

**10/30/17**

**Minutes  
Environmental Management Commission Meeting  
Alabama Department of Environmental Management Building  
1400 Coliseum Boulevard  
Montgomery, Alabama 36110-2400  
August 18, 2017**

**This is to certify that the Minutes contained herein are a true and accurate account of actions taken by the Alabama Environmental Management Commission on August 18, 2017.**

A handwritten signature in black ink, reading "Terry D. Richardson", is written over a solid horizontal line.

**Terry D. Richardson, Vice Chair  
Alabama Environmental Management Commission**

**Certified this 20th day of October 2017.**

**Minutes**  
**Environmental Management Commission Meeting**  
**Alabama Department of Environmental Management Building**  
**1400 Coliseum Boulevard**  
**Montgomery, Alabama 36110-2400**  
**August 18, 2017**

**Convened: 11:02 a.m.**  
**Adjourned: 11:50 a.m.**

**Part A**

**Transcript**  
**Word Index**

**Part B**

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**Part A**

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1 ALABAMA ENVIRONMENTAL MANAGEMENT  
2 COMMISSION MEETING  
3  
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5  
6  
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8  
9 ALABAMA DEPARTMENT OF ENVIRONMENTAL  
10 MANAGEMENT  
11 Alabama Room  
12 1400 Coliseum Boulevard  
13 Montgomery, Alabama, 36110-2400  
14 August 18, 2017  
15 11:02 a.m.  
16  
17  
18  
19  
20  
21  
22  
23 Taken by: Victoria M. Castillo, CCR#17

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1 CHAIRMAN BROWN: Call to  
2 order the August 18th, 2017 meeting of the  
3 Alabama Environmental Management  
4 Commission. Chair acknowledges that we  
5 have a quorum present. The first item on  
6 the agenda is the consideration of the  
7 minutes held – minutes of the meeting held  
8 on June 16, 2017. The minutes have been  
9 circulated prior to the meeting -- this  
10 meeting to all Commissioners, and Chair  
11 will entertain a motion.  
12 COMMISSIONER MARTIN: I move  
13 that we approve the minutes as presented.  
14 COMMISSIONER LAIER: Second.  
15 CHAIRMAN BROWN: All in  
16 favor?  
17 (All Commissioners signify  
18 with "aye.")  
19 CHAIRMAN BROWN: Next is the  
20 report from the Director. Good morning.  
21 DIRECTOR LeFLEUR: Good  
22 morning, Commissioners, and good morning to  
23 others present this morning. And welcome

Page 2

1 A P P E A R A N C E S  
2  
3 COMMISSION MEMBERS PRESENT:  
4 H. Lanier Brown, II, Esquire, Chair  
5 James E. Laier, Ph.D, P.E.  
6 E. Craig Martin, D.V.M.  
7 Mary J. Merritt  
8 Scott Promer, P.E., MBA  
9  
10 COMMISSION MEMBERS NOT PRESENT:  
11 Terry D. Richardson, Ph.D., Vice Chair.  
12 Samuel L. Miller, M.D.  
13  
14 ALSO PRESENT:  
15 Tina Hammonds, Office of the  
16 Attorney General  
17 Debi Thomas, AEMC Executive Assistant  
18 Lance R. LeFleur, ADEM Director  
19  
20  
21  
22  
23

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1 to the final FY 2017 meeting of the Alabama  
2 Environmental Management Commission.  
3 Today's report will update you on the  
4 Department's budget status, review the  
5 performance of the Department's Drinking  
6 Water program using EPA dashboards;  
7 highlight several Drinking Water  
8 initiatives; give you a brief update on the  
9 SSO initiatives; and, report on the current  
10 situation at EPA.  
11 On the budget front, the  
12 Department continues to be on target with  
13 its FY 2017 funding and expenditures.  
14 There has been no action on the federal  
15 portion of the Department's FY 2018 budget.  
16 As noted in the April Commission meeting,  
17 plans are in place to adjust operations as  
18 necessary to meet all Departmental  
19 obligations under the anticipated possible  
20 federal funding scenarios.  
21 The extent to which any of these  
22 adjustments may need to occur will depend  
23 on the final outcome of the federal

<p style="text-align: right;">Page 5</p> <p>1 budgeting process. It continues to appear 2 that a reduction in the use of outside 3 contractors and normal attrition will make 4 it unnecessary for the Department to have 5 any layoffs.</p> <p>6 In the past, by virtually every 7 objective measure, the Department has 8 consistently been a high performer. The 9 Department has been and will continue 10 taking the necessary steps to be a top 11 performer using whatever resources are 12 available. One of those steps is to 13 objectively measure performance against the 14 rest of the nation on a regular basis to 15 assure effective use of the resources with 16 which we have been entrusted. Reporting 17 those performance metrics to the Commission 18 and the public also helps ensure 19 Departmental accountability.</p> <p>20 Today's report will review EPA 21 Interactive Visual Compliance and 22 Enforcement Metrics known as "dashboards" 23 for our Drinking Water program. In June</p>	<p style="text-align: right;">Page 7</p> <p>1 or interstate rest stops, shown in red; and 2 non-transient, non-community systems, such 3 as would be present at a commercial or 4 industrial facility, shown in green. The 5 total universe is 590 facilities, which has 6 been very steady in recent years.</p> <p>7 Alabama has far fewer public 8 drinking water systems than most states as 9 a result of an intentional strategy 10 implemented in the 1980s. The program 11 encouraged the development of substantial 12 systems having the technical, financial, 13 and managerial ability to operate in 14 accordance with state and federal 15 regulations.</p> <p>16 The next two slides will deal 17 with inspections.</p> <p>18 This slide shows the percentage 19 of public water systems in the state that 20 have been visited by ADEM inspectors during 21 each of the last six fiscal years. More 22 than 99 percent of the systems in Alabama 23 have had a site visit in each of the last</p>
<p style="text-align: right;">Page 6</p> <p>1 2016, shortly after the information from 2 EPA became available, the initial analysis 3 of the dashboards for the Drinking Water 4 activities of the Department was presented. 5 Review of those dashboards is now in the 6 regular rotation of performance analysis.</p> <p>7 As is done in each dashboard 8 presentation, we will first look at the 9 size of the universe of regulated 10 facilities, then the rate of inspections, 11 the findings from those inspections, and 12 finally the enforcement actions taken where 13 violations are found. Please turn your 14 attention to the screen where I will walk 15 you through a few of 26 Drinking Water 16 graphs available for analysis of the 17 Drinking Water program through FY 2016.</p> <p>18 This slide shows there are three 19 categories of Public Water Systems (PWSs): 20 Community systems, which are those serving 21 organized communities such as cities and 22 towns, shown in dark blue; transient, 23 non-community systems, such as campgrounds</p>	<p style="text-align: right;">Page 8</p> <p>1 six years compared to the national average 2 of about 40 percent.</p> <p>3 What is known as a "Sanitary 4 Survey" in public drinking water systems, 5 is an in-depth review of all water sources, 6 treatment plants, storage tanks, and 7 pumping facilities along with an 8 administrative review of operating 9 procedures, plans, and other documentation.</p> <p>10 A Sanitary Survey is required to be 11 performed at least once every three years, 12 meaning approximately 33 percent of the 13 universe must be surveyed each year. As 14 shown on this graph, in Alabama the rate 15 for Sanitary Surveys for both community 16 systems, shown in red, and non-community 17 systems, shown in orange, consistently 18 exceeds the 33 percent requirement as well 19 as the national average.</p> <p>20 This next dashboard slide shows 21 the percentage of public water systems with 22 health-based violations. Health-based 23 violations are those potentially impacting</p>

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1 human health. The rates of Alabama's  
 2 health-based violations, shown in green,  
 3 are well below the national average  
 4 represented by the orange line. Not shown  
 5 in the EPA dashboard program is the  
 6 statistic that more than 99 percent of  
 7 Alabama's population served by community  
 8 water systems receives drinking water in  
 9 compliance with all health-based standards,  
 10 as compared to only 95 percent in the  
 11 Region 4 and less than 93 percent  
 12 nationally.  
 13 Of those systems with  
 14 health-based violations, a portion falls  
 15 into the category of Serious Violators, as  
 16 shown on this graph. To become a serious  
 17 violator, a water system accumulates a  
 18 number of lesser violations without  
 19 returning to compliance, or it has a few  
 20 critical violations such as an acute  
 21 health-based violation. Continual  
 22 reporting violations can also cause a water  
 23 system to be deemed a serious violator. As

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1 formal enforcement actions, shown in dark  
 2 blue, compared to the national averages  
 3 because nearly all of Alabama's serious  
 4 violators return to compliance before a  
 5 formal enforcement action is required.  
 6 The rate of return to compliance  
 7 is shown in this next dashboard graph. The  
 8 graph reflects the percentage of the  
 9 violating drinking water systems that  
 10 returned all violations to compliance  
 11 during at least one quarter of the fiscal  
 12 year. Many of the violations included on  
 13 this graph are monitoring or reporting  
 14 violations which do not return to  
 15 compliance until the next reporting period,  
 16 which could be as long as 12 months. As  
 17 you saw on previous slides, Alabama has a  
 18 low occurrence of serious violations and  
 19 formal enforcement actions yet, as shown in  
 20 purple on this slide, Alabama is always  
 21 above the national average, represented by  
 22 the orange line, for returning those  
 23 drinking water systems that are in

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1 with other measures of violations, at less  
 2 than one percent, Alabama has a much lower  
 3 rate of serious violators, shown in red,  
 4 than the three percent national average  
 5 represented by the orange line.  
 6 Moving now to enforcement  
 7 actions taken as a result of  
 8 non-compliance, this next dashboard shows  
 9 the percentage of public water systems with  
 10 either formal or informal enforcement  
 11 actions. It has been the Department's  
 12 strategy to have high rates of inspections  
 13 and high rates of informal enforcement  
 14 actions as the best means to achieve  
 15 compliance. In earlier graphs you saw the  
 16 high inspection rates. In this graph you  
 17 now see the high rate of informal  
 18 enforcement actions as shown in light blue  
 19 compared to national averages.  
 20 EPA requires a state to take  
 21 formal enforcement action if a water system  
 22 remains a serious violator more than one  
 23 quarter. The Department takes very few

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1 non-compliance to compliance. These are  
 2 exactly the results we want.  
 3 To summarize, in the Drinking  
 4 Water program, as in other Departmental  
 5 regulatory programs, compliance is the  
 6 objective. As shown in this dashboard  
 7 analysis, the Department's strategy of high  
 8 rates of inspections and high rates of  
 9 informal enforcement results in lower  
 10 levels of non-compliance; and when there is  
 11 non-compliance, a rapid return to  
 12 compliance. The strategy not only achieves  
 13 higher levels of compliance, it does so  
 14 more cost effectively.  
 15 To provide an additional level  
 16 of assurance in this critical program that  
 17 potentially affects the health of every  
 18 member of the public, in 2016 the  
 19 Department established an independent  
 20 internal review program to review drinking  
 21 water procedures and protocols. This is  
 22 now a regular part of the Department's  
 23 internal review process.

