Excavation Dewatering Notice of Intent (NOI)

version 1.24

Form Input

Form Instructions

Please see

Instructions for completing the NOI for Storm Water discharges associated with activity under the APDES Excavation Dewatering General Permit.

Contact Information

Required Contacts

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

- Applicant (Permittee)
- Billing contact
- Operator or Onsite Conta
- Application Prepare

Contact Role(s) *5 □ Applicant

☐Billing Contact ☐Consu

☐Onsite Contact □ Operator

□ Contractor □SWPPP Contact □Subcontractor

... (More Options Available)

| Contact | | 4// | |
|-------------------------------|-----------------------------------|---------------------------------|-------------|
| Prefix | | | |
| First Name | Last Name | 9 | |
| Title | | | |
| Organization Name | е | | |
| Phone Type | Number | Extension | |
| Home | | | |
| Mobile | | | • / |
| Other | | | |
| Business | | | |
| Email | | | |
| Mailing Address | | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| Audress Line 2 | | | |
| City | | State/Area | Postal Code |
| | | | |
| ame of Receiving Tr | reatment Works | | |
| inis control is conditionally | y displayed based on answers prov | iaea in otner parts of the form | |

Project/Site Information

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

Area of Control

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) Billing Contact
- Operator or Onsite Contact
- Application Preparer

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Only one contact can be designated as the Applicant (Permittee). Please return to Contact Information Section to correct Click on the link below for additional information on the Excavation Dewatering permit. Project/Site Name **Project Description** Project Start Date (Estimated) Project End Date (Es ect start date. Please change the date to continue The project end date is before the pro **Project Address** Address Line 1 Address Line 2 Postal Code City 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 C Aleutians East Borough C Aleutians West Census Area © Bethel Census Area C Bristol Bay Borough ○ Chugach Census Area ○ City & Borough of Wrangell ○ City and Borough of Juneau ○ City and Borough of Sitka C Copper River Census Area C Denali Borough .. (More Options Available) Visit the link below to help with conversion between DMS and Latitude/Longitude DMS - Lat/Long converter **Project Location** Latitude Select the method used to determine geographic coordinates *Select One CEDMS Map GPS Unit ○ GIS Information ○ Internet-Google Maps ○ Internet Map Service ○ Map (USGS)

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?

○ Map (Other)

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

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| General Location Map |
|--|
| 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,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.DocX,*.DocX,*.DocX,*.DocX,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GiF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM, |
| Comment |
| |
| |
| Confidential (Reason for Confidentiality) |
| |
| |
| Are you requesting a mixing zone? "Select One |
| CYes CNo |
| Discharge Information |
| Is the discharge solely to uplands? "Soled One |
| C Yes C No |
| Identify the name(s) of waterbodies and/or wetlands to which you will discharge to 'This control is conditionally displayed based or answers provided in other parts of the form |
| This control is contained any displayed based of answers and have in routed pairs of the form |
| |
| Ox. |
| Estimated Discharge Flow Rates: |
| Average Daily Discharge Flow Rate: (gallons per minute - GPM) |
| |
| Maximum Daily Discharge Flow Rate: (gallons per minute - GPM) |
| Maximum Volume per Day: (gallons per day - GPD) |
| MAXIMUIT Volume per Day. (gallons per day - Gr D) |
| Total anticipated discharge: (gallons) |
| |
| Discharge velocity at end of pipe: (feet per second - FPS) |
| |
| General Description of Dewatering Plan |
| |
| |
| Mixing Zone |
| *This section is conditionally displayed based on answers provided in other parts of the form |
| Waterbody Name |
| Identify the time period or season of discharge |
| |
| Discharge Location |
| Latitude Longitude |
| Parakidas Weter Information |
| Receiving Water Information |

The NOI and all requested information will be reviewed to determine if the discharges associated with the mixing zone request are consistent with the permit conditions and that the site conditions meet the permit requirements. The burden of proof for justifying a mixing zone through demonstrating compliance with the requirements of 18 AAC 70.240 • 18 AAC 70.270 rests with the applicant. Additional information may be requested by DEC based on this review.

Provide the once in 10 years, 7-day low flow (7Q10) (cfs)

Distance from riverbank to discharge or first port on diffuser (feet)

Number of ports and spacing

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| Diameter of port or ports | | |
|--|--|--|
| | | |
| Mean Channel Velocity (fps) | | |
| | | |
| Channel Wedde at Law Flow (foot) | | |
| Channel Width at Low Flow (feet) | | |
| | | |
| Anticipated ambient turbidity during discharge (Seasonal historic NTU data preferred) | | |
| | | |
| Length of diffuser | | |
| | | |
| Depth of discharge or diffuser | | |
| Depth of discharge of unituser | | |
| | | |
| Channel Depth at Low Flow | | |
| · / / / · | | |
| Channel Slope | | |
| UA | | |
| Identify Uses Of Receiving Water From Discharge Point To Mixing Zone Boundary (500 Feet |): | |
| | | |
| Disclose locations of any of the following use categories, distances from discharge to nearby use, an | d source of information | |
| Use Category | Distance (feet) | Source |
| | Distance (leet) | Source |
| Supply for drinking water | | |
| Supply for agriculture including irrigation & stock water | | |
| Supply for any payth ire | | |
| Supply for aquaculture | | |
| Supply for industrial use | | |
| Contact recreation | | |
| Solidarios datas. | | |
| Secondary recreation | | |
| Fish Spawning | | |
| | + | |
| Mitigation Measures | + | |
| | | |
| | | |
| | 70 | |
| Site Map | | |
| | | |
| Submit a site map showing the exact location. Submit a vicinity map (topographic map or aerial photo the elements associated with the discharge and the receiving water flow direction, discharge point, and | | |
| Site Map | | |
| 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 | oc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML, | eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*. |
| Comment | | |
| | | |
| | | |
| | | 0, |
| Confidential (Reason for Confidentiality) | | |
| | | |
| | | |
| | | |
| 1 | | |
| BMP Plan | | |
| | lert One | |
| Has a BMP Plan been developed in accordance to Part 2.2.7 and Part 2.2.8 of the Permit? Secretary Part 2.2.8 of the Permit? | one one | |
| | | |
| | | |
| | | |
| You must submit a BMP Plan with this submission. | | |

