



2013 Notice of Intent (NOI) Filing Data

Submission of this completed Notice of Intent (NOI) constitutes notice that the entity in Section A intends to be authorized to discharge pollutants to waters of the United States, from the vessel identified in Section B, under EPA's Vessel General Permit (VGP). Submission of the NOI also constitutes notice that the party identified in Section A of this form has read, understands, and meets the eligibility conditions of Part 1 of the VGP; agrees to comply with all applicable terms and conditions of the VGP; and understands that continued authorization under the VGP is contingent on maintaining eligibility for coverage. In order to be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements.

A. Vessel Owner/Operator Information:

1. Name:			
2a. IRS Employer Information Number:			
2b. Company IMO:			
3. Name of Certifying Official:			
4. Mailing Address:		Phone:	
		Fax (Optional):	
		Email:	

B. Vessel Information:

1. Vessel Name:			
2. Did your vessel previously have permit coverage under the 2008 VGP?		YES*	
		NO	
2a. If yes, 2008 VGP Permit Tracking Number(s):			
3a. Vessel ID/Registered Number:			
3b. Vessel IMO Number			
4. Vessel Call Sign:			
5. Flag State/Port of Registry:			
6. Type of Vessel (Select One):			
<input type="checkbox"/>	Commercial Fishing Vessel with Ballast Water	<input type="checkbox"/>	Emergency & Rescue Vessel
<input type="checkbox"/>	Medium Cruise Ship (100-499) Passengers	<input type="checkbox"/>	Bulk Carrier
<input type="checkbox"/>	Large Cruise Ship (500+ Passengers)	<input type="checkbox"/>	Container Ship
<input type="checkbox"/>	Large Ferry (250+ Passengers)	<input type="checkbox"/>	General Cargo Ship
<input type="checkbox"/>	Barge	<input type="checkbox"/>	Roll-on Roll-Off
<input type="checkbox"/>	Oil or Gas Tanker	<input type="checkbox"/>	Utility Vessel, including tug boats and Offshore Supply Vessels
<input type="checkbox"/>	Research/Survey Vessel	<input type="checkbox"/>	Other:
7. Vessel Dimensions:			
a. Weight: (gross registered tons)			
b. Length: (feet)			
8. Ballast Water Capacity: (gallons or meters ³)			
9. Year Vessel Built:			
10. Docking Dates:			
a. Date of last dry docking:			
b. Date of next scheduled/anticipated dry docking:			



11. Does vessel currently have, or has ever held, an NPDES permit, other than the VGP, for any part, discharge, or operation of the vessel?		Yes*	
		No	
11a. If yes, please provide the following	Permit Number:		
	Dates of Coverage:		
	Discharges Permitted:		
11b. Is this a transfer of ownership?		Yes*	
		No	
If yes, provide date of transfer:			
If yes, provide previous permit tracking number(s):			
C. Vessel Voyage Information:			
1. Home Port and/or Most Frequented US Port:			
2. US Ports Vessel Anticipates Visiting During Permit Terms (5 years):			
3. Number of Overnight Berths:	a. Passengers		
	b. Crew		
3a. Maximum Capacity:	a. Passengers		
	b. Crew		
4. Does vessel travel beyond the US EEZ and more than 200 nm from any shore?		Yes	No
5. Is the vessel engaged in Pacific Nearshore Voyages?		Yes	No
D. Vessel Effluents:			
1. Select all applicable discharges vessel may generate:			
<input type="checkbox"/>	Deck Washdown and Runoff	<input type="checkbox"/>	Gas Turbine Wash Water
<input type="checkbox"/>	Bilgewater/Oily Water Separator Effluent	<input type="checkbox"/>	Graywater
<input type="checkbox"/>	Ballast Water	<input type="checkbox"/>	Motor Gasoline and Compensating Discharge
<input type="checkbox"/>	Anti-fouling hull coatings	<input type="checkbox"/>	Non-Oily Machinery Wastewater
<input type="checkbox"/>	Aqueous Film Forming Foams (AFFF)	<input type="checkbox"/>	Refrigeration and Air Condensate Discharge
<input type="checkbox"/>	Boiler/Economizer Blowdown	<input type="checkbox"/>	Seawater Cooling Overboard Discharge
<input type="checkbox"/>	Cathodic Protection	<input type="checkbox"/>	Seawater Piping Bio-fouling Prevention
<input type="checkbox"/>	Chain Locker Effluent	<input type="checkbox"/>	Small Boat Engine Wet Exhaust
<input type="checkbox"/>	Controllable Pitch Propeller Hydraulic Fluid and other Oil-to-Sea Interfaces	<input type="checkbox"/>	Sonar Dome Discharge
<input type="checkbox"/>	Distillation or Reverse Osmosis Brine	<input type="checkbox"/>	Underwater Ship Husbandry
<input type="checkbox"/>	Elevator Pit Effluent	<input type="checkbox"/>	Welldeck Discharges
<input type="checkbox"/>	Firemain Systems	<input type="checkbox"/>	Graywater Mixed with Sewage
<input type="checkbox"/>	Freshwater layup	<input type="checkbox"/>	Exhaust Gas Scrubber Washdown Discharge
<input type="checkbox"/>		<input type="checkbox"/>	Fish Hold/Fish Hold Cleaning Effluent



