

Multi-Sector General Permit (MSGP) Authorization - Modification

version 2.31

Form Input

**This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

Form Instructions

Please see:

[Instructions for completing the NOI Modification for Storm Water discharges associated with industrial activity under the APDES MSGP.](#)

Modification Reason

Permit Number

Are you modifying any of the following things for this permit? **Select All That Apply*

☐ Facility Name Change ☐ Transfer of Permit

Please exit the current form and return to Start a New Form. Select I want to renew, modify... Select **Facility Name Change or Transfer of Ownership – Stormwater** form.

Modification Description

- Please enter brief description below that explains your modification.
- Please check any section boxes below if you've made any additional changes in those sections as well.

If changing contact details for anyone associated with the permit or application, please add a note in the Modification Description box below.

Modification Description

Section Changes

Please select which Section(s) will be modified.

- Modifications to outfalls and receiving water are found under the Discharge Information Section.
- Modifications to SIC or NAICS code are found in the Facility Information Section.

Modified Sections **Select All That Apply*

- ☐ Contact Information ☐ Facility Information
- ☐ MS4 and Effluent Limit Information ☐ SWPPP Documents
- ☐ Discharge Information ☐ Sector/SubSector Information
- ☐ Attachments

Contact Information

Contacts

If adding a **new contact**, scroll to the bottom and select "Add New Contact Information". Multiple roles may be selected per contact.

To **remove a contact**, select "Inactivate", below.

The following contact roles are required for this application. Multiple roles may be selected per contact.

- Applicant (**Permittee**)
- SWPPP Contact
- Billing Contact
- Application Preparer
- Onsite or Operator Contact

Contact Role(s) **Select All That Apply*

- ☐ Applicant ☐ Agent
- ☐ Billing Contact ☐ Consultant
- ☐ Onsite Contact ☐ Owner
- ☐ Operator ☐ Contractor
- ☐ SWPPP Contact ☐ Subcontractor

... (More Options Available)

To remove a contact, select **"Inactivate"**. **Select All That Apply*

☐ Inactivate

Contact

Prefix

First Name

Last Name

Title

Organization Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Contact Change Comments

Facility Information

Only one contact can be designated as the Applicant (Permittee). Please return to Contact Information Section to correct.

Facility Name

Have storm water discharges from your site been covered previously under an APDES permit? *Select One

☐ Yes ☐ No

Have you paid a Multi-Sector General Permit (MSGP) authorization fee for this calendar year? *Select One

*This control is conditionally displayed based on answers provided in other parts of the form

☐ Yes ☐ No

Please contact AKDEC Storm Water department at (907) 269-6285

Was your facility in operation and discharging storm water prior to September 29, 2013? *Select One

*This control is conditionally displayed based on answers provided in other parts of the form

☐ Yes ☐ No

Did your facility commence discharging after September 29, 2013 and before the effective date of this permit? *Select One

*This control is conditionally displayed based on answers provided in other parts of the form

☐ Yes ☐ No

Please give physical address if no street address is available. Please type in MTRS (PLSS) information in Address 1 space if needed. Do not include P.O. Boxes.

Facility Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

The project site must be located in Alaska. Please use two-letter code: AK.

Visit the link below to help with locating project Borough or Similar Government Subdivision
[Alaska Region Map](#)

Borough or Similar Government Subdivision *Select One

- ☐ Aleutians East Borough ☐ Aleutians West Census Area
☐ Bethel Census Area ☐ Bristol Bay Borough
☐ Chugach Census Area ☐ City & Borough of Wrangell
☐ City and Borough of Juneau ☐ City and Borough of Sitka
☐ Copper River Census Area ☐ Denali Borough

... (More Options Available)

Visit the link below to help with conversion between DMS and Latitude/Longitude
[DMS - Lat/Long converter](#)

Facility Address

Latitude

Longitude

Select the method used to determine geographic coordinates *Select One

- ☐ EDMS Map ☐ GPS Unit
☐ GIS Information ☐ Internet-Google Maps
☐ Internet Map Service ☐ Map (USGS)
☐ Map (Other)

Please list the mapping technique used

*This control is conditionally displayed based on answers provided in other parts of the form

What was the scale?

