

ADEM Form 498

Notice of Intent – NPDES General Permit Number ALG890000

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALG8900000, Notices of Intent for NPDES General Permit Number ALG890000 (ADEM Form 498) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> is now the only method available for electronic submission of such Notices of Intent.

AEPACS allows for dynamic smart forms to be developed. Therefore, ADEM Form 498 has been transformed into multiple variations suited for the specific purpose of the Notice of Intent. This form package includes the following variations of this form in human readable format:

1. Small Mining (ALG890000) - NOI - New (Form 498)
2. Small Mining (ALG890000) - NOI - Information Update (Form 498)
3. Small Mining (ALG890000) - NOI - Modification/Transfer (Form 498)
4. Small Mining (ALG890000) - NOI - Reissuance (Form 498)

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 498 may not be accepted unless the Department first approves such waiver. **The hardcopy form is also include at the end of this form package.** There are differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

Small Mining (ALG890000) - NOI - New (Form 498)

Notice of Intent – Small Mining General Permit Number ALG890000 (Form 498)

NPDES permit ALG890000 is a general permit authorizing discharges associated with noncoal/nonmetallic mining and dry processing, and areas associated with these activities, where such activities will result in a cumulative land disturbance of less than five (5) acres of land at any one time over the life of the mining activity.

Note: The following discharges not covered by General Permit ALG890000

1. Discharges from wet processing of mined materials;
2. Discharge(s) from any mining operation that at any time has a total area of land disturbance that equals or exceeds five (5) acres in size; or
3. Discharge(s) from any mining operations where the planned or proposed area of total land disturbance currently equals or exceeds, or will equal or exceed five (5) acres in size.

[Please click here for the Alabama 303\(d\) list of Impaired Waters](#)

[Please click here for Information on Alabama TMDLs](#)

[Please click here for the permit fee schedule](#)

Instructions

A complete and comprehensive BMP Plan must be attached to the application submittal if the mining site will discharge to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody for which a TMDL has been finalized or approved by EPA for turbidity, siltation, or sedimentation, any waterbody assigned to the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-.09, or any waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-.10.

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

*****APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED*****

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management
Water Division
Stormwater Management Branch
Post Office Box 301463
Montgomery, Alabama 36130-1463

CONTACTS

Phone : 334-271-7836

E-mail : cswmail@adem.alabama.gov

ADDITIONAL LINKS

[Please click here for area assignments and contact information for Special Services staff.](#)

Small Mining (ALG890000) - NOI - New (Form 498)

Form Input

**This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

Permittee Information

Permittee

Permittee Name

Phone Type Number Extension

Home

Mobile

Other

Business

Mailing Address

Address Line 1

Address Line 2

City State/Area Postal Code

Responsible Official

Prefix

First Name Last Name

Title

Organization Name

Phone Type Number Extension

Home

Mobile

Other

Business

Email

Physical/Delivery Address

Address Line 1

Address Line 2

City State/Area Postal Code

Additional Permit Contact(s)

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

Permit Contact

Prefix

First Name **Last Name**

Title

Company Name

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Processing Information

**This section is conditionally displayed based on answers provided in other parts of the form*

Facility/Site Information

Facility/Site Name

Permittee Organization Type *Select One

- Corporation
- Federal
- LLP
- Partnership
- Sole Proprietorship (i.e. Owned by Individual)
- County Government/Commission
- LLC
- Municipality (City or Town)
- School District or Board
- State

... (More Options Available)

Facility/Site Contact

Prefix

First Name **Last Name**

Title

Organization Name

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Do you have additional contacts associated with this site? *Select One

- Yes
- No

Facility/Site Address or Location Description

Address Line 1

Address Line 2

Location Description

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility/Site County *Select One

- Autauga Baldwin
- Barbour Bibb
- Blount Bullock
- Butler Calhoun
- Chambers Cherokee
- ... (More Options Available)

Detailed Directions to the Facility/Site

Facility/Site Front Gate Latitude and Longitude

Latitude

Longitude

Primary SIC Code *Select One

- 1411-Dimension Stone 1422-Crushed and Broken Limestone
- 1423-Crushed and Broken Granite 1429-Crushed and Broken Stone, Not Elsewhere Classified
- 1442-Construction Sand and Gravel 1446-Industrial Sand
- 1455-Kaolin and Ball Clay 1459-Clay, Ceramic, and Refractory Minerals, Not Elsewhere Classified
- 1474-Potash, Soda, and Borate Minerals 1475-Phosphate Rock
- ... (More Options Available)

Primary NAICS Code *Select One

- 212311-Dimension Stone Mining and Quarrying 212312-Crushed and Broken Limestone Mining and Quarrying
- 212313-Crushed and Broken Granite Mining and Quarrying 212319-Other Crushed and Broken Stone Mining and Quarrying
- 212321-Construction Sand and Gravel Mining 212322-Industrial Sand Mining
- 212324-Kaolin and Ball Clay Mining 212325-Clay and Ceramic and Refractory Minerals Mining
- 212391-Potash, Soda, and Borate Mineral Mining 212392-Phosphate Rock Mining
- ... (More Options Available)

Additional Site Contact(s)

*This section is conditionally displayed based on answers provided in other parts of the form

Facility Contact

Prefix

First Name

Last Name

Title

Organization Name

Phone Type *Only one phone number is accepted

Number

Extension

Home

Mobile

Other

Business

Email

Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Country

Project Information

Brief Description of activity(s):

Please Specify Material to be Mined: *Select All That Apply

Dirt and/or Chert Sand and/or Gravel

Shale Common Clay

Other

Total Facility/Site Area (acres)

Total Disturbed Area (acres)

Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area

Anticipated Commencement Date

Commencement date MUST BE ON OR BEFORE Completion Date

Anticipated Completion Date

Will flocculants or other chemical stabilization products be used on site? *Select One

Yes No

Safety Data Sheet (SDS)

*This control is conditionally displayed based on answers provided in other parts of the form
Please attach an SDS sheet for *each* flocculant used.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

Comment

Confidential (Reason for Confidentiality)

Inspection Status

Was this facility/site inspected and found to be either under construction or in operation prior to a NPDES permit application being submitted to the Department? *Select One

Yes No

*This control is conditionally displayed based on answers provided in other parts of the form

Please be advised that a Greenfield fee may be assessed to the total permit fee since your facility/site was inspected prior to the submittal of your application and/or obtaining NPDES permit coverage.

