

# Attachment A

Notice of Intent

## AKG528000 NOI Form

	<p><b>Notice of Intent (NOI)</b>  <b>APDES General Permit AKG528000</b>  <b>Seafood Processors Operating Onshore Facilities in Kodiak, Alaska</b></p>				
<p>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.</p>					
<b>Section I. Permit Information</b>					
Currently Assigned APDES Permit No.(s) or Previous NPDES No.(s):					
DEC Environmental Health processor permit No.:					
<b>Section II. Operator / Responsible Party Information</b>					
Company/Organization Name:					
On-Site Contact Person:				Title:	
Authorized Representative Name or Title:					
Facility Physical Location	Street:				
	City:		State:		Zip:
	Phone:			Fax (optional):	
	Email:				
Front Door Latitude:				Front Door Longitude:	
Mapping Technique:				Datum:	
Mailing Address	Street (PO Box):				
	City:		State:		Zip:
	Phone:			Fax (optional):	
	Email:				
<b>Section III. Billing Contact Information</b>					
Company/Organization Name:					
Contact Person:				Title:	
Mailing Address [ ] Check if same as Operator Information.	Street (PO Box):				
	City:		State:		Zip:
	Phone:			Fax (optional):	
	Email:				

Section IV. Owner (Do not identify lessee name, identify building owner name)						
Company Name:						
Contact Person:		Title:				
Mailing Address <input type="checkbox"/> Check if same as Operator Information.	Street (PO Box):					
	City:		State:		Zip:	
	Phone:			Fax (optional):		
	Email:					
Section V. Seafood Processor Onshore Facility Information						
Current Facility Name:						
Previous Name(s) of Facility Over the Last Five Years			Date of Name Change			
1.						
2.						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to have processing support vessel/barges?					
If Yes, describe in what capacity (freezing/processing, etc.) in the Outfall Narrative and outfalls on Attachment A-1.						
Section VI. Seafood Processing and Other Discharge Information						
<p>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:</p> <ul style="list-style-type: none"> <li>• <b>Main butchering commodity lines</b> (e.g., Salmon Fillets/Mince, Pollock Fillets, H&amp;G salmon, H&amp;G herring, crab, shellfish, etc.).</li> <li>• <b>Washed mince/paste commodity lines</b> (e.g., Pet Food mince/paste, human consumption surimi, minced fish – identify whether washed pollock mince/paste).</li> <li>• <b>By-product commodity lines</b> (e.g., Fish Meal plant, Fish Oil plant, Fish Hydrolysate, other - identify).</li> <li>• <b>Other outfall discharges – If any of these are discharged through outfalls identified above, list under the appropriate outfall</b> (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, etc.).</li> </ul>						
<input type="checkbox"/> Yes <input type="checkbox"/> 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 your facility intend to discharge commingled storm water to receiving waters?  Yes  No

Do you have APDES Multi-sector General Permit (MSGP) storm water permit coverage?  
 Yes  No

If Yes, provide the current APDES MSGP Authorization Number

If No, provide the date the No Exposure Certification was submitted to DEC.

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, does your facility discharge into a Municipal Separate Storm Sewer System (MS4)?  Yes  No

If yes, name of the MS4 Operator:

**Section IX. Refueling Capability**

Do you refuel fishing vessels?  Yes  No

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.**

**NOI Attachment A-1** – Fill out all four tabs of the Excel spreadsheet.

**Area Map.** A legible area map and coordinates of the location of the processor (front door) and all outfall terminus locations, ‘Other outfalls,’ commingled storm water, and incoming water (see Section VII above). These mapped outfall and incoming water supply features shall also be clearly correlated to the Line Drawing submitted with the NOI. The map shall be based upon an official map of the U.S. Geologic Survey (USGS) of a scale of resolution from 1:20,000 to 1:65,000. The Global 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.

