

Permit No: _____



NOTICE OF INTENT (NOI)

APDES General Permit for Onshore Seafood Processing Facilities in Alaska

General Permit No. AKG521000

Submittal of this document constitutes notice that the party identified in Section III requests authorization to be authorized to discharge pollutants to waters of the United States under the Alaska Pollutant Discharge Elimination System (APDES) General Permit for Onshore Seafood Processing Facilities in Alaska and agrees to comply with all applicable terms and conditions of the general permit. To be granted coverage, all information required on this form must be completed. Please provide all information below and any other supplemental information sheets as appropriate. If you have any questions in regards to your eligibility for coverage under the general permit or completing this form, please visit <http://dec.alaska.gov/water/wastewater.aspx> for DEC contact information.

I. Facility Information

Facility Name		Existing Permit No.	
Physical Location		DEC Env. Health Processor Permit No.	
Mailing Address			
City	State	Zip	
Latitude (decimal degree)	Longitude (decimal degree)	Determined By: <input type="checkbox"/> GIS <input type="checkbox"/> USGS Topographic Map <input type="checkbox"/> Other <input type="checkbox"/> Web, Source:	
Email	Phone	Fax	

II. Owner Information

Organization			
Contact Name		Title	
Mailing Address			
City	State	Zip	
Email	Phone	Fax	

III. Operator/Permittee

☐ Check if the same as Owner

Organization			
On-Site Contact Name		Title	
Mailing Address			
City	State	Zip	
Email	Phone	Fax	

IV. Billing Information			<input type="checkbox"/> Check if the same as Owner
Organization			
Contact Name		Title	
Mailing Address			
City	State	Zip	
Email Address	Phone	Fax	

V. Operational Information			
Does the facility operate year round? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, what months does it operate?			
Facility Type:	<input type="checkbox"/> Onshore Seafood Processor	<input type="checkbox"/> Community Grinder	<input type="checkbox"/> Permanently Moored Craft/Barge (circle which applies)

VI. Previous Name(s) of the Facility Over the Last Five Years	
Previous Name:	Date of Name Change:
1.	
2.	
3.	
4.	

VII. Onshore Facility's Vessel Information- Attach additional sheets, if necessary					
Does the facility have processing support vessels/barges that discharge through any of the onshore facility's outfall lines? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?					
In the written Outfall Narrative and Tab- Vessel Information in Attachment A-1, describe in what capacity (freezing, processing, etc.) the support vessel/barge will be used, including production information.					
Vessel #1 Name:			Vessel #1 Owner:		
Coast Guard Vessel Classification	Coast Guard Vessel Number	Vessel Length	Vessel Width	Vessel Draft	Proposed Annual Discharge Amount to Facility (Pounds)
Type of Discharge:					
Vessel #2 Name:			Vessel #2 Owner:		
Coast Guard Vessel Classification	Coast Guard Vessel Number	Vessel Length	Vessel Width	Vessel Draft	Proposed Annual Discharge Amount to Facility (Pounds)
Type of Discharge:					
Vessel #3 Name:			Vessel #3 Owner:		
Coast Guard Vessel Classification	Coast Guard Vessel Number	Vessel Length	Vessel Width	Vessel Draft	Proposed Annual Discharge Amount to Facility (Pounds)
Type of Discharge:					

VIII. Seafood Processing Production and Discharges

Fill out **Attachment A-1**. Identify each type of product line effluent or discharge type proposed from each outfall and the production capacity of each facility discharging from each outfall based upon historical operations and design capacity. Attachment A-1 requires the reporting of latitude and longitude in decimal degrees, using NAD 1983 or WGS 1984 datum of each outfall terminus. Identify each outfall's associated discharges, including but not limited to:

- **Main butchering commodity lines** (e.g., salmon fillets, pollock fillets, H&G salmon, H&G herring, crab, shellfish, etc.; process disinfectants (list type)).
- **Macroalgae Processing** (e.g., Kelp and seaweed- provide effluent discharge characteristics and macroalgae's proposed processing techniques).
- **By-product commodity lines** (e.g., Fish Meal plant, Fish Oil plant, Fish Hydrolysate, other – identify).
- **Other outfall discharges- If any of these are discharged through outfalls identified above, list under the appropriate outfall** (e.g., Cooling water, boiler water, cooking water (including retort water), refrigeration condensate, refrigerated seawater, transfer water, live tank water, air scrubber water, freshwater pressure relief water, monitoring locations for fish hold wastewaters discharged to vessels, etc.).

