



FILE NUMBER _____ (for ADEC use)

NOTICE OF INTENT (NOI) / APPLICATION

TO DISCHARGE UNDER:

APDES General Permit No. AKG426000

For Graywater Discharges from Facilities Related to Oil and Gas Extraction That Have an Approved Minimum Treatment Waiver

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 APDES General Permit No. AKG426000 authorizing discharges into waters of the United States resulting from primary treatment of domestic graywater 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**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.
- ☐ New Use: A wastewater discharge that was previously authorized under an Individual Permit or a different General Permit.
- ☐ Reissuance: A wastewater discharge that was previously authorized under the EPA-issued 2004 Permit AKG330000.

SECTION 2 – FACILITY INFORMATION

Facility Name:

Phone:

Street/Location:

Fax:

City (nearest city if not in a city):

State: Alaska

Zip:

Email Address:

SECTION 2 – FACILITY INFORMATION (Continued)

Population Served by this Facility:

| | | |
|--|---------------|------------------|
| Daily discharge Flow Rate: (GPD) | | |
| Average: | Maximum: | Design Capacity: |
| 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 –ON-SITE CONTACT/OPERATOR 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 | | |
| First Name: | Last Name: | Phone: |
| Title: | | |
| Mailing Address: | | Fax: |
| City: | State: Alaska | Zip: |
| E-mail Address: | | |
| SECTION 6 – RECEIVING WATER INFORMATION | | |
| Name of Receiving Water Body or Area: | | |
| Mobile camps, which move frequently during the season, may be able to designate an area where they will be operating. Contact the DEC office closest to your operation to confirm eligibility. | | |
| Do you wish to request to operate in a particular geographical area? [] Yes [] No | | |
| If you answered yes to the above question, please provide a map and description of the area of coverage and the latitude and longitude of the initial location of the facility. | | |
| End of outfall location: | | |

| | | |
|--|---------------------------------|--|
| Facility Latitude / Longitude in either <i>decimal degrees or in degrees: minutes: seconds:</i> | | |
| Approximate First Location: | Beginning Date of Operation: | Expected Duration of Operation: |
| Seasonal Discharger: <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please provide the requested months of the proposed discharge | | |
| Latitude: | Longitude: | Determined by: <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet |
| SECTION 7 - REQUEST FOR MIXING ZONE AND EFFLUENT MODIFICATION FROM DEC | | |
| Do you wish to request a mixing zone from DEC? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If you answered "No" to the above question or have questions concerning mixing zones, please contact the domestic wastewater permitter at the DEC office closest to your facility. Anchorage area 907-269-6285; Fairbanks area 907-451-2183; Juneau area 907-465-5180 | | |
| THE FOLLOWING INFORMATION MUST BE PROVIDED IF REQUESTING A MIXING ZONE AND YOU ANSWERED "YES" IN SECTION 7. 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. Data from late winter/early spring and late summer/early fall is preferable. | | |
| Distance from discharge to river or lake bank: | Number of ports and spacing: | |
| Distance from discharge to open fresh or marine waters: | Diameter of port or ports: | |
| Length of diffuser: | | |
| Uses of Receiving Water at Distance from Diffuser or End of Pipe | | |
| USE | DISTANCE | UNITS |
| Supply for drinking water | | |
| SECTION 7 - REQUEST FOR MIXING ZONE AND EFFLUENT MODIFICATION FROM DEC (Continued) | | |
| USE | DISTANCE | UNITS |
| 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 of other aquatic life | | |
| SECTION 8 – ADDITIONAL INFORMATION TO INCLUDE | | |
| <p>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.</p> | | |
| <p>FOR NEW OR REVISED OPERATIONS: Provide a brief description of the treatment process(es) provided by the facility including the level of treatment and type of disinfection (if any). Include schematic flow diagram of the wastewater treatment process. If available, please provide the past year's worth of monitoring data.</p> | | |
| <p>ENGINEERED PLAN APPROVAL: Provide either proof of approval by DEC or the submission of plans to ADEC for the system and all associated facilities, as required by 18 AAC 72.205, 72.255, and 72.260.</p> | | |
| SECTION 9 - REQUEST FOR A WAIVER FROM MINIMUM TREATMENT REQUIREMENTS: | | |
| <p>In accordance with 18 AAC 72.050(d)(1) – (5) and 18 AAC 72.060(b), an applicant seeking a waiver from the minimum treatment requirements of 18 AAC 72.050(a)(1) or (a)(4) shall submit a report prepared by a registered engineer, for approval by DEC. The report shall:</p> <ol style="list-style-type: none"> (1) Explain how public health, public and private water systems, and the environment will be adequately protected with the reduced level of treatment proposed; (2) Describe the volume, characteristics, frequency, and duration of the discharge; (3) Include the plans required by 18 AAC 72.200; (4) Identify water and existing or potential drinking water sources within 200 feet of the discharge area; and (5) Describe any other environmental factor that is important in approving the lesser treatment level, including: <ol style="list-style-type: none"> (a) The hydrological characteristics of the receiving water, including flushing ability, tide, and current; (b) The local topographic, geologic, and soil characteristics; and (c) Existing and potential uses of the water, including drinking, aquaculture, food processing, food gathering, fishing, boating, swimming, and recreation. | | |
| SECTION 10 – CERTIFICATION | | |
| <p>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.</p> | | |
| Signature | Title | |
| | | |
| Printed Name | Date | |