

ATTACHMENT 1

**NOTICE OF INTENT (NOI) INFORMATION SHEET
NPDES GENERAL PERMIT FOR OIL AND GAS EXPLORATION FACILITIES
ON THE OUTER CONTINENTAL SHELF AND CONTIGUOUS STATE WATERS
IN THE BEAUFORT SEA
(Permit Number AKG-28-2100)**

| APPLICANT (Owner/Operator) | | | | | | |
|--|--------------------------|--|---------------------------|--------------------|--------------|--|
| 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 (check applicable type) | <input type="checkbox"/> | Jackup | Mobile Facilities | Initial Latitude: | | |
| | <input type="checkbox"/> | Drill Ship | | Initial Longitude: | | |
| | <input type="checkbox"/> | Semisubmersible | | | | |
| | <input type="checkbox"/> | Other (specify): | | | | |
| RECEIVING WATER | | | | | | |
| <input type="checkbox"/> Beaufort Sea | | <input type="checkbox"/> Other (specify): <input type="checkbox"/> | | | | |
| <input type="checkbox"/> State Waters | | | | | | |
| <input type="checkbox"/> Federal Waters | | | | | | |
| Supply confirmation with the National Oceanic and Atmospheric Administration (NOAA) that the proposed discharges are seaward of the inner boundary baseline, and are either in State waters or in the Outer Continental Shelf (OCS). | | | | | | |
| LOCATION OF DISCHARGE | | | | | | |
| BOEM | 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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| Discharges (check all that apply) | | | | | |
|--|--|--|---------------------------------|---|----------------|
| <input type="checkbox"/> | 001 Drilling Fluids and Drill Cuttings | Depth of Discharge: | | | |
| <input type="checkbox"/> | 002 Deck Drainage | Depth of Discharge: | | | |
| <input type="checkbox"/> | 003 Sanitary Waste | Depth of Discharge: | | | |
| <input type="checkbox"/> | 004 Domestic Waste | Depth of Discharge: | | | |
| <input type="checkbox"/> | 005 Desalination Unit Waste | Depth of Discharge: | | | |
| <input type="checkbox"/> | 006 Blowout Preventer Fluid | Depth of Discharge: | | | |
| <input type="checkbox"/> | 007 Boiler Blowdown | Depth of Discharge: | | | |
| <input type="checkbox"/> | 008 Fire Control System Test Water | Depth of Discharge: | | | |
| <input type="checkbox"/> | 009 Non-Contact Cooling Water | Depth of Discharge: | | | |
| <input type="checkbox"/> | 010 Uncontaminated Ballast Water | Depth of Discharge: | | | |
| <input type="checkbox"/> | 011 Bilge Water | Depth of Discharge: | | | |
| <input type="checkbox"/> | 012 Excess Cement Slurry | Depth of Discharge: | | | |
| <input type="checkbox"/> | 013 Mud, Cuttings, Cement and Seafloor | Depth of Discharge: | | | |
| Well Information | | | | | |
| Well Name: | | Latitude: | | | |
| Well Number: | | Longitude: | | | |
| Beginning Drill Date: | | Hole Diameter or Estimated Total Discharge Volume: | | | |
| Drilling Fluids to be used in Well Drilling | | | | | |
| Category (check all that apply) | <input type="checkbox"/> | Water-based | Group (check all that apply) | <input type="checkbox"/> | Lignosulfonate |
| | <input type="checkbox"/> | Oil-based | | <input type="checkbox"/> | Lime |
| | <input type="checkbox"/> | Synthetic-based | | <input type="checkbox"/> | Gyp |
| | <input type="checkbox"/> | Other (specify): | | <input type="checkbox"/> | Sea-water |
| Provide a description of the disposal practice of oil-based, synthetic-based, or other drilling fluids proposed to be used in well drilling. | | | <input type="checkbox"/> | Saltwater | |
| | | | <input type="checkbox"/> | Saturated Saltwater | |
| | | | <input type="checkbox"/> | Nondispersed (Viscosifier/Polymer) PH/PA | |