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1 Another contributing factor to  
 2 compliance is the condition of the drinking  
 3 water infrastructure in the state. Like  
 4 other states, ADEM administers a low cost  
 5 loan program to drinking water systems.  
 6 The Department puts special emphasis on  
 7 providing low cost loans to small systems  
 8 that have limited access to the bond market  
 9 or other forms of the long-term financing  
 10 needed to support infrastructure. Much has  
 11 been reported in the media about aging  
 12 infrastructure in the United States. Last  
 13 month the American Society of Civil  
 14 Engineers published a report assessing the  
 15 condition of many types of infrastructure  
 16 in each of the states throughout the  
 17 nation. The nation as a whole received a  
 18 drinking water infrastructure grade of D,  
 19 while Alabama's drinking water  
 20 infrastructure got a grade of C plus. The  
 21 report ranked Alabama's drinking water  
 22 quality in the top 10 percent of all states  
 23 which, back when I was in school, would

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1 water focus of today's report, I'm pleased  
 2 to highlight several program initiatives  
 3 related to drinking water. A program that  
 4 has been in the process of planning,  
 5 training, and funding for more than a year  
 6 is coming to fruition. Existing EPA  
 7 protocols call for statistical samplings  
 8 for lead in drinking water for end-users,  
 9 including institutions such as schools.  
 10 However, few schools meet the EPA  
 11 established criteria to be selected as  
 12 sample sites so only a small portion of  
 13 total universe of schools is sampled.  
 14 In 2016, the Department brought  
 15 together the Alabama Department of Public  
 16 Health and the Alabama Department of  
 17 Education and developed a program to test  
 18 for lead in the drinking water of every  
 19 Alabama public school. The situation in  
 20 Flint, Michigan, where citizens were  
 21 exposed to elevated levels of lead in their  
 22 drinking water occurred in part because  
 23 there was not adequate statistical sampling

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1 convert into us being one of the five  
 2 states receiving a grade of A for drinking  
 3 water quality.  
 4 Also, in a May 2017 report by  
 5 the Natural Resources Defense Council  
 6 (NDRC) was a summary of the number of  
 7 drinking water health-based violations in  
 8 each state. The results are displayed on  
 9 this map. The areas appearing in various  
 10 shades of orange, red and black are those  
 11 with one or more health-based violations,  
 12 while the white areas are where there are  
 13 no violations. That bright area in the  
 14 southeast is Alabama. You can see Alabama  
 15 is a clear leader. It's a bit difficult to  
 16 see, but only two states have fewer  
 17 absolute numbers of health-based drinking  
 18 water violations, and those states are two  
 19 of the smallest, Rhode Island and Hawaii.  
 20 Of those two, only Rhode Island has a lower  
 21 percentage of violations or serious  
 22 violations.  
 23 In keeping with the drinking

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1 for lead in drinking water. While Alabama  
 2 has had a robust drinking water system  
 3 statistical sampling program for many  
 4 years, we added this new program to provide  
 5 the parents of school aged children,  
 6 who are the most vulnerable to the ill  
 7 effects of elevated lead in drinking water,  
 8 the peace of mind of knowing that no matter  
 9 which Alabama public school their child  
 10 attends, the drinking water there has been  
 11 tested and found to be safe.  
 12 It's been a recurring theme of  
 13 the Department to promote efficient and  
 14 effective innovation in how our work is  
 15 done to make sure the public is getting the  
 16 maximum benefit for the resources expended.  
 17 In the drinking water arena, the Department  
 18 has authorized drinking water systems to  
 19 publish annual Consumer Confidence Reports  
 20 electronically to those drinking water  
 21 end-users electing to receive them in that  
 22 format, thus reducing the printing and  
 23 mailing costs associated with hard printed



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1 copies.

2 One final initiative that

3 relates to drinking water involves

4 educating the public on the importance of

5 protecting our watersheds. The Department

6 brought together interested environmental

7 advocacy organizations and the Alabama

8 Department of Transportation to develop a

9 program to strategically place signage

10 along the interstates in Alabama notifying

11 drivers of when they are entering one of 12

12 major watersheds in the state.

13 The slide on the screen is an

14 example of how the signs will look. The

15 purpose is to first make people aware of

16 the watersheds, then to educate them about

17 watersheds, and finally to encourage

18 actions to protect the watersheds. The

19 signage will be tied into watershed

20 information at interstate rest stops. A

21 benefit, in addition to helping protect the

22 watersheds, is that the signage will help

23 reduce litter along interstates, and

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1 to wastewater for just a moment, we are

2 making progress with the Sanitary Sewer

3 Overflow (SSO) initiatives discussed in

4 previous Commission meetings. As of July

5 1st, all new, modified, or reissued NPDES

6 municipal wastewater discharge permits

7 contain a requirement that SSOs be reported

8 electronically using latitude and longitude

9 for precise locating. Although many

10 systems already have them in place, we are

11 likewise developing a permit condition to

12 require that all municipal wastewater

13 systems have written procedures to respond

14 to SSOs, including written public

15 notification procedures. Individual

16 systems and the public will have the

17 opportunity for input on the permit

18 requirement for SSO response procedures

19 during the permitting process. The

20 Department has also entered into a contract

21 with the Alabama Rural Water Association to

22 hold seven regional training sessions to

23 educate wastewater treatment system

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1 possibly other roadways, which in turn

2 reduces taxpayers' costs for litter

3 removal.

4 This project is also an example

5 of how governmental and non-governmental

6 organizations can work together on

7 activities that benefit the public.

8 For those who have not already

9 done so, please take a moment to look at

10 the lobby display that shows the public

11 drinking water sources in Alabama along

12 with areas where special assessments are

13 done to assure the water quality -- the

14 quality of water resources, a larger

15 version of the health-based violations map

16 I showed you just a few moments ago, and

17 other information on drinking water.

18 In a related water matter, I am

19 pleased to report that on July 24th, 2017,

20 EPA approved the Water Quality Standards

21 submitted by the Department following our

22 standard Triennial Review process.

23 Moving away from drinking water

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1 operators on electronic reporting of SSOs,

2 as well as the requirements for public

3 notification of SSOs. Following today's

4 Commission meeting, I and others from the

5 Department will be meeting with interested

6 environmental groups to continue engagement

7 on SSOs and other topics selected by the

8 environmental community.

9 Moving now to EPA. Things

10 continue to move slowly in appointing

11 EPA top management. To date, only the

12 Administrator, Scott Pruitt, the former

13 Attorney General from Oklahoma, has been

14 named and confirmed by the Senate. The

15 Deputy EPA Administrator, ten Assistant

16 Administrators, EPA General Counsel and

17 Regional Administrators for the 10 EPA

18 Regions are yet to be named.

19 The federal administration has

20 announced a new direction for EPA that is

21 being described as focusing on EPA's

22 "original core mission." It's anticipated

23 that this change in focus will likely

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1 result in increased activity by  
2 environmental groups as well as the  
3 regulated community.  
4 An ongoing element of the  
5 Department's Annual Operating Plan is to  
6 promote professional development of our  
7 workforce, which is necessary to support a  
8 high performance organization. I am  
9 pleased to recognize Daniel Arthur who  
10 achieved the difficult and prestigious  
11 milestone of designation as a Professional  
12 Engineer.  
13 Daniel, would you please rise  
14 and be recognized.  
15 (Audience applause)  
16 DIRECTOR LeFLEUR:  
17 Congratulations. You do get a raise with  
18 that.  
19 That completes my report for  
20 today, if there are any questions?  
21 CHAIRMAN BROWN: I have one  
22 about the SSO ongoing rulemaking. You said  
23 "written notification." Would that include

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1 electronic, like, e-mails or social media  
2 or anything like that?  
3 DIRECTOR LeFLEUR: Well,  
4 they have written procedures that set out  
5 what the public notification process will  
6 be for that particular wastewater treatment  
7 facility, and it -- we are developing --  
8 and we're going to be going over this with  
9 the environmental folks. We do have, stood  
10 up right now, an interactive map that has  
11 all SSOs within five minutes of the time  
12 they're reported to the Department, where  
13 any person can have access to it, click on  
14 the dot that -- that is in the area of  
15 interest, and it will bring up all the  
16 information that's available on it. We  
17 also have, stood up, a notification -- an  
18 opt-in notification program that will ping  
19 your iPhone or your e-mail whenever there  
20 is an SSO in whatever county you select or  
21 throughout the entire state. So, yes, we  
22 are having, as you mentioned, the ability  
23 to have specific notification.

