

Construction General Permit (CGP) Authorization - Modification

version 1.5R

Form Input

*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form.

Form Instructions

Please see:

[Instructions for completing the NOI modification form for Storm Water discharges associated with activity under the ABDES CGP](#)

Modification Reason

Permit Number

Modification Description

Section Changes

Please select which Section(s) will be modified.

Modified Section(s) *Select All That Apply

- Contact Information Single or Multiple NOI Project
 Project Information SWPPP Information
 Discharge Information Attachments

Facility Name Change or Transfer of Ownership

If you are requesting a project/facility name change or transfer of ownership, please return to EDMS home page for the permit, select Start a New Form, select Facility Name Change or Transfer of Ownership.

Contact Information

Contacts

If adding a **new contact**, scroll to the bottom and select "Add New Contact Information". Multiple roles may be selected per contact.

To **remove a contact**, select "Inactivate", below.

The following contact roles are required for this application. Multiple roles may be selected per contact.

- Applicant (**Permittee**)

- SWPPP Contact

- Billing Contact

Application Preparer

Contact Role(s) *Select All That Apply

- Applicant Agent
 Billing Contact Consultant
 Onsite Contact Owner
 Operator Contractor
 SWPPP Contact Subcontractor
... (More Options Available)

To remove a contact, select "**Inactivate**". *Select All That Apply

- Inactivate

Contact

First Name	Last Name
<input type="text"/>	<input type="text"/>

Title

Organization Name

Phone Type <small>*Only one phone number is accepted</small>	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Address Line 1

Address Line 2

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Change Comments

Single or Multiple NOI Project

Does this project have a single NOI? *Select One

- Yes No

Since you indicated it will be a Multiple NOI Project, will the fee be paid with this NOI? *Select One

*This control is conditionally displayed based on answers provided in other parts of the form

- Yes No

*This control is conditionally displayed based on answers provided in other parts of the form

PLEASE NOTE: By entering the operator name below, you are confirming that this NOI is for a project that has multiple NOI and the fee will be paid with a different NOI for this project. You will be certifying that, to the best of your knowledge and belief, the information submitted is true, accurate, and complete.

Enter the name of the Operator paying the fee for this project

*This control is conditionally displayed based on answers provided in other parts of the form

Prefix

First Name	Last Name
<input type="text"/>	<input type="text"/>

Title

Organization Name

Phone Type <small>*Only one phone number is accepted</small>	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

For the purposes of this permit, an operator is any party associated with a construction project that meets either of the following two criteria (please select one)

Operator Responsibility *Select One

- Day-to-day operational control of on-site activities Operational control over construction plans and specifications
 Both, day-to-day operational control, and operational control over construction plans and specifications

Project

Project Name

Estimated Project Start Date

Estimated Project End Date

The project end date is before the project start date. Please change the date to continue.

Please give physical address if no street address is available. Please type in MTRS (PLSS) information in Address 1 space if needed. Do not include P.O. Boxes.

Project Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

The project site must be located in Alaska. Please use two-letter code: AK

Visit the link below to help with locating project Borough or Similar Government Subdivision

[Alaska Region Map](#)

Borough or Similar Government Subdivision *Select One

- Aleutians East Borough
- Aleutians West Census Area
- Bethel Census Area
- Bristol Bay Borough
- Chugach Census Area
- City & Borough of Wrangell
- City and Borough of Juneau
- City and Borough of Sitka
- Copper River Census Area

Visit the link below to help with conversion between DMS and Latitude/Longitude

[DMS - Lat/Long converter](#)

Project Coordinates

Latitude

Longitude

Provide select the method used to determine geographic coordinates: *Select One

- EDMS Map
- GPS Unit
- GIS Information
- Internet-Google Maps
- Internet Map Service
- Map (USGS)
- Map (Other)

Please list the mapping technique used

What was the scale?

If you used a USGS topographic map, what was the scale?

Estimated area to be disturbed to the nearest tenth of an acre (Ex: 2.2)

How many acres of land disturbance at any given interval that is not stabilized of project acreage? (nearest .1 acre)

Brief Description of Project

Link to NAICS Search Website

[NAICS Search Website](#)

The industry codes below are most commonly used with this application.

