

Alaska Department of Environmental Conservation  
**Division of Water**



# Module 3B

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## How to Apply for an Individual APDES Permit

**2012 SEAFOOD PROCESSING WASTE PERMITTING & COMPLIANCE WORKSHOP**

*Anchorage, Alaska • February 28-29, 2012*

Alaska Department of Environmental Conservation  
**Division of Water**



# Module 3B

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## How to Apply for an Individual APDES Permit

**2012 SEAFOOD PROCESSING WASTE PERMITTING & COMPLIANCE WORKSHOP**

Seattle, Washington April 24-25, 2012

# Module 3B – Applying for an Individual APDES Permit

MODULE 3B



Shawn Stokes  
Environmental Program Manager

# Module 3B – OBJECTIVES

MODULE 3B



- Identify DEC Seafood Processing Waste Web Page Resources
- Review the Individual Permit Applications Required
- Identify Common Errors and Omissions in Permit Applications

# Where are Application Forms Located

MODULE 3B



## DEC Seafood Application Portal

The screenshot shows the DEC Seafood Application Portal website. The browser address bar displays [dec.alaska.gov/water/wwdp/seafood/seafoodww.html](http://dec.alaska.gov/water/wwdp/seafood/seafoodww.html). The main content area features a table of permit applications and a table of individual permit forms.

PERMIT NUMBER	PERMIT NAME	RESOURCES	DESCRIPTION
AKG520000	Seafood Processors in Alaska	Notice of Intent	NOI must be completed for modifications to administratively continued facilities. DEC cannot authorize new discharges under this expired general permit.
AKG523000	Alaska Offshore Seafood Processor	Online Application System	Seafood processors discharging in State waters between 0.5 and 3.0 nm from shore at MLLW or baseline must submit an electronic (eNOI) by December 1, 2011 or 90 days prior to start of a new discharge.
AKG524000	NPDES Offshore Seafood Processors in Alaska	Notice of Intent	Current EPA General Permit for Offshore processors discharging more than 3.0 nm from shore at MLLW or baseline in U.S. water off Alaska.

FORM NUMBER	FORM NAME	FORM LINK
APDES Form 1	<b>General Application Form</b> Must be completed by all applicants required to obtain an individual APDES permit.	
APDES Form 2C	<b>Existing Industrial Facilities</b> Includes Seafood Processors Contact DEC: Shawn.Stokes@alaska.gov or (907) 269-7504	
APDES Form 2D	<b>New Sources and New Dischargers</b> Application for Permit to Discharge Seafood Process Wastewater for facilities without prior permits. Contact DEC: Shawn.Stokes@alaska.gov or (907) 269-7504	
APDES Form 2M	<b>Request for a Mixing Zone</b> Must be completed by an applicant requesting a mixing zone for a discharge.	

Return to Seafood Processing Waste Home Page

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Department of Environmental Conservation  
410 Willoughby Ave., Ste. 303, P.O. Box 111800, Juneau, AK 99811-1800  
Phone: (907) 465-6180 | Fax: (907) 465-6177 | TDD: Alaska Relay: 1 (800) 770-8973

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<http://dec.alaska.gov/water/wwdp/seafood/seafoodww.html>

# Which Forms are Required?

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For Agency Use  
Permit Tracking # \_\_\_\_\_

 **ALASKA POLLUTANT DISCHARGE ELIMINATION SYSTEM (APDES)**  
**APPLICATION FORM 1**  
General Information

Please submit this Form to:

**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
Wastewater Discharge Authorization Program  
555 Cordova Street  
Anchorage, AK 99501  
DEC.Water.WQPermit@alaska.gov

Form 1 must be completed by all applicants required to obtain an APDES permit under 18 AAC 83.015. Applicants for new or existing **Publicly Owned Treatment Works (POTWs)** and other **treatment works treating domestic sewage (TWTDS)** are not required to complete Form 1 but must complete Form 2A. See attached instructions. See Section D of the instructions for definitions of the **bold-faced** terms.

**SECTION 1 – FACILITY INFORMATION**

Facility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: AK Zip: \_\_\_\_\_

Physical Address/Location: \_\_\_\_\_ City: \_\_\_\_\_ State: AK Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Geographic Location: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Lat/Long Coordinate Source:  Internet  Map  GPS/Survey  Other \_\_\_\_\_

Source Map Scale (if applicable): \_\_\_\_\_ Facility Reference Point: \_\_\_\_\_

Horizontal Accuracy: \_\_\_\_\_ Horizontal Datum: \_\_\_\_\_

Is this a new or existing facility?  New  Existing

NAICS Code (formerly the Standard Industrial Code (SIC)) in order of priority:  
First: \_\_\_\_\_ Second: \_\_\_\_\_  
Third: \_\_\_\_\_ Fourth: \_\_\_\_\_

Is the facility located on Indian country?  Yes  No

Is the discharge associated with this permit located within a coastal zone boundary of an approved coastal district?  Yes  No

If Yes, submit a completed Coastal Project Questionnaire along with this APDES permit application.