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1 CHAIRMAN BROWN: But as I  
2 understood the rulemaking, a lot of it is  
3 up -- we're really talking about the local  
4 operators and what they do to notify the  
5 public?  
6 DIRECTOR LeFLEUR: Correct.  
7 CHAIRMAN BROWN: And we're  
8 letting -- is that just going to be them  
9 providing some written notification, not  
10 just to the Department but to the public?  
11 Is that the goal?  
12 DIRECTOR LeFLEUR: They have  
13 the obligation to notify the public as well  
14 as the Department and the local health  
15 department of any SSOs in their system.  
16 CHAIRMAN BROWN: Hopefully  
17 we can get that done before the next  
18 swimming season starts, get that finalized.  
19 DIRECTOR LeFLEUR: That's  
20 the objective. We will be starting on that  
21 process, and two members of the rulemaking  
22 committee indicated that they would be  
23 attending the meeting at one o'clock with

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1 the environmental folks that have decided  
2 to attend, Commissioner Promer and  
3 Commissioner Merritt. Commissioner  
4 Richardson is not here today, so he sends  
5 his regrets for not being able to attend  
6 that meeting. So the process is underway.  
7 CHAIRMAN BROWN: Does  
8 anybody else have any questions of the  
9 director?  
10 COMMISSIONER MARTIN: I have  
11 one. You mentioned ADEM helps to  
12 facilitate loans to these water facilities  
13 through us. Is this from ADEM funds, or  
14 where do they get the loans from?  
15 DIRECTOR LeFLEUR: Good  
16 question. EPA has for a number of years  
17 made grants to each state to have a pool,  
18 if you will, of funds that can be loaned  
19 out at low interest rates for the expressed  
20 purpose of building infrastructure at  
21 drinking water systems and at wastewater  
22 treatment systems. The loans are repaid  
23 and go back into that fund, and it's a

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1 revolving fund so that as the loans are  
2 paid back, more loan money becomes  
3 available for others. And we have been  
4 doing that --  
5       What was the first year for  
6 that, do you recall, for setting up the  
7 SRF?  
8       Late '80s. It's been in place  
9 for quite some time. And a very successful  
10 program. We have made a billion dollars.  
11       MR. KELLY: Probably 1.5  
12 billion.  
13       DIRECTOR LeFLEUR: \$1.5  
14 billion in loans over the life of that  
15 program that help infrastructure, and that  
16 is one of the key issues within the United  
17 States is the crumbling infrastructure that  
18 we have.  
19       CHAIRMAN BROWN: Anything  
20 else?  
21       (No response)  
22       CHAIRMAN BROWN: Thank you.  
23       DIRECTOR LeFLEUR: Thank

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1 instructions, procedures, communications  
2 with the Department, and permit application  
3 fees, respectively.  
4       The revisions consisted of the  
5 addition of two new forms, the modification  
6 of 43 forms, the deletion of 27 forms, and  
7 correction of two forms' names. Also, the  
8 list of forms in Chapter 1 has been  
9 resorted alphabetically to reflect the  
10 changes cited above.  
11       This revision also corrects the  
12 Department's four digit ZIP code to reflect  
13 the current designation and deletes Fee  
14 Schedule F, as well as the references to  
15 Fee Schedule F. The regulated activities  
16 to which Fee Schedule F previously applied  
17 are currently subject to general permit  
18 fees under Fee Schedule D. An  
19 administrative correction to Fee Schedule B  
20 is also being made.  
21       A public hearing was held on  
22 Thursday, July 13th. During the hearing no  
23 comments were received; however, prior to

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1 you.  
2       CHAIRMAN BROWN: Next on the  
3 agenda is the report from the Commission  
4 Chair. I have no particular things to  
5 report. Obviously, I think we all just  
6 heard what was on my mind today.  
7       So we move on to the next Agenda  
8 Item No. 4: Commission will consider  
9 proposed amendments to ADEM Administrative  
10 Code 335-1, General Administration  
11 Regulations, Rules 335-1-1-.07, .08, and  
12 .04. Call on the Department for comments.  
13 Good morning.  
14       MR. KELLY: Good morning.  
15 Thank you, Mr. Chairman. I'm Russell  
16 Kelly. I'm Chief of the Permits and  
17 Services Division. On May 28th, 2017, the  
18 Department caused a notice to be published  
19 in the four major newspapers regarding  
20 Division 1, specifically Chapter  
21 335-1-1-.07 and .08 and 335-1-6-.04 of the  
22 Department's Administrative Code. This  
23 code covers Departmental forms,

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1 the comment period ending, one set of  
2 comments was received pertaining to ADEM  
3 Form 415. It's the Sanitary Sewer Overflow  
4 Event Reporting Form. As documented in the  
5 Department's Reconciliation Statement  
6 that's in your package, one minor change to  
7 this form was made based on one of these  
8 comments.  
9       The Department respectfully  
10 requests your favorable consideration in  
11 the adoption to these proposed rule  
12 changes. Now I yield for any questions.  
13       CHAIRMAN BROWN: I will  
14 entertain a motion from the Commission  
15 regarding the proposed amendments to the  
16 General Administration Regulations.  
17       COMMISSIONER MARTIN: So  
18 moved.  
19       COMMISSIONER LAIER: Second.  
20       CHAIRMAN BROWN: All in  
21 favor?  
22       (All Commissioners signify  
23 with "aye.")

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1 CHAIRMAN BROWN: Passes.  
2 Agenda Item 5 is the --  
3 MR. KELLY: Thank you,  
4 Chairman.  
5 CHAIRMAN BROWN: Thank you.  
6 Is there any other business any  
7 Commissioner wants to bring forth?  
8 (No response)  
9 CHAIRMAN BROWN: There being  
10 none, Chair notes the next Commission  
11 meeting is October 20th, 2017. And all  
12 Commissioners have previously indicated  
13 their availability, but we do know things  
14 can change.  
15 Next we will move on to the  
16 public comment period. Before this  
17 Commission is a request from Michael Mullen  
18 to present on Systemic Failures in ADEM's  
19 Construction Stormwater Compliance  
20 Enforcement Program, with Solution. The  
21 Commission will vote on whether or not to  
22 grant the request, and I will entertain a  
23 motion to deny or grant the request.

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1 there are systemic failures that make it  
2 difficult even for the ADEM staff to be  
3 effective. I commend the ADEM staff when  
4 there's a complaint for getting out and  
5 doing quick inspections and doing thorough  
6 inspections, but there are basically, what  
7 I would call, systemic problems that make  
8 effective enforcement, at best, difficult.  
9 And if you have an operator who does not  
10 want to be compliant, it makes it even more  
11 difficult.  
12 If I look into the Troy area,  
13 over approximately the last year there were  
14 25 environmental warning letters sent out  
15 by the Department. Exactly 50 of those  
16 were sites that were not registered. The  
17 operators had chosen not to register the  
18 sites. I've actually heard from at least  
19 one or two QCPs in my area that some of  
20 them were recommending -- there are folks  
21 out there, professionals, recommending to  
22 the site operators to not register. And  
23 why do they do that? The chance of being

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1 COMMISSIONER PROMER: So  
2 moved to grant.  
3 COMMISSIONER MERRITT:  
4 Second.  
5 CHAIRMAN BROWN: All in  
6 favor?  
7 (All Commissioners signify  
8 with "aye.")  
9 CHAIRMAN BROWN: Come on up,  
10 Mr. Mullen.  
11 COMMISSIONER MARTIN: I  
12 think there's a 10-minute limitation, if  
13 I'm correct.  
14 MR. MULLEN: Thank you-all  
15 for allowing us today, and I want to  
16 commend the Department for some of the  
17 things that Lance brought up this morning.  
18 We're doing some good work in a lot of  
19 areas, but construction stormwater area is  
20 an area that environmental advocates are  
21 trying to get the Department to do a better  
22 job on since long before Director LeFleur  
23 became the director of the Department. And

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1 detected is not anywhere near 100 percent.  
2 And if they are detected, there's no sign  
3 that ADEM is doing anything to enhance the  
4 penalties for people who haven't  
5 registered. Pardon me, I'm getting to the  
6 age I'm going to put these reading glasses  
7 on.  
8 So there is a solution to that.  
9 When ADEM finds a site that doesn't have  
10 any best management practices and there's  
11 no registration, they ought to issue a  
12 cease order. Until you register that site,  
13 until you show us that you've got a  
14 construction best management plan in place,  
15 cease everything else. That's a pretty  
16 easy solution. This particular site  
17 received an environmental warning letter  
18 early in June. Here it is August. They  
19 finished the parking lot, since this was --  
20 but the cut slope in the back still has no  
21 stabilization.  
22 You know, there's a 14-day rule  
23 in the regulations and rules that if you

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1 have an area that's not going to have  
 2 further construction on it they should get  
 3 some cover on it within 14 days, temporary  
 4 cover. Or if you're not going to touch it  
 5 at all anymore, put permanent cover on it.  
 6 They're not doing that, and that's -- all  
 7 these sites that are putting a lot of  
 8 sediment out, you tend to see it, on almost  
 9 all of those, the big part of the problem  
 10 is they're not enforcing the 14-day rule.  
 11 If you see -- go out to a site  
 12 and they don't have BMPs in place, they  
 13 don't have a construction best management  
 14 plan, they're not following the plan that  
 15 they have, they ought to get a cease order.  
 16 You know, until you take care of this plan,  
 17 then you should be focusing on that. You  
 18 know, I hate to have somebody have to send  
 19 the nail drivers home, but they're not --  
 20 that's their responsibility if they don't  
 21 have a plan and they're not following the  
 22 plan.  
 23 One of the problems is that only

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1 site, it's pretty obvious. It shouldn't  
 2 take ADEM that long to look at a plan and  
 3 say, They have an adequate plan or they  
 4 don't. And if they obviously don't have an  
 5 adequate plan, send it back to them. And  
 6 I'm going way too slow.  
 7 Another problem is that the  
 8 site -- that the site that I showed you,  
 9 and the one I'm about to show you, they're  
 10 both the same company. They also had a  
 11 third site that's -- by this time is  
 12 completed and buttoned up, that received  
 13 a -- received notices and environmental  
 14 warning letters. There doesn't seem to be  
 15 any enhancement of penalties for serial  
 16 violators. It just does not seem to be  
 17 happening. And if you've got a serial  
 18 violator and you've already seen them  
 19 violate in one place and they do it in  
 20 another place and another place, use the  
 21 cease order, use the ability. And if the  
 22 Department does not have the legal ability  
 23 to issue cease orders -- I think they do.