**Bathymetric Map.** A bathymetric map of the receiving water within one nautical mile of the discharge(s).

**Line Drawing.** 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.

<input type="checkbox"/>	<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.
<input type="checkbox"/>	<b>Proposed Commodity Line ELG Calculations</b>
<input type="checkbox"/>	<b>Storm Water Evaluation:</b> Verification the operator has filed for <b>APDES AKR060000 MSGP</b> coverage or has filed a No Exposure Certification with DEC.
<input type="checkbox"/>	<b>Pre-Installation Outfall Survey</b> (for new outfall installation and outfalls w/no discharge in 12 months)
	<b>Any other information required per 18 AAC 83.310.</b>

### XI. Certification Information

An Alaska Pollutant Discharge Elimination System (APDES) permit application must be signed by an individual with the appropriate authority per [18 AAC 83.385](#).

#### APDES Permits

Corporate Executive Officer <a href="#">18 AAC 83.385</a> (a)(1)(A)	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.
Corporate Operations Manager <a href="#">18 AAC 83.385</a> (a)(1)(B)	For a corporation, the manager of one or more manufacturing, production, or operating facilities, if (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 regulations; (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
Sole Proprietor or General Partner <a href="#">18 AAC 83.385</a> (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.
Public Agency, Chief Executive Officer <a href="#">18 AAC 83.385</a> (a)(3)(A)	For a municipality, state, or other public agency, the chief executive officer of the agency.
Public Agency, Senior Executive Officer <a href="#">18 AAC 83.385</a> (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.

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.

Organization:	Name:	Title:
Phone:	Fax (optional):	Email:



# Instructions for Completing the AKG528000 Notice of Intent (NOI) Attachment A Form

## Who Must File an NOI Form

Operators of non-remote onshore seafood processing facilities located in a designated “processing center or population center” as described in 40 Code of Federal Regulations (CFR) Part 408, that discharge pollutants generated at the seafood processing facility to waters of the U.S., must submit an NOI to obtain coverage under the AKG528000 permit.

## Completing the Form

Obtain and read a copy of the AKG528000 permit. Type or print on the NOI form, in the appropriate areas only. “N/A” can be entered in areas that are not applicable. If you have any questions about how or when to use this form, contact the DEC Wastewater Discharge Authorization Program at (907) 269-6285 or online at <https://dec.alaska.gov/water/wastewater/>.

## Section I. Permit Information

Provide your APDES permit number, if any.

## Section II. Operator/Responsible Party Information

Provide the legal name of the firm, public organization, or other entity that operates the facility described in this application, and the name and title of the facility contact person. An operator of a facility that prepares raw fish or shellfish into a marketable form is a legal entity that controls the seafood waste discharge and is not necessarily the owner. Also provide the authorized representative’s name and title and the operator’s mailing address, telephone number, fax number (optional), and e-mail address (to be notified via e-mail of NOI approval when available). Correspondence for the NOI will be sent to this address. Provide the physical address, phone number, fax number (optional), e-mail, and GIS coordinates, reported to the fifth decimal point, for the facility’s front door. Datum should be NAD83 or WGS84.

## Section III. Billing Contact Information

Provide the company/organization name, as well as the name and title of the billing contact that is responsible for accounts payable for this permit. Also, provide the billing contact’s mailing address, telephone number, fax number (optional), and email address. Correspondence for billing purposes will be sent to this address. If the billing contact is the same as the operator, you may skip this section and check the box indicating so.

## Section IV. Owner Information

Provide the name of the company that owns (not leases) the facility described in this application, and the name and title of the contact person. Also, provide the owner’s

mailing address, telephone number, fax number (optional), and e-mail address. If the owner’s contact information is the same as the operator’s information, you may skip this section and check the box indicating so.

## Section V. Onshore Facility Information

Provide the current facility name and any previous names used during the last five years. Also check whether you plan to utilize support barges docked at your facility to assist with processing. If so, discharges from the docked vessels must be included on Attachment A-1 and in the Outfall Narrative.

