

# ANNUAL REPORT FOR YEAR \_\_\_\_\_

## APDES GENERAL PERMIT AKG520000 FOR SEAFOOD PROCESSORS IN ALASKA

TO BE SUBMITTED BY FEBRUARY 14<sup>th</sup> FOLLOWING EACH YEAR OF OPERATION

(See Part VI.B. of the Permit)

### Alaska Department of Environmental Conservation

Division of Water

Compliance and Enforcement Program

555 Cordova Street

Anchorage, AK 99501

Fax: (907) 269-4604

The annual report serves to inform the regulatory agencies of the use and potential degradation of public water resources by facilities discharging pollutants to receiving waters in Alaska under this permit.

APDES SEAFOOD  
GENERAL PERMIT NO. **AKG52**

ADEC Seafood  
Processor License No.

Company Name

Owner/Operator

Address

Telephone

City/State/Zip

FAX

Representative

Owner or Managing Company

Address

Telephone

City/State/Zip

FAX

Representative

Facility Name

Address

Telephone

City/State/Zip

FAX

Vessel Name

USCG Vessel Number

**SUMMARY OF PERIODS OF NONCOMPLIANCE WITH ANY REQUIREMENTS BETWEEN JANUARY 1 AND DECEMBER 31 AND THE REASONS FOR SUCH NONCOMPLIANCE (attach list if needed)**

**PLEASE PROVIDE THE FOLLOWING INFORMATION IF A MOBILE PROCESSOR OPERATES AND DISCHARGES WITHIN 3 MILES OF SHORE FOR ANY CONTINUOUS 24-HOUR PERIOD OR MORE**

Date(s)	Name of Receiving Water(s)	Latitude/Longitude	Depth of Discharge Location(s)

<b>SUMMARY OF PRODUCTION AND DISCHARGE DATA</b>					
	Dates of Operation	Type and Amount of Raw Product in lbs	Type and Amount of Finished Product in lbs	Type and Amount of Discharge in lbs	Location-Water Body and Latitude/Longitude
JAN					
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
DEC					
<b>Total</b>	<b>Days</b>	<b>lbs</b>	<b>lbs</b>	<b>lbs</b>	
<b>REFUELING—IF YOUR FACILITY OR VESSEL HAS REFUELING CAPABILITY, PLEASE ATTACH A LIST SHOWING DATES; TIME; TYPE OF PRODUCT; AMOUNT EACH VESSEL RECEIVED; WATER BODY AND LATITUDE/LONGITUDE LOCATION; IF BIRDS WERE IN THE VICINITY (YES/NO), IF YES WHAT TYPE OF BIRDS; AMOUNT OF ANY FUEL SPILLED INTO THE WATER; AND IF SPILLED, WHAT WAS THE CLEANUP RESPONSE; WHEN REPORTED; ANY BIRDS AFFECTED (YES/NO)</b>					
<b>ATTACH NEW NOTICE OF INTENT TO BE COVERED (ESPECIALLY PROCESSES CHANGES, PRODUCTION LEVELS, ADDITIONAL DISCHARGE LOCATION WITH LATITUDE/LONGITUDE)</b>					
<b>SUBMITTALS (attached)</b>					
	New NOI (if changes, increases are planned)				
	Reports of Noncompliance				
	Sea Surface and Shoreline Monitoring (Part VI.D.)				
	Seafloor Monitoring (Part VI.C.)				
	Best Management Practices Plan Certification (Part VI.A.)				
<b>SIGNATURE AND CERTIFICATION</b>					
<p>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.</p>					
<b>Signature</b>			<b>Title/Company</b>		
<b>Print Name</b>			<b>Date</b>		