Discharge Points/Receiving Waters

Feature Type *Select One

Discharge Point(s)/Receiving Water(s)

Discharge Point - Point where discharge enters the receiving water.

Discharge Point Identifier should have a prefix of 'SW' (i.e. SW001, SW002)

Discharge Point Identifier

Topo Map Identifier-Provide the point label from the topo map that correlates to the Discharge Point above.

Receiving Water *Select One

A W Dale Lake Aaron Branch

Abbie Creek Abbott Branch

Abeg Creek Abel Lake

Abercomby Branch Abes Creek

Abison Branch Abramson Lake

... (More Options Available)

Does the discharge enter the named receiving water via an unnamed tributary and/or a storm sewer system? Please also indicate if the storm sewer system is under an MS4 permit. *Select All That Apply

MS4 Un-Named Tributary

Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. If the segment of the receiving water to which the facility discharges has not been assigned a use classifications, select Fish and Wildlife . Please select ALL that apply.

Registration / Certification Number

Qualified Credentialed Professional

Prefix		
<input type="text"/>		
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Title		
<input type="text"/>		
Organization Name		
<input type="text"/>		
Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Duly Authorized Representative (DAR)

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
- (b) In the case of a partnership, by a general partner;
- (c) In the case of a sole proprietorship, by the proprietor; or
- (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

Will a duly authorized representative be submitting this NOI? *Select One

Yes No

DAR Documentation

*This control is conditionally displayed based on answers provided in other parts of the form

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

.7Z,.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.

Comment

Confidential (Reason for Confidentiality)

Authorized Rep

**This control is conditionally displayed based on answers provided in other parts of the form*

Prefix		
<input type="text"/>		
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Title		
<input type="text"/>		
Organization Name		
<input type="text"/>		
Phone Type	Number	Extension
<small><i>*Only one phone number is accepted</i></small>		
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Mailing Address		
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country		
<input type="text"/>		

Small Mining (ALG890000) - NOI - Information Update (Form 498)

Small Mining-Information Update for Permitted Facilities/Sites

NPDES Permit ALG890000 is a general permit authorizing discharges associated with noncoal/nonmetallic mining and dry processing, and areas associated with these activities, where such activities will result in a cumulative land disturbance of less than five (5) acres of land at any one time over the life of the mining activity.

The following information may be updated for permitted Operators on this form:

- Change in Responsible Official
- Change in Facility Contact Information
- Change in QCP for the site/facility
- Change in Duly Authorized Representative (DAR)
- Deletion of Receiving Water(s)
- Addition and/or Deletion of Outfalls Only
- Change in Flocculant Details

Instructions

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

*****No Fee Required*****

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management
Water Division
Stormwater Management Branch
Post Office Box 301463
Montgomery, Alabama 36130-1463

CONTACTS

Phone : 334-271-7836

E-mail : cswmail@adem.alabama.gov

ADDITIONAL LINKS

[Please click here for area assignments and contact information for Special Services staff.](#)

Small Mining (ALG890000) - NOI - Information Update (Form 498)

Form Input

**This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

Processing Information

Brief description of the action/change that has resulted in the request for permit modification(s):

Are you updating Responsible Official Contact information? ^{*Select One}

Yes No

Are you updating Facility/Site Contact information? ^{*Select One}

Yes No

Are you deleting Discharge Points/Receiving Waters? ^{*Select One}

Yes No

Are you deleting Outfall Points (points where stormwater leaves site)? ^{*Select One}

Yes No

Are you adding Outfall Points (points where stormwater leaves site)? ^{*Select One}

Yes No

Will the additional Outfall discharge to a previously permitted Discharge Point/Receiving Water? ^{*Select One}

**This control is conditionally displayed based on answers provided in other parts of the form*

Yes No

**This control is conditionally displayed based on answers provided in other parts of the form*

Additional outfalls may be added only if the discharge will be routed to an existing permitted discharge point/receiving water. New discharge points/receiving waters may not be added through the minor modification process. If you need to add additional discharge points/receiving waters, please STOP HERE. A major modification application will need to be completed.

Are you decreasing Facility/Site acreage and/or Total Disturbed acreage? ^{*Select One}

Yes No

Are you adding or changing Flocculants? ^{*Select One}

Yes No

Are you requesting a Suspension of Monitoring? ^{*Select One}

Yes No

Are you updating QCP Contact information? ^{*Select One}

Yes No

Form Submission Reason

Minor Modification

Permit Information

**This section is conditionally displayed based on answers provided in other parts of the form*

Permit Number

Permittee

Permittee Name

Phone Type	Number	Extension
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Home	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>	
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Mobile	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>	
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Other	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
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Business	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>	<div style="border: 1px solid black; width: 100%; height: 15px;"></div>
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Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Responsible Official

Prefix

First Name Last Name

Title

Organization Name

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Physical/Delivery Address
Address Line 1

Address Line 2

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Permit Contact(s)

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

Permit Contact

Prefix

First Name Last Name

Title

Company Name

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Facility/Site Information

*This section is conditionally displayed based on answers provided in other parts of the form

Facility/Site Name

Facility/Site Contact

Prefix		
<input type="text"/>		
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Title		
<input type="text"/>		
Organization Name		
<input type="text"/>		
Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

Do you have additional contacts associated with this site? *Select One
 Yes No

Facility/Site Address or Location Description

Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
Location Description		
<input type="text"/>		
City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility/Site County *Select One

- Autauga Baldwin
- Barbour Bibb
- Blount Bullock
- Butler Calhoun
- Chambers Cherokee
- ... (More Options Available)

Detailed Directions to the Facility/Site

<input type="text"/>

Facility/Site Front Gate Latitude and Longitude

Latitude	Longitude
<input type="text"/>	<input type="text"/>

Additional Site Contact(s)

*This section is conditionally displayed based on answers provided in other parts of the form

Facility Contact

Prefix

First Name **Last Name**

Title

Organization Name

Phone Type <small>*Only one phone number is accepted</small>	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Mailing Address

Address Line 1

Address Line 2

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country

Acreage

*This section is conditionally displayed based on answers provided in other parts of the form

NOTE

You may *ONLY DECREASE* Facility/Site acreage and/or Total Disturbed acreage. Please enter both Facility/Site acreage and Total Disturbed acreage below.