## Section VI. Seafood Processing and Other Discharge Information

Complete an Outfall Narrative and Attachment A-1 (see the separate Instructions for Attachment A-1 instructions sheet below the instructions for Section XI) for all of the facility’s discharges to waters of the U.S. Provide a map showing the front door, discharge locations (including sampling locations for docked vessels), and incoming water supply locations, all with GPS coordinates. Ensure that the mapped intakes and outfalls are consistent with the facility Line Drawing. Identify the annual amount of seafood waste (in lbs) sent to another processing facility or to a by-product facility.

## Section VII. Incoming Water

Ensure that all freshwater and seawater intake locations are identified on the area map and described in Attachment A-1.

## Section VIII. Storm Water Discharges

Indicate whether the facility is covered under the APDES Multi-sector General Permit, has submitted a No Exposure Certification to DEC, or discharges to a Municipal Separate Storm Sewer System.

## Section IX. Refueling Capability

Indicate whether the facility has the capability to refuel fishing vessels and, if so, the capacity of the refueling tank(s).

## Section X. Submittals with the NOI

**Area Map** – Mark and include decimal degree coordinates for the facility front door, all outfalls to waters of the U.S. (including from docked vessels), and all incoming water supply locations. Provide an overlay map showing designated critical habitat areas within 1.0 nm of the facility or outfall(s), if any.

**Bathymetric Map** – Must cover the receiving waters within 1.0 nm of all discharges. May be combined with the area map.

# Instructions for Completing the AKG528000 Notice of Intent (NOI) Attachment A Form

**Outfall Narrative** – For each outfall, provide a narrative describing all effluents discharged from that outfall. Include production areas/operations that contribute wastewater, wastewater routing, and any treatment systems in place prior to the discharge.

**Line Drawing** – Depict water flow through the facility, including volumetric rates of flow through water intake points, processing lines, treatment units, and internal and final monitoring locations for each outfall. Multiple drawings may be submitted for different processing scenarios.

**Proposed Commodity Line ELG Calculations** – Submit sample calculations, based on the methodology in Appendix D, demonstrating the permittee’s understanding of how to calculate facility-specific effluent limitations.

## Attachment A-1

See Instructions sheet below Section XI.

**Storm Water Evaluation** – An operator discharging storm water to waters of the U.S. must either have coverage for that discharge under the APDES MSGP permit or have filed a No Exposure Certification with DEC. Verify that one is true for your facility.

**Engineered Plan Review** – Verify that the facility’s non-domestic wastewater conveyance and discharge system has received approval to operate from the DEC’s Engineering Support and Plan Review group. Either provide proof of Approval to Operate or indicate that you plan to submit engineering plans for the Department to review.

## Section XI. Certification Information:

The NOI must be signed as follows:

- (1) For a corporation, a responsible corporate officer shall sign the NOI, a responsible corporate officer means:
  - (A) 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; or
  - (B) the manager of one or more manufacturing, production, or operating facilities, if
    - (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 regulations;

- (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and
- (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

- (2) For a partnership or sole proprietorship, the general partner or the proprietor, respectively; or
- (3) For a municipality, state, or other public agency, either a principal executive officer or ranking elected official shall sign the application; in this subsection, a principal executive officer of an agency means
  - (A) the chief executive officer of the agency; or
  - (B) a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.

Include the name, title, phone number, fax number (optional), mailing address, and email address of the person signing the form and the date of signing. If the mailing address is the same as for the operator, check the box specifying so. An unsigned or undated NOI form will not be considered valid application for permit coverage.

## NOI Preparer

If the NOI is prepared by someone other than the certifier, provide that person’s organization, name and title, mailing address, telephone number, fax number (optional), and e-mail address. If the mailing address is the same as for the operator, check the box specifying so.

## Instructions for A-1 Form - Completing the Excel spreadsheet for AKG528000 Notice of Intent (NOI)

### Outfalls Tab

**Column A** – Enter your facility Name

**Column B** – List the waterbody the outfall discharges to.

**Column C – Outfall Name or Number.** Identify each outfall by the same name or number that it is referenced under in the Outfall Narrative, on the Area Map, and in the Line Drawing.

