Attachment A-2

Discharge to Excluded Areas Request



Notice of Intent (NOI) – Excluded Areas Request

To be Covered under APDES General Permit AKG523000 Offshore 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 (Part 1.6.1)		
Currently Assigned APDES Permit No.(s) or Previous NPDES No.(s):		
Section II. Operator / Permittee Information (Part 1.6.2)		
Company/Organization Name:		
Section III Vessel Information (Part 1.6.5)		
Vessel Name:		
Section IV. – Excluded Area Information (Part 1.6.12)		
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	a.	
Map Attached? (required)	b.	
\Box Y \Box N	c.	
	d. \square Y \square N – Information regarding dates and amounts discharge included on Attachment A-1?	
	e. f.	

Section IV. – Excluded Area Information (Part 1.6.12) (continued)	
Excluded Area #2	a.
Map Attached? (required)	b.
\Box Y \Box N	C.
	d. \square Y \square N – Information regarding dates and amounts discharge included on Attachment A-1?
	e.
	f.
Excluded Area #3	a.
Map Attached? (required)	b.
\Box Y \Box N	c.
	d. \square Y \square N – Information regarding dates and amounts discharge included on Attachment A-1?
	e. f.
Excluded Area #4	a.
Map Attached? (required)	b.
\Box Y \Box N	c.
	d. □ Y □ N – Information regarding dates and amounts discharge included on Attachment A-1?
	e. f.
	1.