Attach a Facility Map. A legible area map shall depict the facility front door/main building location, outfall locations, moored support vessels/barges, and incoming water (see Section IX below) supply locations shown in relationship to the outfall terminuses. These mapped outfall and incoming water supply features shall also be clearly correlated to the Line Drawing submitted with the NOI. The map shall be based upon an official map of the U.S. Geologic Survey (USGS) of a scale of resolution from 1:20,000 to 1:65,000, depicting:

- The front door of the main facility's location, including latitude/longitude.
- Docked/moored support vessel locations, including latitude/longitude.
- Each outfall(s) terminus location, including latitudes/longitudes.
- Each incoming fresh water and/or seawater supply location, including latitude/longitude.

Do you send your waste to another seafood processing facility or another by-product commodity line/facility?

☐ Yes

☐ No

If yes, please describe. Include the average annual amount/pounds sent to the facility.

IX. Incoming Water Supply

Each incoming fresh water and /or seawater supply location shall be identified in the **Attachment A-1** submittal, and identified in a **legible Area map** as described in Section VIII above. Include stream withdrawal location(s), municipal or industrial water intake structures, or other (please describe) within 1.0 nm of outfall terminus(es).

In **Attachment A-1**, please provide the following:

For the facility's own intakes: Identify each seawater intake(s), fresh water municipal supply intake(s), well location(s), stream withdrawal location(s), and/or Other (please describe), the latitude and longitude in decimal degrees, and the maximum daily intake volume (mgd), average monthly flow (gallons), and average annual flow (gallons) of each water intake location.

For other intakes: Identify each seawater intake(s), fresh water municipal supply intake(s), well location(s), stream withdrawal location(s), and/or Other (please describe) and the latitude and longitude in decimal degrees.

X. Domestic Wastewater

Identify how the domestic wastewater is disposed of below, and list any AKG572000 General Permit coverage.

Note: Domestic wastewater discharge is not authorized under the AKG521000 General Permit.

Disposal Method:

AKG572000 Permit No:

Is the domestic waste sent to a municipal treatment system or treated at an onsite septic system?

☐ Local Municipal Domestic Wastewater Treatment Facility ☐ Onsite Septic System

Is the domestic wastewater discharged at the facility to waters of the U.S.? ☐ Yes ☐ No

If yes, identify the following:

Type of Secondary treatment system the facility is using:

Average Daily Discharge (gpd): Maximum Discharge (gpd): System Hydraulic Design (gpd):

Disinfection method used and/or chemical disinfectants used, if any:

Does the facility accept domestic wastewater effluent from a vessel? ☐ Yes ☐ No

If yes:

Is the accepted waste sent to a municipal treatment system or to an onsite septic system?

☐ Local Municipal Domestic Wastewater Treatment Facility ☐ Onsite Septic System

XI. Other Wastewaters

Other Wastewaters (check all that apply) estimated or measured contributing annual volume (gal/day) to discharge.

Type of Other Wastewater	Volume (gal/day)	Type of Other Wastewater	Volume (gal/day)
<input type="checkbox"/> Cooling Water		<input type="checkbox"/> Transfer Water	
<input type="checkbox"/> Boiler Water		<input type="checkbox"/> Live Tank Water	
<input type="checkbox"/> Cooking Water (including Retort)		<input type="checkbox"/> Air Scrubber Water	
<input type="checkbox"/> Refrigeration Condensate		<input type="checkbox"/> Freshwater Pressure Relief Water	
<input type="checkbox"/> Refrigerated Seawater		<input type="checkbox"/> Process Disinfectants	
<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Other (Describe)	
<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Other (Describe)	
<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Other (Describe)	
<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Other (Describe)	
<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Other (Describe)	

XII. Storm Water Discharges

Does your facility intend to discharge commingled storm water to receiving water? ☐ Yes ☐ No

Do you have APDES Multi-sector General Permit (MSGP) storm water permit coverage? ☐ Yes ☐ No

If Yes, provide the 2015 APDES MSGP Authorization Number:

If No, provide the date the No Exposure Certification was submitted to DEC:

A seafood processing facility whose raw materials (fish) or intermediate, by-product, final, or waste seafood processing products are not protected by storm water resistant shelter to prevent the fish or products from being exposed to rain, snow, snowmelt, and/or runoff does not qualify for a No Exposure Certification.

