

NOTICE OF INTENT (NOI) FOR NPDES GENERAL PERMIT AK-57-1000 FOR SMALL PUBLICLY OWNED TREATMENT WORKS (POTW's) AND OTHER SMALL TREATMENT WORKS TREATING DOMESTIC SEWAGE TO SECONDARY STANDARDS AND DISCHARGING INTO MARINE (SALT WATER)

RESPONSIBLE PARTY (<i>Owner, Operator or Person responsible for overall management of the project</i>):						
First Name:		Last Name:		Phone Number:		
Title:				Fax Number:		
Company Name:				Email Address:		
Address:						
City, State, Zip:						
FACILITY INFORMATION						
Facility Name:			Facility Address:			
Population Served by this facility:			City/State/Zip			
OPERATOR INFORMATION OR ON-SITE CONTACT						
Name:			Title:		Phone Number:	
PREVIOUS PERMITS OR AUTHORIZATIONS (<i>if applicable</i>)						
CHECK CATEGORY WHICH APPLIES TO THIS FACILITY						
<input type="checkbox"/>	Treatment plant (e.g. extended aeration, Fixed film e.t.c.). Indicate type (Category 1)					
<input type="checkbox"/>	Passive waste stabilization pond (non-aerated lagoon) as principle process. Indicate number of cells (Category 2)					
<input type="checkbox"/>	Mechanically aerated waste stabilization pond (aerated lagoon) as principle process. Indicate number of cells (Category 3)					
DAILY DISCHARGE FLOW RATES: (GPD)						
Average:		Maximum:		Design Capacity:		
RECEIVING AREA INFORMATION						
Name of Receiving Waterbody or Area:						
Latitude / Longitude of Discharge Point(s) in either decimal degrees or in degrees: minutes: seconds :						
Latitude:			Longitude:			
Lat/Long Coordinate Source:	<input type="checkbox"/> Internet	<input type="checkbox"/> Map	<input type="checkbox"/> GPS/Survey			
Submit a site map showing the exact location, (latitude and longitude), of all facilities associated with the project. Mobile camps, which may move frequently during the season or from year to year, may designate an area where they may be operating. Include a topographic map or aerial photograph showing the general location of the facility, the expected flow direction of the discharge, and discharge area. Also provide approximate distance of the end of pipe from the edge of an existing wastewater mixing zone, if known.						
DESCRIPTION OF WASTEWATER TREATMENT AND OPERATION: 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. Provide proof of approval of plans for the treatment works by ADEC. Include schematic flow diagram of the wastewater treatment process. Describe all disposal methods for any sludge, septage, grit, screenings, and other facility residuals generated from the treatment system.						
Are you a seasonal (non-continuous) discharger?			If yes, which months do you typically discharge?			
Months:						
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: Provide effluent testing data collected over the previous 12 months for the following parameters: pH (minimum, maximum), maximum and average flow rate, BOD ₅ , 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.

REQUEST FOR MIXING ZONE AND EFFLUENT MODIFICATION FROM ADEC

Do you wish to request for a mixing zone from ADEC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 from shoreline of discharge point or first port of diffuser (measured at M.L.L.W.):		Length of diffuser:	
Depth of discharge port or diffuser (measured at M.L.L.W.):		Diameter of port/s:	
Orientation of diffuser to shoreline: (e.g. perpendicular, 45°, parallel):		Number of ports:	
Port spacing:		Maximum current:	

If possible provide salinity and temperature data from the receiving water surface to the depth of the discharge port or diffuser. Data from late winter/early spring and late summer/early fall is preferable.

USES OF RECEIVING WATER AT DISTANCE FROM DIFFUSER (Not needed if not requesting a mixing zone from ADEC):

<i>USE</i>	<i>DISTANCE</i>	<i>UNITS</i>
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, or other aquatic life		

Certification:	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.		
Signature:		Dated:	
Printed Name:		Title:	

MAIL COMPLETED NOI TO ADEC AND EPA:

US EPA, Mail Stop OW-130, 1200 Sixth Avenue, Seattle, WA 98101

Mail NOI to the ADEC's address below nearest to the proposed discharge:

State of Alaska Department of Environmental Conservation, Water Division 610 University Avenue, Fairbanks, Alaska 99709-3643 Telephone (907) 451-2130 Fax (907) 451-2187 Email: wq_permit@dec.state.ak.us	State of Alaska Department of Environmental Conservation, Water Division 410 Willoughby Suite 303, Juneau, Alaska 99801-1795 Telephone (907) 465-5300 Fax (907) 465-5274 Email: wq_permit@dec.state.ak.us
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State of Alaska Department of Environmental Conservation
 Water Division
 555 Cordova Street, Anchorage, Alaska 99501
 Telephone (907) 269-7500 Fax (907) 269-7652 Email: wq_permit@dec.state.ak.us