APDES Form 1 [September 2009] Page 1 of 16

**All Non-POTW Individual Permit Applications Require a Completed Form 1**

# Which Forms are Required?

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Applications for an existing facility: An existing facility includes Existing Manufacturing, Commercial, Mining, and Silvicultural Operations

APDES IP Form 2C- Existing Industrial Facilities

For Agency Use  
Permit Tracking # \_\_\_\_\_

 **ALASKA POLLUTANT DISCHARGE ELIMINATION SYSTEM**  
**APPLICATION FORM 2C**  
Existing Manufacturing, Commercial, Mining, and Silvicultural Operations

Please submit this form to:  
**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
Wastewater Discharge Authorizations Program  
555 Cordova Street  
Anchorage, AK 99501  
DEC.Water.WQPermit@alaska.gov

Form 2C must be completed for an applicant that is an existing industrial facility, including manufacturing facilities, mining activities, and silvicultural activities. This form must be completed by an applicant who checked "yes" to Section 6-B in APDES Form 1. Form 2C must be completed in conjunction with Form 1. Instructions for completing this form are attached.

**SECTION 1 – FACILITY INFORMATION**  
(This information must match the facility information entered in Section 1 on Form 1.)

Facility Name: \_\_\_\_\_

Physical Address/Location: \_\_\_\_\_

**SECTION 2 – OUTFALL LOCATION**

List the latitude and longitude of each outfall location to the sixth decimal place and the name of the receiving water.

Outfall Number	Latitude	Longitude	Receiving Water

Lat/Long Coordinate Source:  Internet  Map  GPS/Survey  Other: \_\_\_\_\_

Source Map Scale (if applicable): \_\_\_\_\_

Horizontal Accuracy: \_\_\_\_\_ Horizontal Datum: \_\_\_\_\_

APDES Form 2C [January 2010] Page 1 of 37

[http://dec.alaska.gov/water/wwdp/online\\_permitting/pdfs/Form2C-Reader1.15.10.pdf](http://dec.alaska.gov/water/wwdp/online_permitting/pdfs/Form2C-Reader1.15.10.pdf)



# Which Forms are Required?

MODULE 3B



For Agency Use  
Permit # \_\_\_\_\_



**ALASKA POLLUTANT DISCHARGE ELIMINATION SYSTEM**  
**APPLICATION FORM 2M**  
Request for a Mixing Zone

Please submit this form to:

**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
Wastewater Discharge Authorization Program  
555 Cordova Street  
Anchorage, AK 99501  
DEC.Water.WQPermit@alaska.gov

Form 2M must be completed by all applicants who answered "Yes" to question 9D on Form 1 or 2A. Any applicant who indicates a need for a mixing zone on a General Permit Notice of Intent must also fill out Form 2M. THE FOLLOWING INFORMATION MUST BE PROVIDED. The burden of proof for justifying a mixing zone through demonstrating compliance with the requirements of 18 AAC 70.240 – 18 AAC 70.270 (July 2003) rests with the applicant. ADEC may request additional information when necessary.

**SECTION 1 – FACILITY INFORMATION**  
(This information must match the facility information entered in Section 1 on Form 1 or 2A)

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**SECTION 2 – OUTFALL INFORMATION**

Provide the following information for each outfall. Attach additional copies of this section as necessary.

Outfall No.:	Latitude:	Longitude:	
Distance from shoreline to end of pipe or first port on diffuser (measured at MLLW for marine):			
Orientation of diffuser to shoreline: (e.g. perpendicular, 45°, parallel):			
Depth to center line of end of pipe or middle of diffuser: (measured at MLLW for marine):			
Number of ports (1 for pipe):		Diameter of pipe or ports:	
Length of diffuser:		Port spacing:	

**SECTION 3 – RECEIVING WATER INFORMATION**

Provide the following information about the receiving water body.

**A) For Marine Discharges**

Maximum current:	
------------------	--

Provide salinity and temperature data from the surface to the depth of the discharge port or diffuser. Provide actual data or source for the estimate and/or assumed values. Clearly identify data that was estimated or an assumed value that was used. To capture variations with the water column, data from both late winter/early spring and late summer/early fall is preferable. Attach additional sheets if necessary.

If your discharges do not meet State WQS at the End of Pipe:

Complete an APDES Form 2M- Mixing Zone Application

# Status of Information Provided

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- Application Forms and Data are subject to public review and can be provided to the public
- Business Confidential Information must be specified for special handling by the DEC.