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1 sites that are adjacent to or in the  
 2 watershed are special waters, are either  
 3 high quality waters or they're waters that  
 4 have a TMDL on them for sediment. They  
 5 don't have to require -- they're supposed  
 6 to do one, but they don't have to submit a  
 7 construction best management plan. So a  
 8 lot of these sites when you go to them they  
 9 don't have one or they're obviously not  
 10 following it.  
 11 So there's a solution to that  
 12 too: Require them, in addition to the  
 13 construction best management plan -- and I  
 14 have seen this on several occasions where  
 15 there are plans -- to send a materials  
 16 list. And if you -- if somebody looks at  
 17 that materials list and they've got a site  
 18 and they have no specification to have  
 19 erosion control materials, you know, We  
 20 don't have any straw or we don't have any  
 21 erosion control blankets. We don't have  
 22 that listed on our supply list of things that  
 23 we're going to fund to take care of this

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1 They have issued them before -- then you  
 2 should help them get that authority or they  
 3 should go to the legislature and get that  
 4 authority.  
 5 These sites -- you know,  
 6 basically almost mud running down the  
 7 streets. You know, this site was noticed  
 8 with an environmental warning letter again  
 9 early June, and there was no -- no  
 10 effective action. And if that's the case,  
 11 then, again, they ought to issue a cease  
 12 order and immediately after that issue a  
 13 penalty order or begin a consent order.  
 14 The next couple of slides --  
 15 that's -- that's upstream of the curb drain  
 16 downstream from the site I just showed you.  
 17 And you can see the difference downstream.  
 18 These aren't particularly high-grade  
 19 streams downstream, but many places in the  
 20 state you have -- the receiving waters are  
 21 streams that have fisheries, you know, if  
 22 there's a fishery involved there ought to  
 23 be a penalty for damage to that receiving

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1 stream to that fishery.  
2       There are good operators out  
3 there. I found this site about the same  
4 time I found the others. I think they just  
5 got caught with bad timing. The day after  
6 the bigger rain event, they had to  
7 stabilize. They had the whole area  
8 stabilized and buttoned down. If people  
9 care and they have a good plan, erosion  
10 sediment control is not rocket science.  
11 It's basically paying attention and having  
12 a good plan.  
13       Small projects. There are a  
14 number of projects in town that maybe only  
15 have one or two housing sites on it. BMPs  
16 are not maintained at all. So it's --  
17 basically the message is out there that  
18 this isn't important. You know, the  
19 response to them, the use of cease orders  
20 penalty is not sufficient to -- to get  
21 their attention.  
22       And there's problems also on the  
23 -- I am sorry. The problem was also out

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1 there in the professional QCPs community.  
2 I know good QCPs. They're supposed to do  
3 this. If there is an off-site pollution  
4 problem, they're supposed to just -- like a  
5 wastewater treatment plant, they're  
6 supposed to notify the Department. Not  
7 very many of them are doing that. You  
8 know, our wastewater treatment plants, they  
9 do discharge monitoring reports. If we  
10 have a serious violation, the QCP or the  
11 owner should be notifying the Department.  
12 They shouldn't have to wait until there's a  
13 complaint or inspection. They should be  
14 noted in the Department. We have an upset  
15 condition. We need to take care of it.  
16 And here's how we're going to take care of  
17 it. And they should begin within 72 hours,  
18 unless there's week-long hurricane or  
19 something. They ought to be doing things,  
20 whether they're temporary or permanent to  
21 solve that problem.  
22       I don't think I have time to go  
23 through a list of about 10 or 11 points

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1 summarizing some of this, but there is an  
2 ultimate solution. And the ultimate  
3 solution would be for the Department or the  
4 Commission to hire some consultants and put  
5 together an effluent standard or a set of  
6 effluent standards. Our rainfall and soil  
7 conditions are so different from north to  
8 south Alabama, you might have an  
9 effluent -- set of effluent standards for  
10 north Alabama and one for south Alabama.  
11 But effluent standards for turbidity and  
12 suspended solids.  
13       What we have now is sort of a  
14 menu of, Did they do the BMPs right or not  
15 do the BMPs right, and it gets qualitative  
16 or whatever and there's no real handle to  
17 hang a violation on. And it would be a  
18 great thing if we had an effluent standard.  
19 We got the regulated community. We got the  
20 QCPs. We got the professionals at the  
21 Department to work together.  
22       My experience is I -- EPA put  
23 out a standard, and it got pushed back in

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1 court, of 400 NTUs for turbidity. I think  
2 that's a very reasonable standard. Sites  
3 that are done well, I seldom see a site  
4 that has turbidity more than about 200.  
5 Sure, you're going to get three inches of  
6 rain in two hours and it's going to blow  
7 them out. There can be exceptions. But if  
8 it has a three-inch rain and there's not  
9 BMPs in place, it's not an act of God; it's  
10 an act of the dog, you know, that managed  
11 that site and didn't do it right.  
12       So I -- I appreciate your time.  
13 I guess at the final conclusion, if the  
14 Department doesn't improve in this, it  
15 leaves -- it leaves advocacy groups really  
16 only one choice. And it's an expensive  
17 choice, but we will do it. It will be an  
18 expensive choice for the Department. If we  
19 can start, we can develop the process and  
20 streamline our process for issuing notices  
21 of intent to sue. And if we don't see  
22 improvement from the Department, I know my  
23 organization will and I suspect that other

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1 organizations will start using notices of  
2 intent to sue. I would rather see the  
3 Department do their job. Thank you.  
4 I will take any questions.  
5 CHAIRMAN BROWN: Thank you.  
6 Anyone have any questions? Mr. Director,  
7 do you have any comments in response?  
8 DIRECTOR LeFLEUR: I will  
9 say that Mr. Mullen's concerns about  
10 enforcement are an agenda item for this  
11 afternoon's meeting at one o'clock and that  
12 results of that discussion, along with  
13 Mr. Mullen's opinions, will be taken under  
14 advisement by the Department.  
15 CHAIRMAN BROWN: Couple of  
16 things that seemed to stick out to me  
17 that -- taking Mr. Mullen's word, that  
18 seemed to me to address is the failure of  
19 people to register or companies to register  
20 and there being no repercussion for that.  
21 It seems to me that, you know, anybody  
22 operating without basic compliance with the  
23 law should be shut down. That's been my

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1 experience with, you know, whether it's a  
2 store down the street, a convenience store  
3 without a business license, they get shut  
4 down. And so that sort of concerned me.  
5 Another thing that stuck out was  
6 the serial violators that think they can  
7 just not -- do not register, not take  
8 proper compliance measures, and I guess  
9 they think they can get away with it. And  
10 I don't know what can be done to address  
11 that. But taking Mr. Mullen at his word,  
12 that's a little concerning.  
13 DIRECTOR LeFLEUR: As far as  
14 the serial violators are concerned, one of  
15 the six factors that's used in calculating  
16 a penalty is the history that the permit  
17 holder has with prior violations and  
18 that -- that adds to the amount of the  
19 penalty that they are assessed in  
20 situations. So it is a factor that's  
21 included in the penalty calculation.  
22 As far as failure to have a  
23 site -- a permit for the site, there are

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1 occasions where new people to the industry  
2 and smaller people in the industry did not  
3 realize that they needed to have an ADEM  
4 permit. They felt their building permit  
5 was all that they really needed, and that's  
6 an educational process there. When we do  
7 have intentional failure to register a  
8 site, that is one of the factors also that  
9 we take into account with the enforcement  
10 action.  
11 COMMISSIONER MARTIN: Does  
12 ADEM have the power to issue a cease and  
13 desist order?  
14 DIRECTOR LeFLEUR: I beg  
15 your pardon?  
16 COMMISSIONER MARTIN: Does  
17 ADEM have the power to issue a cease and  
18 desist order?  
19 DIRECTOR LeFLEUR: We have  
20 to go through a legal process, a due  
21 process, for issuing a cease and desist  
22 order, service, those kinds of things.  
23 Oftentimes a cease and desist order -- when

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1 you have a cease and desist order on a  
2 site, they walk away from the site, which  
3 means that the environmental damages being  
4 done is continuing. Whereas if we keep  
5 them on the site, have them correct the  
6 deficiencies at the site, we get back to  
7 compliance more quickly. It's driven by  
8 the particular circumstances at the site.  
9 CHAIRMAN BROWN: You talk  
10 about the process for obtaining the cease  
11 and desist order. Would it be your  
12 experience or opinion whether -- once that  
13 process is initiated, whether that --  
14 DIRECTOR LeFLEUR: Gets  
15 their attention?  
16 CHAIRMAN BROWN: Right.  
17 DIRECTOR LeFLEUR: Yes, it  
18 does get their attention. It certainly  
19 does.  
20 CHAIRMAN BROWN: I guess  
21 my -- when I look at these pictures,  
22 obviously there's regulatory compliance  
23 issues, but I also just see, you know, mud