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| Zone of Deposit Request <i>(applicable to those discharges within State waters)</i> | | | |
|--|--------------------------|---|---|
| Are you requesting a Zone of Deposit from DEC? | <input type="checkbox"/> | Yes* <i>(Complete Application Form 2M)</i> | <input type="checkbox"/> No <i>(Skip this section)</i> |
| Submit a report to DEC that describes the following (18 AAC 70.210(a-c)): <ol style="list-style-type: none"> 1. Alternatives that would eliminate, or reduce, any adverse effects of the deposit. 2. The potential direct and indirect impacts on human health. 3. The potential impacts on aquatic life and other wildlife, including the potential for bioaccumulation and persistence. 4. The potential impacts on other uses of the waterbody. 5. The expected duration of the deposit and any adverse effects. 6. The potential transport of pollutants by biological, physical, and chemical processes. | | | |
| Provide salinity and temperature data from the receiving water surface to the depth of the discharge port or diffuser. | | | |
| Mixing Zone Request <i>(applicable to those discharges within State waters)</i> | | | |
| Are you requesting a mixing zone from ADEC? | <input type="checkbox"/> | Yes* <i>(Complete Application Form 2M)</i> | <input type="checkbox"/> No <i>(skip this section)</i> |
| Submit to DEC the following information: <ol style="list-style-type: none"> 1. Maximum Flooding and Ebbing current during a tidal cycle 2. Maximum and minimum current 3. Prevailing current direction 4. Cross sectional profile of the ocean floor (if relatively shallow and sloped) similar to the Figure 4.4 on page 44 of the CORMIX User Manual 5. Effluent density 6. Salinity and temperature profile from bottom to surface or a representative profile from near/just below the discharge depth if the effluent is less dense than the receiving water. (Also note if there is a pycnocline and where). The reverse will be needed if the effluent is more dense (i.e. from discharge depth to bottom). | | | |

*Contact DEC Division of Water for billing information.

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The applicant must submit the following information with the Notice of Intent.

| | | | |
|--|---|----------|---|
| Site Map | <input type="checkbox"/> | Included | Submit a site map showing the exact location of the facility and discharges associated with the project. Mobile facilities must indicate the intended areas of operation, a description of operations within those areas, and the initial latitude and longitude of the facility. |
| Initial Site Survey | <input type="checkbox"/> | Included | Submit an initial site survey, if available at NOI submittal date, documenting the drill site is not located in or near a sensitive marine environment. |
| Discharge During Active Whaling Activities (for discharge 001) | <input type="checkbox"/> | Included | Submit an evaluation of the feasibility of storage capacity on the drilling facility and land-based disposal alternatives. |
| Alternatives Analysis (for discharges of 001, 003, and 004 to stable ice) | <input type="checkbox"/> | Included | Submit an evaluation demonstrating that there are no technically feasible land-based disposal alternatives and means to transport the waste streams to alternative disposal sites. |
| Treatment Process/Disposal Practice | <input type="checkbox"/> | Included | Submit a detailed description of the disposal mechanism of the facility, the treatment processes, and disposal practices (e.g., backhauled, reinjected, discharged). |
| Line Drawing and Flow Balance | <input type="checkbox"/> | Included | Submit a line drawing that shows the flow, including rates/volumes of each discharged waste streams through facility. The line drawing must contain a flow balance showing average and maximum flow rates between intakes, operations, treatment units, and outfalls. |
| Discharge Rate/Volume | <input type="checkbox"/> | Included | Submit a table summarizing the discharge rates (e.g., volumes per day or per hour) for the requested waste streams per well and total volumes per well. |
| Environmental Monitoring Program (EMP) Plan of Study | <input type="checkbox"/> | Included | Submit an EMP Plan of Study (i.e., EMP design and detailed scope of work), including dilution, plume and deposition modeling (Section II.A.12.d.1). |
| Environmental Reports and Related Plans | <input type="checkbox"/> | Included | Provide copies of any exploration plans, biological surveys, and environmental reports required by other federal and state agencies. |
| Drilling Fluid Plan | <input type="checkbox"/> | Included | Submit a plan for the formulation and control of drilling fluid/chemical additive systems for each well. |
| Cooling Water Intake Structure Requirements | <input type="checkbox"/> Yes <input type="checkbox"/> Track I <input type="checkbox"/> Track II <input type="checkbox"/> No | | Indicate whether the facility meets the applicability criteria, and if so, the applicant's intent to comply with either Track I or Track II requirements. |
| Plan Review for All Discharges (001-013) | <input type="checkbox"/> | Included | Submit an engineering plan to DEC and must receive written approval before constructing, installing, or modifying a domestic or nondomestic wastewater treatment works (18 AAC 72.200 and 18 AAC 72.600). |

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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 DEC at the following addresses:

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|--|---|
| US EPA 1200 6 th Avenue, Suite 900, M/S OWW-130 Seattle, WA 98101 | DEC, Division of Water 555 Cordova Street Anchorage, Alaska 99501 |
|--|---|