Total Facility/Site Area (acres)

Total Disturbed Area (acres)

Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area

Discharge Points/Receiving Waters

*This section is conditionally displayed based on answers provided in other parts of the form

Feature Type *Select One

Discharge Point(s)/Receiving Water(s)

Discharge Point - Point where discharge enters the receiving water.

Discharge Point Identifier should have a prefix of 'SW' (i.e. SW001, SW002)

Discharge Point Identifier

Topo Map Identifier-Provide the point label from the topo map that correlates to the Discharge Point above.

Receiving Water *Select One

- A W Dale Lake Aaron Branch
 Abbie Creek Abbott Branch
 Abeg Creek Abel Lake
 Abercomby Branch Abes Creek
 Abison Branch Abramson Lake

... (More Options Available)

Does the discharge enter the named receiving water via an unnamed tributary and/or a storm sewer system? Please also indicate if the storm sewer system is under an MS4 permit. *Select All That Apply

- MS4 Un-Named Tributary
 Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. If the segment of the receiving water to which the facility discharges has not been assigned a use classifications, select Fish and Wildlife . Please select ALL that apply.

Waterbody Classification **Select All That Apply*

- Agricultural and Industrial Water Supply (A&I) Fish and Wildlife (F&W)
- Limited Warmwater Fishery (LWF) Outstanding Alabama Water (OAW)
- Outstanding National Resource Water (ONRW) Public Water Supply (PWS)
- Shellfish Harvesting (SH) Swimming and Other Whole Body Water-Contact Sports (S)

Location of Discharge Point/Receiving Water

<p>Latitude</p> <input style="width: 95%;" type="text"/>	<p>Longitude</p> <input style="width: 95%;" type="text"/>
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Outfalls

**This section is conditionally displayed based on answers provided in other parts of the form*

Feature Type **Select One*

- Outfall

Outfall - Point where the discharge leaves the site.

Outfall Identifier should have a prefix of 'OF' (i.e. OF001, OF002)

Outfall Identifier

Topo Map Identifier-Provide the point label from the topo map that correlates to the Outfall Point above.

Location of Outfall

<p>Latitude</p> <input style="width: 95%;" type="text"/>	<p>Longitude</p> <input style="width: 95%;" type="text"/>
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Project Information

**This section is conditionally displayed based on answers provided in other parts of the form*

Anticipated Commencement Date

****Commencement date MUST BE ON OR BEFORE Completion Date****

Anticipated Completion Date

Flocculants or other chemical stabilization products used on site will be added or changed. **Select One*

- Yes

Safety Data Sheet (SDS)

**This control is conditionally displayed based on answers provided in other parts of the form*

Please attach an SDS sheet for *each* flocculant used.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

Comment

Confidential (Reason for Confidentiality)

Suspension of Monitoring

**This section is conditionally displayed based on answers provided in other parts of the form*

Suspension Request

Please attach the written request for suspension.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.7z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.html,*.htm,*.html,*.htm

Comment

Confidential (Reason for Confidentiality)

Inspection Report

Please attach the most recent Inspection Report.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

.7Z,.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.

Comment

Confidential (Reason for Confidentiality)

Qualified Credentialed Professional (QCP) Certification

**This section is conditionally displayed based on answers provided in other parts of the form*

QCP Designation *Select One

- AL National Resources Conservation Service Professional certified by the State Conservationist
- Certified Professional in Erosion and Sediment Control (CPESC)
- Certified Professional Soil Scientist (CPSS)
- Professional Engineer (PE)
- Professional Geologist (PG)
- Registered Environmental Manager (REM)
- Registered Forester
- Registered Land Surveyor (LS)
- Registered Landscape Architect

Registration / Certification Number

Qualified Credentialed Professional

Prefix

First Name **Last Name**

Title

Organization Name

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Address Line 1

Address Line 2

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country

Duly Authorized Representative (DAR)

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
- (b) In the case of a partnership, by a general partner;
- (c) In the case of a sole proprietorship, by the proprietor; or
- (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

Will a duly authorized representative be submitting this NOI? *Select One

Yes No

DAR Documentation

*This control is conditionally displayed based on answers provided in other parts of the form

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

.7Z.7z*.AVI*.avi*.Avi*.BMP*.bmp*.Bmp*.CSV*.csv*.Csv*.DAT*.dat*.Dat*.DOC*.doc*.Doc*.DOCX*.docx*.Docx*.DWG*.dwg*.Dwg*.EML*.eml*.Eml*.GIF*.gif*.Gif*.GPX*.gpx*.Gpx*.HTM*.

Comment

Confidential (Reason for Confidentiality)

Authorized Rep

*This control is conditionally displayed based on answers provided in other parts of the form

Prefix

First Name

Last Name

Title

Organization Name

Phone Type

*Only one phone number is accepted

Number

Extension

Home

Mobile

Other

Business

Email

Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Country

Topographic Map Submittal

*This section is conditionally displayed based on answers provided in other parts of the form

Topographic Map

File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif*.jpeg*.jpg*.pdf*.png

Comment

Confidential (Reason for Confidentiality)

Additional Document Submittals

Additional Documents (Optional)

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.bmp,*.jpeg,*.jpg,*.pdf,*.png,*.tif,*.tiff

Comment

Confidential (Reason for Confidentiality)

Small Mining (ALG890000) - NOI - Modification/Transfer (Form 498)

Small Mining-Modification and/or Transfer of Permit Coverage

NPDES Permit ALG890000 is a general permit authorizing discharges associated with noncoal/nonmetallic mining and dry processing, and areas associated with these activities, where such activities will result in a cumulative land disturbance of less than five (5) acres of land at any one time over the life of the mining activity.

