ATTACHMENT 1

NOTICE OF INTENT (NOI) INFORMATION SHEET
NPDES GENERAL PERMIT FOR OIL AND GAS EXPLORATION FACILITIES ON THE OUTER CONTINENTAL SHELF IN THE CHUKCHI SEA
(Permit Number AKG-28-8100)

APPLICANT *(Owner/Operator)*			
Owner Name:	Shell Gulf of Mexico Inc.	Operator Mailing Address:	3601 C Street
Telephone Number:	1-907-770-3700		Suite 1000
Operator Name:	Shell Gulf of Mexico Inc.		Anchorage, AK 99503
Telephone Number:	1-907-770-3700		

FACILITY					
Facility Name:	Polar Pioneer		Facility Mailing Address:	3601 C Street	
Contact Name:	Susan Childs			Suite 1000	
Telephone Number:	1-907-770-3700			Anchorage, AK 99503	
Beginning Date of Operation:	on or about July 4, 2015		Stationary Facilities	Latitude:	
Expected Duration of Operation:	30 – 90 days			Longitude:	
Facility Type *(check applicable type)*	☐	Jackup	Mobile Facilities	Initial Latitude:	71° 20' 13.96"N
	☐	Drill Ship			
	☒	Semisubmersible			
	☐	Other (specify):		Initial Longitude:	163° 12' 21.75"W

RECEIVING WATER			
☒	Chukchi Sea	☐	Other (*specify*): ☐

LOCATION OF DISCHARGE					
BOEM	Lease Number	**OCS-Y-2267**			
	Block Number	**Posey Area Block 6714**			
Range of water depths below mean lower low water (MLLW) in the lease block:		From:	**148 ft**	To:	**148 ft**

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Discharges (*check all that apply*)			
☒	001 Water-Based Drilling Fluids and Drill Cuttings	Depth of Discharge:	**See Discharge Table**
☒	002 Deck Drainage	Depth of Discharge:	**See Discharge Table**
☒	003 Sanitary Waste	Depth of Discharge:	**See Discharge Table**
☒	004 Domestic Waste	Depth of Discharge:	**See Discharge Table**
☒	005 Desalination Unit Waste	Depth of Discharge:	**See Discharge Table**
☒	006 Blowout Preventer Fluid	Depth of Discharge:	**See Discharge Table**
☒	007 Boiler Blowdown	Depth of Discharge:	**See Discharge Table**
☒	008 Fire Control System Test Water	Depth of Discharge:	**See Discharge Table**
☒	009 Non-Contact Cooling Water	Depth of Discharge:	**See Discharge Table**
☒	010 Uncontaminated Ballast Water	Depth of Discharge:	**See Discharge Table**
☒	011 Bilge Water	Depth of Discharge:	**See Discharge Table**
☒	012 Excess Cement Slurry	Depth of Discharge:	**See Discharge Table**
☒	013 Mud, Cuttings, Cement at the Seafloor	Depth of Discharge:	**See Discharge Table**

Well Information			
Well Name:	**Burger**	Latitude:	71° 20' 13.96"N
Well Number:	**F**	Longitude:	163° 12' 21.75"W
Beginning Drill Date:	**on or about 4 July 2015**	Estimated Drilling Depth:	**Proprietary**
Number of Planned Sidetrack Wells:	**None**		

Drilling Fluids to be used in Well Drilling					
Category (*check all that apply*)	☒	Water-based	Group (*check all that apply*)	☐	Lignosulfonate
	☐	Oil-based		☐	Lime
	☐	Synthetic-based		☐	Gyp
	☐	Other (*specify*):		☒	Sea-water
				☒	Saltwater
Provide a description of the disposal practice of oil-based, synthetic-based, or other drilling fluids proposed to be used in well drilling.				☐	Saturated Saltwater
				☒	Nondispersed (Viscosifier/Polymer) PH/PA

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

Site Map	☒	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	☒	Included **[See EMP App A]**	Submit an initial site survey; if available at NOI submittal date, document the drill site is not located in a sensitive biological area or habitat.
Treatment Process/Disposal Practice	☒	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	☒	Included **[See BMP App A]**	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. Submit a list identifying all outfalls associated with each Discharge Number and the outfalls' locations. The line drawing must include all outfalls for each Discharge Number.
Discharge Rate/Volume	☒	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	☒	Included	Submit an EMP Plan of Study (Section II.A.13.d.).
Environmental Reports and Related Plans	☒	Included	Provide copies of any exploration plans, biological surveys, and environmental reports required by other federal agencies (e.g., BOEM, BSEE, USFWS, and NMFS).
Drilling Fluid Plan	☒	Included	Submit a plan for the formulation and control of drilling fluid/chemical additive systems for each well.
Best Management Practices (BMP) Plan	☒	Included	Submit the BMP Plan that incorporates practices to achieve the objectives and specific requirements of the permit.
Quality Assurance Project Plan (QAPP)	☒	Included	Submit a quality assurance project plan (QAPP) for all monitoring required by this general permit.
Chemical Selection	☒	Included	List chemicals to be used during the drilling process and identify those that meet Norway's "green" classification.
Cooling Water Intake Structure Requirements	☐ Yes ☐ Track I ☐ Track II ☒ 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.

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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:	Susan Childs	Date:	4/17/2015
Printed Name:	Susan Childs	Title:	Venture Support Integrator, Manager

Mail Completed NOI to EPA at the following address:

US EPA
1200 6th Avenue, Suite 900, M/S OWW-130
Seattle, WA 98101