2. Does Vessel ever engage in or have capacity to engage in industrial operations?		Yes*		No	
* a. If yes, please select appropriate box:					
	Seafood processing		Mining		Energy Exploration
	Other:				
3. Will vessel be using an experimental ballast water treatment system?		Yes*		No	
* a. If yes, will the system discharge residual biocides?		Yes*		No	
* b. If yes, are biocide concentrations below those listed in Part 5.8 of the Permit?		Yes*		No	
* c. List the biocide residuals or derivatives that may be discharged by the experimental ballast water treatment system:					
4. Is your vessel required to collect analytical monitoring? If so, for which of the following discharges must you conduct monitoring:		Ballast Water			
		Bilgewater			
		Exhaust Gas Scrubber Effluent			
		Graywater*			
*If yes, please check the appropriate answer		I use a treatment system for Graywater		I do not use a treatment system for Graywater	
5. Does vessel have onboard treatment systems for any other waste stream covered by this permit (e.g., Advanced Wastewater Treatment System for Graywater, Oily Water Separator)?				Yes*	
				No	
* If Yes, check all that apply and complete the following for each treatment system (all applicable):					
Ballast Water				Bilgewater	
Exhaust Gas Scrubber Effluent				Graywater	
Graywater Mixed with Sewage				Other:	
5a. Waste Stream No. 1 (state):					
		State Treatment system type/design and manufacture below:			
		Treatment system Capacity:			
		Normal Treatment System Flow Rate:		Gallons/day	Liters/day
		Residual (wastes) generated by this treatment system:			
		How they are disposed:			
5b. Waste Stream No. 2 (state):					
		State Treatment system type/design and manufacture below:			
		Treatment system Capacity:			
		Normal Treatment System Flow Rate:		Gallons/day	Liters/day
		Residual (wastes) generated by this treatment system:			
		How they are disposed:			



5c. Waste Stream No. 3 (state):			
State Treatment system type/design and manufacture below:			
Treatment system Capacity:			
Normal Treatment System Flow Rate:		Gallons/day	Liters/day
Residual (wastes) generated by this treatment system:			
How they are disposed:			
6. Ballast Water and Invasive Species Management:			
a. How often is(are) the ballast tank(s) cleaned and sediment disposed of?			
b. How and where do you typically dispose of the ballast tank sediment?			
c. Does vessel have an existing ballast water management plan?		Yes	No
7. Hull anti-fouling paint:			
7a. Type of anti-fouling hull coating on the vessel and list of specific products:		Copper Based	Non-Copper Based
b. When anti-fouling hull coating was last applied (date):			
c. Describe hull husbandry practices, such as frequency of cleaning, method used, etc:			
Frequency (annual, semi-annual, as needed, etc):			
Geographic Location:			
Method used:			
d. Date of last hull cleaning:			
e. Date of next scheduled/anticipated hull cleaning:			
E. Certifier Name and Title			
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 gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than 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.		Print Name:	
		Title:	
		Signature:	
		Date:	
F. NOI Preparer			
Prepared By: Organization		Gallagher Marine Systems, LLC 200 Century Parkway, Suite D Mount Laurel, NJ 08054	
Phone		+1 856 642 2091	
Email:		info@chgms.com	