, please visit <http://dec.alaska.gov/water/wwdp/index.htm> for DEC contact information.

SECTION 1 – PERMIT INFORMATION

Previous Permit or Authorization No. (if applicable):

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 AKG573000
(complete Sections 1-5 and 8-10)

SECTION 2 – FACILITY INFORMATION

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: _____

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

SECTION 7 – ADDITIONAL INFORMATION TO INCLUDE

NON-DOMESTIC SOURCES: Provide the names, approximate flow rates and types of pollutants for any significant contribution from non-domestic sources that discharge to the treatment works.

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 AKG573000

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

NON-DOMESTIC SOURCES: Provide the names, approximate flow rates and types of pollutants for any significant contribution from non-domestic sources that discharge to the treatment works.

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 AKG573000.

Signature

Title

Printed Name

Date