



**Notice of Intent (NOI) Modification Form**  
**for Storm Water Discharges Associated with Industrial Activity under the**  
**APDES Multi-Sector General Permit (MSGP)**

**Current NOI Information (Please copy content exactly from your NOI. Indicate changes on the next pages.)**

**Permit Number:**

**Facility Information (as it appears on your NOI):**

**Facility Name:**

Street Location	Street:		Borough or similar government subdivision	
	City:		State: Alaska	Zip:
	Latitude:	Longitude:	Determined By: <input type="checkbox"/> GPS <input type="checkbox"/> Internet Map Service <input type="checkbox"/> Other:	

**Operator Information (as it appears on your NOI):**

Contact Name:		Organization:	Title:
Phone:	Fax (optional):	Email:	
Mailing Address	Street (PO Box)		
	City	State	Zip

**Instructions for Completing a Modification to an APDES Notice of Intent (NOI)**

Use the form on the subsequent pages to indicate the items for which you are submitting this modification. Only enter information you wish to change. You may use this form to modify an NOI that you submitted to DEC for coverage under the Multi-Sector General Permit (MSGP) If you have any questions about modifying your NOI, call the DEC Storm Water Program at (907) 269-6285.

**When Should You Modify Your Notice of Intent (NOI)?**

You can use this form to update or correct information on your NOI, including:

- Owner/Operator address and contact information
- Changes to the SWPPP Contact
- Facility/Site information
- Acreage of industrial area exposed to storm water
- Changes in SIC code or industrial sector designation; or
- Changes to discharge information

**When must you Submit a Notice of Termination (NOT) Instead of a Modification Form?**

- The owner/operator has changed: You must submit an NOT when you transfer control of a site to a new owner/operator.
- The new owner/operator must then file a new NOI to obtain coverage under the MSGP. Coverage is not transferable.
- You have ceased operations at the facility and there are no longer discharges associated with industrial activity at the facility.
- You are a Sector G, H, or J facility and you have met the applicable termination requirements; or
- You have obtained coverage under an individual or alternative general permit for all discharges required to be covered by an APDES permit, unless ADEC has required that you obtain such coverage under authority of Part 2.8.1 of the MSGP, in which case coverage under this permit will terminate automatically.



## Notice of Intent (NOI) for Storm Water Discharges Associated with Industrial Activity under the APDES Multi-Sector General Permit (MSGP)

### Facility Information

**Facility Name:** \_\_\_\_\_

Have storm water discharges from your site been covered previously under an APDES Permit? ☐ Yes ☐ No

If Yes, provide the permit authorization number: \_\_\_\_\_

<b>Street Location</b>	Street: _____	Borough or similar government subdivision _____	
	City: _____	State: Alaska	Zip: _____
	Latitude: _____	Longitude: _____	Determined By: <input type="checkbox"/> GPS <input type="checkbox"/> Internet Map Service <input type="checkbox"/> Other: _____

Estimated area of industrial activity at your site exposed to storm water: \_\_\_\_\_ (acres)

Briefly describe the nature of the industrial activities at the facility: \_\_\_\_\_

Identify the 4-digit Standard Industrial Classification (SIC) code or 2-letter Activity Code that best represents the products produced or services rendered for which your facility is primarily engaged, as defined in the MSGP.

Primary SIC Code: \_\_\_\_\_ or Primary Activity Code: \_\_\_\_\_

Is your site presently inactive or unstaffed?\* ☐ Yes ☐ No

*\* Note that if your facility becomes inactive and unstaffed during the permit term, you must submit an NOI modification to reflect the change.*

If Yes, is your site expected to be inactive and unstaffed for the entire permit term? ☐ Yes ☐ No

If No, indicate the length of time that you expect your facility to be inactive and unstaffed. \_\_\_\_\_

### Federal Effluent Limitation Guidelines and Sector-Specific Requirements

Are you requesting permit coverage for storm water discharges subject to effluent limitation guidelines? ☐ Yes ☐ No

If yes, which effluent limitation guidelines apply to your storm water discharge?