A modification to your current permit may include one or more of the following:

- Permittee name change (Requires a signed Transfer Agreement, Form 466)
- Change of ownership (Requires a signed Transfer Agreement, Form 466)
- Facility name change
- Addition of receiving water(s) and/or discharge point(s)
- *BMP Plan will need to be resubmitted if adding receiving water and/or discharge point

*A complete and comprehensive BMP Plan must be attached to the application submittal if the mining site will discharge to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-.09, or any waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-.10.

Please contact the appropriate permitting staff member if you are unsure whether a modification or new permit is required for your project. Please contact the appropriate permitting staff based on the county where the site is located prior to beginning the application process. Please see the link on the right side of this screen for area assignments for permit staff.

[Please click here for the Transfer Agreement, Form 466](#)

[Please click here for the Alabama 303\(d\) list of Impaired Waters](#)

[Please click here for Information on Alabama TMDLs](#)

[Please click here for the permit fee schedule](#)

Instructions

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

*****APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED*****

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management
Water Division
Stormwater Management Branch
Post Office Box 301463
Montgomery, Alabama 36130-1463

CONTACTS

Phone : 334-271-7836

E-mail : cswmail@adem.alabama.gov

ADDITIONAL LINKS

[Please click here for area assignments and contact information for Special Services staff.](#)

Small Mining (ALG890000) - NOI - Modification/Transfer (Form 498)

Form Input

**This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

Processing Information

Brief description of the action/change that has resulted in the request for permit modification(s):

Please indicate which of the following applies to this submission: *Select One

- Modification Modification with Transfer of Ownership
 Transfer of Ownership Only

**This control is conditionally displayed based on answers provided in other parts of the form*

Please download, print, and sign the following:

[Transfer Agreement \(Form 466\)](#)

Attach Transfer Agreement (Form 466)

**This control is conditionally displayed based on answers provided in other parts of the form*

Please attach the signed Transfer Agreement (Form 466) here.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

.7Z.7z*.AVI*.avi*.Avi*.BMP*.bmp*.Bmp*.CSV*.csv*.Csv*.DAT*.dat*.Dat*.DOC*.doc*.Doc*.DOCX*.docx*.Docx*.DWG*.dwg*.Dwg*.EML*.eml*.Eml*.GIF*.gif*.Gif*.GPX*.gpx*.Gpx*.HTM*

Comment

Confidential (Reason for Confidentiality)

Are you adding a Co-Permittee? *Select One

- Yes No

This is the current Facility/Site Name:

Calculated

Are you changing the Facility/Site Name? *Select One

- Yes No

**This control is conditionally displayed based on answers provided in other parts of the form*

Selecting 'No' to the question above will display "None Specified" under the Facility/Site Name indicating it will no longer be editable or displayed on this Modification form. The current Facility/Site Name is still stored in the AEPACS system.

Do you have additional facility contacts associated with this site? *Select One

- Yes No

Are you adding/changing receiving water coordinates? If discharging to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for a pollutant of concern, a waterbody for which a TMDL has been approved or established by EPA for a pollutant of concern, a waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-.09, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-.10, an updated BMP Plan may be required.

**This control is conditionally displayed based on answers provided in other parts of the form*

- Yes No

Are you adding/changing outfall coordinates? If discharging to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for a pollutant of concern, a waterbody for which a TMDL has been approved or established by EPA for a pollutant of concern, a waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-.09, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-.10, an updated BMP Plan may be required.

**This control is conditionally displayed based on answers provided in other parts of the form*

- Yes No

Are you adding additional acreage? Please note, depending on the additional acreage request, issuance of a new, separate permit may be required. Please contact the permit writer for your county.

**This control is conditionally displayed based on answers provided in other parts of the form*

- Yes No

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? *Select One

**This control is conditionally displayed based on answers provided in other parts of the form*

- Yes No

Form Submission Reason

Calculated

Permit Information

Permit Number

Permittee

Permittee Name

Phone Type Number Extension

Home

Mobile

Other

Business

Mailing Address

Address Line 1

Address Line 2

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Permittee

**This control is conditionally displayed based on answers provided in other parts of the form*

Co-Permittee Name

Phone Type Number Extension

Home

Mobile

Other

Business

Address Line 1

Address Line 2

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Responsible Official

Prefix

First Name Last Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Title

Organization Name

Phone Type Number Extension

Home

Mobile

Other

Business

Email

Physical/Delivery Address

Address Line 1

Address Line 2

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Permit Contact(s)

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

Permit Contact

Prefix

First Name **Last Name**

Title

Company Name

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Facility/Site Information

Facility/Site Name

*This control is conditionally displayed based on answers provided in other parts of the form

Permittee Organization Type *Select One

- Corporation
- Federal
- LLP
- Partnership
- Sole Proprietorship (i.e. Owned by Individual)
- County Government/Commission
- LLC
- Municipality (City or Town)
- School District or Board
- State

... (More Options Available)

Facility/Site Contact

Prefix

First Name **Last Name**

Title

Organization Name

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Facility/Site Address or Location Description

Address Line 1

Address Line 2

Location Description

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility/Site County *Select One

- Autauga Baldwin
- Barbour Bibb
- Blount Bullock
- Butler Calhoun
- Chambers Cherokee
- ... (More Options Available)

Detailed Directions to the Facility/Site**Facility/Site Front Gate Latitude and Longitude****Latitude****Longitude**

--	--

Primary SIC Code *Select One

- 1411-Dimension Stone 1422-Crushed and Broken Limestone
- 1423-Crushed and Broken Granite 1429-Crushed and Broken Stone, Not Elsewhere Classified
- 1442-Construction Sand and Gravel 1446-Industrial Sand
- 1455-Kaolin and Ball Clay 1459-Clay, Ceramic, and Refractory Minerals, Not Elsewhere Classified
- 1474-Potash, Soda, and Borate Minerals 1475-Phosphate Rock
- ... (More Options Available)

