

ATTACHMENT 1

**NOTICE OF INTENT (NOI) INFORMATION SHEET
NPDES GENERAL PERMIT AKG280000
OIL AND GAS EXPLORATION FACILITIES
ON THE OUTER CONTINENTAL SHELF AND CONTIGUOUS STATE WATERS**

APPLICANT (<i>Owner/Operator</i>)								
Owner Name:			Operator Mailing Address:					
Telephone Number:								
Operator Name:								
Telephone Number:								
FACILITY								
Facility Name:			Facility Mailing Address:					
Contact Name:								
Telephone Number:								
Beginning Date of Operation:			Stationary Facilities	Latitude:				
Expected Duration of Operation:				Longitude:				
Facility Type (<i>check applicable type</i>)	<input type="checkbox"/>	Jackup	Mobile Facilities	Initial Latitude:				
	<input type="checkbox"/>	Drill Ship		Initial Longitude:				
	<input type="checkbox"/>	Semisubmersible						
	<input type="checkbox"/>	Other (<i>specify</i>):						
Submit a site map showing the exact location of facility and discharges associated with the project. Mobile facilities may designate an area where they may be operating and must include a map showing those areas and a description of operations within those areas. If the discharge is within 4000 meters of an environmentally sensitive area indicated by the permit, those areas and their distance from the operation/discharge must be shown on the map.								
RECEIVING WATER								
<input type="checkbox"/>	Chuckchi Sea		<input type="checkbox"/>	Other (<i>specify</i>):				
<input type="checkbox"/>	Beaufort Sea							
Supply confirmation with the U.S. Department of State and NOAA that the discharge is seaward of the inner boundary baseline, if applicable.								
LOCATION OF DISCHARGE								
MMS	Lease Number			ADNR	Lease Number			
	Block Number				Block Number			
Range of water depths below mean lower low water (MLLW) in the lease block:			From:			To:		

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Zone of Deposit Request *(applicable to those discharges within state of Alaska waters)*

Are you requesting a Zone of Deposit from ADEC?	<input type="checkbox"/>	Yes <i>(continue filling out this section)</i>	<input type="checkbox"/>	No <i>(skip this section and proceed to Special Conditions, below)</i>
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THE FOLLOWING INFORMATION MUST BE PROVIDED IF REQUESTING A ZONE OF DEPOSIT. The burden of proof for justifying a zone of deposit through demonstrating compliance with the requirements of 18 AAC 70.210 rests with the applicant.

Distance from shoreline of discharge point (measured at M.L.L.W.):		Average Mud density:	
Depth of discharge (measured at M.L.L.W.):		Flow Rate:	
Orientation of outfall to shoreline (e.g., perpendicular, 45°, parallel):		Total Volume:	
Orientation of outfall to water surface (e.g., perpendicular, 45°, parallel):		Maximum current and direction:	

If possible, provide salinity and temperature data from the receiving water surface to the depth of the discharge port or diffuser.

Mixing Zone Request *(applicable to those discharges within state of Alaska waters)*

Are you requesting a mixing zone from ADEC?	<input type="checkbox"/>	Yes <i>(continue filling out this section)</i>	<input type="checkbox"/>	No <i>(skip this section and proceed to Special Conditions, below)</i>
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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 through 18 AAC 70.270 rests with the applicant.

Distance from shoreline of discharge point or first port of diffuser (measured at M.L.L.W.):		Length of diffuser:	
Depth of discharge port or diffuser (measured at M.L.L.W.):		Diameter of port(s):	
Orientation of diffuser to shoreline (e.g., perpendicular, 45°, parallel):		Number of ports:	
Maximum current:		Port spacing:	

USES OF RECEIVING WATER AT DISTANCE FROM DIFFUSER i.e. Supply for drinking water, Supply for agriculture including irrigation & 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 (Not needed if not requesting a mixing zone from ADEC):

If possible, provide salinity and temperature data from the receiving water surface to the depth of the discharge port or diffuser.

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Special Conditions *(provide justification for all that are not required, completed or provided)*

Special Monitoring	<input type="checkbox"/>	Required	<input type="checkbox"/>	Not Required	Justification:
Exploration Plans	<input type="checkbox"/>	Attached	<input type="checkbox"/>	Not Provided	Justification:
Biological Survey(s)	<input type="checkbox"/>	Attached	<input type="checkbox"/>	Not Provided	Justification:
Environmental Report(s)	<input type="checkbox"/>	Attached	<input type="checkbox"/>	Not Provided	Justification:
Drilling Fluid Plan	<input type="checkbox"/>	Complete	<input type="checkbox"/>	Not Complete	Justification:

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:	
Printed Name:		Title:	

Mail Completed NOI to EPA and ADEC at the following addresses:

US EPA 1200 6 th Avenue, M/S OWW-130 Seattle, WA 98101	ADEC, Water Division 555 Cordova Street Anchorage, Alaska 99501
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