40 CFR Part/Subpart	Eligible Discharges	Affected MSGP Sector	Check if applicable
Part 411, Subpart C	Runoff from material storage piles at cement manufacturing facilities.	E	<input type="checkbox"/>
Part 418, Subpart A	Runoff from phosphate fertilizer manufacturing facilities that comes into contact with any raw materials, finished products, by-products, or waste products (SIC 2874).	C	<input type="checkbox"/>
Part 423	Coal pile runoff at steam electric generating facilities.	O	<input type="checkbox"/>
Part 429, Subpart I	Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas.	A	<input type="checkbox"/>
Part 436, Subpart B, C, or D	Mine dewatering discharges at crushed stone mines, construction sand and gravel mines, or industrial sand mines.	J	<input type="checkbox"/>
Part 443, Subpart A	Runoff from asphalt emulsion facilities.	D	<input type="checkbox"/>
Part 445, Subparts A & B	Runoff from hazardous waste and non-hazardous waste landfills.	K, L	<input type="checkbox"/>
Part 449, Subpart A	Runoff from Air Transportation	S	<input type="checkbox"/>

If you are a Sector S (Air Transportation facility, do you anticipate using more than 100,000 gallons of glycol-based deicing/anti-icing chemicals and/or 100 tons or more of urea on an average annual basis? ☐ Yes ☐ No

Identify the applicable sector(s) and subsector(s) of industrial activity, including co-located industrial activity, for which you are requesting coverage:

<b>Sector</b>	<b>Subsector</b>	<b>Sector</b>	<b>Subsector</b>	<b>Sector</b>	<b>Subsector</b>	<b>Sector</b>	<b>Subsector</b>	<b>Sector</b>	<b>Subsector</b>	<b>Sector</b>	<b>Subsector</b>

**Discharge Information**Does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? ☐ Yes ☐ No

If Yes, provide the name of the MS4 Operator: \_\_\_\_\_

If you are subject to benchmark monitoring requirements for a hardness-dependent metal:

– What is the hardness of your receiving water(s) (See Appendix E)? \_\_\_\_\_

– Does your facility discharge into any saltwater receiving waters? ☐ Yes ☐ No**Outfalls:** *(Attach a separate list if necessary)***List all of the storm water outfalls from your facility.** Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002). Also provide the latitude and longitude in decimal degrees for each outfall.**For each outfall, provide the following receiving water information:**

Provide the name of the first water of the U.S. that receives storm water directly from the outfall and/or from the MS4 that the outfall discharges to:

If the receiving water is impaired (on the CWA 303(d) list), list the pollutants that are causing the impairment:

Are the pollutant(s) causing the impairment present in your discharge?

Yes

No

If a TMDL has been completed for this receiving waterbody, provide the following information:

Outfall ID	001A			<input type="checkbox"/>	<input type="checkbox"/>	TMDL ID#:
Latitude				<input type="checkbox"/>	<input type="checkbox"/>	TMDL Name:
Longitude						Pollutant(s) for which there is a TMDL:
If substantially identical to other outfall, list identical outfall ID: _____						
Outfall ID				<input type="checkbox"/>	<input type="checkbox"/>	TMDL ID#:
Latitude				<input type="checkbox"/>	<input type="checkbox"/>	TMDL Name:
Longitude						Pollutant(s) for which there is a TMDL:
If substantially identical to other outfall, list identical outfall ID: _____						
Outfall ID				<input type="checkbox"/>	<input type="checkbox"/>	TMDL ID#:
Latitude				<input type="checkbox"/>	<input type="checkbox"/>	TMDL Name:
Longitude						Pollutant(s) for which there is a TMDL:
If substantially identical to other outfall, list identical outfall ID: _____						
Outfall ID				<input type="checkbox"/>	<input type="checkbox"/>	TMDL ID#:
Latitude				<input type="checkbox"/>	<input type="checkbox"/>	TMDL Name:
Longitude						Pollutant(s) for which there is a TMDL:
If substantially identical to other outfall, list identical outfall ID: _____						
Outfall ID				<input type="checkbox"/>	<input type="checkbox"/>	TMDL ID#:
Latitude				<input type="checkbox"/>	<input type="checkbox"/>	TMDL Name:
Longitude						Pollutant(s) for which there is a TMDL:
If substantially identical to other outfall, list identical outfall ID: _____						

Permit #: \_\_\_\_\_

**Operator Information**

Contact Name:		Organization:	Title:
Phone:		Fax (optional):	Email:
Mailing Address <input type="checkbox"/> Check if same as Operator Information	Street (PO Box)		
	City	State	Zip

**Storm Water Pollution Prevention Plan (SWPPP) Contact / Location Information**

Contact Name:		Organization:	Title:
Phone:		Fax (optional):	Email:
Mailing Address <input type="checkbox"/> Check if same as Operator Information	Street (PO Box)		
	City	State	Zip

Universal Resource Locator or URL: \_\_\_\_\_

**Billing Contact / Location Information**

Contact Name:		Organization:	Title:
Phone:		Fax (optional):	Email:
Mailing Address <input type="checkbox"/> Check if same as Operator Information	Street (PO Box)		
	City	State	Zip