**Column D – Datum.** Identify the datum used to report latitude and longitude. Permittees are required to use either NAD 1983 or WGS 1984.

**Column E – Latitude.** Provide each outfall's latitude coordinate in decimal degrees to at least five decimal places.

**Column F – Longitude.** Provide each outfall's longitude coordinate in decimal degrees to at least five decimal places.

**Column G – Length of Outfall from Shore.** Provide distance between the shoreline at MLLW and the outfall terminus.

**Column H – Receiving Water Depth.** Provide the depth of the receiving water (according to published NOAA bathymetric charts, reported at MLLW) where the outfall terminus is located. If the outfall does not lie directly on the seafloor, then often Column H and Column I will be different numbers.

**Column I – Outfall Depth.** Provide the depth beneath or above the water surface (at MLLW) that each outfall terminus is located.

**Column J – Critical Habitat or TMDL listing.** If the outfall is located in critical habitat or the waterbody is listed as on the Alaska Integrated Report as impaired, provide that information in this column.

**Column K – Average Current.** Enter the average current speed within 300 feet of each outfall terminus. Include supporting documentation.

**Column L – Types of Effluent Discharged.** List all of the effluent types discharged from each outfall, separated by commodity line or other process contributing wastewater to the outfall. For each Commodity Line, identify the type of seafood processing (commodity line) that occurs and will contribute to wastewaters discharged.

**Column M – Estimated Dates of Discharge.** List the full range of dates when wastewater is discharged from the outfall.

**Column N – Type of wastewater.** List the type(s) of wastewater being discharged. In example, screened

seafood processing wastewater, other wastewaters such as ice machine drain, retort, engine room drain, commingled storm water and seafood, seafood ww to vessel that will discharge while docked.

**Column O – By-Product Production** - Indicate if your facility produces by-products on site, such as fish meal, hydrolysate, fish powder.

**Column P – Screen Systems.** For each outfall, list the types and numbers of each screen system used to treat wastewater at the facility. List the screen location (after all commingling, internal screen after salmon line, etc.)

**Column Q – Screen Size.** Provide each screen's corresponding hole size (e.g., 1 mm x 20 mm)

**Column R** – Monthly lbs carcasses sent to byproduct facility. Total for all species processed.

**Column S - Maximum Daily Discharge Volume.** For each outfall, list the maximum volume of effluent to be discharged during a single day (24-hour period).

**Column T - Average Monthly Discharge Volume.** For each outfall, list the average flow rate (mgd) over a calendar month.

### Commodity Line Info Tab

**Column A – Outfall Name or Number.** Identify each outfall by the same name or number that it is referenced under in the Outfall Narrative, on the Area Map, and in the Line Drawing.

**Column B – Commodity Lines.** List any commodity lines contributing wastewater to the outfall.

**Column C – Estimated Dates of Discharge.** List dates separately for each commodity line or other process or discharge water contributing wastewater to the outfall.

**Column D – Type of wastewater.** List the type(s) of wastewater being discharged. For example, screened seafood processing wastewater, other wastewaters such as ice machine drain, retort, engine room drain, commingled storm water and seafood, seafood ww to vessel that will discharge while docked.

**Column E– Raw Production Capacity** – For each commodity line, list the amount of raw product that can be processed in a year on that line. Use historical operations and/or design capacity to guide the estimate. Permittees should identify all commodity lines they may process during the year.

**Column F - Final Seafood Processing Product** – For each outfall, list species processed (commodity lines) and average yearly pounds of final products made from that species.

## **Instructions for A-1 Form - Completing the Excel spreadsheet for AKG528000 Notice of Intent (NOI)**

**Column G – By-Product Production** - Indicate if your facility produces by-products on site, such as fish meal, hydrolysate, fish powder.

