

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG640000**

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG640000, which is the general permit authorizing discharges of filter backwash, sedimentation basin wash down, and decant water from water treatment plants. **Discharges from ion-exchange and reverse osmosis are not covered by this general permit.** Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

**ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463**

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

- [] **Initial** request for coverage under NPDES General Permit Number ALG640000
[] **Reissuance** of coverage under NPDES General Permit Number ALG640000 (Current Permit No. ALG64 _____)
[] **Modification** of coverage under NPDES General Permit Number ALG640000 (Current Permit No. ALG64 _____)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee: _____

Name of Facility: _____

B. Mailing Address of Facility: – PO Box or Street Route _____

City, State and Zip Code _____

C. Location (STREET ADDRESS) of Facility: _____

City, County: _____

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (_____)° (_____)’ (_____)“ N Longitude (_____)° (_____)’ (_____)“ W

E. Facility Contact Person:

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:

SIC Code

SIC Description

1. _____ (Primary) _____

2. _____ (Secondary) _____

3. _____ (Tertiary) _____

G. Description of plant processes and land use at the facility:

H. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes No If YES, NPDES Permit No. AL00_____

Do you intend to replace your individual permit with this General Permit? Yes No

I. Has the facility ever been issued coverage under an NPDES **GENERAL** Permit other than a permit listed in the "Purpose of this Notice of Intent" section? Yes No If YES, please provide the following:

Permit Number: AL_____ Facility Name on Permit:_____

J. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer or municipal/private sanitary sewer?

Yes No

K. Name of surface water to which the municipal storm sewer discharges:_____

L. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? Yes No

M. Date facility started or will start operations: _____

N. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? Yes No

(A list of the impaired waters can be found at <http://www.adem.state.al.us/programs/water/303d.cnt> for 303(d) listed waters and <http://www.adem.state.al.us/programs/water/approvedTMDLs.htm> for waters subject to a TMDL.)

If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? Yes No

If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Municipal Section of ADEM's Water Division before proceeding.

O. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? Yes No

P. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? Yes No

Q. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? Yes No

If YES, the facility cannot be covered under this general permit. Please contact the Municipal Section of ADEM's Water Division before proceeding.

DSN001: DISCHARGES ASSOCIATED WITH FILTER BACKWASH WATER, SEDIMENTATION BASIN WASHDOWN, AND DECANT WATER FROM WATER TREATMENT PLANTS

NOT APPLICABLE []

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (filter backwash water, sedimentation basin wash down, or decant water):

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge _____

5. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge _____

B. If more than one discharge is listed for DSN001, can they be sampled separately? [] Yes [] No

C. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? [] Yes [] No

D. Please check the process(es) that applies to this plant:

- [] Iron removal
- [] Aluminum removal
- [] Manganese and/or turbidity removal
- [] Pathogen removal
- [] Phosphate-based inhibitors
- [] Ion-exchange and reverse osmosis *

* **Note:** Discharges from ion-exchange and reverse osmosis are **not** covered by this general permit. If you use this process, then contact the Municipal Section of the Water Division regarding an Individual NPDES Permit*

Describe more completely, if necessary:

E. List any additives used in the water treatment process, such as coagulants, oxidizing enhancers, etc.:

F. Source(s) of raw water:

- Surface water
- Ground water
- Both

G. Plant processes that may contribute to waste water discharge (check all that apply):

- Presedimentation washdown
- Sedimentation washdown
- Filter backwash
- Filter-to-waste
- Other:

H. Average flow of finished water production (MGD) during the preceding 12 months: _____

I. List all know substances that may be found in the waste water discharge (for example: silt, chlorine, chloroform):

Removed substances:

Chemical additives:

Chemical reaction products:

J. Number and volume of sedimentation basins:

K. The following pertain to the water that is released from the sedimentation basin(s):

- 1) Number of times water is released: _____ per week.*
- 2) Number of hours: _____ per release.*
- 3) Volume (gallons): _____ per release.*

*(For existing facilities, use average of last 12 months of operation. New facilities may indicate "Not Applicable – N/A".)

L. The following pertain to filter backwashing:

- 1) Number of filters backwashed _____
- 2) Frequency for each filter _____ times per week.

- 3) Amount of water used to backwash _____ gallons for each filter
- 4) Frequency sedimentation basin is washed out _____ times per year.
- 5) Amount of water used to wash out the largest sedimentation basin: _____ gallons
- 6) **The permit requires that wastewater from water treatment plants be discharged to a wastewater settling basin or other method of treatment.**

Type of treatment provided for backwash and sedimentation basin wash waters, and the design capacity of the treatment system:

<u>Type of Treatment</u>	<u>Design Capacity</u>
_____	_____
_____	_____
_____	_____
_____	_____

M. Within the last 3 years, have any biological tests for acute or chronic toxicity been run on the discharge or on the receiving water in relation to the discharge? Yes No

If YES, please describe the purpose and type of test, and the pollutants analyzed:

Name of lab or consulting firm conducting the test: _____

Address: _____ Phone Number: _____

- N. Attach a sketch of the site showing all settling ponds, discharge point(s), and sludge disposal areas.
- O. Is water **chlorine free** from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? Yes No If YES, skip P. and Q. below.
- P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN001?

Yes No If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.

Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? Yes No

For which outfall(s)? _____

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.

GENERAL INFORMATION

Have you included a check for the application fee? [] Yes [] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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 or imprisonment for knowing violations.

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name (type or print): _____ Official Title: _____

NOTE: This Notice of Intent must be signed by the official representative of the facility who is: the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: _____

RO Phone Number: _____ RO Email Address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): _____ Official Title: _____

DMR Contact Address: _____

DMR Contact Phone Number: _____ Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____ **D**

Phone Number: _____ Email Address: _____

Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.