**NOI Preparer Contact / Location Information** *(Complete if NOI was prepared by someone other than the Certifier)*

Contact Name:		Organization:	Title:
Phone:		Fax (optional):	Email:
Mailing Address <input type="checkbox"/> Check if same as Operator Information	Street (PO Box)		
	City	State	Zip

**Document Attachments**

Documents attached with this application:

- ☐ Storm Water Pollution Prevention Plan (SWPPP)
- ☐ Other:

Permit #: \_\_\_\_\_

**Certification Information**

An Alaska Pollutant Discharge Elimination System (APDES) permit application or report must be signed by an individual with the appropriate authority per 18 AAC 83.385. For additional information, please refer to 18 AAC 83.385 at the following link:

<http://www.legis.state.ak.us/basis/aac.asp#18.83.385>.

Corporate Executive Officer <a href="#">18 AAC 83.385</a> (a)(1)(A)	For a corporation, a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation.
Corporate Operations Manager <a href="#">18 AAC 83.385</a> (a)(1)(B)	For a corporation, the manager of one or more manufacturing, production, or operating facilities, if (i) the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations; (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
Sole Proprietor or General Partner <a href="#">18 AAC 83.385</a> (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.
Public Agency, Chief Executive Officer <a href="#">18 AAC 83.385</a> (a)(3)(A)	For a municipality, state, or other public agency, the chief executive officer of the agency.
Public Agency, Senior Executive Officer <a href="#">18 AAC 83.385</a> (a)(3)(B)	For a municipality, state, or other public agency, a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.
<p><i>Any report required by an APDES permit, and a submittal with any other information requested by the department, must be signed by a person described in above, or by a duly authorized representative of that person.</i></p> <p><i>*For Delegated Authority: the delegation must be made in writing and submitted to the DEC.</i></p> <p><i>Your signature will not be approved until DEC receives the written delegation.</i></p> <p><i>An Example of written authorization delegating authority can be found on the Division of Water website:</i></p> <p><a href="http://dec.alaska.gov/media/13316/delegation-of-signatory-authority.pdf">http://dec.alaska.gov/media/13316/delegation-of-signatory-authority.pdf</a></p>	
Operations Manager (Delegated Authority)* <a href="#">18 AAC 83.385</a> (b)(2)(A)	For a duly authorized representative, an individual or a position having responsibility for the overall operation of the regulated facility or activity, including the position of plant manager, operator of a well or a well field, superintendent or position of equivalent responsibility.
Environmental Manager (Delegated Authority)* <a href="#">18 AAC 83.385</a> (b)(2)(B)	For a duly authorized representative, an individual or position having overall responsibility for environmental matters for the company.

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.

Organization:		Name:		Title:	
Phone:		Fax (optional):		Email:	
Mailing Address: <input type="checkbox"/> Check if same as Operator Information		Street (PO Box):			
		City:		State:	
				Zip:	

\_\_\_\_\_  
Signature/Responsible Official

\_\_\_\_\_  
Date

## Instructions for Completing the Notice of Intent (NOI) for Storm Water Discharges Associated with Industrial Activity under the Multi-Sector General Permit (MSGP)

### Who must file a NOI?

Under section 402(p) of the Clean Water Act (CWA) and regulations at 40 CFR Part 122.26, adopted by reference at 18 AAC 83.010 (3) storm water discharges associated with industrial activity are prohibited to waters of the United States unless authorized under an Alaska Pollutant Discharge Elimination System (APDES) permit. You can obtain coverage under the MSGP by submitting a completed NOI if you operate a facility that:

- is located in a jurisdiction where DEC is the permitting authority, listed in Part 1.1 of the MSGP;
- discharges storm water associated with industrial activities, identified in Appendix D of the MSGP;
- meet the eligibility requirements in Part 1.2 of the permit;
- develop a storm water pollution prevention plan (SWPPP) in accordance with Part 5 of the MSGP; and
- install and implement control measures in accordance with Part 4 to meet numeric and non-numeric effluent limits.

If you are unsure if you need an APDES storm water permit, contact your APDES storm water permit program. Contacts are listed at:

<http://dec.alaska.gov/water/wastewater/stormwater/>

One NOI must be submitted for each facility or site for which you are seeking permit coverage. You do not need to submit separate NOIs for each type of industrial activity present at your facility, provided your SWPPP covers all activities.

