OASys Tracking: OFSH-0421

Notice of Intent (NOI)

To be Covered under APDES General Permit AKG523000 Offshore Seafood Processors Wastewater Discharge

Submit NOI to:
Wastewater Discharge Authorization Program
555 Cordova Street
Anchorage, Alaska 99501
Telephone (907) 269-6285
By Fax: 907-269-4604
DEC.Water.WQPermit@alaska.gov

Submittal of this document constitutes notice that the party identified in Section II intends to be covered by the APDES permit authorizing discharges and obligates the permittee to comply with the terms and conditions of the permit and Authorization.

Section I. Permit Information (Part 1.6.1)

Currently Assigned APDES Permit No.(s) or Previous NPDES No.(s): AKG523032

DEC Environmental Health processor permit No.:

Section II. Permittee/Operator Information (Part 1.6.2)

Company/Organization Name:	Ocean Fresh Seafood Company, llc				
Vessel Contact Person:	John Kelley	Title:	Alaska Operations Manager		
Authorized Representative Name and Title:					
Mailing Address	Street (PO Box):	2815 24th Ave West			
	City:	Seattle	State:	WA	Zip: 98199
	Phone:	206-285-2815	Fax (optional):		
	Email:	jkelley@signatureseafoods.com			

Section III. Billing Contact Information (Part 1.6.3)

Company/Organization Name:	Ocean Fresh Seafood Company, llc				
Contact Person:	John Kelley	Title:	Alaska Operations Manager		
Mailing Address: [☐] Check if same as Permittee Information.	Street (PO Box):	2815 24th Ave West			
	City:	Seattle	State:	WA	Zip: 98199
	Phone:	206-285-2815	Fax (optional):		
	Email:	jkelley@signatureseafoods.com			

Section IV. Owner Information (Part 1.6.4). *(Vessel Owner Information)*						
Company Name:	Ocean Fresh Seafood Company, llc					
Contact Person:	William Orr	Title:	Managing Member			
Mailing Address: [☐] Check if same as Permittee Information.	Street (PO Box):	4257 24th Ave West				
	City:	Seattle	State:	WA	Zip:	98199
	Phone:	206-285-2815	Fax (optional):			
	Email:	wrorr@signatrureseafoods.com				

Section V. Vessel Information (Part 1.6.5)					
Vessel Name: M/V Ocean Fresh					
Previous Vessel Name(s):					
Coast Guard Vessel Classification:	Motor Vessel	Coast Guard Vessel Number:	509280		
Vessel Length:	199.1	Vessel Width:	45.0	Vessel Draft:	16.0

Section VI. Seafood Processor Classification (Part 1.6.6 & Part 2.1.3.3)

Indicate the classification below that describes the type of operations for this processor. Check each that applies. If multiple locations are proposed, please clearly indicate on NOI Attachment Form A-1 the type of processing proposed at each location.

Discharges occurring between shore (0.0 nm) to 1.0 nm from shore

- Discharges of washed mince effluent and stickwater are prohibited between shore to 1.0 nm from shore (Permit Part 2.1.3.3.2).
- Discharges of by-product effluent are prohibited between shore to 0.5 nm from shore (Permit Part 2.1.3.3.3).

☑	Stationary processing vessel discharging seafood processing waste and wastewaters (between shore to 1.0 nm from shore) **see restrictions in Permit Part 2.1.3.3 for discharge requests from shore to 0.25 nm from shore*
☐	In-transit processing vessel discharging seafood processing waste and wastewaters (0.25 nm to 1.0 nm from shore)
☐	Inland Water Seafood Waste Discharge Vessel discharging seafood processing waste and wastewaters to inland waters while in-transit (0.25 to 1.0 nm from shore)

Discharges occurring 1.0 nm to 3.0 nm from shore

☑	Stationary processing vessel discharging seafood processing waste and wastewaters (1.0 nm to 3.0 nm)
☐	In-transit processing vessel discharging seafood processing waste and wastewaters (1.0 nm to 3.0 nm)
☐	Inland Water Seafood Waste Discharge Vessel discharging seafood processing waste and wastewaters to inland waters while in-transit (1.0 nm to 3.0 nm)

Section VII. Seafood Processing Production Information (Parts 1.6.7-1.6.8)

For each Discharge Location or Area-of-Operation fill in **Attachment A-1**. Identify each type of product line effluent proposed at each Discharge Location or Area-of-Operation, such as:

- **Fillet**
- **Steaks**
- **Flash Packing**
- **Washed Mince/Paste Type** (e.g., Pollock, Salmon, etc.)
- **Unwashed Mince Type** (e.g., Pollock, Salmon, etc.)
- **Fish Hydrolysate**
- **Fish Meal**
- **Fish Powder**
- **Fish Oil -** Stickwater Produced

Attachment A-1 includes information to be filled in regarding:

- Amounts of waste to be discharged,
- If effluent is produced - volumes of effluent,
- The 24- hour design processing capacity of each product or by-product line,
- The estimated 24-hour maximum seafood processing wastewater discharge flow rate and volume, and
- The outfall each product line's effluent is discharged to.

