For Agency Use

Permit No:_____

NOTICE OF INTENT (NOI)

APDES General Permit for Onshore Seafood Processing Facilities in Alaska

General Permit No. AKG521000

Submittal of this document constitutes notice that the party identified in Section III requests authorization to be authorized to discharge pollutants to waters of the United States under the Alaska Pollutant Discharge Elimination System (APDES) General Permit for Onshore Seafood Processing Facilities in Alaska and agrees to comply with all applicable terms and conditions of the general permit. To be granted coverage, all information required on this form must be completed. Please provide all information below and any other supplemental information sheets as appropriate. If you have any questions in regards to your eligibility for coverage under the general permit or completing this form, please visit http://dec.alaska.gov/water/wastewater.aspx for DEC contact information.

I. Facility Information			
Facility Name		Existing Permit No.	
Physical Location		DEC Env. Health Processor Permit No.	
Mailing Address			
City	State		Zip
Latitude (decimal degree)	Longitude (decimal degree)	Determined By: ☐ GIS ☐ USGS Topographic Map ☐ Other ☐ Web, Source:	
Email	Phone		Fax

II. Owner Information		
Organization		
Contact Name	Title	
Mailing Address		
City	State	Zip
Email	Phone	Fax

III. Operator/Permittee	☐ **Check if the same as Owner**	
Organization		
On-Site Contact Name	Title	
Mailing Address		
City	State	Zip
Email	Phone	Fax

IV. Billing Information	☐ **Check if the same as Owner**	
Organization		
Contact Name	Title	
Mailing Address		
City	State	Zip
Email Address	Phone	Fax

V. Operational Information		
Does the facility operate year round?	☐ Yes	☐ No
If no, what months does it operate?		
Facility Type:	☐ **Onshore Seafood Processor**	☐ **Community Grinder** ☐ **Permanently Moored Craft/Barge** (**circle which applies**)

VI. Previous Name(s) of the Facility Over the Last Five Years	
Previous Name:	Date of Name Change:
1.	
2.	
3.	
4.	

VII. Onshore Facility's Vessel Information- Attach additional sheets, if necessary

Does the facility have processing support vessels/barges that discharge through any of the onshore facility's outfall lines? ☐ Yes ☐ No If yes, how many?

In the written Outfall Narrative and Tab- Vessel Information in Attachment A-1, describe in what capacity (freezing, processing, etc.) the support vessel/barge will be used, including production information.

Vessel #1 Name:			Vessel #1 Owner:		
Coast Guard Vessel Classification	Coast Guard Vessel Number	Vessel Length	Vessel Width	Vessel Draft	Proposed Annual Discharge Amount to Facility (Pounds)
Type of Discharge:					
Vessel #2 Name:			Vessel #2 Owner:		
Coast Guard Vessel Classification	Coast Guard Vessel Number	Vessel Length	Vessel Width	Vessel Draft	Proposed Annual Discharge Amount to Facility (Pounds)
Type of Discharge:					
Vessel #3 Name:			Vessel #3 Owner:		
Coast Guard Vessel Classification	Coast Guard Vessel Number	Vessel Length	Vessel Width	Vessel Draft	Proposed Annual Discharge Amount to Facility (Pounds)
Type of Discharge:					

VIII. Seafood Processing Production and Discharges

Fill out **Attachment A-1**. Identify each type of product line effluent or discharge type proposed from each outfall and the production capacity of each facility discharging from each outfall based upon historical operations and design capacity. Attachment A-1 requires the reporting of latitude and longitude in decimal degrees, using NAD 1983 or WGS 1984 datum of each outfall terminus. Identify each outfall's associated discharges, including but not limited to:

- **Main butchering commodity lines** (e.g., salmon fillets, pollock fillets, H&G salmon, H&G herring, crab, shellfish, etc.; process disinfectants (list type)).
- **Macroalgae Processing** (e.g., Kelp and seaweed- provide effluent discharge characteristics and macroalgae's proposed processing techniques).
- **By-product commodity lines** (e.g., Fish Meal plant, Fish Oil plant, Fish Hydrolysate, other – identify).
- **Other outfall discharges- If any of these are discharged through outfalls identified above, list under the appropriate outfall** (e.g., Cooling water, boiler water, cooking water (including retort water), refrigeration condensate, refrigerated seawater, transfer water, live tank water, air scrubber water, freshwater pressure relief water, monitoring locations for fish hold wastewaters discharged to vessels, etc.).