**Column H** – List the types of By-Products Produced.

### **Outfall Pollutants Tab**

For each outfall, list maximum and average daily concentrations of all effluent parameters monitored in the AKG528000 permit (total suspended solids, oil & grease, BOD<sub>5</sub>, total residual chlorine, total ammonia, pH, and temperature). If no historic data is available, permittees shall have the effluent analyzed for all of the listed parameters and submit the laboratory results with the NOI. This tab is only required for outfalls not previously permitted under the AKG528000.

### **Intake Tab**

**Intake Name or Number** - Identify each intake by the same name or number that it is referenced under in the Area Map and in the Line Drawing.

**Latitude/Longitude** – Provide intake coordinates in decimal degrees to at least five decimal places. Datum used should be either NAD83 or WGS84.

**Intake Structure Depth** – Provide the depth beneath the water surface (at MLLW) that the intake water is pumped from.

### **Intake Volumes**

Self report your facility's own projected volumes of intake water.

### **Where to File the NOI Form (Remember to retain a copy for your records.)**

Dept. of Environmental Conservation  
Division of Water  
Wastewater Discharge Authorization  
555 Cordova Street  
Anchorage, AK 99501  
Telephone (907) 269-6285  
Fax (907) 269-3487  
Email: [dec.water.seafoodpermitting@alaska.gov](mailto:dec.water.seafoodpermitting@alaska.gov)

# Attachment B

## Sea Surface and Shoreline Visual Monitoring & Photo Log



## Attachment B - Sea Surface and Shoreline Visual Monitoring & Photo Log

The permittee shall have a trained personnel<sup>1</sup> record the occurrence and approximate numbers of animals identified as Black-legged Kittiwake (*Rissa tridactyla*), Western Steller sea lions (*Eumetopias jubatus*), Steller's eiders (*Polysticta stelleri*), Short-tailed Albatross (*Phoebastria albatrus*), and Southwest Alaska Distinct Population northern sea otters (*Enhydra lutris kenyoni*) within the survey area. (Note if injured or dead and probable cause.)

	
Steller's eider	Black-legged Kittiwake

<sup>1</sup> Permittees reporting shall ensure personnel at the facility are capable of identifying the listed endangered and threatened species.

Attachment B - Sea Surface and Shoreline Visual Monitoring & Photo Log



Steller sea lion



northern sea otter



Short-tailed Albatross (adult and chicks)



Short-tailed Albatross (sub-adult)

# **Attachment C**

## **Seafloor Survey Summary Report**



## Attachment C- Seafloor Survey Summary Report

<p>Attached summary of findings, such as types and quantities of aquatic life observed adjacent to, on, in, or feeding on the waste; sediment types; and cover observed.</p>	<p>_____ sq ft.</p> <p>_____ sq acres (to tenths of an acre)</p> <p><b>Total area of continuous coverage:</b></p>
<p>Findings of change from previous surveys attached.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>_____ sq ft.</p> <p>_____ sq acres (to tenths of an acre)</p> <p><b>Total area of discontinuous coverage:</b></p>
<p>Map attached delineating survey area, area(s) of continuous cover, and area(s) of discontinuous cover.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Report minimum and maximum observed thickness of each seafood waste pile</b></p>

## Attachment C- Seafloor Survey Summary Report

Seafloor Survey: Transect Data Form					
APDES Permit Number: AKG528 _____					
Name of Permittee:					
Date/Time of Survey:					
Distance along Transect (m)	Transect #1 ST/WD/% Cover	Transect #2 ST/WD/% Cover	Transect #3 ST/WD/% Cover	Transect #4 ST/WD/% Cover	Transect #5 ST/WD/% Cover
<p>Notes:</p> <p>ST - Seafood Waste Pile Thickness</p> <p>WD - Water Depth at Mean Lower Low Water</p> <p>% Cover - Percent of sample plot covered by seafood waste (Reported in 10 % increments, 1-9% = Trace, 10-24% reported as 20%, 25-34% as 30%, 35-44% as 40%, 45-54% as 50%, 55-64 as 60%, 65-74 as 70%, 75-84 as 80%, 85-94 as 90%, and 95-100% as 100%)</p> <p>T - Trace amounts of seafood waste (9% or less cover)</p>					