# Business Confidential Information

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- Specified information will be treated confidential if it satisfies 40 CFR § 2.208 and is not otherwise required to be public by state law. Two test for compliance:
  - A. No statute specifically requires disclosure, and:
  - B. Disclosure will cause substantial harm to the business competitive position
- Each page must be stamped business confidential

# Examples of Information Not Business Confidential

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- Name and address of permit application or facility
- Permit Application
- Permit effluent data
- Information required by an APDES or NPDES form on the form itself or any attachment to satisfy a form requirement
- Not limited to this list

# APDES Form Requirements

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- Every line needs to be completed
- Use NA if appropriate
- Use attachments if there is not enough room and refer to the attachment
- Attach copies of previous submittals that answer application

# Form 1 General Application Form

MODULE 3B



## Section 1 - Basic Facility Information

For Agency Use  
Permit Tracking # \_\_\_\_\_



ALASKA POLLUTANT DISCHARGE ELIMINATION SYSTEM (APDES)  
APPLICATION FORM 1  
General Information

[http://dec.alaska.gov/water/wwdp/online\\_permitting/pdfs/Form1-GeneralInformationReaderEnabled.pdf](http://dec.alaska.gov/water/wwdp/online_permitting/pdfs/Form1-GeneralInformationReaderEnabled.pdf)

Form 1 must be completed by all applicants required to obtain an APDES permit under 18 AAC 83.015. Applicants for new or existing **Publicly Owned Treatment Works (POTWs)** and other **treatment works treating domestic sewage (TWTDS)** are not required to complete Form 1 but must complete Form 2A. See attached instructions. See Section D of the instructions for definitions of the **bold-faced** terms.

**SECTION 1 – FACILITY INFORMATION**

Facility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: AK Zip: \_\_\_\_\_

Physical Address/Location: \_\_\_\_\_ City: \_\_\_\_\_ State: AK Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Geographic Location: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Lat/Long Coordinate Source:  Internet  Map  GPS/Survey  Other \_\_\_\_\_

Source Map Scale (if applicable): \_\_\_\_\_ Facility Reference Point: \_\_\_\_\_

Horizontal Accuracy: \_\_\_\_\_ Horizontal Datum: \_\_\_\_\_

Is this a new or existing facility?  New  Existing

NAICS Code (formerly the Standard Industrial Code (SIC)) in order of priority:

First: \_\_\_\_\_ Second: \_\_\_\_\_

Third: \_\_\_\_\_ Fourth: \_\_\_\_\_

Is the facility located on Indian country?  Yes  No

Is the discharge associated with this permit located within a coastal zone boundary of an approved coastal district?  Yes  No

If Yes, submit a completed Coastal Project Questionnaire along with this APDES permit application.

APDES Form 1 (September 2009) Page 1 of 16

# Key Points of Form 1-Page 1

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- Location Information
- Page 1 is Facility Information not discharge/outfall information
- Coordinates
- Decimal Degree preferred
- Provide referenced point-facility front door, middle of parcel, NW corner of property line

A screenshot of a PDF form titled "SECTION 1 - FACILITY INFORMATION". The form is displayed in a browser window with a toolbar at the top showing various navigation and editing tools. The form fields are as follows:

- Facility Name: [Text input]
- Mailing Address: [Text input] City: [Text input] State: AK Zip: [Text input]
- Physical Address/Location: [Text input] City: [Text input] State: AK Zip: [Text input]
- Phone: [Text input] Cell Phone: [Text input] Fax: [Text input]
- E-mail: [Text input]
- Geographic Location: Latitude: [Text input] Longitude: [Text input]
- Lat/Long Coordinate Source:  Internet  Map  GPS/Survey  Other [Text input]
- Source Map Scale (if applicable): [Text input] Facility Reference Point: [Text input]
- Horizontal Accuracy: [Text input] Horizontal Datum: [Text input]
- Is this a new or existing facility?  New  Existing
- NAICS Code (formerly the Standard Industrial Code (SIC)) in order of priority:
  - First: [Text input] Second: [Text input]
  - Third: [Text input] Fourth: [Text input]
- Is the facility located on Indian country?  Yes  No
- Is the discharge associated with this permit located within a coastal zone boundary of an approved coastal district?  Yes  No
- If Yes, submit a completed Coastal Project Questionnaire along with this APDES permit application.

# Accuracy and Datum-Page 1

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- Accuracy of Latitude and Longitude must be to the 5<sup>th</sup> decimal place at a minimum
- State uses North American Datum 1983 or NAD 83. Most GPS devices default to WGS 84. Location data submitted without datum will cause delays in processing the application

[http://www.epa.gov/brownfields/pubs/acres/cqrg\\_latitude\\_longitude.pdf](http://www.epa.gov/brownfields/pubs/acres/cqrg_latitude_longitude.pdf)

# NAICS Codes - Page 1

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- 311711 and 311712 are common codes for Seafood Processors
- <http://www.census.gov/eos/www/naics/>

# Coastal Zone Boundary-Coastal District - Page 1

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- Alaska Coastal Zone and District Program was terminated last year. The following are true about the future of the program:
- Future is uncertain at this point
  - Coastal Questionnaire Not required at this time
  - May change in the future