Or, does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? ☐ Yes ☐ No

If yes, provide the name of the MS4 Operator:

XIII. Refueling Capability

Do you refuel fishing vessels? ☐ Yes ☐ No

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

XIV. Permanently Moored Craft or Barges

Are you a Permanently Moored Craft or Barge ☐ Yes ☐ No (If no, move on to the next Section)

Where will the domestic wastewater be sent?

XV. Receiving Water Information

Receiving Waterbody Name:

Mixing Zone. Identify each outfall, type of discharge, and if a mixing zone is requested for each outfall.

Outfall Number	Type of Discharge	Mixing Zone Requested?	Size of Mixing Zone
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Zone of Deposit. Are you requesting a Project Area ZOD? ☐ Yes ☐ No

If yes, provide the following information required in 18 AAC 70.210 (b), including (1) alternatives that would eliminate, or reduce, any adverse effects of the deposit; (2) the potential direct and indirect impacts on human health; (3) the potential impacts on aquatic life and other wildlife, including the potential for bioaccumulation and persistence; (4) the potential impacts on other uses of the waterbody; (5) the expected duration of the deposit and any adverse effects; and (6) the potential transport of pollutants by biological, physical, and chemical processes.

XVI. Submittals with the NOI- These are required attachments. If they are not attached to your NOI, your application will be deemed incomplete.

- ☐ **Area map:** A legible area map of the receiving water(s) within 1.0 nm of all discharge points and fresh or seawater intake points. The area map shall also identify any Excluded Areas within 3.0 nm of the proposed discharge. See Part VIII for a description.
 - ☐ **Bathymetric Chart:** A bathymetric chart to provide both the general area of processing and the depth of the seafloor where the outfall(s) is located.
 - ☐ **Line Drawing:** A line drawing of the water flow through the facility. Submit line drawings that document rates/volumes of each discharged waste stream through the facility. The line drawings must contain flow through the facility operations as water enters the facility (intakes), through processing lines, treatment units, and both internal and end-of-pipe monitoring locations for each outfall, as applicable.
 - ☐ **Outfall Narrative:** A narrative identifying each type of process, operation, or production area that contributes waste and wastewater to the effluent for each outfall; treatment systems; and disposal method.
 - ☐ **Storm Water Evaluation:** Verification the operator has filed for **APDES AKR060000 MSGP** coverage or has filed a No Exposure Certification with DEC.
 - ☐ **Pre-Installation Outfall Survey:** For new outfall installation and outfalls w/ no discharge in 12 months.
 - ☐ **Excluded Areas Request:** Submit Attachment A-2 if proposing discharge to an Excluded Area as listed in Permit Part 1.5 and your facility is not listed in Permit Appendix D.
 - ☐ **Mixing Zone Request**
 - ☐ **Seafood Mixing Zone** larger than the 100 foot general permit defined standard mixing zone, Submit:
 - ☐ **Form 2M** ☐ **Form 2G**
 - ☐ **Zone of Deposit Request:** If requesting a Zone of Deposit, submit information required in 18 AAC 70.210(b).
- Any other information required per 18 AAC 83.310.**

XVII. Certification

An Alaska Pollutant Discharge Elimination System (APDES) permit application must be signed by an individual with the appropriate authority per [18 AAC 83.385](#).

APDES Permits

Corporate Executive Officer 18 AAC 83.385 (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 18 AAC 83.385 (a)(1)(B)	For a corporation, the manager of one or more manufacturing, production, or operating facilities, if <ul style="list-style-type: none"> (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 18 AAC 83.385 (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.

Public Agency, Chief Executive Officer 18 AAC 83.385 (a)(3)(A)	For a municipality, state, or other public agency, the chief executive officer of the agency.		
Public Agency, Senior Executive Officer 18 AAC 83.385 (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.		
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:
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Signature/Responsible Official</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Date:</div> </div>			
NOI Preparer (Complete if NOI was prepared by someone other than the certifier.)			
Organization:	Name:	Title:	
Phone:	Fax (Optional)	Email:	
Mailing Address: <input type="checkbox"/> Check if same as Operator Information	Street (PO Box):		
	City:	State:	Zip:
<p>Please email a digital copy of the NOI to DEC.Water.SeafoodPermitting@alaska.gov</p> <p>If electronic submittal is not available, please mail the NOI to:</p> <p>Alaska Dept. of Environmental Conservation Wastewater Discharge Authorization Program Seafood Permitting 555 Cordova Street Anchorage, AK 99501 Phone: (907) 269-6285</p>			

Attachment A-2

Discharge to Excluded Areas Request



Notice of Intent (NOI) – Excluded Areas Request

**To be Covered under
APDES General Permit AKG521000
Onshore Seafood Processors Wastewater
Discharge**

Submit with NOI to:
Wastewater Discharge Authorization Program
555 Cordova Street
Anchorage, Alaska 99501
Telephone (907) 269-6285
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 operator to comply with the terms and conditions of the permit and Authorization.

