

# Hydrostatic and Aquifer Pump Authorization - Modification

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

### 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

For this modification reason, this form is the correct form: Facility Name Change or Transfer of Ownership - Stormwater. Please exit this form. When choosing permit change forms, please select the applicable form according to your selection.

### Modification

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.

Modifications such as project start/end dates or project acreage, are found under the Project Information Section. Modifications such as adding an electronic copy of the BMP, are found under the BMP Plan Section.

### 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  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**)  
- SWPPP Contact  
- 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**

**Contact Change Comments**

**Project/Site Information**

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](#)



Total anticipated discharge (gallons)

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

Is the discharge solely to land? <sup>Select One</sup>

Yes  No

Identify the name(s) of waterbodies to which you will discharge to

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

Do you have aquifer pump testing discharges to Waters of the U.S.? <sup>Select One</sup>

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

Yes  No

**Effluent Limits and Monitoring Requirements for Metal Sampling (Table 6)**

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

Please submit the required total metals analysis for the parameters listed in Table 6 of the GP

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\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

Comments

Confidential (Reason for Confidentiality)

Have you contacted the DEC-Contaminated Sites Group? <sup>Select One</sup>

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

Yes  No

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A contaminated site or groundwater plume with an "Active" or "Cleanup Complete-Institutional Controls" status identified by DEC Contaminated Sites Program. For assistance in locating mapped contaminated sites and listing of groundwater plumes, please see the Division of Water's Excavation Dewatering General Permit webpage:

<https://dec.alaska.gov/water/wastewater/stormwater/permits-approvals/hydrostatic/>

Do you have a discharge either to land or water which are located within 1,500 feet of an Active DEC identified contaminated site or groundwater plume? <sup>Select One</sup>

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

Yes  No

*\*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	Contaminate Type	Latitude	Longitude	In soil or groundwater?	CS Staff Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe the BMPs to be implemented in your certified BMP plan to insure pumping does not affect the contaminated area.

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

Will all permit required additional documentation described in Part 2.2 of the permit for aquifer pump testing discharges located within 1,500 feet of an active DEC mapped contaminated site be submitted in the attachments step of this NOI for review by DEC?

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

Yes  No

Is the discharge greater than 30,000 gallons a day? <sup>Select One</sup>

Yes  No

**BMP Plan**

Has a BMP Plan been developed in accordance to Part 2.2.7 of the Hydrostatic and Aquifer Pump Testing general permit? <sup>Select One</sup>

Yes  No

You must submit a BMP Plan with this submission.

**BMP Plan Instructions**

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.