# Attachment D

## Annual Report

## Attachment D- Annual Report Form

	<p><b>APDES Authorization Number</b>  <b>AKG528</b> _____</p> <p><b>ANNUAL REPORT FOR YEAR 20</b> _____</p>	<p><b>Submit this form to:</b>          Department of Environmental Conservation          Division of Water          Compliance and Enforcement Program          555 Cordova Street          Anchorage, AK 99501  <a href="mailto:dec-wqreporting@alaska.gov">dec-wqreporting@alaska.gov</a></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.

## Attachment D- Annual Report Form

SECTION 4 - REQUIRED SUBMITTALS (ATTACHMENTS) CHECK THE FOLLOWING LIST CAREFULLY - If not attached, your annual report <b>may be found incomplete</b> unless no discharge occurred during the year.	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Summary of monthly sea surface and shoreline monitoring photographs, with accompanying log</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Summary report of injured or dead animals observed</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Seafloor Survey Monitoring Report, if applicable</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Summary of leaks or breaks in the refrigeration/freezer systems that led to discharges to receiving waters, and how the incidents were reported</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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"> <li>○ Product(s) intended use,</li> <li>○ Total annual amounts used,</li> <li>○ Dilution ratio during use.</li> </ul> </li> </ul>
<input type="checkbox"/>	Other (Please specify)
<input type="checkbox"/>	Other (Please specify)

## Attachment D- Annual Report Form

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 <sup>1</sup> 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: <a href="https://dec.alaska.gov/media/cqbk5a3m/18-aac-83.pdf">https://dec.alaska.gov/media/cqbk5a3m/18-aac-83.pdf</a>							
Signing Authority: Please identify your authority to sign APDES permit reports.							

Annual Report Preparer <i>(Complete if Annual Report was prepared by someone other than the certifier.)</i>							
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



# Alaska Pollutant Discharge Elimination System (APDES) Notice of Termination of Wastewater Discharge

Submit this Notice of Termination (NOT) to:

**Alaska Department of Environmental Conservation  
Wastewater Discharge Authorization Program  
555 Cordova Street  
Anchorage, Alaska 99501  
or via email: [DEC.Water.WQPermit@alaska.gov](mailto:DEC.Water.WQPermit@alaska.gov)**

Submission of this document constitutes notice that the party identified in Section 2 intends to discontinue coverage for the permit as indicated in Section 4 of this form. Please provide all information below and attach supplemental information sheets as appropriate.

## 1. Permit Information

Permit No:

## 2. Responsible Party Information

*(Owner/Operator or Person responsible for overall management of the project, as it appears on the application or Notice of Intent)*

Operator Name:		Organization:		Title:	
Phone:		Fax (optional):		Email:	
Mailing Address:					
Street (PO Box):					
City:			State:		Zip:

## 3. Facility or Project/Site Information

*(As it appears on the application or Notice of Intent. For mobile operations, submit the final location at which operations have ceased.)*

Facility/Project Name:					
Phone:		Fax (optional):		Email:	
Location Address:	Street (PO Box):			Borough or similar government subdivision	
	City:		State: <b>Alaska</b>		Zip:
	Latitude (decimal degree, 5 places)		Longitude (decimal degree, 5 places)		Determined By: <input type="checkbox"/> GPS <input type="checkbox"/> USGS Topo Map <input type="checkbox"/> Internet Map Service

## 4. Reason for Termination

*(Check the appropriate box indicating the reason for terminating coverage.)*

<input type="checkbox"/>	Operations have ceased at the facility and there are no longer discharges associated with the conditions of the referenced permit.
<input type="checkbox"/>	Coverage under an individual permit or alternative APDES general permit has been obtained. If checked, please list the permit authorization number used to cover this discharge:
<input type="checkbox"/>	Other (Specify):

## 5. Permit Reporting Requirements

All reporting requirements as required by the permit have been submitted to DEC.