Section I. Permit Information

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

Section II. Operator / Permittee Information

Company/Organization Name:

Section III. – Facility Information

Facility Name:

Section IV. – Excluded Area Information

**For each Excluded Area -
Fill out the following
information.**

- a.) Excluded Area(s) Name
- b.) Type of Excluded Area (e.g., Sea Otter CHA, National Park Service, National Wildlife Refuge, etc.)
- c.) Distance in nautical miles or feet from Excluded Area
- d.) Expected dates and amounts of discharge (Attachment A-1)
- e.) Detailed description of circumstances requiring discharge to the Excluded Area
- f.) Four year average of annual discharge amounts (lbs)

Excluded Area #1

Map Attached? (required)

☐ Y ☐ N

a.

b.

c.

d. ☐ Y ☐ N – Information regarding dates and amounts discharge included on Attachment A-1?

e.

f.

Section IV. – Excluded Area Information *(continued)***Excluded Area #2**

Map Attached? (required)

☐ Y ☐ N

a.

b.

c.

d. ☐ Y ☐ N – Information regarding dates and amounts discharge included on Attachment A-1?

e.

f.

Excluded Area #3

Map Attached? (required)

☐ Y ☐ N

a.

b.

c.

d. ☐ Y ☐ N – Information regarding dates and amounts discharge included on Attachment A-1?

e.

f.

Excluded Area #4

Map Attached? (required)

☐ Y ☐ N

a.

b.

c.

d. ☐ Y ☐ N – Information regarding dates and amounts discharge included on Attachment A-1?

e.

f.

Attachment B

Seafood Waste Size and Waste Conveyance Inspection Log

Attachment B – Seafood Waste Size and Waste Conveyance Inspection Log

Maximum Size Requirements:

- 1) All operators/permittees are required to reduce the size of the seafood residues to 0.5 inch (1.27 cm) or less in all dimensions.
- 2) All operators/permittees are required to inspect the seafood waste prior to discharge to ensure that the seafood waste discharged is 0.5 inch or less in all dimensions.

For the grinder system (or other method of treatment) inspection: The operator is required to conduct an inspection in accordance with the Seafood Waste Size Sampling and Analysis Protocol established in Appendix G. The analysis is performed during the processing season to confirm that grinders or other methods of treatment are operating and reducing the size of seafood waste to maximum size requirement. The operator must record each inspection performed, even if no seafood waste size violations are found in order to document that inspections are being performed as required. If not meeting the size requirement, report the number of pieces that do not meet the size requirement and include the length of the largest piece. See Permit Part 2.1.7.4.

Note: The operator must conduct daily grinder system (or other methods of treatment) inspections and sample analysis. In addition, a minimum of two (2) monthly photographs must be obtained documenting the seafood waste size sampling procedure. One photograph shall be of the sample port while sampling and the second photograph shall be of the ground seafood waste after in the sieve with a measuring device after following the procedure established in Appendix G. Each photograph must be given a unique identification number and documented in this log.

Seafood waste conveyance system inspection

Conduct a daily visual inspection of the seafood waste treatment system, including the sump or other places of effluent collection for removal of gloves, earplugs, rubber bands or other items that may be entrained in the wastewater. See Permit Part 2.1.7.3. Discharge of such items is prohibited.

Seafood Waste Size and Waste Conveyance Inspection Log

PERMIT # AKG521-_____			Facility name:			
		Waste Conveyance System	Waste Grinder/Treatment System			
Date/Time	Inspector Initials	Waste Conveyance Inspected Report observations on foreign objects found and disposal location	Waste grinder/screen operating Y/N	Waste Analyzed Y/N	Number of Pieces greater than Maximum Size Requirement	Note any maintenance issues. Description of action taken after exceeding the size requirement. Record unique picture ID numbers in this column.

PERMIT # AKG521-_____			Facility name:			
		Waste Conveyance System	Waste Grinder/Treatment System			
Date/Time	Inspector Initials	Waste Conveyance Inspected Report observations on foreign objects found and disposal location	Waste grinder/screen operating Y/N	Waste Analyzed Y/N	Number of Pieces greater than Maximum Size Requirement	Note any maintenance issues. Description of action taken after exceeding the size requirement. Record unique picture ID numbers in this column.