BMP Plan Instructions

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Tips for Completing the BMP Plan Template

Permittees should read the general permit and fact sheets before beginning to prepare the BMP Plan. The BMP Plan should be prepared once the project activities are clearly defined and the unique conditions of the project site, such as drainage patterns and soil conditions, are clearly understood. The BMP Plan should be completed and attached with this NOI. If there is more than one construction operator for your project, consider coordinating with other operators while developing your plan. Multiple operators may share the same plan, but make sure roles and responsibilities are clearly stated.

While developing the BMP Plan, refer to:

DECs Excavation Dewatering General Permit webpage below for links to the general permit, contaminated sites data, instructions for filling for permit coverage, and links to other resource materials. **DECs Excavation Dewatering General Permit**

Please see:

Alaska Storm Water Guide

Please see:

BMP Plan Template

Contaminated Sites

Information shall be provided to determine if the discharge is to a land disposal area and if the dewatering activities are located within 1,500 feet of either an �Active� or �Cleanup Complete-Institutional Control� status DEC contaminated site, see: Contaminated Sites Map

Do you have excavation dewatering activities located within 1,500 feet of any DEC identified contaminated sites either in Active or Cleanup Complete-Institutional Controls ? ○Yes ○No

vatering activities located within 1,500 feet of a DEC identified 🕏 contaminated groundwater plume 🕏 with discharges to land or waters of the U.S.? 🕬 🕬 Do you have excavation d ○Yes ○No

Do you have excavation dewatering activities that discharge to waters of the U.S. greater than 1,500 feet from an Active DEC identified contaminated site or Contaminated for coverage under the APDES Construction General Permit AKR100000? groundwater plume and no

○Yes ○No

Contaminated Sites

| Hazard ID# | Contaminated Site Name | Contaminant Type | Latitude | Longitude | In soil or groundwater? | CS Staff Contact |
|------------|------------------------|------------------|----------|-----------|-------------------------|------------------|
| | | X | | | | |

Treatment Methodology

How will the contaminant be mitigated should it become entrained during the Excavation dewatering process?

| And the state of t | |
|--|---|
| Attach a detailed site map to show discharge points, infiltration areas, drainage boundaries, the site boundary. Include location of BMPs to be implemented. | , flow direction of discharged water, location of all waters of the U.S. on site and those located within 2,500 feet of |
| Have you attached a site map? *Select One | |
| C Yes C No | |
| | • / |
| | |
| The site map must be included. | 9.0 |
| BMP Plan Attachment | 0. |
| Please attach your BMP plan here, and any other BMP related documents. | |

BMP Plan Attachment

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DAR

Comment

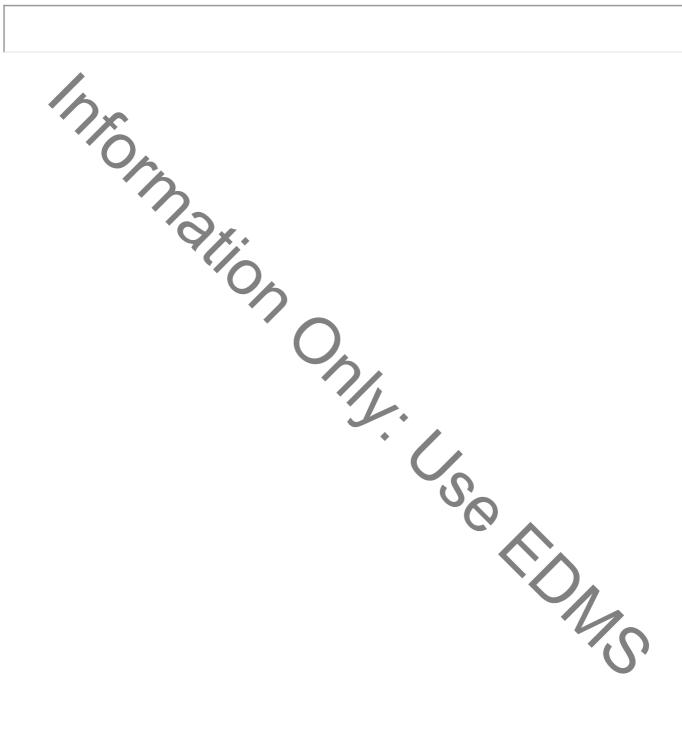
Confidential (Reason for Confidentiality)

Attachments

The NOI must contain a general location map [e.g., United States Geological Survey (USGS) quadrangle map, a portion of a city or borough map, or other map] with sufficient detail to identify the location of the discharge and waters of the U.S. within one mile of the site.

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| I | Document Attachments Please include any additional documents you would like submitted with this NOI |
|---|--|
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