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1 and dirt running down people's streets and  
2 in front of people's homes. And, again,  
3 taking Mr. Mullen at his word about the  
4 circumstances that are leading to some of  
5 these, it just seems unfortunate to the  
6 homeowners and not to mention the violation  
7 of the regulations and whatever can be done  
8 to --  
9       DIRECTOR LeFLEUR: Well,  
10 none of us want to see that red water  
11 coming down. I believe that these  
12 photographs were during or shortly into --  
13 after a two-inch rainfall that occurred --  
14 or one-and-three-quarter inch rainfall that  
15 occurred in a 30- to 60-minute period,  
16 which, as Mr. Mullen mentioned, can  
17 overwhelm BMPs.  
18       CHAIRMAN BROWN: Absolutely.  
19       DIRECTOR LeFLEUR: But you  
20 want BMPs to do the job they're supposed to  
21 do, and they only have to do their job if  
22 it's raining. But we do appreciate  
23 citizens notifying us when they observe a

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1 potential violation. We do between eight  
2 and ten times the number of inspections  
3 that EPA requires for construction  
4 stormwater. But even with that high level  
5 of inspections, we can't inspect every site  
6 every day. And we do welcome those  
7 complaints that come.  
8       Two of these sites were already  
9 involved with enforcement actions at the  
10 time the complaint arrived, but two of them  
11 were new complaints that we had not been  
12 aware of the violations at the site. As  
13 mentioned, we try to get on these  
14 inspections quickly after a complaint comes  
15 in. And on these two sites that we were  
16 not aware of at the time, our inspection  
17 did discover violations and enforcement  
18 actions have been -- I don't know if  
19 they're completed yet, but they're underway  
20 with the site.  
21       CHAIRMAN BROWN: I  
22 appreciate it. I know that it's tough, the  
23 number of sites compared to the number of

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1 inspectors. I'm sure it does not match up.  
2 And I think the thing that really has me  
3 concerned, assuming what Mr. Mullen said is  
4 correct, is that, you know, some people  
5 think they can just not register and that  
6 there will not be consequences, and I think  
7 we need to make sure that --  
8       DIRECTOR LeFLEUR: That's an  
9 educational process for some of these  
10 folks.  
11       CHAIRMAN BROWN: Well, you  
12 know, some lessons are learned easily; some  
13 are learned hard.  
14       DIRECTOR LeFLEUR: Correct.  
15 Correct.  
16       CHAIRMAN BROWN: And but  
17 people need to learn. Thank you. Anybody  
18 else have any questions or comments?  
19       (No response)  
20       CHAIRMAN BROWN: Thank you.  
21       MR. MULLEN: Thank you.  
22       CHAIRMAN BROWN: Nobody  
23 signed up for the public comment period

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1 today, so I will entertain a motion to  
2 adjourn.  
3       COMMISSIONER MARTIN: So  
4 moved.  
5       COMMISSIONER LAIER: Second.  
6       COMMISSIONER MERRITT:  
7 Second.  
8       CHAIRMAN BROWN: All in  
9 favor?  
10       (All Commissioners signify  
11 with "aye.")  
12       CHAIRMAN BROWN: We're  
13 adjourned. Thank you all for being here.  
14       (The meeting concluded at  
15 11:50 a.m.)  
16       \*\*\*\*\*  
17  
18  
19  
20  
21  
22  
23



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**Part B**

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(Agenda Item 2)**

**Attachment 3 Resolution adopting amendments to ADEM Administrative Code 335-1,  
General Administration Regulations, Rules 335-1-1-.07, 335-1-1-.08,  
and 335-1-6-.04 and Attachment A – Adopted Revisions  
(Includes NPDES-Related Matter)  
(Agenda Item 4)**

**Attachment 1**

**AGENDA\***  
**MEETING OF THE**  
**ALABAMA ENVIRONMENTAL MANAGEMENT COMMISSION**  
DATE: August 18, 2017  
TIME: 11:00 a.m.  
LOCATION: Alabama Department of Environmental Management (ADEM) Building  
Alabama Room (Main Conference Room)  
1400 Coliseum Boulevard  
Montgomery, Alabama 36110-2400

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<b>PUBLIC COMMENT PERIOD</b>	
a. Request to make presentation	2
b. Brief statements by members of the public registered to speak	2

\* The Agenda for this meeting will be available on the ADEM website, [www.adem.alabama.gov](http://www.adem.alabama.gov), under Environmental Management Commission.

\*\* The Minutes for this meeting will be available on the ADEM website under Environmental Management Commission.

1. CONSIDERATION OF MINUTES OF MEETING HELD ON JUNE 16, 2017
2. REPORT FROM THE ADEM DIRECTOR
3. REPORT FROM THE COMMISSION CHAIR
4. CONSIDERATION OF PROPOSED AMENDMENTS TO ADEM ADMINISTRATIVE CODE 335-1, GENERAL ADMINISTRATION REGULATIONS, RULES 335-1-1-.07, 335-1-1-.08, AND 335-1-6-.04 (INCLUDES NPDES-RELATED MATTER)

The Commission will consider proposed amendments to ADEM Administrative Code 335-1, General Administration Regulations, Rules 335-1-1-.07, 335-1-1-.08, and 335-1-6-.04. The amendments include modifying forms, deleting Schedule F, and making minor administrative changes. The Department held a public hearing on the proposed amendments on July 13, 2017.

5. OTHER BUSINESS
6. FUTURE BUSINESS SESSION

PUBLIC COMMENT PERIOD

a. REQUEST TO MAKE PRESENTATION

- (1) Request from Michael William Mullen, Choctawhatchee Riverkeeper, Inc.  
SUBJECT: Systemic Failures in ADEM's Construction Stormwater Compliance Enforcement Program With Solutions  
(The full Commission will vote on whether or not to grant the request to make a presentation prior to moving to the Public Comment Period.)

b. BRIEF STATEMENTS BY MEMBERS OF THE PUBLIC REGISTERED TO SPEAK

Members of the public that wish to make a brief statement at a Commission meeting may do so by first signing in on a register maintained by the Commission office prior to each regularly scheduled meeting. The register will close ten minutes prior to convening each meeting of the Commission. Following completion of all agenda items, the Commission Chair will call on members of the public wishing to make a statement in the order their names appear on the register. Speakers are encouraged to limit their statement to matters that directly relate to the Commission's functions. Speakers will be asked to observe a three minute time limit. While an effort will be made to hear all members of the public signed on the register, the Commission may place reasonable limitations on the number of speakers to be heard. (Guideline 11, Guidelines for Public Comment).

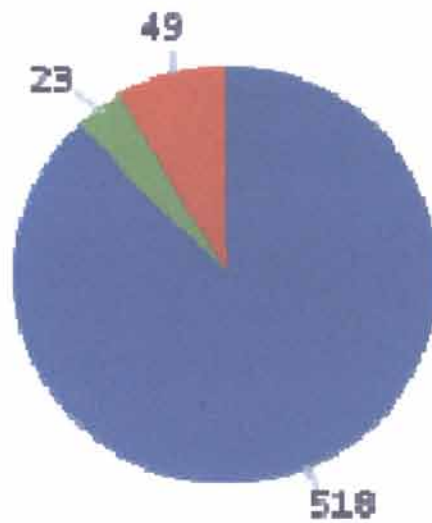
The Guidelines for Public Comment are used in the application of ADEM Administrative Code 335-2, Environmental Management Commission Regulations, Rule 335-2-3-.05, Agenda and Public Participation. The Guidelines for Public Comment serve to educate and inform the public as to how the Commission interprets and intends to apply the Rule. The revised Rule 335-2-3-.05 was effective October 7, 2016.



