



**Alaska Department of Environmental Conservation
Wastewater Discharge Program**

**NOTICE OF INTENT
STATE OF ALASKA WASTEWATER GENERAL PERMIT
2007DB0010**

Submit this Form to the ADEC office located the nearest geographically to the proposed discharge:

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

**ALASKA DEPARTMENT OF
ENVIRONMENTAL CONSERVATION
Wastewater Discharge Program
410 Willoughby Avenue, Suite 303
PO Box 111800
Juneau, Alaska 99811-1800**

Submittal of this document constitutes notice that the responsible party identified in Section 2 intends to be covered by the State of Alaska General Permit No. 2007DB0010. 2007DB0010 authorizes discharges into waters of the State resulting from the operation of a domestic wastewater treatment works and obligates the permittee to comply with the terms and conditions of the permit.

Please provide all requested information below. Attach supplemental information sheets as appropriate.

SECTION 1 – FACILITY INFORMATION

Facility Name: _____ Facility Phone: _____
 Address/Location: _____ FAX: _____
 City: _____ State: _____ Zip: _____
 E-mail Address _____

Facility Location Information

Facility Reference Point (i.e. Facility Front Door, Center of Bldg.): _____
 Latitude _____ Longitude _____
 Horizontal Accuracy and unit of measurement (i.e. 10 meters) _____
 Horizontal datum (i.e. North American Datum of 1983) _____
 Coordinate collection method (i.e. GPS, Internet, Map, Survey) _____
 Source map scale (only needed if interpolated from hard copy map) _____

Facility Type Information

NAICS Code in order of priority: (<http://www.naics.com/search.htm>)

First: _____ Second: _____
 Third: _____ Fourth: _____

SECTION 1 – FACILITY INFORMATION -continued

Wastewater Treatment Works Information

Wastewater Treatment Method: (i.e. secondary) _____

Provide a brief description of the treatment process(es) provided by the facility including the level of treatment (e.g. secondary) and type of disinfection. Include schematic flow diagram of the wastewater treatment process. Include disposal locations for all sludges, septage, grit, screenings, and other facility residuals generated from the treatment system.

Previous permit numbers or authorization numbers _____

If the wastewater treatment works is an existing facility, then a copy of the Final Approval to Operate issued by ADEC shall be submitted with the NOI.

If the wastewater treatment works is a proposed facility, then the proposed wastewater treatment works design shall be submitted with the NOI. For a proposed facility, proof of submittal of plans to ADEC for plan review or an Approval to Construct issued by ADEC shall be submitted with the NOI.

ADEC Plan Review Tracking Number _____

ADEC Final Approval to Operate Date _____

Seasonal operation? _____ Months of Operation _____

Daily Discharge Flow Rates: (Actual or Estimated)

Average _____ Maximum _____ Design Capacity _____

Effluent Testing Information

Provide actual effluent testing data from the facility for the previous 12 months or 3 seasons, if the facility is seasonal, for the following parameters: The maximum and average flow rate, BOD₅, TSS, fecal coliform bacteria, total residual chlorine, and pH (minimum, maximum).

SECTION 2 – CONTACT INFORMATION

RESPONSIBLE PARTY INFORMATION
(Person responsible for the discharge and overall management of the project)

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____
E-mail Address _____

ON-SITE CONTACT INFORMATION
[] Check if same as Responsible Party

Name: _____ Phone _____
Address: _____ Fax _____
City _____ State _____ Zip _____
E-mail Address _____

BILLING CONTACT INFORMATION
[] Check if same as Responsible Party

Name _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____
E-mail Address _____

CONSULTANT CONTACT INFORMATION (If applicable)

Name _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____
E-mail Address _____

SECTION 3 – RECEIVING AREA INFORMATION

Receiving area type (e.g. marine, lake, river, tundra) _____

Name of receiving area: _____

Discharge Point (Station) Location Information

Discharge Point Reference Point (i.e. End of Diffuser) _____

Latitude _____ Longitude _____

Horizontal Accuracy and unit of measure (i.e. 10 meters) _____

Horizontal Datum (i.e. North American Datum of 1983) _____

Coordinate collection method (i.e. GPS, Internet, Map, Survey) _____

Source map scale (only needed if interpolated from hard copy map) _____

Uses of Receiving Area within 1600 meters of Discharge Point

Supply for aquaculture _____

Supply for industrial use _____

Primary contact recreation _____

Secondary contact recreation _____

Catalogued anadromous spawning area _____

Harvesting for consumption of raw mollusks or other raw aquatic life _____

Map 1

Include a topographic map or aerial photograph showing the general location of the facility, the expected flow direction of the discharge, and discharge area.

Map 2

Include a topographic map or aerial photograph depicting the actual location of all facilities and discharge points associated with the treatment works. Mobile facilities and camps, which may move frequently during the season or from year to year, can designate multiple locations where discharges will occur on the site map where they may be operating. Provide the actual (or approximate) distance from the requested discharge point of this Notice of Intent to any of the following within 1600 meters: the edge of any existing mixing zone, other wastewater discharge points, or an identified receiving body use.

SECTION 4 MIXING ZONE REQUEST AND EFFLUENT LIMIT MODIFICATION

Request an authorized mixing zone and effluent limit modification?

THE FOLLOWING INFORMATION MUST BE PROVIDED IF REQUESTING A MIXING ZONE. 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.

Distance of discharge point from shoreline (measured at M.L.L.W.) _____

Depth at point of Discharge (measured at M.L.L.W.) _____

Height of discharge point above sea floor _____ If a single pipe, diameter of pipe: _____

If a diffuser, length of diffuser: _____ If a diffuser, number of ports _____

If a diffuser, diameter of ports _____ If a diffuser, port spacing _____

Orientation of diffuser or discharge point to shoreline (i.e. perpendicular, 45^o, parallel) _____

Direction of the current relative to diffuser or end of pipe (i.e. perpendicular, parallel, angle) _____

SECTION 5 CERTIFICATION

Right to Enter Premises

By submitting this application, the applicant hereby consents to entry upon the premises by representatives of the Alaska Department of Environmental Conservation in order to: 1) have access to and copy any records that permit conditions require the applicant to keep; 2) inspect any facilities, equipment, including monitoring and control equipment, practices, or operations regulated or required under a permit; and 3) sample or monitor any substances or parameters at any location for the purpose of assuring permit compliance or as otherwise authorized by state law or regulation.

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 gathered and evaluated 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.

Print Name: _____

Signature: _____

Date: _____