

ATTACHMENT 1

NOTICE OF INTENT INFORMATION SHEET

Owner/Operator

Name  
Mailing Address  
Contact Name  
Telephone Number

Facility

Name  
Mailing Address  
Contact Name  
Telephone Number

Stationary:

Latitude  
Longitude

Mobile:

Map of Coverage Area  
Description of Coverage Area  
Initial Latitude  
Initial Longitude

Beginning Date of Operation:

Expected Duration of Operation:

Facility Type

Jackup  
Drillship  
Semisubmersible  
Other: (specify)

Receiving Water (check all that apply)

Chukchi Sea  
Beaufort Sea  
Other: (specify)

Supply confirmation with the U.S. Department of State and NOAA that the discharge is seaward of the inner boundary baseline, if applicable.

**Attachment 1: NOI Information Sheet**

**Permit No.:  
AKG280000**

Location of Discharge

MMS

Lease Number

Block Number

ADNR

Lease Number

Block Number

Range of water depths below mean lower low water (MLLW) in the lease block:

Discharges (check all that apply)

001 Drilling Mud and Cuttings

Water Depth:

002 Deck Drainage

Water Depth:

003 Sanitary Wastes

Water Depth:

M10

M9IM

004 Domestic Wastes

Water Depth:

005 Desalination Unit Wastes

Water Depth:

006 Blowout Preventer Fluid

Water Depth:

007 Boiler Blowdown

Water Depth:

008 Fire Control System Test Water

Water Depth:

009 Non-Contact Cooling Water

Water Depth:

010 Uncontaminated Ballast Water

Water Depth:

011 Bilge Water

Water Depth:

012 Excess Cement Slurry

Water Depth:

013 Mud, Cuttings, Cement at Seafloor

Water Depth:

014 Test Fluids

Water Depth:

Well

Name

Number

Latitude

Longitude

Beginning Drill Date for Well

Hole Diameter

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**Permit No.:  
AKG280000**

Drilling Fluid (check all that apply)

Category

- Water-based
- Oil-based
- Synthetic-based
- Other: (specify)

Group

- Lignosulfonate
- Lime
- Gyp
- Sea-water
- Saltwater
- Saturated Saltwater
- Nondispersed (Viscosifier/Polymer)

Special Conditions (Provide justification for all that are not required or provided)

- |                         |                       |
|-------------------------|-----------------------|
| Special Monitoring      | Required/Not Required |
| Exploration Plans       | Attached/Not Provided |
| Biological Survey(s)    | Attached/Not Provided |
| Environmental Report(s) | Attached/Not Provided |
| Mud Plan                | Complete/Not Complete |
| Line Drawing            | Attached/Not Provided |

The line drawing must show flows of discharged wastestreams through the facility. Indicate intake sources, operations contributing to the effluent, and treatment units labeled to correspond to the discharges (001 - 014). Construct a flow balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a flow balance cannot be determined, provide a pictorial description of the nature and amount of any sources, and any collection or treatment measures.

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\_\_\_\_\_

Date\_\_\_\_\_