**Attachment 2**

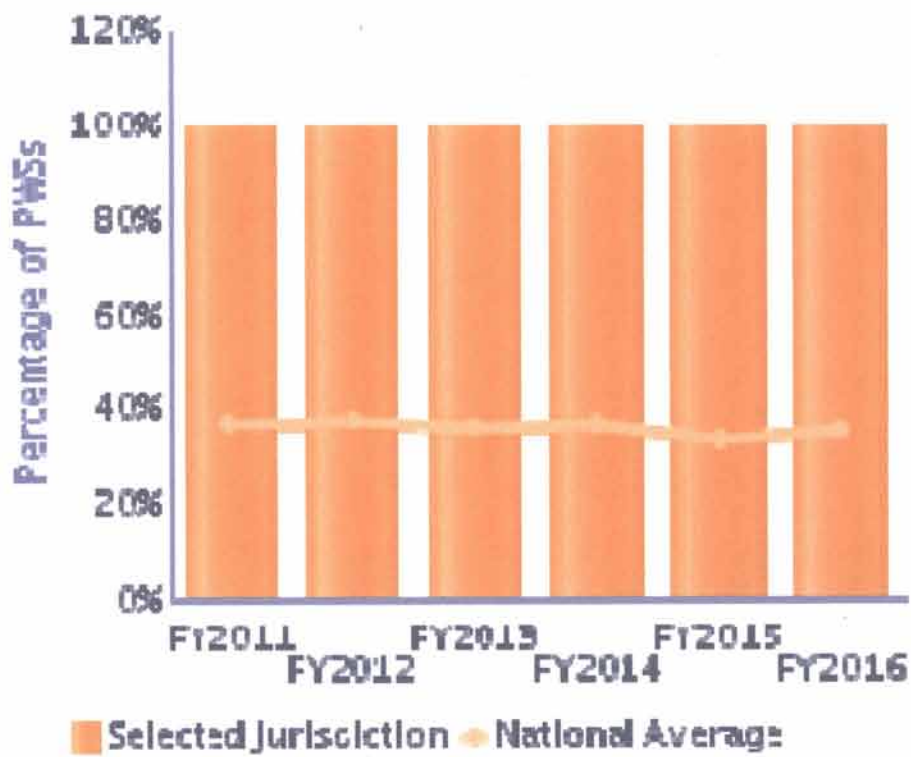
YOPV2016

### PWSs by Type

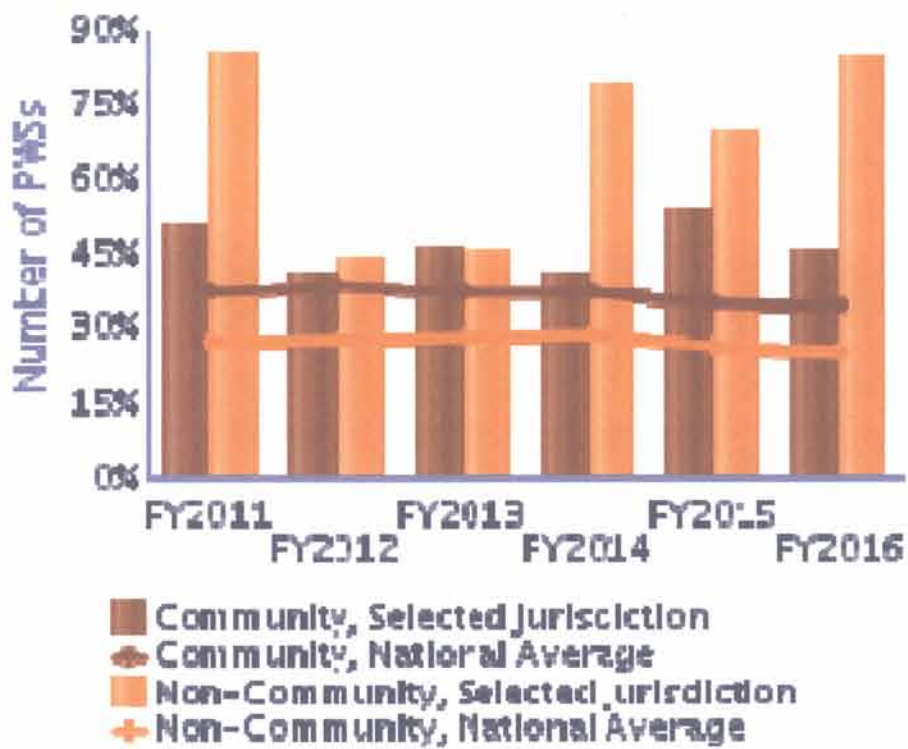


- Community Water System
- Non-Transient Non-Community Water System
- Transient Non-Community Water System

