

Hydrostatic and Aquifer Pump Notice of Intent (NOI)

version 1.19

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 for Storm Water discharges associated with activity under the APDES Hydrostatic and Aquifer Pump Test GP.](#)

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 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)

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"/>	
Mobile	<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"/>

Area of Control

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

Project/Site 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)
- Billing Contact
- Operator *or* Onsite Contact
- Application Preparer

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

Hydrostatic or Aquifer NOI? *Select One

- Hydrostatic Aquifer

Project/Site Name

Project Description

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

Project Start Date (Estimated)

Project End Date (Estimated)

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

Link to NAICS Search Website

[NAICS Search Website](#)

Primary NAICS code *Select One

Primary SIC Code *Select One

Project Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

[DMS - Lat/Long converter](#)

Project Location

Latitude

Longitude

<input type="text"/>	<input type="text"/>
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Select the method used to determine geographic coordinates *Select All That Apply

- 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

