## Attachment A

Notice of Intent

## AKG528000 NOI Form

STATE CONTRACTOR	Notice of Intent (NOI) APDES General Permit AKG528000 Seafood Processors Operating Onshore Facilities in Kodiak, Alaska								
STATE OF ALLASED	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 AKG528000 permit.								
Section I. Permit In	Section I. Permit Information								
Currently Assigned A	Currently Assigned APDES Permit No.(s) or Previous NPDES No.(s):								
DEC Environmental	DEC Environmental Health processor permit No.:								
Section II. Operator	r / Resp	onsible Part	ty Information						
Company/Organizati	on Nam	e:							
On-Site Contact Pers	on:			Title:					
Authorized Represen	tative Na	ame or Title:							
	Stree	t:							
Facility Physical	City:			State:		Zip:			
Location	Phon	e:			Fax (optional)	:			
	Emai	1							
Front Door Latitude:			Front Door Longitude:						
Mapping Technique:				Datum:					
Mailing Address	Stree	t (PO Box):							
	City:			State:		Zip:			
	Phon				Fax (optional):				
	Emai								
Section III. Billing	Contact	Information	1						
Company/Organization Name:									
Contact Person:		L	Title:						
Mailing Address	Stree	t (PO Box):							
[ ] Check if same as Operator	City:			State:		Zip:			
Information.	Phon	e:			Fax (optional):				
	Emai	1:							

Section IV. Owner (Do not identify lessee name, identify building owner name)									
Company Name:									
Contact Person: Title:									
Mailing Address	Stree	Street (PO Box):							
Operator	City:			State:		Zip:			
Information.	Phon	Phone:			Fax (optional	Fax (optional):			
	Emai	Email:							
Section V. Seafood	Process	or Onsh	nore Facility In	formation					
Current Facility Nam	e:								
Previous Name(s) of	Facility (	Over the	e Last Five Years	5 Date of Nat	me Change				
1.									
2.									
$\Box$ Yes $\Box$ No Do	you plar	n to have	e processing sup	port vessel/barg	ges?				
If Yes, describe in what capacity (freezing/processing, etc.) in the Outfall Narrative and outfalls on Attachment A-1.				,					
Section VI. Seafood	Process	sing and	d Other Discha	rge Informatio	n				
As part of your 'Outfall Narrative,' fill out Attachment A-1. Identify seafood processing outfall(s) and associated seafood processing commodity line(s) discharges. 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:									
<ul> <li>Main butchering commodity lines (e.g., Salmon Fillets/Mince, Pollock Fillets, H&amp;G salmon, H&amp;G herring, crab, shellfish, etc.).</li> </ul>									
• Washed mince/paste commodity lines (e.g., Pet Food mince/paste, human consumption surimi, minced fish – identify whether washed pollock mince/paste).									
<ul> <li>Macroalgae Processing (e.g., Kelp and seaweed - provide effluent discharge characteristics and macroalgae's proposed processing techniques).</li> </ul>									
• <b>By-product commodity lines</b> (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.).									
□Yes □ No Do you send your waste to another seafood processing facility or another by-product commodity line/facility?									

## Section VII. Incoming Water (seawater cooling water intakes and other )

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

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.

Section VIII. Storm Water Discharges							
Does y	Does your facility intend to discharge commingled storm water to receiving waters?						
2	a have APDES Multi-sector General Permit (MSGP) storm water permit coverage?						
If Yes,	provide the current APDES MSGP Authorization Number						
If No,	provide the date the No Exposure Certification was submitted to DEC.						
processi	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, do	es your facility discharge into a Municipal Separate Storm Sewer System (MS4)? 🛛 Yes 🖓 No						
If yes,	name of the MS4 Operator:						
Section	n IX. Refueling Capability						
Do you	1 refuel fishing vessels?  Yes No						
If yes,	If yes, what is the capacity of your refueling tanks?						
Section X. Submittals with the NOI – These are required attachments. If they are not attached to your NOI, your application will be deemed incomplete.							
	<b>NOI Attachment A-1</b> – Fill out all four tabs of the Excel spreadsheet.						
	<ul> <li>Positioning System (GPS) coordinates (latitude and longitude) of each proposed discharge location shall be reported in decimal degrees, to the fifth decimal place, if available (North American Datum (NAD) 1983 or World Geodetic System (WGS) 1984 datum). The accuracy of coordinates shall be at least within ±50 feet (17 meters). Additional map (map layer) identifying whether the facility or any outfall is located within NMFS or U.S. Fish and Wildlife Service designated critical habitat area.</li> </ul>						
	<b>Line Drawing.</b> The operator shall submit 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.						
	<b>Outfall Narrative.</b> A narrative identifying each type of process, operation, or production area that contributes wastewater to the effluent for each outfall; treatment systems; and disposal method.						
	Proposed Commodity I	ine ELG Calculatio	ons (Permit Part 2.3.5)				
	<b>Storm Water Evaluation</b> filed a No Exposure Cert		erator has filed for <b>APDE</b>	S AKR060000 MSGP coverage or has			
	Pre-Installation Outfall	Survey (for new outf	fall installation and outfall	s w/no discharge in 12 months)			
	Any other information r	required per 18 AAC	83.310.				
XI. Ce	rtification Information						
	aska Pollutant Discharge ne appropriate authority	•	· /1 /1	cation must be signed by an individual			
	Permits						
	e Executive Officer <u>AC 83.385</u> (a)(1)(A)	charge of a princ	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.				
<u>18 A</u>	<u>AC 83.385</u> (a)(1)(B)	regulated facil investment re to assure long regulations; (ii) the manager of gather comple (iii) authority to s	<ul> <li>(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</li> </ul>				
Sole Proprietor or General Partner <u>18 AAC 83.385</u> (a)(2)			For a partnership or sole proprietorship, the general partner or the proprietor respectively.				
Public Agency, Chief Executive Officer <u>18 AAC 83.385</u> (a)(3)(A)			For a municipality, state, or other public agency, the chief executive officer of the agency.				
C C	gency, Senior Executive Offic <u>AC 83.385</u> (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.				
superv the inf person knowle	ision in accordance with ormation submitted. Bas is directly responsible for edge and belief, true, acc information, including the	a system designed t sed on my inquiry of r gathering the infor urate, and complete	to assure that qualified 1 f the person or persons rmation, the information . I am aware that there	prepared under my direction or bersonnel properly gather and evaluate who manage the system, or those a submitted is, to the best of my are significant penalties for submitting nowing violations.			
Phone:		Fax (optional):	Email:				

Mailing Address:	Street (PO Box):		
	City:	State:	Zip:
Signa	ture/Responsible Official	Date	

NOI Preparer (Complete if NOI was prepared by someone other than the certifier.)						
Organization:		Name:		Title:		
Phone:		Fax (optional):		Email:		
Mailing Address: □Check if same as	Street (PC			-		
Operator Information	City:		State:		Zip:	
Please mail NOI to:						
Alaska Dept. of Environmental Conservation Wastewater Discharge Authorization Program						
Seafood Permitting						
555 Cordova Street						
Anchorage, AK 99501						
Phone: (907) 269-6285						