Name, Initials, Signature of Inspector #1: _____

Name, Initials, Signature of Inspector #2: _____

Name, Initials, Signature of Inspector #3: _____

Name, Initials, Signature of Inspector #4: _____

Attachment C

Sea Surface and Shoreline Visual Monitoring & Picture Log

Attachment C - Sea Surface and Shoreline Visual Monitoring & Picture Log

[illegible]

Name, Initials, Signature of Inspectors: _____

A monthly photographic record must be maintained with each photograph given a unique identification number and matching description in this log.

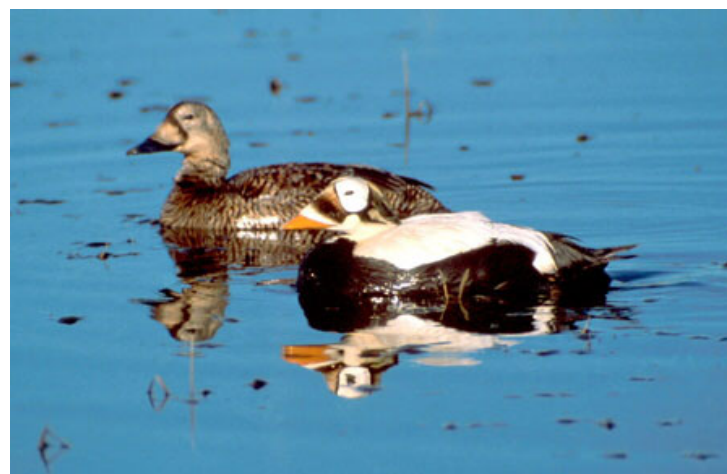
Attachment C - Sea Surface and Shoreline Visual Monitoring & Picture Log

Comments: The operator must conduct daily sea surface and shoreline monitoring while discharging to determine compliance with WQS and the permit conditions, and to document waste on the shoreline in areas where seafood waste typically floats to or deposits. Observations are also required above the outfall terminus location(s), and the employees making the observations must stand at a location from which they are able to visibly observe the area above the terminus(es).

The permittee shall have a trained personnel¹ record the occurrence and approximate numbers of animals identified as Black-legged Kittiwake (*Rissa tridactyla*), Western Steller sea lions (*Eumetopias jubatus*), Steller's eiders (*Polysticta stelleri*), Short-tailed Albatross (*Phoebastria albatrus*), and Southwest Alaska Distinct Population northern sea otters (*Enhydra lutris kenyoni*) within the survey area. (Note if injured or dead and probable cause.)



Steller's eider



spectacled eider

¹ Permittees reporting shall ensure personnel at the facility are capable of identifying the listed endangered and threatened species.

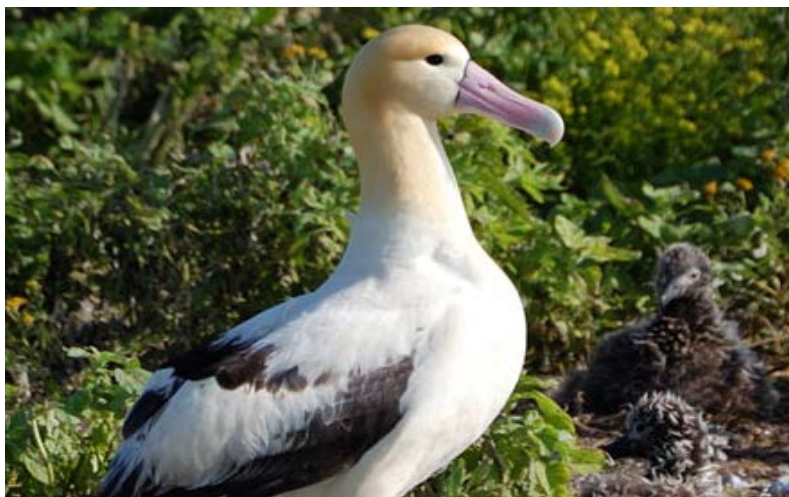
Attachment C - Sea Surface and Shoreline Visual Monitoring & Picture Log



Steller sea lion



northern sea otter



Short-tailed Albatross (adult and chicks)



Short-tailed Albatross (sub-adult)