Section VIII. Vessel's Sanitary Waste & Graywater Discharges (Part 1.6.9-1.6.10)

Sanitary Wastewater (Part 1.6.9)						
☑ Yes	☐ No	Will sanitary waste be discharged through a Marine Sanitation Device (MSD)?				
☑ Yes	Is this a Type II MSD? If No, identify type of MSD					
Type of MSD		Type II	Date of USCG approval and certification of the MSD:		05/15/1986	
Installation Date of MSD:		05/15/1986	Max and Average Number of People Utilizing the MSD:			
MSD Design Capacity (gal/day):		2060	Max:	117	Average:	105
☑ Yes	☐ No	Are any other waste streams combined with MSD effluent prior to discharge? If yes, identify: Graywater				
Graywater (Part 1.6.10)						
☑ Yes	☐ No	Will graywater be discharged?				
☐ Yes	☑ No	Are other waste streams are combined with graywater prior to discharge? If yes, identify:				
Estimated average daily volume of graywater discharged (gal/day):		4600				

Section IX. Other Wastewaters (Part 1.6.11)

Other Wastewaters (Check all that apply) contributing volume (gal/day) to discharge

	Type of "Other Wastewaters"	Volume (gal/day)		Type of "Other Wastewaters"	Volume (gal/day)
	Cooling Water	86400		Transfer Water	0
	Boiler Water	0		Live Tank Water	0
	Cooking Water (including Retort Water)	0		Air Scrubber Water	0
	Refrigeration Condensate	50		Freshwater Pressure Relief Water	500
	Refrigerated Seawater	58600		Drinking Water Backwash	0
	Process Disinfectants	1		Other (Describe)	
	Comments: Chlorine				

Section X. Receiving Water Information (Part 1.6.12)

NOI Attachment A-1. For each Discharge Location or Area-of-Operation fill in the further required receiving water information in **NOI Attachment A-1**.

Existing Uses. List existing uses (fresh water withdrawal location(s), set netting, etc.) known to the permittee within a 1.0 nautical mile radius of all proposed discharge locations (Part 1.6.12.7).

Receiving water:	Kvichak Bay	Use(s):	Seafood Waste
Receiving water:	Kvichak Bay	Use(s):	MSD
Receiving water:	Kvichak Bay	Use(s):	Graywater
Receiving water:	Kvichak Bay	Use(s):	RSW discharge
Receiving water:	Kvichak Bay	Use(s):	Heat exchanged water
Receiving water:	Kvichak Bay	Use(s):	Water maker water
Receiving water:	Chignik Bay	Use(s):	Seafood Waste
Receiving water:	Chignik Bay	Use(s):	MSD
Receiving water:	Chignik Bay	Use(s):	Graywater

Zone of Deposit (ZOD) Request (Part 1.6.12.12)

For each stationary discharge location identify "Yes" or "No" in NOI Attachment A-1, column Z, if you will be processing for 7 consecutive days or 168 cumulative hours during the calendar year, or plan to discharge greater than 10 million pounds at the single discharge location.

- If yes, and the depth is less than -120 feet deep, a Zone of Deposit (ZOD) will be issued and a Seafloor Survey(s) will be required.

Section XI. Refueling Capability and proximity to fueling stations (Part 1.6.13)

Does your processor refuel fishing vessels? ☐ Yes ☑ No

If yes, what is the capacity of your refueling tanks?

Section XII. Submittals with the NOI (Part 1.6.14)

Document Attachments

Documents attached with this application:

Area Maps.pdf
Line drawing.pdf
attachment-akg523000-noi-spreadsheet.xlsx
Ocean_Fresh_Outfall_Narrative.docx

XIII. Certification Information (Part 1.6.15)

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:	Ocean Fresh Seafood Company, llc						
Name:	John Kelley			Title:	Alaska Operations Manager		
Phone:	206-285-2815	Fax (optional):		Email:	jkelley@signatureseafoods.com		
Mailing Address:	Street (PO Box):	2815 24th Ave West					
☐Check if same as Operator Information	City:	Seattle	State:	WA	Zip:	98199	

John Kelley
Signature

3/18/2020
Date

Signing Authority: Please identify your authority[1] to sign APDES permit applications

Notes

1) An Alaska Pollutant Discharge Elimination System (APDES) permit 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://dec.alaska.gov/media/1052/18-aac-83.pdf

NOI Preparer *(Complete if NOI was prepared by someone other than the certifier.)*

Organization:							
Name:				Title:			
Phone:		Fax (optional):		Email:			
Mailing Address:	Street (PO Box):						
☐Check if same as Operator Information	City:		State:		Zip:		