

## NOTICE OF INTENT (NOI) NPDES GENERAL PERMIT AKG-33-0000

**AUTHORIZED OFFICIAL (Owner, Operator or Person responsible for overall management of the project):**

Last Name: Whitehead                                  First Name: John                                  Phone Number: 907-265-6513  
 Company Name: ConocoPhillips Alaska, Inc.                                  Fax Number: 907-263-4438  
 Address: 700 G Street                                  Email address:  
 City: Anchorage                                  State: Alaska                                  Zip: 99501

**FACILITY INFORMATION:**

Facility Name: Alpine Satellites CD-3, CD-4, CD-5, CD-6, CD-7                                  BMP completed now? (see Permit Part II.H.1)  
 Address: North Slope Borough, Alaska                                  Yes \_\_\_ No, will send confirmation later X  
 Type of Discharge(s): Domestic wastewater (001), graywater (002)

**OPERATOR INFORMATION OR ON-SITE CONTACT:**

Name: Sally Rothwell                                  Title: Environmental Coordinator                                  Phone Number: 907-265-6064

**RECEIVING WATER INFORMATION:**

Name of receiving water: Tundra wetlands  
 Latitude: See attached figures                                  Longitude: See attached figures                                  Circle one (MAP) GPS)

Include a topographic map or aerial photograph showing the general location of the facility and expected flow direction of the discharge. Also provide approximate distance of the end of pipe from the edge of an existing domestic wastewater mixing zone.

**DAILY DISCHARGE FLOW RATES: (GPD)**

Average: 6,000                                  Maximum: 7,000                                  Design Capacity: 7,000

PREVIOUS PERMITS (If applicable):                                  EPA Permit Number:                                  ADEC Permit Number:

~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\* Domestic Wastewater Dischargers continue this form if you would like a mixing zone authorized by ADEC – all others proceed to the signature block on the next page ~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*~\*

**CHECK CATEGORY WHICH APPLIES TO THIS FACILITY**

- Treatment plant (e.g. extended aeration, Fixed film etc.). Indicate type (**Category 1**)
- Passive waste stabilization pond (non-aerated lagoon) as principal process. Indicate number of cells (**Category 2**)
- Mechanically aerated waste stabilization pond (aerated lagoon) as principal process. Indicate number of cells (**Category 3**)

**DESCRIPTION OF WASTEWATER TREATMENT AND OPERATION:** Provide a brief description of the treatment process provided by the facility including the level of treatment (primary, secondary, other) and type of disinfection. Include schematic flow diagram of the wastewater treatment process. Describe all disposal methods for any sludge generated from the treatment system.

**Are you a seasonal (non-continuous) discharger?** \_\_\_ **If yes, which months do you typically discharge?**  
**Are you a new source?** \_\_\_\_ **If yes, see Permit Part I.C.**

**REQUIRED INFORMATION (FOR ALL):**

Length of discharge line from shoreline: \_\_\_\_ feet, meters (measured at M.L.L.W for marine discharges)  
 Diameter of diffuser: \_\_\_ inches, meters, centimeters  
 Length of diffuser: \_\_\_\_\_ feet, meters  
 Depth of the diffuser: \_\_\_ feet, meters (measured at M.L.L.W for marine discharges)

**FOR FRESHWATER DISCHARGES:**

Provide approximate dimensions of the receiving body, if the receiving water size is less than 100 meters radius from the end of pipe:

\_\_\_\_\_

\_\_\_\_\_

For discharge to river, provide the once in 2 years, 3-day low flow (3Q2) condition of the receiving \_\_\_\_\_

**FOR MARINE WATER DISCHARGES**

Orientation of diffuser to shoreline: \_\_\_\_\_ (e.g. perpendicular, 45°, parallel)      Number of ports:  
Height of ports above diffuser: \_\_\_\_\_ inches, meters, centimeters  
Angle of diffuser ports to diffuser pipe: \_\_\_\_\_ degrees from top of pipe  
Diffuser port diameter: \_\_\_\_\_ inches, meters, centimeters, feet  
Port Spacing: \_\_\_\_\_ feet, meters      Direction of the current relative to diffuser:      perpendicular, parallel, angle

**EFFLUENT TESTING INFORMATION**

Applicant shall provide effluent testing data collected over the previous 12 months for the following parameters: pH (minimum, maximum), flow rate, BOD<sub>5</sub>, TSS, fecal coliform, chlorine, BOD<sub>5</sub> and TSS percent removal.

**REQUEST FOR MIXING ZONE AND EFFLUENT MODIFICATION FROM ADEC**

Do you wish to request authorization from ADEC for effluent modification and mixing zone?    YES    X    NO

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.

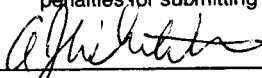
**USES OF RECEIVING WATER AT DISTANCE FROM DIFFUSER** (Not needed if not requesting a mixing zone from ADEC):

Use	Distance	Units
Supply for drinking water		
Supply for agriculture including irrigation & stock water		
Supply for aquaculture <sup>i</sup>		
Supply for industrial use <sup>ii</sup>		
Contact recreation <sup>iii</sup>		
Secondary recreation <sup>iv</sup>		
Fish <sup>v</sup> spawning		
Harvesting and consumption of raw fish, shell fish, or other aquatic		

\_\_\_\_\_

**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.

  
\_\_\_\_\_  
Signature

1/29/04  
\_\_\_\_\_  
Dated

A. John Whitehead  
\_\_\_\_\_  
Printed Name

VP WNS  
\_\_\_\_\_

**Mail Completed NOI to:**

Original:  
US EPA  
NPDES Permits Unit  
1200 Sixth Avenue, OW-130  
Seattle, Washington 98101

Copy: ADEC and  
610 University Avenue  
Fairbanks, Alaska 99709

USEPA – AOO/A  
Attn: Cindi Godsey  
222 W. 7<sup>th</sup> Avenue, Box 19  
Anchorage, Alaska 99513

- i "aquaculture" means the cultivation of aquatic plants or animals for human consumption
- ii "industrial use" means use of a water supply for a manufacturing or production enterprise except food processing, and includes mining, placer mining, energy production, or development
- iii "contact recreation" means activities in which there is direct and intimate contact with water; "contact recreation" includes swimming, diving, and water skiing; "contact recreation" does not include wading
- iv "secondary recreation" means activities in which incidental water use can occur; "secondary recreation" means boating, camping, hunting, hiking, wading, and recreational fishing; in this paragraph "recreational fishing does not include fish consumption
- v "fish" means any group of cold blooded vertebrates that live in water and have permanent gills for breathing and fins for locomotion