# Section 3



IP form 1.pdf

Create | [Icons: Folder, Save, Print, Mail, Settings, Comment, Copy, Paste, Undo, Redo, Erase, Highlight, Text, Color] | [Icons: Home, Back, Forward, Page 2 / 16, Mouse, Hand, Zoom 130%, Print, Refresh] | Tools | Comment | Share

**SECTION 3 – RESPONSIBLE PARTY INFORMATION**

Check if same as On-Site Contact

Name:

Name of individual authorized to act on behalf of the **responsible party** (if applicable):

Mailing Address:  City:  State:  Zip:

Phone:  Cell Phone:

E-mail:  Fax:

Status of responsible party:  Federal  **State**  Private  Public (other than federal or state)  Other entity

# Section 3



- Responsible party is the person who has authority to sign the application and signs the application. 18 AAC 83.385 requires specific authority to sign an application.
- 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

# Section 3



- Authorized individual is a duly authorized individual who has authority to sign reports for the responsible party.
- Can be delegated to a title instead of a specific person:

Operation Manager, QA manager

# Section 5 Existing Permits - Page 2



Enter in Permit numbers or whether application has been submitted

A screenshot of a PDF document titled "IP form 1.pdf" showing a form for "SECTION 5 - EXISTING ENVIRONMENTAL PERMITS (Provide permit number or note if applied for)". The form contains several categories, each with a corresponding input field:

- A) Hazardous Waste Management (RCRA):
- B) Underground Injection Control (Safe Drinking Water Act):
- C) APDES or NPDES (Clean Water Act):
- D) Prevention of Significant Deterioration (Clean Air Act):
- E) Nonattainment (Clean Air Act):
- F) National Emission Standards for Hazardous Pollutants (Clean Air Act):
- G) Ocean Dumping Permits (Marine Protection Research and Sanctuaries Act):
- H) Dredge or Fill Permits:
- I) Other:

# Section 6 – Pollutant Characteristics



IP form 1.pdf

Create | 3 / 16 | 130% | Tools | Comment | Share

1) Other:

SECTION 6 – POLLUTANT CHARACTERISTICS	
Complete questions A through E to determine whether any additional permit application forms must be submitted to DEC. For any questions answered "yes", submit this form along with the supplemental form listed in the parenthesis following the question. A question may be answered "no" if the activity is excluded from permit requirements; see Section C of the instructions.	
A) Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.</b> ? If yes, complete Form 2B.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If existing processor, normally check Yes for question B

	For Agency Use Permit Tracking # _____
B) Is this an existing industrial facility, including manufacturing facilities, commercial facilities, mining activities, or silvicultural activities which results in a discharge to waters of the U.S.? If yes, complete Form 2C.	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Is this a proposed facility that discharges <b>process wastewater</b> into waters of the U.S.? If yes, complete Form 2D.	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Is this a new or existing industrial facility that discharges only non-process wastewater into waters of the U.S.? (process wastewater is defined in the instructions, Section D) If yes, complete Form 2E.	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Is this a new or existing facility whose discharge is composed entirely of <b>stormwater</b> associated with an industrial facility? (unless exempted by 40 CFR §122.26(c)(1)(ii)) If yes, complete Form 2F	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Section 9



## A. Zone of Deposit (ZOD) information

No separate ZOD application at this time is required.

Provide ZOD information on a supplemental attachment

A screenshot of a PDF viewer displaying a form titled "SECTION 9 - EXCEPTIONS TO STATEWIDE STANDARDS". The form includes instructions and a table of specific questions with checkboxes for "Yes" and "No".

**SECTION 9 – EXCEPTIONS TO STATEWIDE STANDARDS**

Complete questions A through D to determine whether any additional information must be submitted to request a reduction of water quality under the State's antidegradation policy at 18 AAC 70.015. Complete the information block that immediately follows any question answered with a "yes".

Specific Questions	Mark with "X" as appropriate
A) Zone of Deposit: Do you wish to request authorization from the Department for a zone of deposit under 18 AAC 70.210?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following information:	
Are there any alternatives that would eliminate or reduce any adverse effects of the deposit?	
What are the potential direct and indirect impacts on human health?	
What are the potential impacts on aquatic life and other wildlife, including the potential for bioaccumulation and persistence?	
What are the potential impacts on other uses of the waterbody?	
What is the expected duration of the deposit and any adverse effects?	
What is the potential for transport of pollutants by biological, physical, and chemical processes?	

# Section 9



## B. Thermal Discharge

Noncontact cooling water and other non-process wastewaters may have a thermal discharge. Apply for a mixing zone if the State WQS cannot be met at the end of the discharge pipe.