## 6. Certification

An Alaska Pollutant Discharge Elimination System (APDES) permit application or 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:  
<https://www.akleg.gov/basis/aac.asp#18.83.385>.

Corporate Executive Officer 18 AAC 83.385 (a)(1)(A)	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.
Corporate Operations Manager 18 AAC 83.385 (a)(1)(B)	For a corporation, the manager of one or more manufacturing, production, or operating facilities, if (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 regulations; (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
Sole Proprietor or General Partner 18 AAC 83.385 (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.
Public Agency, Chief Executive Officer 18 AAC 83.385 (a)(3)(A)	For a municipality, state, or other public agency, the chief executive officer of the agency.
Public Agency, Senior Executive Officer 18 AAC 83.385 (a)(3)(B)	For a municipality, state, or other public agency, a senior executive officer having responsibility for the overall operation of a principal geographic unit or division of the agency.
<p><i>Any report required by an APDES permit, and a submittal with any other information requested by the department, must be signed by a person described in above, or by a duly authorized representative of that person.</i></p> <p><i>*For Delegated Authority: the delegation must be made in writing and submitted to the DEC.</i></p> <p><i>Your signature will not be approved until DEC receives the written delegation.</i></p> <p><i>An Example of written authorization delegating authority can be found on the Division of Water website:</i>  <a href="https://dec.alaska.gov/media/0c3jkhg/delegation-of-signatory-authority.pdf">https://dec.alaska.gov/media/0c3jkhg/delegation-of-signatory-authority.pdf</a></p>	
Operations Manager (Delegated Authority)* 18 AAC 83.385 (b)(2)(A)	For a duly authorized representative, an individual or a position having responsibility for the overall operation of the regulated facility or activity, including the position of plant manager, operator of a well or a well field, superintendent or position of equivalent responsibility.
Environmental Manager (Delegated Authority)* 18 AAC 83.385 (b)(2)(B)	For a duly authorized representative, an individual or position having overall responsibility for environmental matters for the company.

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. Per [18 AAC 83.130\(k\)](#), I certify there are no current or pending state or federal enforcement actions, including citizen suits brought under state or federal law. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Organization:		Name:		Title:	
<input type="checkbox"/> Check if same as Operator Information in Section 2.	Phone:	Fax (optional):	Email:		
	Street (PO Box):				
	City:	State:	Zip:		
Signature/Responsible Official			Date		

## 7. NOT Preparer (Complete if NOT was prepared by someone other than the certifier.)

Organization:		Name:		Title:	
Phone:	Fax (optional):	Email:			
<input type="checkbox"/> Check if same as Operator Information in Section 2	Street (PO Box):				
	City:	State:	Zip:		

# Attachment F

## Facility-Specific Information

<b>Authorization Number</b>	<b>Facility Name</b>	<b>Receiving Water</b>	<b>Current Mixing Zone</b>	<b>Required Mixing Zone Application</b>
AKG528234	Kodiak Fishmeal Company	Gibson Cove	Outfall 003A: flow, temperature, ammonia, pH	n/a
AKG528353	Silver Bay Seafoods Kodiak	Saint Paul Harbor	Outfall 001A: flow and ammonia	n/a
AKG528434	Alaska Pacific Seafoods Kodiak	Saint Paul Harbor	None	Outfall 001A: ammonia
AKG528493	Silver Bay Seafoods Kodiak West	Saint Paul Harbor	Outfall 001A: flow and temperature	Outfall 001A: ammonia
AKG528825	Pacific Seafood Kodiak Pillar Mountain	Saint Paul Harbor	None	Outfall 001C: total residual chlorine and ammonia
AKG528836	Pacific Seafood Star of Kodiak	Near Island Channel	None	Outfall 001A and Outfall 001B: temperature, ammonia, and total residual chlorine