Attachment C - Sea Surface and Shoreline Visual Monitoring & Picture Log

	
Black-legged Kittiwake	

Attachment D

Seafloor Survey Summary Report

Attachment D- Seafloor Survey Summary Report

Operator Information		APDES Permit Number: AKG521_____	
Name:		Company:	
Address:		Facility:	
Email:		Fax:	
Phone:		Waters discharged to:	
Surveyor name:		Survey location in degrees, minutes and seconds, or decimal degrees:	Latitude:
Surveyor phone:			Longitude:
Diver name(s) if different from the surveyor:		Survey start date:	
Diver phone:		Survey end date:	
Surveyor address:		Signed survey report attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Five photos of waste piles attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		Measurement method:	
Survey method (circle one) Diver ROV Video Grab Sample SPI		NOAA reported current direction and speed:	
Field measurement and calculation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Depth of survey at MLLW:		Discharge occurring at time of survey: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If discharge is occurring, description of size and length of visual plume			

Attachment D- Seafloor Survey Summary Report

Attached summary of findings, such as types and quantities of aquatic life observed adjacent to, on, in or feeding on the waste, sediment types, and cover observed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total area(s) of coverage:	
	_____sq ft. Total area of Continuous Coverage: _____acres (to tenths of an acre)	
Findings of change from previous surveys attached <input type="checkbox"/> Yes <input type="checkbox"/> No	_____sq ft. Total area of Discontinuous Coverage: _____acres (to tenths of an acre)	
Map attached delineating survey area, area(s) of continuous cover, and area(s) of discontinuous cover. <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Coverage Areas Applicable toward the 1-Acre Limit	
	Total 50-94% Discontinuous Coverage _____sq ft. Total 100% Coverage Area _____sq ft. Total square feet counting toward 1-Acre Limit _____sq ft.	
Statement attached whether the total coverage areas applicable toward the 1 acre limit area of coverage exceeds 1 acre. <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Acres: _____Acres	
	Report minimum and maximum observed thicknesses of each seafood waste pile. Pile #1 Minimum: _____inches Pile #1 Maximum: _____inches Pile #2 Minimum: _____inches Pile #2 Maximum: _____inches	

Attachment D- Seafloor Survey Summary Report

Seafloor Survey: Transect Data Form					
APDES Permit Number: AKG521_____					
Name of Permittee:					
Date/Time of Survey:					
Distance along Transect (m)	Transect #1 ST/WD/% Cover	Transect #2 ST/WD/% Cover	Transect #3 ST/WD/% Cover	Transect #4 ST/WD/% Cover	Transect #5 ST/WD/% Cover
Notes: ST - Seafood Waste Pile Thickness WD - Water Depth at Mean Lower Low Water % Cover - Percent of sample plot covered by seafood waste (Reported in 10 % increments, 1-9% = Trace, 10-14% reported as 10%, 15-24% as 20%, 25-34% as 30%, 35-49% as 40%, 50-54% as 50%, 55-64% as 60%, 65-74% as 70%, 75-84% as 80%, 85-94% as 90%, and 95-100% as 100%) T - Trace amounts of seafood waste (9% or less cover. Ground waste= 0.5 inch or greater thickness. Screened waste+ no thickness threshold)					

Permit No: _____

**APDES General Permit AKG521000****Annual Report for Year:**Submit this form by March 15th to:

Department of Environmental Conservation
 Division of Water
 Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, AK 99501

dec-wqreporting@alaska.gov

The annual report serves to inform DEC of the use and potential degradation of public water resources by facilities discharging pollutants to receiving waters in Alaska under the General Permit AKG521000.

I. Facility Information

Facility Name		Company Name	
Owner Name		Operator Name	
Physical Location		Permit Number	
Mailing Address			
City	State	Zip	
Email	Phone	Fax	

II. Community Grinding Facilities

Provide the total annual amount of seafood waste discharged (in pounds) (Part 2.6.3):

III. Seafood Processors**Annual Production and Discharge Data (Part 2.6.4.3)**

Annual Number of Processing days: _____

Annual type and total amount of raw products processed (in pounds)

Type of Raw Product: _____	Amount: _____	pounds
Type of Raw Product: _____	Amount: _____	pounds
Type of Raw Product: _____	Amount: _____	pounds
Type of Raw Product: _____	Amount: _____	pounds

Total Annual Raw Pounds Processed (Pounds):Annual type and total amount of finished product (in pounds)

Type of Finished Product: _____	Amount: _____	pounds
Type of Finished Product: _____	Amount: _____	pounds
Type of Finished Product: _____	Amount: _____	pounds
Type of Finished Product: _____	Amount: _____	pounds

