



# NOTICE OF INTENT (NOI) / APPLICATION TO DISCHARGE UNDER:

APDES General Permit No. AKG380000  
For Wastewater Discharges from Drinking Water Treatment Facilities

Please submit this NOI to:

**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
**Wastewater Discharge Authorization Program**  
**555 Cordova Street**  
**Anchorage, Alaska 99501**

Submittal of this document constitutes notice that the party identified in Section 3 intends to be covered by the APDES General Permit No. AKG380000 authorizing discharges into waters of the United States resulting from the discharge of wastewater from drinking water treatment facilities and obligates the permittee to comply with the terms and conditions of the permit. Please provide all information below. Attach supplemental information sheets as appropriate.

## SECTION 1 – PERMIT INFORMATION

### Previous Permit or Authorization No. (if applicable):

Please describe the coverage requested.

- New Use: A wastewater discharge that has not been authorized under a previous permit, including new facilities.  
 New Use: A wastewater discharge that was previously authorized under an Individual Permit or a different General Permit.

## SECTION 2 – FACILITY INFORMATION

Facility Name:		Phone:	
Street/Location:		FAX:	
City (nearest city if not in a city):		State: Alaska	Zip:
Email Address:			
Population Served by this Facility:			
Number of outfalls:			
Outfall 1 daily discharge Flow Rate: (GPD)		Outfall 2 daily discharge Flow Rate: (GPD)	
Average:	Maximum:	Design Capacity:	

## SECTION 3 – RESPONSIBLE PARTY INFORMATION

(Owner/Operator or Person responsible for overall management of the project and discharge)

First Name:		Last Name:	
Title:		Phone:	
Mailing Address:		FAX:	
City:	State:	Zip:	
E-mail Address:			

**SECTION 4 – ON-SITE CONTACT/OPERATOR INFORMATION**

[ ] Check if same as Responsible Party

First Name:

Last Name:

Title:

Phone:

Mailing Address:

FAX:

City:

State: Alaska

Zip:

E-mail Address:

**SECTION 5 – BILLING INFORMATION**

First Name:

Last Name:

Title:

Phone:

Mailing Address:

FAX:

City:

State: Alaska

Zip:

E-mail Address:

**SECTION 6 – RECEIVING WATER INFORMATION****Name of Receiving Water Body or Area:**

Type of Receiving Area:

 Fresh Water Marine Water**Outfall location:**Latitude / Longitude in **either** *decimal degrees* **or** in *degrees: minutes: seconds*:

Latitude:

Longitude:

Determined by: [ ] GPS [ ] Map [ ] Internet

Seasonal Discharger: [ ] Yes [ ] No

If you answered yes, please provide the requested months of the proposed discharge

Submit to DEC two maps. A site map showing the exact location (latitude and longitude) of all facilities associated with the project including the outfall line. Include a topographic map or aerial photograph showing the general location of the facility, discharge area, and expected flow direction of the discharge, including nearby drinking water sources within ¼ mile. Also provide approximate distance of the end of the pipe from the edge of any other wastewater mixing zone (if know).

**RAW WATER SOURCE** Surface Water Groundwater GWUDISW Combination

**DESCRIPTION OF WASTEWATER TREATMENT AND OPERATION.** Provide: (a) the raw water treatment requirements (e.g., iron/manganese removal, pathogen removal etc); (b) the water treatment processes employed by the facility (e.g., coagulation, oxidation, ph adjustment, etc); (c) all known substances (removed substances, chemical additives, chemical reaction products) that may potentially be found in the wastewater (e.g., silt, chlorine, arsenic, etc.); (d) the wastewater treatment process; (e) schematic flow diagram of the water and wastewater treatment processes; and (f) proof of approval of plans for the treatment works and all associated facilities as required by 18 AAC 72.600.

**SLUDGE:** Describe all disposal methods for any sludge, grit, screenings, and other facility residuals produced during treatment of the drinking water and wastewater (backwash).

**ION EXCHANGE SYSTEMS:** provide quantities, composition, and frequency of regeneration of the resin regeneration solutions and disposal of the non-domestic wastewater produced during the regeneration process.

**SYSTEMS USING MEMBRANE FILTERS:** provide details of the chemicals used for storage of the membranes and plans for disposing of the membrane maintenance and cleaning solutions, especially plans for disposal of the filter storage solution.

**MATERIAL SAFETY DATA SHEET (MSDS):** Provide MSDS for all chemicals used for the treatment process, quantities of chemicals used in the treatment process i.e. pounds of chemical used per million gallons of water produced, pounds of chemical used per day, gallons and strength of chemical used per month, and the specific treatment use of the chemicals.

**SECTION 7 - REQUEST FOR MIXING ZONE AND EFFLUENT MODIFICATION FROM DEC**

**Do you wish to request a mixing zone from DEC?**             Yes             No

If you answered “No” to the above question or have questions concerning mixing zones, please contact the domestic wastewater permitter at the DEC office closest to your facility.  
Anchorage area 907-269-6285; Fairbanks area 907-451-2183; Juneau area 907-465-5180

**THE FOLLOWING INFORMATION. AND A COMPLETED FORM 2M MUST BE PROVIDED IF REQUESTING A MIXING ZONE AND YOU ANSWERED “YES” IN SECTION 7.** 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. Data from late winter/early spring and late summer/early fall is preferable.

Length of discharge line from shoreline (measured at M.L.L.W.):		Diameter of diffuser:	
Length of diffuser:		Depth of diffuser (measured at M.L.L.W.):	
Orientation of diffuser to shoreline: (e.g. perpendicular, 45°, parallel):		Number of ports:	
Height of ports above diffuser:		Angle of diffuser pipe (degrees from top of pipe):	
Diffuser port diameter:		Port Spacing:	
Direction of the current relative to diffuser (perpendicular, parallel, angle):			

**Uses of Receiving Water at Distance from Diffuser or End of Pipe**

USE	DISTANCE	UNITS
Supply for drinking water		
Supply for agriculture including irrigation & stock water		
Supply for aquaculture		
Supply for industrial use		
Contact recreation		
Secondary recreation		
Fish spawning		
Harvesting and consumption of raw fish of other aquatic life		

**SECTION 8 – ADDITIONAL INFORMATION TO INCLUDE**

**SITE MAP:** Submit a site map showing the exact location (latitude and longitude) of all facilities associated with the project. Include a topographic map or aerial photograph showing the general location of the facility, the expected flow direction of the discharge, and discharge area.

**FOR NEW OR REVISED OPERATIONS:** Provide a brief description of the treatment process(es) provided by the facility including the level of treatment and type of disinfection (if any). Include schematic flow diagram of the wastewater treatment process. If available, please provide the past years' worth of monitoring data.

**ENGINEERED PLAN APPROVAL:** Provide either proof of approval by DEC or the submission of plans to ADEC for the system and all associated facilities, as required by 18 AAC 72.205, 72.255, and 72.260.

**SECTION 9 – CERTIFICATION**

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.

Signature

Title

Printed Name

Date