A screenshot of a PDF form titled "IP form 1.pdf" displayed in a web browser. The form is titled "B) Thermal Discharge: Do you wish to request authorization from the Department for a thermal discharge source under 18 AAC 70.220?" and includes a "Yes" or "No" selection box. Below the title, it asks for information if authorized, including the class and subclasses of the receiving water. The form lists several categories with checkboxes: "I. Fresh water" (subclasses: i. Water supply, ii. Water recreation, iii. Growth and propagation of fish, shellfish, other aquatic life, and wildlife) and "II. Marine water" (subclasses: i. Water supply, ii. Water recreation, iii. Growth and propagation of fish, shellfish, other aquatic life, and wildlife, iv. Harvesting for consumption of raw mollusks or other raw aquatic life). It also includes three questions about maximum temperature, maximum weekly average temperature, and maximum rate of temperature change per hour. A final question asks if the receiving water is a fresh water supply used for protection, growth, propagation, and aquaculture, and if it includes migratory routes, spawning areas, rearing areas, or egg and fry incubation. The form is titled "Permit Tracking #".

# Section 9



## C. Site Specific Criteria

In naturally mineralized area that often occur in a mining region, site specific information must be submitted to allow a change in the designated specific uses. This is often a lengthy process involves the permittee providing data indicating that a site-specific criterion may be required to alleviate an unnecessary restrictive general criterion.

A screenshot of a PDF viewer displaying a form titled "IP form 1.pdf". The viewer interface includes a toolbar with icons for navigation and editing, and a sidebar on the left. The form content is as follows:

C) <b>Site-Specific Criteria:</b> Do you wish to seek a modification under 18 AAC 70.235 to site-specific criteria set out in 18 AAC 70.020(b) and 18 AAC 70.236(b)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following information: Describe the site-specific criteria modification requested, including the specific waterbody, affected designated use class, and any evidence to demonstrate that a site-specific criterion may be required to alleviate an unnecessarily restrictive general criterion:		
<div style="background-color: #e0e0ff; height: 150px;"></div>		

# Section 9



D. Mixing Zone-If yes require a mixing zone, complete Form 2M

The image shows a screenshot of a PDF viewer displaying a form titled "IP form 1.pdf" on page 5 of 16. The form is for "D) Mixing Zone" and asks if the user wishes to request authorization for a mixing zone. If yes, it requires providing information about the use of receiving water and the distance from the diffuser. The form includes a table with columns for "Use of Receiving Water" and "Distance from Diffuser".

For Agency Use	
Permit Tracking #	
<b>D) Mixing Zone: Do you wish to request authorization from the Department for a mixing zone?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following information:	
<u>Use of Receiving Water</u>	<u>Distance from Diffuser</u>
Supply for drinking water.....	
Supply for agriculture including irrigation and 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.....	

# Section 10



- Signature. Must be person identified in Section 3 with adequate authority
- All forms must be signed

A screenshot of a PDF viewer displaying a form titled "IP form 1.pdf". The viewer's interface includes a toolbar with various icons for navigation and editing, a page indicator showing "5 / 16", and a zoom level of "100%". The form content is as follows:

**SECTION 10 – 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.

**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 33 U.S.C. 1251-1387 (Clean Water Act).

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any other information necessary to assess wastewater treatment practices and the treatment works or to identify appropriate permitting requirements must be submitted upon request from the Department.

\_\_\_\_\_

# Form 2C

MODULE 3B



For Agency Use  
Permit Tracking # \_\_\_\_\_



**ALASKA POLLUTANT DISCHARGE ELIMINATION SYSTEM**  
**APPLICATION FORM 2C**  
Existing Manufacturing, Commercial, Mining, and Silvicultural Operations

Please submit this form to:  
**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
Wastewater Discharge Authorizations Program  
555 Cordova Street  
Anchorage, AK 99501  
DEC.Water.WQPermit@alaska.gov

Form 2C must be completed for an applicant that is an existing industrial facility, including manufacturing facilities, mining activities, and silvicultural activities. This form must be completed by an applicant who checked "yes" to Section 6-B in APDES Form 1. Form 2C must be completed in conjunction with Form 1. Instructions for completing this form are attached.

**SECTION 1 – FACILITY INFORMATION**  
(This information must match the facility information entered in Section 1 on Form 1.)

Facility Name: \_\_\_\_\_

Physical Address/Location: \_\_\_\_\_

**SECTION 2 – OUTFALL LOCATION**

List the latitude and longitude of each outfall location to the sixth decimal place and the name of the receiving water.

Outfall Number	Latitude	Longitude	Receiving Water

Lat/Long Coordinate Source:  Internet  Map  GPS/Survey  Other: \_\_\_\_\_

Source Map Scale (if applicable): \_\_\_\_\_

Horizontal Accuracy: \_\_\_\_\_ Horizontal Datum: \_\_\_\_\_

APDES Form 2C (January 2010) Page 1 of 37

- Existing Manufacturing, Commercial, Mining, and Silvicultural Operations
- Seafood Processor who discharge 'process wastewater' - Wastewater exposed to a raw product
- All lines need to be complete or marked NA