Total Annual Finished Product (pounds):

Annual type and total amount of discharge seafood waste (in pounds)			
Type of Seafood Waste: _____	Amount: _____ pounds		
Type of Seafood Waste: _____	Amount: _____ pounds		
Type of Seafood Waste: _____	Amount: _____ pounds		
Type of Seafood Waste: _____	Amount: _____ pounds		
Total Annual Amount of Seafood Waste Discharged (Pounds):			

Monthly Production and Discharge Data (Part 2.6.4.2)					
	Total Number of Processing Days per Month	Type of Product	Total Amount of Raw Product Processed (lbs)	Total Amount of Finished Product (lbs)	Total Amount of Discharged Seafood Waste (lbs)
January					
January					
February					
February					
March					
March					
April					
April					
May					
May					
June					
June					
July					
July					
August					
August					
September					
September					
October					
October					
November					
November					
December					
December					

Volumes of Each Wastewater Discharged (Part 2.6.4.2.6) - Calculated or measured volume (in million gallons per day) of wastewater discharged for each outfall. For the seafood processing wastewater outfall(s)- include the number of hours of seafood processing that occurred during the day.

Outfall #	Type of Effluent Discharged (Seafood WW, Stickwater, Fish Oil WW, Retort)	Average Flow Rate (mgd)
Outfall 001:		
Outfall ____:		
Outfall ____:		
Outfall ____:		
Outfall ____:		
Outfall ____:		
Outfall ____:		
Outfall ____:		

Water Usage Information (Part 2.6.4.4)-

The estimated or metered volume(s) of incoming seawater and/or freshwater used for cooling water: _____ mgd

IV. All Permittee Submittals with the Annual Report- These are required attachments. If they are not attached to your Annual Report, your report may be deemed incomplete.

☐ Noncompliance summary report: A summary of noncompliance in accordance with Appendix A, Parts 3.4 and 3.5 that occurred between January 1st through December 31st of the previous year. Include the reasons for such noncompliance and corrective actions (Part 2.6.5.1).

Include:

☐ Summary report of noncompliance and corrective actions taken during waste treatment system inspections (Part 2.6.5.3).

☐ Summary report of noncompliance and corrective actions taken for daily sea surface monitoring (Part 2.6.5.4).

☐ Attachment E-1- Daily Production Amounts (Part 2.6.4.1).

☐ Summary report reflecting results from the Discharge Monitoring Reports (Attachment E-2) (Part 2.6.5.5).

☐ Seafloor Monitoring Report, if applicable (Part 2.6.5.6).

☐ Outfall system pre-operational and/or required annual inspection (Part 2.6.5.6.1).

☐ A summary of the total pounds of ammonia or Freon used and of any occurrences of leaks or breaks in the refrigerator/freezer systems (Part 2.6.5.7).

☐ A summary of chemicals, disinfectants, cleaners, biocide, food processing additives used and discharged during the annual reporting period, including a list of: total amounts used, dilution ratios, and product use (Part 2.6.5.8).

☐ If any substance in the bullet above was not used per the manufacturer's recommended use and application rates, provide a list of : total amounts used, dilution ratios, and product use (Part 2.6.5.9)

☐ A summary report of all onsite incidents of injured and/or dead Endangered Species, if applicable (Part 2.6.5.10).

☐ Monthly Seafood Waste Delivery Report (Attachment F), if applicable (Part 2.1.6.4.3).

V. Certification

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:	Street (PO Box):		
<input type="checkbox"/> Check if same as Operator Information	City:	State:	Zip:

Signature/Authority¹ to Sign

Date:

- 1) An Alaska Pollutant Discharge Elimination System (APDES) permit report must be signed by an individual with the appropriate authorization 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>

Signing Authority: Please identify your authorization to sign APDES permit report.