NAICS:

236220 Commercial and Institutional Building Construction (236220)

SIC:

1522- Residential Construction, Nec
1531- Operative Builders

1541- Industrial Buildings and Warehouses
1542- Nonresidential Construction, Nec
1799- Special Trade Contractors, Nec

Primary NAICS code

Primary SIC Code

Have storm water discharges from your project been covered previously under a DEC issued permit? ^{*Select One}

Yes No

Please input the Tracking Number for the coverage under a previous APDES Permit

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Have you updated your SWPPP according to the current Alaska Construction General Permit? ^{*Select One}

*This control is conditionally displayed based on answers provided in other parts of the form

Yes No

Is your project less than one acre, but part of a common plan of development? ^{*Select One}

Yes No

Permit Authorization Number

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Common Plan Project Name

*This control is conditionally displayed based on answers provided in other parts of the form

Primary Ownership Type ^{*Select One}

- Corporation
- Mixed Ownership (e.g. Public/Private)
- Non-Government
- Public (Municipality)
- Federal Facility (U.S. Government)
- Municipal or Water District
- Privately Owned Facility
- School District
- Tribal Government

SWPPP Information

Below you can find the SWPPP template for the Construction General Permit:

[CGP SWPPP Template](#)

Has the SWPPP been prepared in advance of filing this eNOI? ^{*Select One}

*This control is conditionally displayed based on answers provided in other parts of the form

Yes No

Will the SWPPP be submitted with this NOI, or the other operators' NOI? ^{*Select One}

*This control is conditionally displayed based on answers provided in other parts of the form

This NOI Another Operators' NOI

Not Applicable

CGP's greater than or equal to 5 acres require a SWPPP document to be submitted with the application.

SWPPP Attachment

*This control is conditionally displayed based on answers provided in other parts of the form

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

*.7z *.avi *.avi *.bmp *.bmn *.bmn *.csv *.csv *.dat *.dat *.dat *.doc *.doc *.doc *.docx *.docx *.docx *.dwg *.dwg *.dwg *.eml *.eml *.eml *.gif *.gif *.gif *.gpx *.gpx *.gpx *.htm *

Comments

Confidential (Reason for Confidentiality)

SWPPP Attachment

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*.7z *.7z *.AVI *.avi *.Avi *.BMP *.bmp *.Bmp *.CSV *.csv *.Csv *.DAT *.dat *.Dat *.DOC *.doc *.Doc *.DOCX *.docx *.Docx *.DWG *.dwg *.Dwg *.EMI *.eml *.Eml *.GIF *.gif *.Gif *.GYP *.gyp *.Gyv *.HTM *

Comment

Confidential (Reason for Confidentiality)

Location of SWPPP for Viewing (Must be in Alaska) *Select One

- Project Address
- Operator Address
- Other

Location of SWPPP

**This control is conditionally displayed based on answers provided in other parts of the form*

Address Line 1

Address Line 2

City	State/Area	Postal Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

SWPPP Address Comments

Will you construct a permanent storm water management control measure at the project site? *Select One

- Yes
- No

Indicate the type of measure to be installed *Select All That Apply

**This control is conditionally displayed based on answers provided in other parts of the form*

- Pond
- Oil/Water/Grit Separator
- Proprietary Storm Water Sedimentation Device
- Other

Does your project discharge into a Municipal Separate Storm Sewer System (MS4)? *Select One

- Yes
- No

Name of the MS4 Operator *Select One

**This control is conditionally displayed based on answers provided in other parts of the form*

- City of Fairbanks, North Pole, UAF, Northern ADOT&PF MS4
- Fairbanks N S B Stormwater MS4
- Fort Wainwright MS4
- Joint Base Elmendorf-Richardson MS4
- Municipality of Anchorage & State DOT MS4
- Port of Anchorage MS4

Discharge Information

NOTE: if you have a receiving water that is Wetlands, just enter generic Wetlands. Do not enter Wetlands of Tanana River, for example.

Waterbody/Wetlands Name

Is this receiving water on the 303(d) List of Impaired Waterbodies? *Select One

- Yes
- No

Visit the link below to search AK DEC Impaired Waterbody database

[Impaired Waterbody List](#)

List the pollutants that are causing the impairment

**This control is conditionally displayed based on answers provided in other parts of the form*

Are the pollutant(s) causing the impairment present in your discharge? *Select One

**This control is conditionally displayed based on answers provided in other parts of the form*

- Yes
- No

Is the discharge consistent with the assumptions and requirements of applicable EPA approved or established Total Maximum Daily Load (TMDL(s))? *Select One

**This control is conditionally displayed based on answers provided in other parts of the form*

- Yes
- No

Attachments

Document Attachments

Please include any additional documents you would like submitted with this NOI

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

*.7Z; *.7z; *.AVI; *.avi; *.BMP; *.bmp; *.Bmp; *.CSV; *.csv; *.Csv; *.DAT; *.dat; *.Dat; *.DOC; *.doc; *.Doc; *.DOCX; *.docx; *.Docx; *.DWG; *.dwg; *.Dwg; *.EML; *.eml; *.Eml; *.GIF; *.gif; *.Gif; *.GPX; *.gpx; *.Gpx; *.HTM; *

Comment

Confidential (Reason for Confidentiality)