# Storm Water Flows



- Basis for Rainfall Event
- Method of Estimation

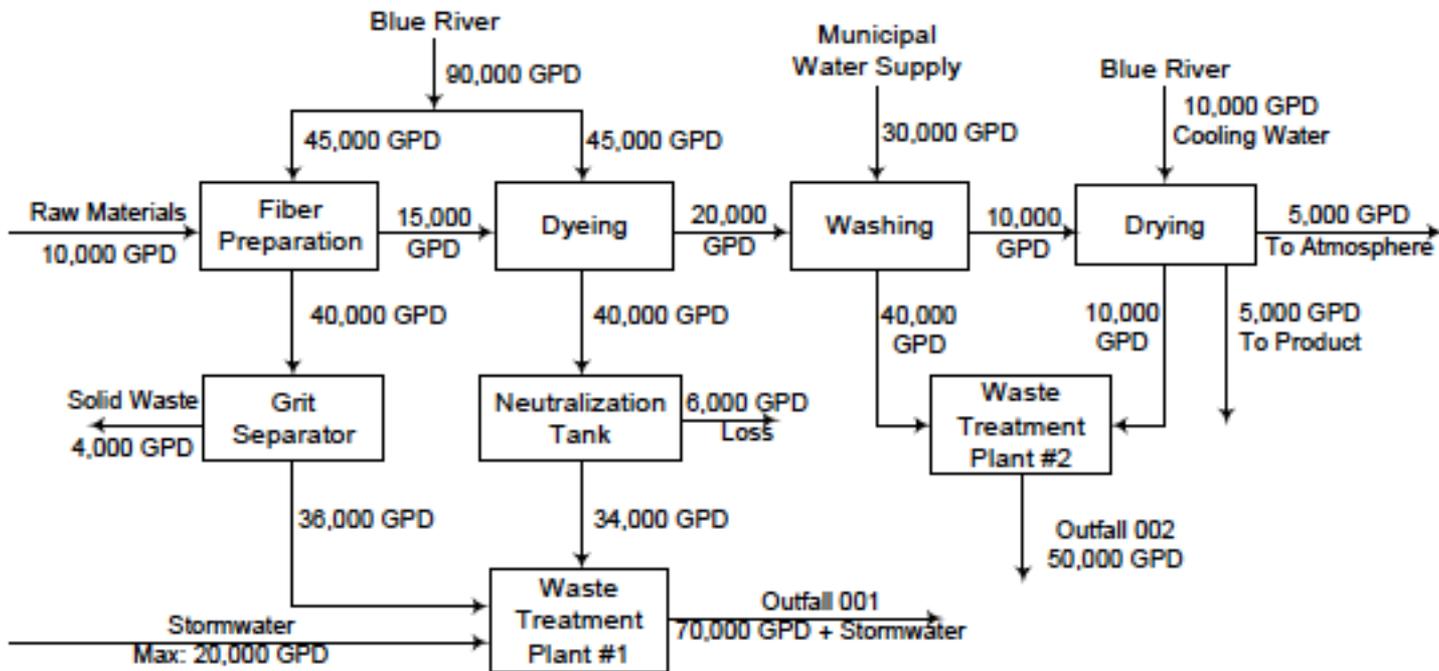
A screenshot of a PDF viewer window titled "IP form 2.pdf". The viewer interface includes a toolbar with icons for Create, Save, Print, Email, Settings, Comment, Highlight, Erase, Copy, Paste, and a color palette. Below the toolbar is a navigation bar showing page 2 of 37, a mouse cursor, a hand icon, zoom in/out buttons, a 75% zoom level, and icons for Tools, Comment, and Share. The main content area displays a form with a text instruction: "For a privately owned treatment works, provide the identity of each user of the treatment works. The average flow of point sources composed of storm water may be estimated. Provide the basis for the rainfall event with the method of estimation." Below this instruction is a table with four columns: "Users of the Treatment Works", "Average Flow of Point Sources Composed of Storm Water", "Basis for Rainfall Event", and "Method of Estimation". The table has five empty rows for data entry.

Users of the Treatment Works	Average Flow of Point Sources Composed of Storm Water	Basis for Rainfall Event	Method of Estimation

# Part B: Line Drawing



Figure 2C-1. Example Line Drawing



# Part B: Line Drawing

MODULE 3B



- Common Issues
- Water input location are not identified
- Water input structure not provided if water is pump from waters of US.
- Water input and output are not balanced

# Section 4



IP form 2.pdf

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**SECTION 4 – PRODUCTION**

A: Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?  
 Yes (complete Section 4B)       No (go to Section 5)

B: Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?  
 Yes (complete Section 4C)       No (go to Section 5)

C: If you answered "yes" to question 4-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline and indicate the affected outfalls.

AVERAGE DAILY PRODUCTION			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

8.50 x 11.00 in

- Question A - Yes
- Question B - Yes
- Complete C

# Section 6



IP form 2.pdf

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4 / 37 | 100% | Tools | Comment | Share

**SECTION 6 – INTAKE AND EFFLUENT CHARACTERISTICS**

A, B, and C: See instructions for completing Tables 6-A, 6-B, and 6-C before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables 6-A, 6-B, and 6-C are included on separate sheets following the instructions for this form.