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

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

Please email a digital copy of the Annual Report to dec-wqreporting@alaska.gov

If electronic submittal is not available, please mail the Annual Report to:

Alaska Dept. of Environmental Conservation
Wastewater Discharge Authorization Program
Attn: Compliance and Enforcement Program
555 Cordova Street
Anchorage, AK 99501
Phone: (907) 269-6285

Attachment F

Monthly Seafood Waste Delivery Report

Attachment F- Monthly Seafood Waste Delivery Report

REPORT FOR MONTH _____			Submit this form to: FILL IN AUTHORIZED OPERATOR NAME & ADDRESS		
Permit Number AKG521_____					
The report serves to inform DEC of the number of pounds of seafood waste being discharged under the operator’s AKG521000 General Permit Authorization.					
SECTION 1 – OPERATOR/PERSON DELIVERING SEAFOOD WASTE TO THE DISCHARGE FACILITY NAMED ABOVE					
Company Name			Facility Name		
Operator Name			Owner name		
Authorized Representative Name or Title					
Address			City/State/Zip		
Telephone			Message Phone/Fax		
Email					
SECTION 2- MONTHLY DISCHARGE SUMMARY					
Day	Amount Delivered (lbs.)	Grinder Functioning (Y/N) ^a	Day	Amount Delivered (lbs.)	Grinder Functioning (Y/N) ^a
1					
2					
3					
4					
a. It is the responsibility of the delivering facility to report non-functioning grinder within 24hrs to the Authorized Operator.					
I certify that the above information is accurate and correct in accordance with the Alaska General Permit AKG521000 - Part 2.1.					
_____ Signature of Delivering Facility Operator			_____ Date		

Attachment G

Notice of Termination



Permit Tracking # _____ (For Agency Use)

Submit to:

Alaska Department of Environmental Conservation
Wastewater discharge Authorization Program
555 Cordova St.
Anchorage AK, 99501

APDES Program Notice of Termination Of Wastewater Discharge

Submission of this Notice of Termination constitutes notice that the party identified in Section 2 of this form is no longer authorized to discharge under the associated APDES Permit. See page 3 for instruction on filling out this form.

Section 1. Permit Information

Discharge Type: _____

Permit ID: _____

Date Discharge Terminated: _____

Section 2. Owner Information

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Section 3. Facility Information

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Facility Location

(For mobile operations submit the final location at which operations will cease): _____

Latitude: _____

Longitude: _____

Determined By: ☐ GPS ☐ Map ☐ Internet

Section 4. Reason For Termination

Check the appropriate box indicating the reason for terminating coverage.

- ☐ Operations have ceased at the facility and there are no longer discharges associated with the conditions of the referenced permit.
- ☐ Discharges from this facility have been covered by a different permit.
If checked please list permit used to cover this discharge:
- ☐ Other (Specify):

Section 5. Certification

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.

Signature

Title

Printed Name

Date

Notice of Termination of Wastewater Discharges Form Instructions

This form should be used when discharges are being terminated. If the facility is changing ownership, use the "Name Change and/or Permit Transfer" form. A request to terminate an APDES permit must be in writing and must contain facts or reasons for the request in accordance with 18 AAC 83.130 (a). Upon receipt of this form, DEC will determine if the request meets the requirements as described in 18 AAC 83.140. If DEC approves the termination, the Department will notify the permittee that the permit will be terminated. This termination will be effective 30 days after notice is sent to the permittee in accordance with 18 AAC 83.130 (j). Until that time, the permittee is obligated to meet all requirements of the permit.

Section 1. Permit Information

- 1) Identify the type of discharge (e.g. domestic, seafood processing, etc.)
- 2) Fill in the Permit ID associated with the discharge.
- 3) Provide the date that the discharge will cease.

Section 2. Owner Information

- 1) Fill in the name of the Owner or Responsible Party for the facility.
- 2) Fill in the contact information for the Owner or Responsible Party.

IMPORTANT NOTE: The Responsible Party must be one of the following:

- for a corporation, a president, secretary, treasurer, or vice-president, or a manager whose authority is described in 18 AAC 83.385 (APDES) or 18 AAC 15.030 (other wastewater discharges);
- for a partnership or sole proprietorship, the general partner or proprietor;
- for a municipality or other public entity, a principal executive officer or ranking elected official with appropriate authority.

Before submitting this form, please review the conditions of your wastewater permit or authorization to ensure compliance with any additional signature requirements.

Section 3. Facility Information

- 1) Fill in the name of the facility.
- 2) Fill in the contact information for the facility.

Section 4. Reason For Termination

- 1) Check the box that indicates the reason for termination.
- 2) If discharges are being covered by another permit, provide the Permit ID.
- 3) If "Other" is marked, specify the reason for termination.

Section 5. Certification

Signature and title of Responsible Party or duly authorized representative must be obtained before DEC will accept this Notice of Termination.

Submit to:

Alaska Department of Environmental Conservation
Wastewater Discharge Authorization Program
555 Cordova St.
Anchorage AK, 99501
For information, call 907-269-6285.