**STATE OF ALASKA**

DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

NOTICE OF INTENT FOR CLASS I INJECTION WELL

**2010DB0001**

*See this general permit for details on eligibility, requested application information, and permit requirements.*

RESPONSIBLE PARTY (owner, operator, or person responsible for overall management of the project):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | | | |  | | | | | Last Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | Phone Number: | | | | | | | | |  | | | | |
| Company Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Fax Number: | | | | | | | |  | | | | | | | | | | |
| Mailing Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | State: | | | | | |  | | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | |  | | | | | | | |
| Email Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ONSITE CONTACT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | |  | | | | | Last Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | Phone Number: | | | | | | | | |  | | | | |
| FACILITY: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAICS Code (formerly the Standard Industrial Code (SIC)): | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Facility Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone Number: | | | | | | | | | |  | | | | | | | | | |
| Mailing Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Fax Number: | | | | | | |  | | | | | | | | | | | |
| City: |  | | | | | | | | | State: | | | | | | |  | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | |  | | | | | | | |
| Physical Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONSULTANT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | |  | | | | | | Last Name: | | | | | | | | | |  | | | | | | | | | | | | | | | Phone Number: | | | | | | | | | |  | | | |
| Company Name | | | | |  | | | | | | | | | | | | | | | | | | | Fax Number: | | | | | | | | | | | |  | | | | | | | | | | | | | |
| EPA CLASS I INJECTION WELL PERMIT NUMBER: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERMIT ISSUANCE AND EXPIRATION DATES: (mm/dd/yy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Date From: | | | | |  | | | | | | | | | | | | | | | | | | | Ending Date To: | | | | | | | | | | | |  | | | | | | | | | | | | | |
| INJECTION FLOW RATES AND VOLUME: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Average: Gallons Per Day: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum: Gallons Per Day: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Total Injection Volume: Gallons | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION OF INJECTION POINT(S): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receiving Area Type (e.g., formation name, depth below ground surface): | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Receiving Area: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Latitude/Longitude of Injection Point(s) in either *decimal degrees* or in *degrees: minutes: seconds*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Decimal Degrees:* | | | Latitude: | | | | |  | | | | | | | . | | |  | | | | | | | | | | | ° | | | | Longitude: | | | |  | | | | | | . | |  | | | | ° |
| OR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Degrees:Minutes:Seconds:* | | | | | | Latitude: | | | | | |  | | | | | | | : |  | | | | | | : | |  | | | | | | Longitude: | | | | | | |  | | | : | | |  | : |  |
|  | | | | | |  | | | | | |  | | | | | | |  |  | | | | | |  | |  | | | | | |  | | | | | | |  | | |  | | |  |  |  |
| Lat/Long Coordinate Source: | | | | | | |  | |  | | | | Internet | | | | | | | | |  | | | Map | | | | | | |  | | | GPS/Survey | | | | | | | | | | | | | | | |

MAPS OF INJECTION POINT(S):

Submit to DEC two maps: a map that shows the general location of the facility and a detailed map that shows the facility layout monitoring wells, injection wells, drinking water wells, abandoned wells, water bodies and other pertinent information within the area of interest (0.5 mile radius of the facility). Maps may be drawings, USGS maps, or aerial photographs and must include a scale.

GENERAL DESCRIPTION OF THE PROJECT:

Describe where the wastewater to be injected comes from; the chemical, physical, and biological characteristics of the wastewater; and what if any wastewater treatment will be performed.

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OTHER PERTINENT INFORMATION:

Describe unusual circumstances that may aid in permit processing.

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RENEWAL REQUEST: Current Authorization Number:

If this is a renewal, the location of the discharge and additional information do not need to be completed. If any operation, contact, or procedures have changed please describe below.

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WASTEWATER PERMIT APPLICATION SIGNATURE:

The information given on this application is complete and accurate to the best of my knowledge.

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| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Printed Name |  | Title |

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| If it is not possible to submit this Notice of Intent electronically, please mail or fax the Notice to the address below. Alaska Department of Environmental Conservation  Division of Water  555 Cordova Street  Anchorage, Alaska 99501  Telephone (907) 269-6285  Fax (907) 269-3487  Email: [marc.bentley@alaska.gov](mailto:marc.bentley@alaska.gov) or [adele.fetter@alaska.gov](mailto:adele.fetter@alaska.gov) |