D. Use the space below to list any of the pollutants, listed in Table 2C-3 following the instructions for this form, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any quantitative data in your possession.

Pollutant	Source

8.50 x 11.00 in

# Section 6



For Agency Use  
Permit Tracking # \_\_\_\_\_

**Table 6-A**

Provide the results of at least one analysis for each pollutant in this table. Complete a separate table for each outfall. See instructions for additional details.

OUTFALL NO: _____												
Pollutant	Effluent						Units (specify if blank)		Intake (optional)			
	Maximum Daily Value		Maximum 30-Day Value (If available)		Long Term Average Value (If available)		No. of Analyses	Concentration	Mass	Long Term Average Value		No. of Analyses
	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
Biochemical Oxygen Demand (BOD)												
Chemical Oxygen Demand (COD)												
Total Organic Carbon (TOC)												
Total Suspended Solids (TSS)												
Ammonia (as N)												
Flow	Value		Value		Value				Value			
Temperature (winter)	Value		Value		Value			°C	Value			
Temperature (summer)	Value		Value		Value			°C	Value			
pH	Minimum	Maximum	Minimum	Maximum			Standard Units					

# Table 6 - A (Page 19)

MODULE 3B



- At least one analysis for each parameter in effluent.
- If pollutant from source water, an analysis should also be conducted
- Required even if last permit did not require the analysis
- One table for each outfall

# Table 6 - B (Page 20 - 21)



- Mark Believed Present or Believed Absent.
- If believed Present, at least 1 analysis required
- One table for each outfall

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**Table 6-B**

Mark "X" in the appropriate column for each pollutant you know or have reason to believe is present or you believe to be absent. For any pollutant you believe present which is limited either directly or indirectly but expressly in an effluent limitations guideline (e.g., use of TSS as an indicator to control the discharge of iron and aluminum), you must provide the results of at least one analysis for that pollutant. For other pollutants which you believe present, you must provide quantitative data or an explanation of their presence in your discharge. Complete a separate table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS No. (if available)	Mark "X"		Effluent							Units		Intake (optional)			
	Believed Present	Believed Absent	Maximum Daily Value		Maximum 30-Day Value (if available)		Long Term Average Value (if available)		No. of Analyses	Concentration	Mass	Long Term Average Value		No. of Analyses	
			Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass		
	OUTFALL NO. _____														
Bromide (24959-67-9)															
Chlorine, Total Residual															
Color															
Fecal Coliform															
Fluoride (18984-48-8)															
Nitrate-Nitrite (as N)															
Nitrogen, Total Organic (as N)															
Oil and Grease															
Phosphorus (as P), Total (7723-14-0)															
Radioactivity															
(1) Alpha, Total															
(2) Beta, Total															
(3) Radium, Total															

# Table 6 - C (Page 22 - 30)



**Table 6-C**

If you have processes that qualify in one or more of the primary industry categories listed in Table 2C-2, you must reference this table to determine which of the GC/MS fractions you must test for. Mark "X" in the "Testing Required" column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols present in your effluent. If you are not required to mark the "Testing Required" (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in the "Believed Present" for each pollutant you know or have reason to believe is present. Mark "X" in the "Believed Absent" column for each pollutant you believe is absent. If you mark "Testing Required" for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark "Believed Present" for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark "Believed Present" for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark "Believed Present", you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Complete a separate table for each outfall. See instructions for additional details and requirements for reporting and analyses.

OUTFALL NO: _____															
Pollutants and CAS No. (if available)	Mark "X"			Effluent							Units		Intake (optional)		
	Testing Required	Believed Present	Believed Absent	Maximum Daily Value		Maximum 30-Day Value (if available)		Long Term Average Value (if available)		No. of Analyses	Concentration	Mass	Long Term Average Value		No. of Analyses
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
<b>TOXIC METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)															
2M. Arsenic, Total (7440-38-2)															
3M. Beryllium, Total (7440-41-7)															
4M. Cadmium, Total (7440-43-9)															
5M. Chromium, Total (7440-47-3)															
6M. Copper, Total (7440-50-8)															
7M. Lead, Total (7439-92-1)															
8M. Mercury, Total (7439-97-6)															
9M. Nickel, Total (7440-02-0)															
10M. Selenium, Total (7782-49-2)															
11M. Silver, Total (7440-22-4)															
12M. Thallium, Total (7440-28-0)															

# Table 6 - C (Page 22 - 30)

MODULE 3B



- There are no Tests Required for the Seafood Processing Primary Industry Category
- Review remaining table to determine if “believed present” or “believed absent”
- If believed present, conduct at least 1 analysis of the effluent discharge
- Source water analysis recommended, but optional if believed present