Primary NAICS Code *Select One

- 212311-Dimension Stone Mining and Quarrying 212312-Crushed and Broken Limestone Mining and Quarrying
- 212313-Crushed and Broken Granite Mining and Quarrying 212319-Other Crushed and Broken Stone Mining and Quarrying
- 212321-Construction Sand and Gravel Mining 212322-Industrial Sand Mining
- 212324-Kaolin and Ball Clay Mining 212325-Clay and Ceramic and Refractory Minerals Mining
- 212391-Potash, Soda, and Borate Mineral Mining 212392-Phosphate Rock Mining
- ... (More Options Available)

Additional Site Contact(s)*This section is conditionally displayed based on answers provided in other parts of the form**Facility Contact**

Prefix		
First Name	Last Name	
Title		
Organization Name		
Phone Type <small>*Only one phone number is accepted</small>	Number	Extension
Home		
Mobile		
Other		
Business		
Email		
Mailing Address		
Address Line 1		
Address Line 2		
City	State/Area	Postal Code
Country		

Project Information*This section is conditionally displayed based on answers provided in other parts of the form

Brief Description of activity(s):

Please Specify Material to be Mined: *Select All That Apply

- Dirt and/or Chert Sand and/or Gravel
 Shale Common Clay
 Other

Total Facility/Site Area (acres)

*This control is conditionally displayed based on answers provided in other parts of the form

Total Disturbed Area (acres)

*This control is conditionally displayed based on answers provided in other parts of the form

⊗ ****Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area****

Anticipated Commencement Date

⊗ ****Commencement date MUST BE ON OR BEFORE Completion Date****

Anticipated Completion Date

Will flocculants or other chemical stabilization products be used on site? *Select One

- Yes No

Safety Data Sheet (SDS)

*This control is conditionally displayed based on answers provided in other parts of the form

Please attach an SDS sheet for *each* flocculant used.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

Comment

Confidential (Reason for Confidentiality)

Discharge Points/Receiving Waters

*This section is conditionally displayed based on answers provided in other parts of the form

Feature Type *Select One

- Discharge Point(s)/Receiving Water(s)

Discharge Point - Point where discharge enters the receiving water.

Discharge Point Identifier should have a prefix of 'SW' (i.e. SW001, SW002)

Discharge Point Identifier

Topo Map Identifier-Provide the point label from the topo map that correlates to the Discharge Point above.

Receiving Water *Select One

- A W Dale Lake Aaron Branch
 Abbie Creek Abbott Branch
 Abeg Creek Abel Lake
 Abercomby Branch Abes Creek
 Abison Branch Abramson Lake

... (More Options Available)

Does the discharge enter the named receiving water via an unnamed tributary and/or a storm sewer system? Please also indicate if the storm sewer system is under an MS4 permit. *Select All That Apply

- MS4 Un-Named Tributary
 Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. If the segment of the receiving water to which the facility discharges has not been assigned a use classifications, select ♦ Fish and Wildlife ♦. Please select ALL that apply.

Waterbody Classification **Select All That Apply*

- Agricultural and Industrial Water Supply (A&I) Fish and Wildlife (F&W)
- Limited Warmwater Fishery (LWF) Outstanding Alabama Water (OAW)
- Outstanding National Resource Water (ONRW) Public Water Supply (PWS)
- Shellfish Harvesting (SH) Swimming and Other Whole Body Water-Contact Sports (S)

Location of Discharge Point/Receiving Water

Latitude	Longitude
<input type="text"/>	<input type="text"/>

Outfalls

**This section is conditionally displayed based on answers provided in other parts of the form*

Feature Type **Select One*

- Outfall

Outfall - Point where the discharge leaves the site.

Outfall Identifier should have a prefix of 'OF' (i.e. OF001, OF002)

Outfall Identifier

Topo Map Identifier-Provide the point label from the topo map that correlates to the Outfall Point above.

Location of Outfall

Latitude	Longitude
<input type="text"/>	<input type="text"/>

Impaired, Total Maximum Daily Load (TMDL), and High Quality Waters

**This section is conditionally displayed based on answers provided in other parts of the form*

If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III.D of the permit. **Select One*

- Yes No

Attach BMP Plan

**This control is conditionally displayed based on answers provided in other parts of the form*

Please attach a copy of the BMP Plan that meets the requirements of Part III.D. of the permit.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:
.7Z.7z*.AVI*.avi*.Avi*.BMP*.bmp*.Bmp*.CSV*.csv*.Csv*.DAT*.dat*.Dat*.DOC*.doc*.Doc*.DOCX*.docx*.Docx*.DWG*.dwg*.Dwg*.EML*.eml*.Eml*.GIF*.gif*.Gif*.GPX*.gpx*.Gpx*.HTM*.

Comment

Confidential (Reason for Confidentiality)

Topographic Map Submittal

Topographic Map

File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif*.jpeg*.jpg*.pdf*.png

Comment

Confidential (Reason for Confidentiality)

Qualified Credentialed Professional (QCP) Certification

QCP Designation **Select One*

- AL National Resources Conservation Service Professional certified by the State Conservationist Certified Professional in Erosion and Sediment Control (CPESC)
- Certified Professional Soil Scientist (CPSS) Professional Engineer (PE)
- Professional Geologist (PG) Registered Environmental Manager (REM)
- Registered Forester Registered Land Surveyor (LS)
- Registered Landscape Architect

Registration / Certification Number

Qualified Credentialed Professional

Prefix		
<input type="text"/>		
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Title		
<input type="text"/>		
Organization Name		
<input type="text"/>		
Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Duly Authorized Representative (DAR)

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
- (b) In the case of a partnership, by a general partner;
- (c) In the case of a sole proprietorship, by the proprietor; or
- (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

Will a duly authorized representative be submitting this NOI? *Select One

Yes No

DAR Documentation

*This control is conditionally displayed based on answers provided in other parts of the form

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

.7Z,.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.