### When to File the NOI Form

Do not file your NOI until you have obtained and thoroughly read a copy of the MSGP. A copy of the MSGP is located on the DEC website (<http://dec.alaska.gov/water/wastewater/stormwater/multisector/>). The MSGP describes procedures to ensure your eligibility, prepare your SWPPP, install and implement appropriate storm water control measures, and complete the NOI form questions – all of which must be done before you sign the NOI certification statement attesting to the accuracy and completeness of your NOI. You will also need a copy of the MSGP once you have obtained coverage so that you can comply with the implementation requirements of the permit.

### Completing the NOI Form

To complete this form, type or print in the appropriate areas only. Please make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed form to the address below. You may also use this paper form as a checklist for the information you will need when filing an NOI electronically via DEC's OASys system. <http://dec.alaska.gov/water/oasys.aspx>.

### Facility Information

Enter the facility's official or legal name. Unless the name of your facility has changed, please use the same name provided on prior NOIs or permit applications.

Indicate if industrial storm water discharges from your facility were previously covered by an APDES permit.

If your facility was previously covered by the MSGP, please include the tracking number that you received in your confirmation letter or email from DEC's Storm water Program. You can find the tracking

number assigned to your previous NOI on DEC's Online Permit Search: <http://dec.alaska.gov/Applications/Water/WaterPermitSearch/search>.

Enter the street address, including city, state, zip code, borough or similar government subdivision of the actual physical location of the facility. Do NOT use a P.O. Box.

Provide the facility latitude and longitude in decimal degrees format. You can obtain your facility's latitude and longitude through Global Positioning System (GPS) receivers, internet map service, U.S. Geological Survey (USGS) quadrangle or topographic maps, or EPA's web-based siting-tools, among other methods. For consistency, DEC requests that measurements be taken from the approximate center of the facility. Specify which method you used to determine latitude and longitude.

Identify the data source that you used to determine the facility latitude and longitude. If you did not use a USGS quadrangle or topographic map or GPS receivers, then select "Other" and write the method used on the line provided. If you used a USGS quadrangle or topographic map, write the map scale on the line provided. Scale should be identified on the map.

Enter the estimated area of industrial activity at your site exposed to storm water, in acres.

Briefly describe the nature of the industrial activities present at your facility.

Indicate whether your facility is currently inactive and unstaffed. If so then indicate whether your facility will be inactive and unstaffed for the entire permit term; or, if not, specify the specific length of time in units of days, weeks, months, or years (e.g. 3 months) that you expect the facility to be inactive and unstaffed.

### Federal Effluent Limitation Guidelines and Sector-Specific Requirements

Depending on your industrial activities, your facility may be subject to effluent limitation guidelines which include additional effluent limits and monitoring requirements for your facility. Please review these requirements, described in Part 4.3 of the MSGP and check any appropriate boxes on the NOI form.

For Sector S facilities (Air Transportation), indicate whether you anticipate that the entire airport facility will use more than 100,000 gallons of glycol-based deicing/anti-icing chemicals and/or 100 tons or more of urea on an average annual basis. If so, additional effluent limits and monitoring conditions apply to your discharge (see Part 11 Sector S of the MSGP).

List the four-digit Standard Industrial Classification (SIC) code and/or two character activity code that best describes the primary industrial activities performed by your facility under which you are required to obtain permit coverage. Your primary industrial activity includes any activities performed on-site which are (1) identified by the facility's one SIC code for which the facility is primarily engaged; and (2) included in the narrative descriptions of 40 CFR 122.26(b)(14)(i), (iv), (v), or (vii), and (ix). See Appendix D of the MSGP for a complete list of SIC codes and activities codes.

If your site has co-located industrial activities that are not identified as your primary industrial activity, identify the sector and subsector codes that describe these other industrial activities. For a complete list of sector and subsector codes, see Appendix D of the MSGP.

## Discharge Information

### Receiving Waters and Wetlands

You must identify all the outfalls from your facility that discharge storm water. Each outfall must be assigned a unique 3-digit ID (e.g., 001, 002, 003). You must also provide the latitude and longitude for each outfall from your facility. Indicate whether any outfalls are substantially identical to an outfall already listed, and identify the outfall it is identical to. For each unique outfall you list, you must specify the name of the first water of the U.S. that receives storm water directly from the outfall and/or the Municipal Separate Storm Sewer System (MS4) that the outfall discharges to.