Identify the North American Industry Classification System (NAICS) code that best represents the products produced or services rendered for which your facility is primarily engaged, as defined in MSGP:
[LIST OF SIC AND NAICS CODES FOR THE MSGP](#)

Primary NAICS code

Primary SIC Code

Estimated area (in acres) of industrial activity at your site exposed to storm water

Is this a federal facility? *Select One

- ☐ Yes ☐ No

Briefly describe the nature of the industrial activities at the facility

MS4 and Effluent Limit Information

Municipal Separate Storm Sewer Systems

Does your facility discharge storm water into a Municipal Separate Storm Sewer System (MS4)? *Select One

- ☐ Yes ☐ No

Name of MS4 operator *Select One

*This control is conditionally displayed based on answers provided in other parts of the form

- ☐ City of Fairbanks Stormwater NPDES ☐ Fairbanks N S B Stormwater NPDES
☐ Fort Wainwright MS4 ☐ Joint Base Elmendorf-Richardson MS4
☐ Municipality of Anchorage & State DOT MS4 ☐ Port of Anchorage MS4

Federal Effluent Limitation Guidelines and Sector-Specific Requirements

Are you requesting permit coverage for any storm water discharges subject to effluent limitation guidelines? *Select One

- ☐ Yes ☐ No

**This control is conditionally displayed based on answers provided in other parts of the form*

☐ Part 418, Subpart A: Runoff from phosphate fertilizer manufacturing facilities that comes into contact with any raw materials, finished product, by-products or waste products (SIC 2874) - Affected MSGP Sector: Sector C

☐ Part 429, Subpart I: Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas - Affected MSGP Sector: Sector A

☐ Part 443, Subpart A: Runoff from asphalt emulsion facilities - Affected MSGP Sector: Sector D

Part 449, Subpart A: Runoff from Air Transportation - Affected MSGP Sector: Sector S

☐ Yes ☐ No

☐ Yes ☐ No

**This control is conditionally displayed based on answers provided in other parts of the form*

☐ Yes ☐ No

**This control is conditionally displayed based on answers provided in other parts of the form*

Modifications to the SWPPP document should be made to the copy of the SWPPP kept at the facility.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:
.7Z.7z*.AVI*.avi*.Avi*.BMP*.bmp*.Bmp*.CSV*.csv*.Csv*.DAT*.dat*.Dat*.DOC*.doc*.Doc*.DOCX*.docx*.Docx*.DWG*.dwg*.Dwg*.EML*.eml*.Eml*.GIF*.gif*.Gif*.GPX*.gpx*.Gpx*.HTM*.*

Comment

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52

☐ Confidential (Reason for Confidentiality)

11/11/2019 11:11 AM

**This section is conditionally displayed based on answers provided in other parts of the form*

Outfall ID

Latitude

Longitude

| | |
|--|--|
| | |
|--|--|

NOTE: if you have a receiving water that is Wetlands, just enter generic Wetlands. Do not enter Wetlands of Tanana River, for example.

☐ Yes ☐ No

[Impaired Waterbody List](#)

**This control is conditionally displayed based on answers provided in other parts of the form*

**This control is conditionally displayed based on answers provided in other parts of the form*

☐ Yes ☐ No

**This control is conditionally displayed based on answers provided in other parts of the form*

☐ Yes ☐ No

C N/A

TMDL ID#
*This control is conditionally displayed based on answers provided in other parts of the form

TMDL Name
*This control is conditionally displayed based on answers provided in other parts of the form

Pollutant(s) for which there is a TMDL
*This control is conditionally displayed based on answers provided in other parts of the form

If substantially identical to other outfall, list identical outfall ID: *Select All That Apply

- ☐ 001
- ☐ 002
- ☐ 003
- ☐ 004
- ☐ 005
- ☐ 006
- ☐ 007
- ☐ 008
- ☐ 009
- ☐ 010
- ... (More Options Available)