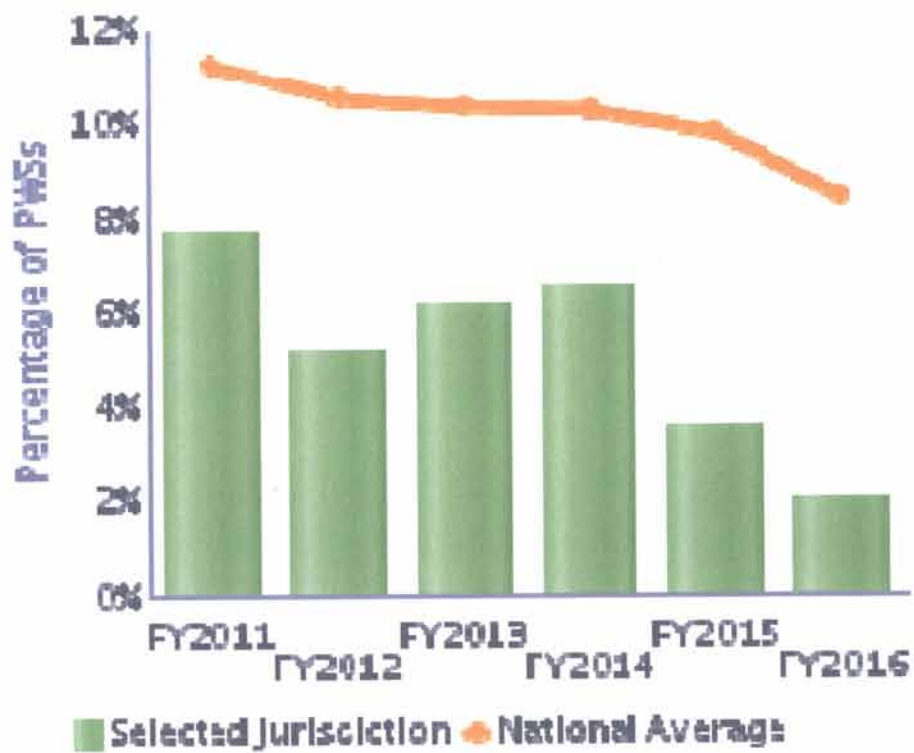
### PWSs with Site Visits



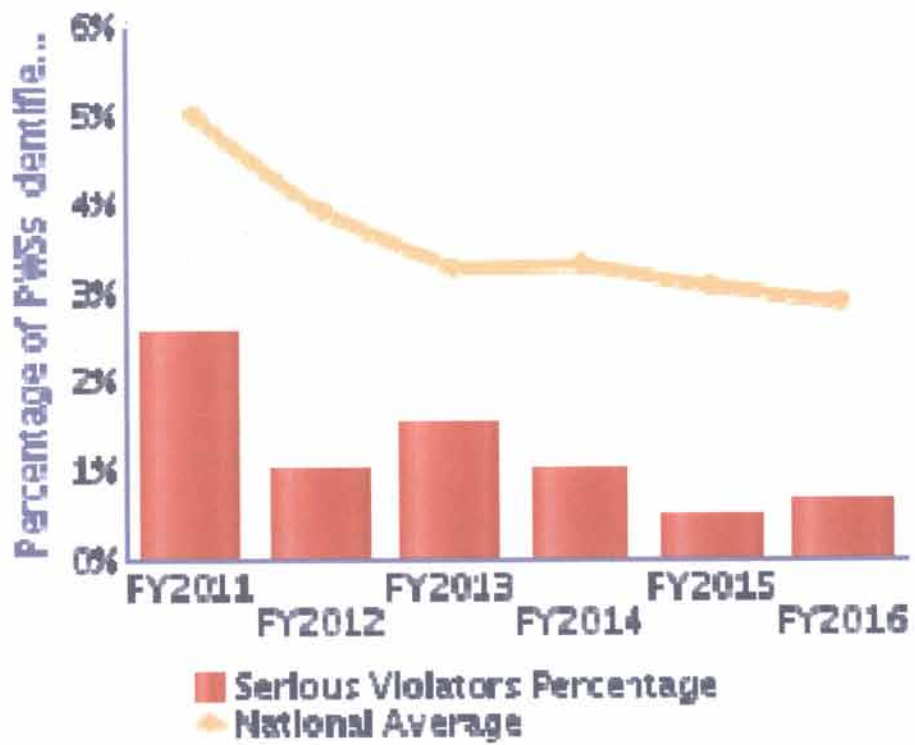
### PWSs with Sanitary Surveys



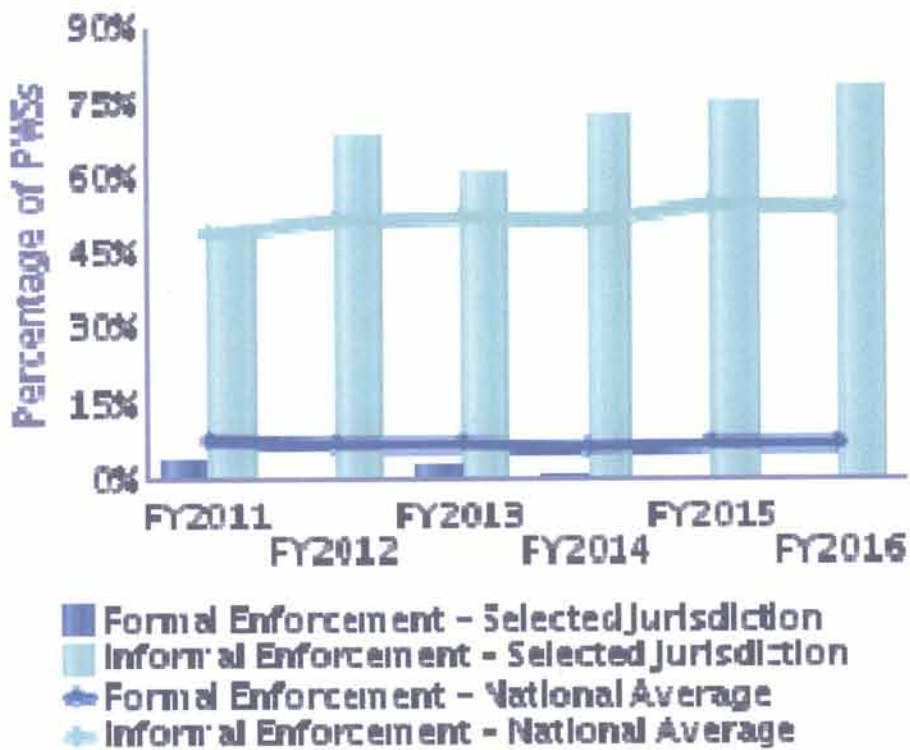
### PWSs with Health-based Violations



### Serious Violators



### PWSs with Enforcement Actions

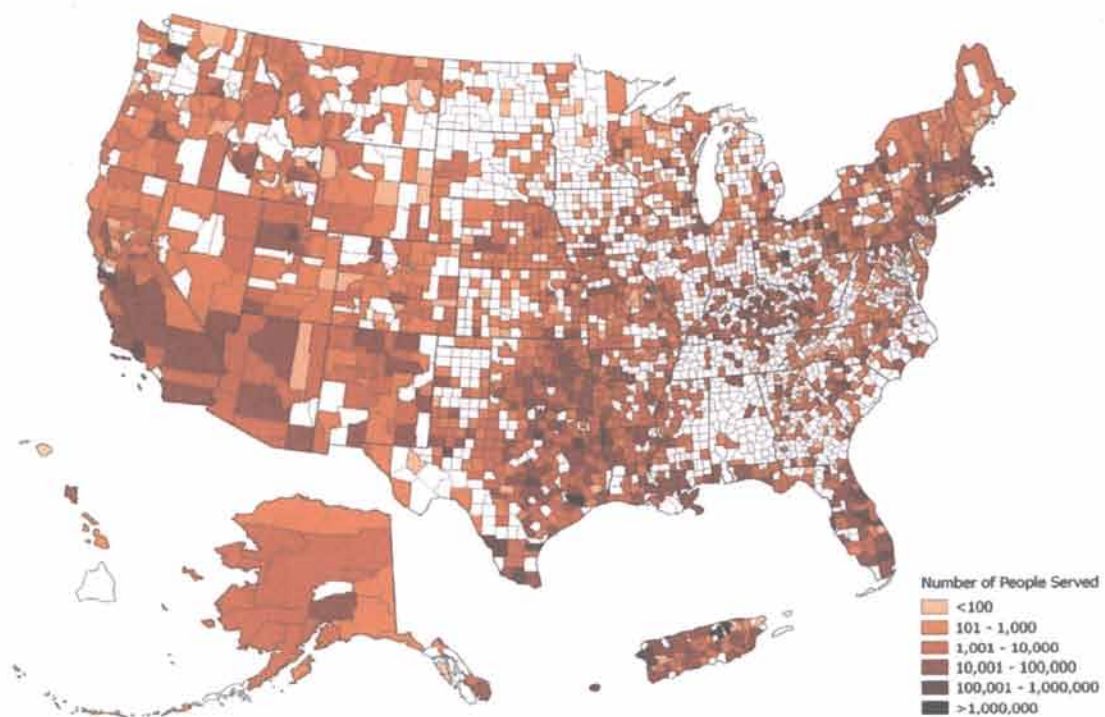


### FWSs Returned to Compliance





# NRDC REPORT - HEALTH-BASED VIOLATIONS



**AEM**



**Coosa River  
Watershed**

**Help Keep Our Waters Clean**

**Attachment 3**

**ENVIRONMENTAL MANAGEMENT COMMISSION  
RESOLUTION**

WHEREAS, the Alabama Department of Environmental Management gave notice of a public hearing on the proposed revisions to ADEM Admin. Code 335-1 of the Department's General Administration Program Rules in accordance with Ala. Code § 22-22A-8 (2006 Rplc. Vol.) and Ala. Code § 41-22-4 (2000 Rplc. Vol.); and

WHEREAS, a public hearing was held before a representative of the Alabama Department of Environmental Management designated by the Environmental Management Commission for the purpose of receiving data, views and arguments on the amendment of such proposed rules; and

WHEREAS, the Alabama Department of Environmental Management has reviewed the oral and written submissions introduced into the hearing record, and has prepared a concise statement of the principal reasons for and against the adoption of the proposed rules incorporating therein its reasons for the adoption of certain revisions to the proposed rules in response to oral and written submissions, such revisions, where appropriate, having been incorporated into the proposed rules attached hereto; and

WHEREAS, the Environmental Management Commission has considered fully all oral and written submissions respecting the proposed amendments and the Reconciliation Statement prepared by the Alabama Department of Environmental Management.

NOW THEREFORE, pursuant to Ala. Code. §§ 22-22A-5, 22-22A-6, 22-22A-8 (2006 Rplc. Vol.), and Ala. Code. § 41-22-5 (2000 Rplc. Vol.), as duly appointed members of the Environmental Management Commission, we do hereby adopt and promulgate these revisions to division 335-1 [335-1-6-.07/Departmental Forms, Instructions, and Procedures (Amend); 335-1-1-.08/Communications with the Department (Amend); 335-1-6-.04/Permit Application Fees (Amend)] of the Department's General Administration Program rules, administrative code attached hereto, to become effective forty-five days, unless otherwise indicated, after filing with the Alabama Legislative Reference Service.

**ENVIRONMENTAL MANAGEMENT COMMISSION  
RESOLUTION**

ADEM Admin. Code division 335-1 – General Administration Program

IN WITNESS WHEREOF, we have affixed our signatures below on this 18th day of August 2017.

APPROVED:

*Mary J Merritt*

*Scott Pen*

*James E. Lee*

*James Merritt*

*Ed Mark*

DISAPPROVED:

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\_\_\_\_\_

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This is to certify that this Resolution is a true and accurate account of the actions taken by the Environmental Management Commission on this 18th day of August 2017.

ABSTAINED:

\_\_\_\_\_

*H. Lanier Brown, II*  
H. Lanier Brown, II, Chair  
Environmental Management Commission  
Certified this 18th day of August 2017

\_\_\_\_\_

**ATTACHMENT A**

**335-1-1-.07 Departmental Forms, Instructions, and Procedures.**

(1) Designation as the State Environmental Control Agency. The Department is the State Environmental Control Agency for the purposes of federal environmental law including the Federal Clean Air Act, 42 U.S.C. 7401 et seq., as amended; the Federal Clean Water Act, 33 U.S.C. 1251 et seq., as amended; the Federal Safe Drinking Water Act, 42 U.S.C. A 201 et seq., as amended. The Department is authorized to take all actions necessary and appropriate to secure the benefits of federal environmental laws. The Department operates in conformity with such federal laws, policies, and procedures, as provided in the Act.

(2) Policies and Procedures. The Commission, through the adoption of rules pursuant to Code of Alabama 1975, § 22-22A-7(c)(6), establishes environmental policies and procedures.

(3) Form and Instructions. The Director may require such forms within the rules as he deems necessary. The content of such forms and instructions for their completion may be prescribed by the Director including the changes of such from time to time. Federal forms as published by the Environmental Protection Agency may be used in lieu of state developed forms. Departmental forms prescribed by the Director shall be identified and numbered as follows:

<b>Name of Forms</b>	<b>Form Number</b>
112(j) Part 1 Applicability Notification	<b>493</b>
ADEM Baseline Monitoring Report Submittal Form	<b>314</b>
ADEM Line Leak Detector (LLD) Test Report Form <b>M-1</b>	<b>551</b>
ADEM NPDES Pesticide Adverse Incident Report	<b>29</b>
Air Emissions Electronic Reporting System (AEERS) Responsible Official Registration	<b>38</b>
Air Permit Application For Gasoline Dispensing Facilities <b>M-5</b>	<b>197</b>
Alabama Clean Vessel Act Grant Application	<b>517</b>
Alabama Coastal Area Management Program Application for Approval of a Non-Regulated Use ADEM Administrative Code rule 335-8-1-.11 Groundwater Extraction 50 PM or Greater <b>M-1</b>	<b>316</b>
Alabama Hazardous Waste Receipt for Samples and Documents	<b>546</b>
Alabama Hazardous Waste/Used Oil Transporter Permit Application <b>M-1</b>	<b>317</b>
Alabama Recycling Fund Grant Application	<b>9</b>
Alabama Tank Trust Fund Cost Proposal Form <b>M-1</b>	<b>31</b>
Alabama Tank Trust Fund Payment Request Form <b>M-1</b>	<b>32</b>
Alternative Analysis	<b>311</b>



<b>Name of Forms</b>	<b>Form Number</b>
Alternative Medical Waste Treatment Technology Equipment Approval Application	<b>323</b>
Annual Certification Form for Discharges Associated with Petroleum Storage and Handling Areas <b>M-1</b>	<b>324</b>
Annual Containment Sump Inspection Log	<b>19</b>
Annual Recycling Report	<b>16</b>
Annual Statistical Inventory Reconciliation (SIR) Report Form	<b>326</b>
Application for a Permit for the Construction for a Motel, Hotel, or Other Multi-Unit Development on a Property Intersected by the Construction Control Line in the Alabama Coastal Area <b>M-1</b>	<b>327</b>
Application for a Permit for the Construction of Single Family Dwellings, Duplexes, or Other Similar Structures on Properties Intersected by the Construction Control Line in the Alabama Coastal Area <b>M-1</b>	<b>328</b>
Application for Alabama Well Driller's License <b>M-1</b>	<b>193</b>
Application for Approval of a Non-Regulated Use in the Alabama Coastal Area Developments and Subdivisions of Property Greater than 5 Acres in Size <b>M-1</b>	<b>329</b>
Application for Approval to Use a Water Supply Well	<b>259</b>
Application for Name Change or Transfer of Permit or Exemption <b>M-4</b>	<b>330</b>
Asbestos Removal Contractor Certification	<b>497</b>
Birmingham Fuel Supplier Report <b>M-1</b>	<b>494</b>
Boating Infrastructure Grant Application	<b>518</b>
Brownfields Assessment Request Application	<b>550</b>
Brownfields State Revolving Fund Application Form	<b>543</b>
Brownfields State Revolving Fund Pre-Application Form	<b>542</b>
Bulk (Gasoline) Plant Application <b>M-2</b>	<b>331</b>
CAIR Permit Application (for sources covered under a CAIR SIP)	<b>519</b>
Calculation of Total Annualized Project Cost for Private-Sector Projects	<b>313</b>
Calculation of Total Annualized Project Cost for Public-Sector Projects	<b>312</b>
Cargo Tank Tightness Test Report <b>M-1</b>	<b>309</b>
Cathodic Protection Monitoring for Galvanic Systems	<b>545</b>
Cathodic Protection Monitoring Form <b>M-1</b>	<b>332</b>
Chemical Monitoring Data Report	<b>335</b>
Chemical Monitoring Waiver Application	<b>336</b>
Chemical Sampling Chain of Custody Form	<b>337</b>