Comment

Confidential (Reason for Confidentiality)

Authorized Rep

**This control is conditionally displayed based on answers provided in other parts of the form*

Prefix		
<input type="text"/>		
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Title		
<input type="text"/>		
Organization Name		
<input type="text"/>		
Phone Type	Number	Extension
<small><i>*Only one phone number is accepted</i></small>		
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Mailing Address		
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country		
<input type="text"/>		

Small Mining (ALG890000) - NOI - Reissuance (Form 498)

Small Mining – Reissuance (Form 498)

NPDES Permit Number ALG890000 is a general permit authorizing discharges associated with construction activities that result in a total land disturbance of one (1) acre or greater and sites less than one (1) acre but are part of a larger common plan of development or sale.

Please complete all questions. Incomplete or incorrect answers will delay processing. Attach BMP Plan and other information as needed.

Reissuance/Modifications include one or more of the following:

- Addition of a Co-permittee
- Addition of a New Receiving Stream/Discharge Point
- Change of Ownership (also requires a Transfer Agreement, Form 466)
- Facility Name Change
- For Priority Sites: adding additional acreage not originally covered by the original NOI (an updated BMP Plan would be required to be submitted)
- Permittee Name Change

Instructions

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

*****APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED*****

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management
Water Division
Stormwater Management Branch
Post Office Box 301463
Montgomery, Alabama 36130-1463

CONTACTS

Phone : 334-271-7836

E-mail : cswmail@adem.alabama.gov

ADDITIONAL LINKS

[Please click here for area assignments and contact information for Special Services staff.](#)

Small Mining (ALG890000) - NOI - Reissuance (Form 498)

Form Input

*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form

Processing Information

Does this reissuance include a Permittee name or ownership change? (Requires Transfer Form 466) *Select One

Yes No

*This control is conditionally displayed based on answers provided in other parts of the form

Please download, print, and sign the following:

[Transfer Agreement \(Form 466\)](#)

Attach Transfer Agreement (Form 466)

*This control is conditionally displayed based on answers provided in other parts of the form

Please attach the signed Transfer Agreement (Form 466) here.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

.7Z,.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.

Comment

Confidential (Reason for Confidentiality)

Are you adding a Co-Permittee? *Select One

Yes No

This is the current Facility/Site Name:

Calculated

Are you changing the Facility/Site Name? *Select One

Yes No

*This control is conditionally displayed based on answers provided in other parts of the form

Selecting 'No' to the question above will display "None Specified" under the Facility/Site Name indicating it will no longer be editable or displayed on this Modification form. The current Facility/Site Name is still stored in the AEPACS system.

Do you have additional contacts associated with this site? *Select One

Yes No

Are you adding/changing receiving water coordinates? If a priority site, submittal of updated BMP Plan may be required. *Select One

Yes No

Are you adding/changing outfall coordinates? If priority site, submittal of updated BMP may be required. *Select One

Yes No

Are you adding additional acreage? If a priority site, submittal of updated BMP Plan is required. Please note, depending on the additional acreage request, issuance of a new, separate permit may be required. Please contact the permit writer for your county.

Yes No

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? *Select One

Yes No

Form Submission Reason

Reissuance

Permit Information

Permit Number

Permittee

Permittee Name

Phone Type Number Extension

Home

Mobile

Other

Business

Mailing Address

Address Line 1

Address Line 2

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Permittee

**This control is conditionally displayed based on answers provided in other parts of the form*

Co-Permittee Name

Phone Type Number Extension

Home

Mobile

Other

Business

Address Line 1

Address Line 2

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Responsible Official

Prefix

First Name Last Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Title

Organization Name

Phone Type Number Extension

Home

Mobile

Other

Business

Email

Physical/Delivery Address

Address Line 1

Address Line 2

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Permit Contact(s)

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

Permit Contact

Prefix

First Name **Last Name**

Title

Company Name

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Facility/Site Information

Facility/Site Name

*This control is conditionally displayed based on answers provided in other parts of the form

Permittee Organization Type *Select One

- Corporation
- County Government/Commission
- Federal
- LLC
- LLP
- Municipality (City or Town)
- Partnership
- School District or Board
- Sole Proprietorship (i.e. Owned by Individual)
- State

... (More Options Available)

Facility/Site Contact

Prefix

First Name **Last Name**

Title

Organization Name

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

Email

Facility/Site Address or Location Description

Address Line 1

Address Line 2

Location Description

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility/Site County *Select One

- Autauga Baldwin
- Barbour Bibb
- Blount Bullock
- Butler Calhoun
- Chambers Cherokee
- ... (More Options Available)

Detailed Directions to the Facility/Site**Facility/Site Front Gate Latitude and Longitude****Latitude****Longitude**

--	--

Primary SIC Code *Select One

- 1411-Dimension Stone 1422-Crushed and Broken Limestone
- 1423-Crushed and Broken Granite 1429-Crushed and Broken Stone, Not Elsewhere Classified
- 1442-Construction Sand and Gravel 1446-Industrial Sand
- 1455-Kaolin and Ball Clay 1459-Clay, Ceramic, and Refractory Minerals, Not Elsewhere Classified
- 1474-Potash, Soda, and Borate Minerals 1475-Phosphate Rock
- ... (More Options Available)

Primary NAICS Code *Select One

- 212311-Dimension Stone Mining and Quarrying 212312-Crushed and Broken Limestone Mining and Quarrying
- 212313-Crushed and Broken Granite Mining and Quarrying 212319-Other Crushed and Broken Stone Mining and Quarrying
- 212321-Construction Sand and Gravel Mining 212322-Industrial Sand Mining
- 212324-Kaolin and Ball Clay Mining 212325-Clay and Ceramic and Refractory Minerals Mining
- 212391-Potash, Soda, and Borate Mineral Mining 212392-Phosphate Rock Mining
- ... (More Options Available)

Additional Site Contact(s)*This section is conditionally displayed based on answers provided in other parts of the form**Facility Contact****Prefix****First Name****Last Name**

--	--

Title**Organization Name****Phone Type** *Only one phone number is accepted**Number****Extension**