# Table 6 - C Continued

MODULE 3B



- Metals-Pollutant of Interest in Seafood Processing wastewater
- Use “clean” sampling techniques
- Work with lab to ensure appropriate sample containers and preservation
- Indicate in Section 9 the laboratory and analysis performed by the lab

# Section 10



- Signed by the same responsible party as form 1
- Must be signed

## SECTION 10 – 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.

### 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 33 U.S.C. 1251-1387 (Clean Water Act).

Printed Name of Authorized Official: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_

Date: \_\_\_\_\_

# Form 2M

MODULE 3B



For Agency Use  
Permit # \_\_\_\_\_



**ALASKA POLLUTANT DISCHARGE ELIMINATION SYSTEM**  
**APPLICATION FORM 2M**  
Request for a Mixing Zone

Please submit this form to:

ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
Wastewater Discharge Authorization Program  
555 Cordova Street  
Anchorage, AK 99501  
DEC.Water.WQPermit@alaska.gov

Form 2M must be completed by all applicants who answered "Yes" to question 9D on Form 1 or 2A. Any applicant who indicates a need for a mixing zone on a General Permit Notice of Intent must also fill out Form 2M. THE FOLLOWING INFORMATION MUST BE PROVIDED. The burden of proof for justifying a mixing zone through demonstrating compliance with the requirements of 18 AAC 70.240 – 18 AAC 70.270 (July 2003) rests with the applicant. ADEC may request additional information when necessary.

**SECTION 1 – FACILITY INFORMATION**  
(This information must match the facility information entered in Section 1 on Form 1 or 2A)

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**SECTION 2 – OUTFALL INFORMATION**

Provide the following information for each outfall. Attach additional copies of this section as necessary.

Outfall No.:	Latitude:	Longitude:
Distance from shoreline to end of pipe or first port on diffuser: (measured at MLLW for marine):		
Orientation of diffuser to shoreline: (e.g. perpendicular, 45°, parallel):		
Depth to center line of end of pipe or middle of diffuser: (measured at MLLW for marine):		
Number of ports (1 for pipe):	Diameter of pipe or ports:	
Length of diffuser:	Port spacing:	

**SECTION 3 – RECEIVING WATER INFORMATION**

Provide the following information about the receiving water body.

**A) For Marine Discharges**

Maximum current:	
------------------	--

Provide salinity and temperature data from the surface to the depth of the discharge port or diffuser. Provide actual data or source for the estimate and/or assumed values. Clearly identify data that was estimated or an assumed value that was used. To capture variations with the water column, data from both late winter/early spring and late summer/early fall is preferable. Attach additional sheets if necessary.

Required for every Individual Permit application that has a current mixing zone or seeks to continue with a mixing zone.

# Form 2M

MODULE 3B



- In-depth review of the application beyond the scope of the workshop
- Work with DEC staff on specific issues
- Consultant are often required to satisfy the mixing zone application requirements

# Form 2D New Discharger/New Source

MODULE 3B



For Agency Use  
Permit Tracking # \_\_\_\_\_



**ALASKA POLLUTANT DISCHARGE ELIMINATION SYSTEM**  
**APPLICATION FORM 2D**  
New Sources and New Dischargers  
Application for Permit to Discharge Process Wastewater

Please submit this form to:

**DEPARTMENT OF ENVIRONMENTAL CONSERVATION**  
Wastewater Discharge Authorization Program  
555 Cordova Street  
Anchorage, AK 99501  
DEC.Water.WQPermit@alaska.gov

Form 2D must be completed for a new manufacturing, commercial, mining, or silvicultural discharge. This form must be completed by an applicant who checked "yes" to Section 6-C in APDES Form 1. Form 2D must be completed in conjunction with Form 1. Instructions for completing this form are attached.

**SECTION 1 – FACILITY INFORMATION**  
(This information must match the facility information entered in Section 1 on Form 1.)

Facility Name: \_\_\_\_\_

Physical Address/Location: \_\_\_\_\_

**SECTION 2 – OUTFALL LOCATION**

List the latitude and longitude of each outfall location to the sixth decimal place and the name of the receiving water.

Outfall Number (list)	Latitude	Longitude	Receiving Water (name)

Lat/Long Coordinate Source:  Internet  Map  GPS/Survey  Other \_\_\_\_\_

Source Map Scale (if applicable): \_\_\_\_\_

Horizontal Accuracy: \_\_\_\_\_ Horizontal Datum: \_\_\_\_\_

**SECTION 3 – DISCHARGE DATE**

On what date do you expect to begin discharging? (mm/dd/yyyy) \_\_\_\_\_

APDES Form 2D [February 2010] Page 1 of 22

- Many similarities to Form 2C, but Section 6 is not as structured as an existing facility application
- Still have to determine which parameters are likely in effluent discharge but estimates are used (since it is not discharging yet)

# Zone of Deposit Application

MODULE 3B



- No form at this time
- Work with DEC if a zone of deposit is needed

# End of Module 3B

MODULE 3B