Sector/SubSector Information

Outfall Number *Select One

- Sector *Select One
- ☐ Sector A: TIMBER PRODUCTS

☐ Sector AB: TRANSPORTATION EQUIPMENT, INDUSTRIAL OR COMMERCIAL MACHINERY

☐ Sector AD: NON-CLASSIFIED FACILITIES

☐ Sector C: CHEMICALS AND ALLIED PRODUCTS

☐ Sector E: GLASS, CLAY, CEMENT, CONCRETE, AND GYPSUM PRODUCTS

... (More Options Available)
- ☐ Sector AA: FABRICATED METAL PRODUCTS

☐ Sector AC: ELECTRONIC, ELECTRICAL, PHOTOGRAPHIC, AND OPTICAL GOODS

☐ Sector B: PAPER AND ALLIED PRODUCTS

☐ Sector D: ASPHALT PAVING AND ROOFING MATERIALS AND LUBRICANTS

☐ Sector F: PRIMARY METALS

- Subsector A *Select One
*This control is conditionally displayed based on answers provided in other parts of the form
- ☐ Subsector A1

☐ Subsector A2

☐ Subsector A3

☐ Subsector A4

☐ Subsector A5

- Subsector AA *Select One
*This control is conditionally displayed based on answers provided in other parts of the form
- ☐ Subsector AA1

☐ Subsector AA2

- Subsector B *Select One
*This control is conditionally displayed based on answers provided in other parts of the form
- ☐ Subsector B1

☐ Subsector B2

- Subsector C *Select One
*This control is conditionally displayed based on answers provided in other parts of the form
- ☐ Subsector C1

☐ Subsector C2

☐ Subsector C3

☐ Subsector C4

☐ Subsector C5

- Subsector D *Select One
*This control is conditionally displayed based on answers provided in other parts of the form
- ☐ Subsector D1

☐ Subsector D2

- Subsector E *Select One
*This control is conditionally displayed based on answers provided in other parts of the form
- ☐ Subsector E1

☐ Subsector E2

☐ Subsector E3

- Subsector F *Select One
*This control is conditionally displayed based on answers provided in other parts of the form
- ☐ Subsector F1

☐ Subsector F2

☐ Subsector F3

☐ Subsector F4

☐ Subsector F5

- Subsector G *Select One
*This control is conditionally displayed based on answers provided in other parts of the form
- ☐ Subsector G1

☐ Subsector G2

- Subsector J *Select One
*This control is conditionally displayed based on answers provided in other parts of the form
- ☐ Subsector J1

☐ Subsector J2

☐ Subsector J3

- Subsector L *Select One
*This control is conditionally displayed based on answers provided in other parts of the form
- ☐ Subsector L1

☐ Subsector L2

Subsector N *Select One

**This control is conditionally displayed based on answers provided in other parts of the form*

○ Subsector N1 ○ Subsector N2

Subsector U **Select One*

**This control is conditionally displayed based on answers provided in other parts of the form*

○ Subsector U1 ○ Subsector U2

○ Subsector U3

Subsector Y *Select One

**This control is conditionally displayed based on answers provided in other parts of the form*

○ Subsector Y1 ○ Subsector Y2

Final subsector

Calculated

Attachments

Document Attachments

Please include any additional documents you would like submitted with this NOI

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

.7Z.7z*.AVI*.avi*.Avi*.BMP*.bmp*.Bmp*.CSV*.csv*.Csv*.DAT*.dat*.Dat*.DOC*.doc*.Doc*.DOCX*.docx*.Docx*.DWG*.dwg*.Dwg*.EML*.eml*.Eml*.GIF*.gif*.Gif*.GPX*.gpx*.Gpx*.HTM*.

Comment

Form

☐ Confidential (Reason for Confidentiality)


 Republika Srbija
 Ministarstvo zdravlja
 Republički zavod za higijenu, epidemiologiju i kontrolu hrane
 Republički zavod za kontrolu i inspekciju hrane
 Republički zavod za bezbednost hrane

 Republika Srbija
 Ministarstvo zdravlja
 Republički zavod za higijenu, epidemiologiju i kontrolu hrane
 Republički zavod za kontrolu i inspekciju hrane
 Republički zavod za bezbednost hrane