Home

Mobile

Other

Business

Email**Mailing Address****Address Line 1****Address Line 2****City****State/Area****Postal Code****Country****Project Information****Brief Description of activity(s):**

Please Specify Material to be Mined: *Select All That Apply

- Dirt and/or Chert Sand and/or Gravel
 Shale Common Clay
 Other

Total Facility/Site Area (acres)

*This control is conditionally displayed based on answers provided in other parts of the form

Total Disturbed Area (acres)

*This control is conditionally displayed based on answers provided in other parts of the form

****Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area****

Anticipated Commencement Date

****Commencement date MUST BE ON OR BEFORE Completion Date****

Anticipated Completion Date

Will flocculants or other chemical stabilization products be used on site? *Select One

- Yes No

Safety Data Sheet (SDS)

*This control is conditionally displayed based on answers provided in other parts of the form

Please attach an SDS sheet for "each" flocculant used.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

Comment

Confidential (Reason for Confidentiality)

Discharge Points/Receiving Waters

Feature Type *Select One

- Discharge Point(s)/Receiving Water(s)

Discharge Point - Point where discharge enters the receiving water.

Discharge Point Identifier should have a prefix of 'SW' (i.e. SW001, SW002)

Discharge Point Identifier

Topo Map Identifier-Provide the point label from the topo map that correlates to the Discharge Point above.

Receiving Water *Select One

- A W Dale Lake Aaron Branch
 Abbie Creek Abbott Branch
 Abeg Creek Abel Lake
 Abercomby Branch Abes Creek
 Abison Branch Abramson Lake

... (More Options Available)

Does the discharge enter the named receiving water via an unnamed tributary and/or a storm sewer system? Please also indicate if the storm sewer system is under an MS4 permit. *Select All That Apply

- MS4 Un-Named Tributary
 Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. If the segment of the receiving water to which the facility discharges has not been assigned a use classifications, select Fish and Wildlife . Please select ALL that apply.

Waterbody Classification *Select All That Apply

- Agricultural and Industrial Water Supply (A&I) Fish and Wildlife (F&W)
 Limited Warmwater Fishery (LWF) Outstanding Alabama Water (OAW)
 Outstanding National Resource Water (ONRW) Public Water Supply (PWS)
 Shellfish Harvesting (SH) Swimming and Other Whole Body Water-Contact Sports (S)

Location of Discharge Point/Receiving Water

Latitude

Longitude

Outfalls

Feature Type *Select One

Outfall

Outfall - Point where the discharge leaves the site.

Outfall Identifier should have a prefix of 'OF' (i.e. OF001, OF002)

Outfall Identifier

Topo Map Identifier-Provide the point label from the topo map that correlates to the Outfall Point above.

Location of Outfall

Latitude

Longitude

Impaired, Total Maximum Daily Load (TMDL), and High Quality Waters

If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III.D of the permit. *Select One

Yes No

Attach BMP Plan

*This control is conditionally displayed based on answers provided in other parts of the form

Please attach a copy of the BMP Plan that meets the requirements of Part III D. of the permit.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

.7Z.7z*.AVI*.avi*.BMP*.bmp*.Bmp*.CSV*.csv*.Csv*.DAT*.dat*.Dat*.DOC*.doc*.Doc*.DOCX*.docx*.Docx*.DWG*.dwg*.Dwg*.EML*.eml*.Eml*.GIF*.gif*.Gif*.GPX*.gpx*.Gpx*.HTM*.

Comment

Confidential (Reason for Confidentiality)

Topographic Map Submittal

Topographic Map

File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif*.jpeg*.pdf*.png

Comment

Confidential (Reason for Confidentiality)

Qualified Credentialed Professional (QCP) Certification

QCP Designation *Select One

- AL National Resources Conservation Service Professional certified by the State Conservationist Certified Professional in Erosion and Sediment Control (CPESC)
- Certified Professional Soil Scientist (CPSS) Professional Engineer (PE)
- Professional Geologist (PG) Registered Environmental Manager (REM)
- Registered Forester Registered Land Surveyor (LS)
- Registered Landscape Architect

Registration / Certification Number

Qualified Credentialed Professional

Prefix		
<input type="text"/>		
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Title		
<input type="text"/>		
Organization Name		
<input type="text"/>		
Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Duly Authorized Representative (DAR)

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
- (b) In the case of a partnership, by a general partner;
- (c) In the case of a sole proprietorship, by the proprietor; or
- (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

Will a duly authorized representative be submitting this NOI? *Select One

Yes No

DAR Documentation

*This control is conditionally displayed based on answers provided in other parts of the form

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

.7Z,.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.

Comment

Confidential (Reason for Confidentiality)

Authorized Rep

**This control is conditionally displayed based on answers provided in other parts of the form*

Prefix		
<input type="text"/>		
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Title		
<input type="text"/>		
Organization Name		
<input type="text"/>		
Phone Type	Number	Extension
<small><i>*Only one phone number is accepted</i></small>		
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Mailing Address		
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country		
<input type="text"/>		

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG890000

Instructions: This form may be used to submit a Notice of Intent for coverage under NPDES Permit Number ALG890000 **ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6).** NPDES Permit Number ALG890000 is the general permit authorizing discharges from small noncoal/nonmetallic mining and dry processing and areas associated with these activities. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing. Attach BMP plan and/or other information as needed. Commencement of activities applied for in this Notice of Intent (NOI) are not authorized until permit coverage has been issued by the Department.

DISCHARGES NOT COVERED BY GENERAL PERMIT No. ALG890000

If the facility will have any of the following discharges, please contact the Mining and Natural Resources Section of ADEM before proceeding:

1. Discharges from wet processing of mined materials;
2. Discharge(s) from any mining operation that at any time has a total area of land disturbance that equals or exceeds five (5) acres in size; or
3. Discharge(s) from any mining operations where the planned or proposed area of total land disturbance currently equals or exceeds, or will equal or exceed five (5) acres in size.

