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): AKG523077

DEC Environmental Health processor permit No.: 465

Section II. Permittee/Operator Information (Part 1.6.2)

Company/Organization Name:	New Clipper Seafoods, LLC				
Vessel Contact Person:	Chris Shaffer	Title:	Operations Manager		
Authorized Representative Name and Title:	Chris Shaffer / Operations Manager				
Mailing Address	Street (PO Box):	641 W Ewing St			
	City:	Seattle	State:	WA	Zip: 98119
	Phone:	206 284-1162	Fax (optional):		
	Email:	chris@bluenorth.com			

Section III. Billing Contact Information (Part 1.6.3)

Company/Organization Name:	New Clipper Seafoods, LLC				
Contact Person:	Chris Shaffer	Title:	Operations Manager		
Mailing Address: [☐] Check if same as Permittee Information.	Street (PO Box):	same as above			
	City:		State:		Zip:
	Phone:		Fax (optional):		
	Email:				

Section IV. Owner Information (Part 1.6.4). *(Vessel Owner Information)*						
Company Name:	New Clipper Seafoods, LLC					
Contact Person:	Patrick Burns	Title:	Vice President			
Mailing Address: [☐] Check if same as Permittee Information.	Street (PO Box):	same as above				
	City:		State:		Zip:	
	Phone:		Fax (optional):			
	Email:					

Section V. Vessel Information (Part 1.6.5)					
Vessel Name: Clipper Epic					
Previous Vessel Name(s):					
Coast Guard Vessel Classification:	Fishing Vessel	Coast Guard Vessel Number:	619796		
Vessel Length:	172	Vessel Width:	34	Vessel Draft:	21

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 III	Date of USCG approval and certification of the MSD:	1990			
Installation Date of MSD:	1990	Max and Average Number of People Utilizing the MSD:				
MSD Design Capacity (gal/day):	57	Max:	60	Average:	35	
☐ Yes	☑ No	Are any other waste streams combined with MSD effluent prior to discharge? If yes, identify:				
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):	500 gal/day					

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	150,000		Transfer Water	1,000
	Boiler Water	0		Live Tank Water	
	Cooking Water (including Retort Water)	10		Air Scrubber Water	
	Refrigeration Condensate			Freshwater Pressure Relief Water	
	Refrigerated Seawater	10,000		Drinking Water Backwash	
	Process Disinfectants			Other (Describe)	
	Comments:				

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:	Goodnews Bay (a)	Use(s):	fresh water withdrawl, waste discharge
Receiving water:	Kuskokwin Bay (b)	Use(s):	fresh water withdrawl, waste discharge
Receiving water:	Kuskokwin Bay (c)	Use(s):	fresh water withdrawl, waste discharge
Receiving water:		Use(s):	
Receiving water:		Use(s):	
Receiving water:		Use(s):	
Receiving water:		Use(s):	
Receiving water:		Use(s):	
Receiving water:		Use(s):	
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)		
☑	**Area Maps and Bathymetric Charts** (Part 1.6.14.1) A legible area map and a bathymetric chart of the receiving water(s) within 3.0 nm of the vessel's discharge location(s) or area(s)-of-operation for each receiving water within 3.0 nm.	
☑	**Line Drawing** (Part 1.6.14.2) Submit line drawings that document the water flow through the seafood processor with a water balance, showing operations contributing wastewater to the effluent (wastewater discharge) and treatment units (such as the grinding system). Similar processes, operations, or production areas may be indicated as a single unit, and labeled to correspond to the more detailed identification under Part 1.6.14.3. The water balance shall show the flow of water through the vessel and treatment system, between units (processing area), including treatment units, and shall include intake and discharge points. If a water balance cannot be determined, the permittee may provide documentation to the Department to support the inability to determine and a pictorial description of the nature and amount of any sources of water and any collection and treatment measures.	
☑	**Outfall Narrative** (Part 1.6.14.3) Description of the production area(s) that contribute wastewater to the effluent for each outfall.	
☑	**AKG523000 NOI Attachment A-1** (Part 1.6.7–1.6.8. 1.6.12)	
☑	**QAPP Certification** (Part 3.1.2) Certification that the QAPP has been developed, reviewed, and implemented is required to be submitted within 60 days of the effective date of the authorization to discharge, or within 60 days of the QAPP being revised.	
☑	**BMP Certification** (Part 3.2.3) Certification that the BMP Plan has been developed, reviewed and implemented is required to be submitted within 60 days of the effective date of the authorization to discharge, or within 60 days of the BMP being revised.	
	Excluded Area(s) (Parts 1.4, 1.8)	
☑ Yes	☐ No	**Excluded Area Discharges**: Are you proposing to discharge to an 'Excluded Area' (as listed in Permit Part 1.4)?
☑	**Excluded Area** - If **"Yes",** and your facility is not listed in Permit Appendix D - Provide documentation for each Excluded Area by submittal of Attachment A-2 (See Part 1.8.2.1).	
☑	**Excluded Area** – If **"Yes",** attach an Area Map (Part 1.6.14.1) of all Excluded Areas located within 3.0 nm of the proposed discharge.	

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:	Clipper Seafoods						
Name:				Title:	Operations Manager		
Phone:	2062841162	Fax (optional):		Email:	chris@bluenorth.com		
Mailing Address:		Street (PO Box):					
☑ Check if same as Operator Information		City:		State:		Zip:	

Signature: Ch Shaff

Date: 04/27/2020

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

Operations Manager

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:	Bristol Bay Alaska Longline Co						
Name:	Chris Shaffer			Title:	Operations Manager		
Phone:	2062841162	Fax (optional):		Email:	chris@bluenorth.com		
Mailing Address:		Street (PO Box):					
☑ Check if same as Operator Information		City:		State:		Zip:	