

**NOTICE OF INTENT (NOI) FOR
APDES GENERAL PERMIT AKG573000 FOR DOMESTIC WASTEWATER TREATMENT
LAGOONS DISCHARGING TO SURFACE WATER**

RESPONSIBLE PARTY <i>(Owner, Operator or Person responsible for overall management of the project)</i>					
First Name:		Last Name:			
Title:					
Company Name:					
Address:		City, State, Zip:			
Phone:		Fax:		Email :	
PREVIOUS PERMITS OR AUTHORIZATIONS <i>List any previous permits held by this facility.</i>					
FACILITY INFORMATION					
Facility Name:					
Address:		City, State, Zip:			
Number Facility Will Serve:					
OPERATOR OR ON-SITE CONTACT INFORMATION Check here if same as Responsible Party <input type="checkbox"/>					
First Name:		Last Name:			
Title:					
Address:		City, State, Zip:			
Phone:		Fax:		Email:	
BILLING INFORMATION Check here if same as Responsible Party <input type="checkbox"/>					
First Name:		Last Name:			
Title:					
Mailing Address:		City, State, Zip:			
DESCRIPTION OF WASTEWATER TREATMENT AND OPERATION					
Provide a separate attached sheet with the following information:					
<ol style="list-style-type: none"> 1. A brief description of the treatment process. Include the number of cells, whether the lagoon is aerated or non-aerated, and if chlorine is used as part of the treatment process. 2. Describe all disposal methods for any sludge, septage, grit, screenings, and other facility residuals generated from the treatment system. 3. Include a schematic flow diagram of the wastewater treatment process. 4. Provide proof of DEC plan approval for the treatment works. 					
Information is attached.					
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain what is missing and why.					
DAILY DISCHARGE FLOW RATES IN GALLONS PER DAY (GPD):					
NOTE: A facility will not be authorized to discharge beyond the design capacity					
Average:		Maximum:		Design Capacity:	
Are you a seasonal (non-continuous) discharger? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list the months you typically discharge:					

RECEIVING AREA INFORMATION

Receiving area type (e.g. lake, river, ocean): Fresh Marine

Name of Receiving Waterbody:

Latitude / Longitude of Discharge Point(s) in **either decimal degrees or in degrees: minutes: seconds.**

Latitude: Longitude: Coordinate Source (map, GPS, Survey):

Please provide the following information as an attachment to this NOI:

1. A site map (topographic or aerial photograph) showing the location (latitude and longitude) of the facility.
2. On the map, indicate the expected discharge flow direction and the discharge area.
3. Provide the approximate distance from the end of the pipe from the boundary of an existing wastewater mixing zone.

The above information is attached.

Yes No If no, please what is missing and why.

INDUSTRIAL SOURCES: Provide the names, approximate flow rates and types of pollutants for any significant industrial users that discharge to the treatment works.

EFFLUENT TESTING INFORMATION:

Attach the following information to this NOI. Effluent testing data collected over the previous 12 months for the following parameters: pH (minimum, maximum), maximum and average flow rate, BOD₅, TSS, fecal coliform bacteria, and total chlorine residual or the previous 12 instances of monitoring data collected if there has not been 12 months of data for the previous year.

This information is provided.

Yes No If no, please explain what is missing and why.

REQUEST FOR MIXING ZONE AND EFFLUENT MODIFICATION

Do you wish to request for a mixing zone? Yes No

If yes, Form 2M must also be submitted with the NOI. Form 2M can be found at:
http://dec.alaska.gov/water/wwdp/online_permitting/dom_ww_apps.htm

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.

PLEASE NOTE THAT AN INCOMPLETE NOI OR MISSING ATTACHMENTS WILL DELAY PROCESSING.

Signature: Date:
Printed Name: Title:

MAIL COMPLETED NOI TO:

State of Alaska
Department of Environmental Conservation
Water Division
Wastewater Discharge Authorizations Program
555 Cordova Street
Anchorage, AK 99501

Visit dec.alaska.gov/water/index.htm for more contact information and/or information.