Attach a Facility Map. A legible area map shall depict the facility front door/main building location, outfall locations, moored support vessels/barges, and incoming water (see Section IX below) supply locations shown in relationship to the outfall terminuses. These mapped outfall and incoming water supply features shall also be clearly correlated to the Line Drawing submitted with the NOI. The map shall be based upon an official map of the U.S. Geologic Survey (USGS) of a scale of resolution from 1:20,000 to 1:65,000, depicting:

- The front door of the main facility's location, including latitude/longitude.
- Docked/moored support vessel locations, including latitude/longitude.
- Each outfall(s) terminus location, including latitudes/longitudes.
- Each incoming fresh water and/or seawater supply location, including latitude/longitude.

Do you send your waste to another seafood processing facility or another by-product commodity line/facility? ☐ Yes ☐ No

If yes, please describe. Include the average annual amount/pounds sent to the facility.

IX. Incoming Water Supply

Each incoming fresh water and /or seawater supply location shall be identified in the **Attachment A-1** submittal, and identified in a **legible Area map** as described in Section VIII above. Include stream withdrawal location(s), municipal or industrial water intake structures, or other (please describe) within 1.0 nm of outfall terminus(es).
In **Attachment A-1**, please provide the following:

<u>For the facility's own intakes:</u> Identify each seawater intake(s), fresh water municipal supply intake(s), well location(s), stream withdrawal location(s), and/or Other (please describe), the latitude and longitude in decimal degrees, and the maximum daily intake volume (mgd), average monthly flow (gallons), and average annual flow (gallons) of each water intake location.

<u>For other intakes:</u> Identify each seawater intake(s), fresh water municipal supply intake(s), well location(s), stream withdrawal location(s), and/or Other (please describe) and the latitude and longitude in decimal degrees.

X. Domestic Wastewater

Identify how the domestic wastewater is disposed of below, and list any AKG572000 General Permit coverage.
Note: Domestic wastewater discharge is not authorized under the AKG521000 General Permit.

Disposal Method:

AKG572000 Permit No:

Is the domestic waste sent to a municipal treatment system or treated at an onsite septic system?
☐ Local Municipal Domestic Wastewater Treatment Facility ☐ Onsite Septic System

Is the domestic wastewater discharged at the facility to waters of the U.S.? ☐ Yes ☐ No

If yes, identify the following:
Type of Secondary treatment system the facility is using:

Average Daily Discharge (gpd): Maximum Discharge (gpd): System Hydraulic Design (gpd):

Disinfection method used and/or chemical disinfectants used, if any:

Does the facility accept domestic wastewater effluent from a vessel? ☐ Yes ☐ No
If yes:
Is the accepted waste sent to a municipal treatment system or to an onsite septic system?
☐ Local Municipal Domestic Wastewater Treatment Facility ☐ Onsite Septic System

XI. Other Wastewaters

Other Wastewaters (check all that apply) estimated or measured contributing annual volume (gal/day) to discharge.

Type of Other Wastewater	Volume (gal/day)	Type of Other Wastewater	Volume (gal/day)
☐ Cooling Water		☐ Transfer Water	
☐ Boiler Water		☐ Live Tank Water	
☐ Cooking Water (including Retort)		☐ Air Scrubber Water	
☐ Refrigeration Condensate		☐ Freshwater Pressure Relief Water	
☐ Refrigerated Seawater		☐ Process Disinfectants	
☐ Other (Describe)		☐ Other (Describe)	
☐ Other (Describe)		☐ Other (Describe)	
☐ Other (Describe)		☐ Other (Describe)	
☐ Other (Describe)		☐ Other (Describe)	
☐ Other (Describe)		☐ Other (Describe)	

XII. Storm Water Discharges

Does your facility intend to discharge commingled storm water to receiving water? ☐ Yes ☐ No

Do you have APDES Multi-sector General Permit (MSGP) storm water permit coverage? ☐ Yes ☐ No

If Yes, provide the 2015 APDES MSGP Authorization Number:

If No, provide the date the No Exposure Certification was submitted to DEC:

A seafood processing facility whose raw materials (fish) or intermediate, by-product, final, or waste seafood processing products are not protected by storm water resistant shelter to prevent the fish or products from being exposed to rain, snow, snowmelt, and/or runoff does not qualify for a No Exposure Certification.

Or, does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? ☐ Yes ☐ No

If yes, provide the name of the MS4 Operator:

XIII. Refueling Capability

Do you refuel fishing vessels? ☐ Yes ☐ No

If yes, what is the capacity of your refueling tanks?