PURPOSE OF THIS NOI

- | | |
|---|---|
| <input type="checkbox"/> Initial NOI for New Facility
<input type="checkbox"/> Modification of General Permit No. ALG89_____
<input type="checkbox"/> Transfer of General Permit No. ALG89_____ | <input type="checkbox"/> Initial NOI for Existing Facility (Previous NPDES Permit AL_____)
<input type="checkbox"/> Reissuance of General Permit ALG89_____
<input type="checkbox"/> Other_____ |
|---|---|

I. PERMITTEE INFORMATION

Permittee Name (Legal Name)		Responsible Official Phone Number (Provide at least one)	
Responsible Owner/Operator or Official Name	Responsible Official Title		Responsible Official Email Address
Responsible Official (RO) Mailing Address		Mailing City, State, and Zip Code	
Responsible Official (RO) Location Street/Physical Address		Location City, State, and Zip Code	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Other _____			

II. FACILITY INFORMATION

Facility/Site Name			Facility/Site Contact Name	Facility/Site Contact Title
Facility/Site Street Address or Location Description			Facility/Site Contact Company Name	
City	Zip Code	County(s)	Facility/Site Contact Phone Number (Provide at least one) Office: _____ Cell: _____	
Facility Front Gate Latitude and Longitude (Decimal or Deg. Min. Sec.)			Facility/Site Contact Email Address	
Detailed Directions to Facility/Site				

III. ACTIVITY DESCRIPTION

Please Specify Material to be Mined	
<input type="checkbox"/> Dirt and/or Chert <input type="checkbox"/> Sand and/or Gravel <input type="checkbox"/> Shale <input type="checkbox"/> Common Clay <input type="checkbox"/> Other _____	
Narrative Description of Activity	
Primary SIC Code:	Primary NAICS Code:

IV. PROPOSED SCHEDULE

Anticipated Activity Schedule:	Commencement Date: _____	Completion Date: _____
Area of Permitted Facility/Site:	Total Site Area in Acres: _____	Total Disturbed Area in Acres: _____

V. TOPOGRAPHIC MAP SUBMITTAL

Attach a portion or copy of a recent U.S. Geological Survey map at an appropriate contour interval, including perennial, intermittent, and ephemeral streams, lakes/springs/wells/wetlands. Several maps/pages may be necessary depending on the size and scope of your project.

The map(s) at a minimum must include the following, and be clearly labeled:

- (1) Location of the Facility/Site;
- (2) Site boundaries, to include property boundaries and proposed permit boundaries;
- (3) Area of disturbance;
- (4) 1 mile radius;
- (5) Entrance(s)/Exit(s), to include proposed/existing roads;
- (6) Outfall(s) - point where stormwater in a discernible, confined and discrete conveyance, leaves the Facility/Site, and;
- (7) Discharge point(s)/receiving water(s) - point where the stormwater discharge from the Facility/Site enters the receiving water;
- (8) Provide a key for symbols and a scale.

VI. DISCHARGE POINTS/RECEIVING WATERS

List discharge point number as identified on the topo map, name of receiving water(s), latitude & longitude (Decimal degrees or Degrees Minutes Seconds) of location(s) that run-off enters the receiving water, and the waterbody classification. Please also indicate if the discharges enter an unnamed tributary to the receiving water. In addition, indicate enters a storm sewer prior to the receiving water, and if the storm sewer is under the jurisdictions of an MS4. Please refer to ADEM Admin. Code 335-6-11 for a detailed list of water use classifications. (Attach a separate list if necessary)

Top Map ID	Latitude/Longitude	Receiving Water	UT	Storm Sewer	MS4	Waterbody Classification (At least one must be selected)					
						A&Γ	F&W	LWF	PWS	SH	S
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. OUTFALLS

List the locations of all outfalls (points where discharges leave the site) including the label for each outfall from the topo map. (Attach a separate list if necessary)

Topo Map Identifier	Latitude	Longitude

VIII. IMPAIRED, TOTAL MAXIMUM DAILY LOAD (TMDL), AND HIGH QUALITY WATERS

Does the mining site discharge to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for a pollutant of concern, a waterbody for which a TMDL has been approved or established by EPA for a pollutant of concern, a waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-.09, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-.10?

- Yes No If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III.D of the permit.

IX. GENERAL INFORMATION

Will flocculants or other chemical stabilization products be used on site? Yes No

If Yes, attach a Safety Data Sheet (SDS) for each flocculant used.

X. QUALIFIED CREDENTIALLED PROFESSIONAL (QCP) CERTIFICATION

"I certify under penalty of law that the technical information and data contained in this NOI, and a comprehensive Best Management Practices Plan (BMP Plan) for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this facility and associated regulated areas/activities. The BMP Plan meets the requirements of this permit and if properly implemented and maintained by the permittee, discharges of pollutants in stormwater runoff can reasonably be expected to be effectively minimized to the maximum extent practicable according to the requirements of ADEM Administrative Code Chapter 335-6-6-.23 and this Permit. The permittee has been advised that appropriate best management practices, pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices as detailed in the BMP Plan must be fully implemented and regularly maintained as needed at the facility in accordance with sound sediment, erosion, and other pollution control practices, permit requirements, and other ADEM requirements to ensure protection of groundwater and surface water quality."

QCP Designation/Description: _____

Name: _____ Title: _____ Registration/Certification # _____

Address: _____

Phone Number: _____ Email: _____

Signature _____ Date Signed: _____

XI. DULY AUTHORIZED REPRESENTATIVE (DAR)

If a Duly Authorized Representative will be signing this NOI, the DAR must provide the following information and attach the appropriate documentation meeting the requirements **below** for a duly authorized representative. The document must be dated within the last 12 months

Name (including prefix): _____ Title: _____

Organization Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Signature _____ Date Signed: _____

XI. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE

"I certify under penalty of law that this form, the BMP Plan, 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 submitted. Based on my inquiry of the qualified credentialed professional (QCP) and other 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, correct, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I further certify that the proposed discharges described in this NOI have been evaluated for the presence of any non-stormwater discharges and/or coal/mineral stormwater, or process wastewaters have been fully identified."

Name _____ Official Title _____

Signature _____ Date Signed: _____

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
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