


Attachment D

Annual Report

Attachment D- Annual Report Form

	<p>APDES Authorization Number AKG528 _____</p> <p>ANNUAL REPORT FOR YEAR 20 _____</p>	<p>Submit this form to: Department of Environmental Conservation Division of Water Compliance and Enforcement Program 555 Cordova Street Anchorage, AK 99501 dec-wqreporting@alaska.gov</p>
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The annual report serves to inform DEC of the use and potential degradation of public water resources associated with discharging pollutants under the AKG528000 permit.

SECTION 1 – PERMITTEE INFORMATION

Permittee Company Name:			
Permittee Facility Name:			
Authorized Representative Name or Title:			
Mailing Address:		City/State/Zip:	
Telephone:		Fax:	
Email:			

SECTION 2 - ANNUAL PRODUCTION AND DISCHARGE SUMMARY

Specific to facility activities. Fill out and submit **Attachment D-1**, or facility's own form that provides the same information.

SECTION 3 – NON-COMPLIANCE AND CORRECTIVE ACTION SUMMARY REPORTS

Check Yes / No - If No, state why.

Permittee's Facility Summary Reports:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Summary Report of non-compliance and corrective actions for the facility's Sea Surface and Shoreline Monitoring
<input type="checkbox"/> Yes <input type="checkbox"/> No	Incidents of non-compliance, including those incidents not required to be reported verbally within 24 hours and in writing within five (5) days in accordance with Appendix A, Parts 3.4 and 3.5. Include the reasons for such non-compliance, corrective actions taken, and preventative steps taken.

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SECTION 4 - REQUIRED SUBMITTALS (ATTACHMENTS) CHECK THE FOLLOWING LIST CAREFULLY - If not attached, your annual report may be found incomplete unless no discharge occurred during the year.	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Summary of receiving water monitoring results and map of monitoring locations
<input type="checkbox"/>	<ul style="list-style-type: none"> • Summary of monthly sea surface and shoreline monitoring photographs, with accompanying log
<input type="checkbox"/>	<ul style="list-style-type: none"> • Summary report of injured or dead animals observed
<input type="checkbox"/>	<ul style="list-style-type: none"> • Seafloor Survey Monitoring Report
<input type="checkbox"/>	<ul style="list-style-type: none"> • Outfall systems required annual inspection verification
<input type="checkbox"/>	<ul style="list-style-type: none"> • Summary of leaks or breaks in the refrigeration/freezer systems that led to discharges to receiving waters, and how the incidents were reported
<input type="checkbox"/>	<ul style="list-style-type: none"> • A list of chemicals, biocides, disinfectants, cleaners, and food processing additives (salts, acids, bases, enzymes, etc.) that were used and discharged during the annual reporting period. • If any substance in the first bullet was not used per the manufacturer's recommended use and application rates, provide the following information: <ul style="list-style-type: none"> ○ Product(s) intended use, ○ Total annual amounts used, ○ Dilution ratio during use.
<input type="checkbox"/>	Other (Please specify)
<input type="checkbox"/>	Other (Please specify)

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SECTION 5 – CERTIFICATION INFORMATION							
<p>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.</p>							
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		Authority ¹ to Sign				Date	
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							
Signing Authority: Please identify your authority to sign APDES permit reports.							

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:

Attachment D-1

AKG528000 Daily Seafood Production Report