

Excavation Dewatering Authorization - Modification

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 Modification for Storm Water discharges associated with activity under the APDES Excavation Dewatering General Permit.](#)

Modification Reason

Permit Number

Are you modifying any of the following things for this permit? **Select All That Apply*

Facility Name Change Transfer of Permit

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 Form.

Modification Description or Section Changes

Enter brief note explaining what information is being modified.

When modifying contact information, please include the contact name(s) of who should no longer be associated with the permit or application.

Modification Description

Section Changes

Please select which Section(s) will be modified.

Modified Section(s) **Select All That Apply*

Contact Information Project/Site Information

Discharge Information Mixing Zone

BMP Plan Attachments

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)
- Billing Contact
- Application Preparer
- Onsite *or* Operator Contact

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

Prefix

First Name **Last Name**

Title

Organization Name

Phone Type **Number** **Extension**

Home

Mobile

Othe

Business

Email

Mailing Address

Address Line 1

Address Line 2

City **State/Area** **Postal Code**

Name of Receiving Treatment Works

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

Is this contact inactive? *Select One

- Yes No

Project/Site Information

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.

[Division of Water's Excavation Dewatering General Permit webpage](#)

Project/Site Name

Project Description

Primary Ownership Type *Select One

- | | |
|--|--|
| <input type="radio"/> Corporation | <input type="radio"/> Federal Facility (U.S. Government) |
| <input type="radio"/> Mixed Ownership (e.g., Public/Private) | <input type="radio"/> Municipal or Water District |
| <input type="radio"/> Non-Government | <input type="radio"/> Privately Owned Facility |
| <input type="radio"/> Public (Municipality) | <input type="radio"/> School District |
| <input type="radio"/> State Government | <input type="radio"/> 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](#)

Identify the name(s) of waterbodies and/or wetlands to which you will discharge to

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

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)

Total anticipated discharge: (gallons)

Discharge velocity at end of pipe: (feet per second - FPS)

General Description of Dewatering Plan

Are you requesting a mixing zone? *Select One

Yes No

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

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

Diameter of port or ports

Mean Channel Velocity (fps)

Channel Width at Low Flow (feet)

Anticipated ambient turbidity during discharge (Seasonal historic NTU data preferred)

Length of diffuser

Depth of discharge or diffuser

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 groundwater plume and not eligible for coverage under the APDES Construction General Permit AKR100000?

Yes No

Not Applicable

**This control is conditionally displayed based on answers provided in other parts of the form*
[Contaminated Sites Map](#)

Contaminated Sites

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

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

Treatment Methodology

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

A detailed site map to scale that shows the discharge points, infiltration areas, drainage boundaries, flow direction of discharged water, location of all waters of the U.S. on site and those located within 2,500 feet of the site boundary, and location of BMPs to be implemented

Have you attached a site map? (Select One)

Yes No

BMP Plan Attachment

**This control is conditionally displayed based on answers provided in other parts of the form*
Please attach your BMP plan here, and any other BMP related documents.

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)

Attachments

Document Attachments

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

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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*.EML*.eml*.Eml*.GIF*.gif*.Gif*.GPX*.gpx*.Gpx*.HTM*.

Comment

Confidential (Reason for Confidentiality)