



NOTICE OF INTENT (NOI)

APDES GENERAL PERMIT AKG250000

Non-contact Cooling 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 the Alaska Pollutant Discharge Elimination System General Permit AKG250000 authorizing discharge of non-contact cooling water into waters of the United States 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.

SECTION 1 – PERMIT INFORMATION

Please indicate 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.

Reissuance: A wastewater discharge that was previously authorized under AKG250000 or a different individual or general permit. Previous permit number:

SECTION 2 – FACILITY INFORMATION

Facility Name:		Phone:	
Street/Location:		FAX:	
City(or nearest city):	State: Alaska	Zip:	
Raw Water Source:			
surface water		groundwater	
Discharge flow in gallons per day:			
average daily:		maximum daily:	
Do you discharge fewer than 12 months per year? Yes* No			
*If yes, indicate the months you typically discharge. Include partial months.			
January	April	July	October
February	May	August	November
March	June	September	December

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:		
SECTION 4 –ON-SITE CONTACT/OPERATOR INFORMATION		
Check if same as Responsible Party		
First Name:	Last Name:	Phone:
Title:		
Mailing Address:		FAX:
City:	State:	Zip:
E-mail:		
SECTION 5 – BILLING INFORMATION		
Check if same as Responsible Party		
First Name:	Last Name:	Phone:
Title:		
Mailing Address:		FAX:
City:	State:	Zip:
E-mail:		
SECTION 6 – RECEIVING WATER INFORMATION		
Name of Receiving Waterbody:		
Receiving Waterbody Type:		
<input type="checkbox"/> Fresh Water <input type="checkbox"/> Marine Water <input type="checkbox"/> Stormwater collection system that flows to fresh or marine water		
Latitude / Longitude of Outfall (use either decimal degrees or degrees: minutes: seconds):		
Latitude:		Longitude:
Determined by: <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet		
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/wastewater/permit-entry/industrial-or-nondomestic		
Check if Form 2M is included		

SECTION 7 – ADDITIONAL INFORMATION TO INCLUDE

Maps: A site map showing the location of all facilities associated with the non-contact cooling water facility including the outfall line. Also include a topographic, aerial, or satellite phot showing the general location of the facility and discharge location.

(not required if maps were submitted to DEC with a previous NOI, and there have been no changes to the location since the prior authorization)

Check if included

Description of Facility: Provide a brief description of the non-contact cooling water facility. Indicate if the facility uses chlorine as a disinfectant. Include a schematic flow diagram. For new facilities, if available, please provide monitoring data from the past year.

Check if included

Discharges to Stormwater Collection Systems: Provide documentation that the discharge from the facility will either meet water quality criteria at the point of discharge into the stormwater collection system, or that water quality criteria will be met prior to the discharge entering the receiving waterbody. This may be accomplished with calculations and/or monitoring results.

Check if included

Biocides or Metallic Cooling Water Additives: The use of biocides or metallic cooling water additives, except chlorine, are prohibited under the general permit unless notification has been given and DEC has granted approval for their request. If biocides or metallic cooling water additives are proposed for use at the facility, please submit the following:

1. A description of the chemical or nonchemical treatment to be employed and its purpose; if chemical additives are used, provide the information requested in items 2 – 6 below.
2. Provide the name and manufacturer of each additive used.
3. Provide a list of active ingredients and percentage of composition.
4. Provide Material Safety Data Sheets.
5. Give a proposed schedule and quantity of chemical usage, and provide an engineering analysis, or a technical evaluation of the active ingredients, to determine the concentration in the discharge.
6. Attach available aquatic toxicity information for each additive proposed for use.

Check if included

SECTION 8 – FOR DISCHARGERS PREVIOUSLY AUTHORIZED UNDER AKG250000

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

Yes

No

If “Yes”, explain:

Has the 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:

Permit Section 1.4.3 requires an evaluation of the effluent and receiving waterbody, as applicable, collected over the term of the previous authorization to determine the need for a mixing zone, or if the currently authorized mixing zone is properly sized for all parameters. Do you wish to request either a new mixing zone or a modification to an existing mixing zone?

Yes*

No

*If yes, Form 2M must be submitted with the NOI. Form 2M may be found at:
<http://dec.alaska.gov/water/wastewater/permit-entry/industrial-or-nondomestic>

Check if Form 2M is included

SECTION 9 – 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