XIV. Permanently Moored Craft or Barges

Are you a Permanently Moored Craft or Barge ☐ Yes ☐ No (If no, move on to the next Section)

Where will the domestic wastewater be sent?

XV. Receiving Water Information

Receiving Waterbody Name:

Mixing Zone. Identify each outfall, type of discharge, and if a mixing zone is requested for each outfall.

Outfall Number	Type of Discharge	Mixing Zone Requested?	Size of Mixing Zone
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Zone of Deposit. Are you requesting a Project Area ZOD? ☐ Yes ☐ No

If yes, provide the following information required in 18 AAC 70.210 (b), including (1) alternatives that would eliminate, or reduce, any adverse effects of the deposit; (2) the potential direct and indirect impacts on human health; (3) the potential impacts on aquatic life and other wildlife, including the potential for bioaccumulation and persistence; (4) the potential impacts on other uses of the waterbody; (5) the expected duration of the deposit and any adverse effects; and (6) the potential transport of pollutants by biological, physical, and chemical processes.

XVI. Submittals with the NOI- These are required attachments. If they are not attached to your NOI, your application will be deemed incomplete.

☐ **Attachment A-1:** A table containing seafood processing waste discharge and receiving water information.

☐ **Area map**: A legible area map of the receiving water(s) within 1.0 nm of all discharge points and fresh or seawater intake points. The area map shall also identify any Excluded Areas within 3.0 nm of the proposed discharge. See Part VIII for a description.

☐ **Bathymetric Chart**: A bathymetric chart to provide both the general area of processing and the depth of the seafloor where the outfall(s) is located.

☐ **Line Drawing:** A line drawing of the water flow through the facility. Submit line drawings that document rates/volumes of each discharged waste stream through the facility. The line drawings must contain flow through the facility operations as water enters the facility (intakes), through processing lines, treatment units, and both internal and end-of-pipe monitoring locations for each outfall, as applicable.

☐ **Outfall Narrative:** A narrative identifying each type of process, operation, or production area that contributes waste and wastewater to the effluent for each outfall; treatment systems; and disposal method.

☐ **Storm Water Evaluation**: Verification the operator has filed for **APDES AKR060000 MSGP** coverage or has filed a No Exposure Certification with DEC.

☐ **Pre-Installation Outfall Survey**: For new outfall installation.

☐ **Excluded Areas Request:** Submit Attachment A-2 if proposing discharge to an Excluded Area as listed in Permit Part 1.5 and your facility is not listed in Permit Appendix D.

☐ **Mixing Zone Request**

☐ **Seafood Mixing Zone** larger than the 100 foot general permit defined standard mixing zone, Submit:

☐ **Form 2M** ☐ **Form 2G**

☐ **Zone of Deposit Request**: If requesting a Zone of Deposit and your facility is not listed in Permit Appendix D, submit information required in 18 AAC 70.210(b).

Any other information required per 18 AAC 83.310.

XVII. Certification

An Alaska Pollutant Discharge Elimination System (APDES) permit application must be signed by an individual with the appropriate authority per 18 AAC 83.385.

APDES Permits	
Corporate Executive Officer 18 AAC 83.385 (a)(1)(A)	For a corporation, a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation.
Corporate Operations Manager 18 AAC 83.385 (a)(1)(B)	For a corporation, the manager of one or more manufacturing, production, or operating facilities, if (i) the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations; (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

Sole Proprietor or General Partner 18 AAC 83.385 (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.
Public Agency, Chief Executive Officer 18 AAC 83.385 (a)(3)(A)	For a municipality, state, or other public agency, the chief executive officer of the agency.
Public Agency, Senior Executive Officer 18 AAC 83.385 (a)(3)(B)	For a municipality, state, or other public agency, a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.

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.

Organization:	Name:	Title:

Phone:	Fax (optional):	Email:	
Mailing Address: ☐Check if same as Operator Information	Street (PO Box):		
	City:	State:	Zip:

Signature/Responsible Official

Date:

NOI Preparer ***(Complete if NOI was prepared by someone other than the certifier.)***

Organization:	Name:	Title:	
Phone:	Fax (Optional)	Email:	
Mailing Address: ☐Check if same as Operator Information	Street (PO Box):		
	City:	State:	Zip:

Please email a digital copy of the NOI to DEC.Water.SeafoodPermitting@alaska.gov

If electronic submittal is not available, please mail the NOI to:

Alaska Dept. of Environmental Conservation
Wastewater Discharge Authorization Program
Seafood Permitting
555 Cordova Street
Anchorage, AK 99501
Phone: (907) 269-6285