

Ted Stevens Anchorage International Airport No Exposure Certification (NEC)

version 1.20

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 No Exposure Certification for Storm Water discharges associated with industrial activity under the APDES ANC-GP.](#)

Contact Information

Required Contacts

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

- Applicant (Permittee)
- Operator *OR* Onsite Contact
- Applicant Preparer

Contact Role(s) *Select All That Apply

- Applicant Operator
 Onsite Contact Application Preparer

Contact

Prefix		
<input type="text"/>		
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Title		
<input type="text"/>		
Organization Name		
<input type="text"/>		
Phone Type	Number	Extension
Home	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Mailing Address		
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility Information

The contacts listed below are required in the Contact Information section. Please return to the previous section and select the role and fill out the contact details.

- Applicant (Permittee)
- Operator *OR* Onsite Contact
- Application Preparer

Only *one* contact can be designated as the Applicant (Permittee). Please return to Contact Information Section to correct.

Facility Name

Have storm water discharges from your site been covered previously under an APDES Permit? *Select One

- Yes No

Provide the Tracking Number if you have coverage under the Multi-Sector General Permit (MSGP) or the other APDES permit number

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

Facility 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
- Denali Borough

... (More Options Available)

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

[DSM - Lat/Long converter](#)

Facility Address

Latitude

Longitude

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

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

What was the scale?

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

Identify the North American Industry Classification System (NAICS) code that best represents the products produced or services rendered for which your facility is primarily engaged.

[NAICS Search Website](#)

Primary NAICS code

Primary SIC Code

Estimated area of industrial activity at your site exposed to storm water

Identify the type(s) of category of operator *Select All That Apply

- Airport Authority
- Commercial aircraft carrier
- Air Cargo carrier
- Fixed-based operator and/or service provider involved in either deicing or fueling operations
- Ground service provider
- General aviation activities
- Military entity
- Other

Identify type(s) of activities *Select All That Apply

- Deicing / Anti-icing Operations
- Aircraft Maintenance
- Handling of aircraft lavatory waste or any other sanitary waste device not directly piped to a sanitary sewer (Publicly Owned Treatment Works)
- Vehicle / Equipment Maintenance
- Servicing, repairing, or maintaining aircraft and ground vehicles, and equipment cleaning and maintenance (including vehicle / equipment lubrication)
- Other

Primary Ownership Type *Select One

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