Your receiving water may be a lake, stream, river, ocean, wetland, or other waterbody, and may or may not be located adjacent to your facility. Your storm water may discharge directly to the receiving water or indirectly via a storm sewer system, an open drain or ditch, or other conveyance structure. Do NOT list a man-made conveyance, such as a storm sewer system, as your receiving water. Indicate the first receiving water your storm water discharge enters. For example, if your discharge enters a storm sewer system that empties into Trout Creek, which flows into Pine River, your receiving water is Trout Creek, because it is the first waterbody your discharge will reach. Similarly, a discharge into a ditch that feeds Spring Creek should be identified as "Spring Creek" since the ditch is a manmade conveyance. If you discharge into a MS4, you must identify the waterbody into which that portion of the storm sewer discharges and also provide the name of the MS4 operator. That information should be readily available from the operator of the MS4. If you are uncertain of the MS4 operator, contact DEC Division of Water for that information.

You must specify whether any receiving waters that you discharge to are listed as "impaired" as defined in Appendix C, and the pollutants for which the water is impaired. You must also check/identify any Total Maximum Daily Loads (TMDL) that have been completed for any of the waters of the U.S. that you discharge to. You must also provide information about the outfall latitude/ longitude. Further information regarding impaired waters and TMDLs can be found at <http://dec.alaska.gov/water/water-quality/impaired-waters>.

If you are subject to any benchmark monitoring requirements for metals (see the requirements applicable to your Sector(s) in Part 11 of the permit), indicate the hardness for your receiving water(s). See Appendix E of the permit for information about determining waterbody hardness.

If you are subject to benchmark monitoring requirements for hardness-dependent metals, you must also answer whether your facility discharges into any saltwater receiving waters.

### Operator Information

Provide the name of the contact person and the legal name of the firm, public organization, or any other public entity that operates the facility described in this application. An operator of a facility is a legal entity that controls the operation of the facility.

Provide the operator's mailing address, telephone number, fax number (optional), and email address. Correspondence will be sent to this address.

### Storm Water Pollution Prevention Plan (SWPPP) Contact Information

Identify the name, telephone number, and email address of the person who will serve as a contact for DEC on issues related to storm water management at your facility. This person should be able to answer questions related to storm water discharges, the SWPPP,

and other issues related to storm water permit coverage or have immediate access to individuals with that knowledge. This person does not have to be the facility operator but should have intimate knowledge of storm water management activities at the facility.

If you are making your SWPPP publicly available on a website, provide the appropriate Internet URL address.

### Billing Contact Information

Provide the name of the contact person and the legal name of the firm, public organization, or any other public entity that is responsible for accounts payable for this facility.

Provide the billing contact's mailing address, telephone number, fax number (optional), and email address. Correspondence for billing purposes will be sent to this address. If the billing contact address is the same as the operator, check the box and continue to Section III Facility Information. See 18 AAC 72.956 for applicable authorization fee to be paid with the submittal of the NOI.

### Certification Information

The NOIs, must be signed as follows:

- (1) For a corporation, a responsible corporate officer shall sign the NOI, a responsible corporate officer means:
  - (A) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation; or
  - (B) the manager of one or more manufacturing, production, or operating facilities, if
    - (i) the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations;
    - (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and
    - (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- (2) For a partnership or sole proprietorship, the general partner or the proprietor, respectively; or
- (3) for a municipality, state, or other public agency, either a principal executive officer or ranking elected official shall sign the application; in this subsection, a principal executive officer of an agency means
  - (A) the chief executive officer of the agency; or
  - (B) a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.

Include the name, title, organization, and email address of the person signing the form and the date of signing. An unsigned or undated NOI form will not be considered valid application for permit coverage.



If the NOI was prepared by someone other than the certifier (for example, if the NOI was prepared by the facility SWPPP contact or a consultant for the certifier's signature), include the name, organization, telephone number, and email address of the NOI preparer.

### **Where to File the NOI Form**

DEC encourages you to complete the NOI form and SWPPP electronically via the Internet. DEC's Online Application System (OASys) can be found at <http://dec.alaska.gov/water/oasys.aspx>. Filing electronically is the fastest way to obtain permit coverage and help ensure that your NOI is complete. If you choose not to file electronically, you must send the NOI to the address listed below.

**If you file by mail, remember to retain a copy for your records.**

#### **NOIs sent by mail:**

**Alaska Dept. of Environmental Conservation**  
Wastewater Discharge Authorization Program  
Storm Water NOI  
555 Cordova Street  
Anchorage, AK 99501  
Phone: (907) 269-6285  
[dec.water.wqpermit@alaska.gov](mailto:dec.water.wqpermit@alaska.gov)

**Your SWPPP needs to be submitted with the NOI as required in Part 5 of the MSGP. You must keep a copy of your SWPPP on-site or otherwise make it available to facility personnel responsible for implementing provisions of the permit.**