<b>Name of Forms</b>	<b>Form Number</b>
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Clean Water State Revolving Fund (CWSRF) Preapplication Form <b>M-3</b>	<b>340</b>
Coalbed Methane Stormwater Inspection Summary Report <b>M-1</b>	<b>343</b>
Coalbed Methane Temporary Pit Wastewater Land Application Certification Report <b>M-1</b>	<b>344</b>
Community Public Notification Certification Form	<b>345</b>
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Consumer Confidence Report Certification Form <b>M-1</b>	<b>347</b>
Cooling Water Supplemental Information <b>M-2</b>	<b>510</b>
CT Profiling Spreadsheet	<b>535</b>
<del>EDMR-3</del> Deactivation Request Form <a href="#">for e-DMR/e-SSO</a> <b>M-1</b>	<b>513</b>
Disposal Approval Request <b>M-1</b>	<b>278</b>
Documentation of Disability Related Needs	<b>533</b>
Drinking Water State Revolving Fund (DWSRF) Loan Application Form <b>M-2</b>	<b>369</b>
Drinking Water State Revolving Fund (DWSRF) Preapplication Form <b>M-3</b>	<b>370</b>
EDMR Daily Discharge Monitoring Report Form	<b>514</b>
EDMR Monthly Discharge Monitoring Report Form	<b>515</b>
EDWRS Lab Registration Form	<b>34</b>
EDWRS Permittee Registration Form	<b>33</b>
EDWRS Terms and Conditions Agreement	<b>35</b>
EHS Notification Form	<b>534</b>
<del>EDMR-2</del> Electronic Signature <del>Application</del> Agreement <a href="#">(ESA) for e-DMR/e-SSO</a> <b>M-12</b>	<b>512</b>
Emissions Statement Reporting Form <b>M-1</b>	<b>372</b>
Excess Emission Monitoring Report	<b>373</b>
Exemption Claim Form for Cofired Combustors (Appendix H – Division 3) <b>M-1</b>	<b>374</b>
Exemption Claim Form for Incinerators Burning Only Pathological, Low-Level Radioactive, and Chemotherapeutic Waste (Appendix H – Division 3) <b>M-1</b>	<b>375</b>
Gasoline Dispensing Facility Information Survey <b>M-1</b>	<b>378</b>
Gasoline Transport Tank Truck Application <b>M-3</b>	<b>198</b>
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Name of Forms	Form Number
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General Phase II MS4 Stormwater Permit Renewal <a href="#">Notice of Intent M-1</a>	520
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Hydrogeology Unit Evaluation Report Form	531
Impressed Current Cathodic Protection System 60-Day Inspection Log	400
Information Needed for 316(b) Determination in Regards to General NPDES Permits	14
Interior Lining Inspection Form	403
Interior Lining Report Form	404
Joint Application and Notification U. S. Department of Army, Corps of Engineers Alabama Department of Environmental Management <b>M-2</b>	166
Lead and Copper Monitoring Data Report	405
Major Source Operation Permit Skeleton Form	495
Manual Interstitial Monitoring Monthly Log	406
Material Safety Data Sheet Reporting	407
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Medical Waste Transporter Permit Application <b>M-4</b>	411
Medical Waste Treatment Permit Application <b>M-4</b>	412
Monthly Filter Plant Monthly Operational Data Report <b>M-4</b>	242
Monthly Membrane Surface Plant Operational Data Report	243
Monthly Statistical Inventory Reconciliation (SIR) Report	414
Municipal Water Pollution Prevention (MWPP) Annual Report (Collection Systems) Package <b>M-1</b>	416
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Notice of Intent to Permanently Close Underground Storage Tanks <b>M-2</b>	422
Notice of Intent-General Permit Number ALG870000 <b>M-1</b>	28

Name of Forms	Form Number
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<del>Notice of Intent-NPDES General Permit Number ALG020000</del> <del>General Permit Application Package—NOI 2</del> <b>M-34</b>	387
<del>Notice of Intent-NPDES General Permit Number ALG030000</del> <del>General Permit Application Package—NOI 3</del> <b>M-34</b>	393
<del>Notice of Intent-NPDES General Permit Number ALG060000</del> <del>General Permit Application Package—NOI 6</del> <b>M-34</b>	396
<del>Notice of Intent-NPDES General Permit Number ALG110000</del> <del>General Permit Application Package—NOI 11</del> <b>M-45</b>	380
<del>Notice of Intent-NPDES General Permit Number ALG120000</del> <del>General Permit Application Package—NOI 12</del> <b>M-56</b>	381
<del>Notice of Intent-NPDES General Permit Number ALG140000</del> <del>General Permit Application Package—NOI 14</del> <b>M-45</b>	382
<del>Notice of Intent-NPDES General Permit Number ALG150000</del> <del>General Permit Application Package—NOI 15</del> <b>M-34</b>	383
<del>Notice of Intent-NPDES General Permit Number ALG160000</del> <del>General Permit Application Package—NOI 16</del> <b>M-34</b>	384
<del>Notice of Intent-NPDES General Permit Number ALG170000</del> <del>General Permit Application Package—NOI 17</del> <b>M-34</b>	385
<del>Notice of Intent-NPDES General Permit Number ALG180000</del> <del>General Permit Application Package—NOI 18</del> <b>M-34</b>	386
<del>Notice of Intent-NPDES General Permit Number ALG200000</del> <del>General Permit Application Package—NOI 20</del> <b>M-34</b>	388
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<del>Discharge Monitoring Report for CBM Coal—Type 60 Effluent</del>	<del><b>348</b></del>
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<del>Discharge Monitoring Report for Coal—Type 38</del>	<del><b>358</b></del>
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Name of Forms	Form Number
<del>Discharge Monitoring Report for NonCoal—Type 32</del>	<del>362</del>
<del>Discharge Monitoring Report for NonCoal—Type 34</del>	<del>363</del>
<del>Discharge Monitoring Report for NonCoal—Type 36 &amp; Type 48&amp; Type 50</del>	<del>364</del>
<del>Discharge Monitoring Report for NonCoal—Type 41</del>	<del>365</del>
<del>Discharge Monitoring Report for NonCoal—Type 42</del>	<del>366</del>
<del>Discharge Monitoring Report for NonCoal—Type 44 &amp; Type 45</del>	<del>367</del>
<del>Discharge Monitoring Report for NonCoal—Type 46</del>	<del>368</del>
<del>Individual NPDES Permit Noncompliance Notification (5-day Report)</del>	<del>401</del>
<del>NPDES Discharge Monitoring Report Form (Monthly)</del>	<del>430</del>
<del>NPDES Discharge Monitoring Report Form (Quarterly)</del>	<del>431</del>

**Author:** Marilyn Elliott, Russell A. Kelly, Aubrey White, [David Hutchinson](#).

**Statutory Authority:** Code of Alabama 1975, §§ 22-22A-5, 22-22A-6, 22-22A-8, 41-22-4, 41-22-5.

**History:** August 1, 1988.

**Amended:** August 1, 2002; January 23, 2003, August 4, 2004; January 10, 2006; July 11, 2006; November 14, 2006; January 22, 2008; January 19, 2009; January 19, 2010; January 18, 2011; November 29, 2011; November 27, 2012; May 27, 2014; July 28, 2015; August 5, 2016; [XXXX XX, 2017](#).

### **335-1-1-.08 Communications with the Department.**

(1) Correspondence, applications, reports, or other documents required to be submitted to the Department either by the ADEM Admin. Code, or any permit, order, or directive issued by the Department may be submitted as follows:

(a) By U.S. Mail, addressed to ADEM, at P. O. Box 301463, Montgomery, Alabama 36130-1463. The address shall specifically indicate the individual or program to whom the submission is to be delivered.

(b) By hand delivery or overnight or express mail, addressed to ADEM, 1400 Coliseum Blvd., Montgomery, Alabama 36110-~~2059~~2400. The address shall specifically indicate the individual or program to whom the submission is to be delivered.

(c) By electronic means, in accordance with Ala. Code §§ 8-1A-1 to 8-1A-20 (2002 Rplc. Vol.).

(i) If e-mail is employed, it is the submitter's responsibility to ascertain the correct e-mail address of the individual to whom the submission is to be sent. The correct recipient and his or her e-mail address may be obtained by calling the program to which the submission will be sent.

(ii) The electronic submittal shall contain all required information and be formatted in an electronic file format provided or approved by ADEM.

(iii) The documents may be submitted in electronic form on a compact disk and delivered via e-mail, U.S. mail, hand delivery, or overnight or express mail.

(iv) Where a signature is required but an electronic signature is not otherwise prohibited, a written signature is not necessary for documents sent electronically. An electronic signature, such as an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record is acceptable.

(v) The receipt date for an electronic submittal via e-mail shall be the date and time the document is received by the Department as indicated by the computer software accepting the submission, in accordance with Ala. Code §8-1A-15 (2002 Rplc. Vol.).

**Author:** Olivia H. Rowell, [David Hutchinson](#).

**Statutory Authority:** Ala. Code § 22-22A-5(3) (2005 Cum. Supp.) and §§ 8-1A-1 to 8-1A-20 (2002 Rplc. Vol.).

**History:** November 14, 2006.

**Amended:** [XXXX XX, 2017](#).

## **GENERAL ADMINISTRATION REGULATIONS**

On their effective date, August 1, 1988, portions of these regulations replaced existing regulations covering the issues of organization and availability of public information contained in chapters administered by the Air and Water Divisions of the Department. Specifically, the following regulations were repealed when this chapter was adopted:

1. ADEM Air Regulations Part 1.3--"Organization" of the Air Pollution Control Rules and Regulations.
2. ADEM Air Regulations Part 1.4--"Availability of Records and Information" of the Air Pollution Control Rules and Regulations.
3. ADEM Air Regulations Part 1.5--"Employee Responsibilities and Conduct" of the Air Pollution Control Rules and Regulations.
4. ADEM Water Quality Regulations chapter 335-6-1-.03--"Public Information" of the Water Division - Water Quality Program rules.

### **335-1-6-.04 Permit Application Fees.**

(1) Except as provided in paragraph (2) of this rule, any person making application to the Department for the issuance, reissuance or modification of a permit shall be subject to a three-part application fee consisting of the following:

(a) a fee of \$1,610 per application relating to a greenfield site. This fee shall not apply to Schedule B ~~and Schedule F~~ or to AFO/CAFO registration in Schedule D if continuing education certification is submitted with initial registration and each annual registration request as required by rule 335-6-7-.18;

(b) a fee which shall be the sum of the fees for each applicable type of permit application, and each action deemed necessary to complete evaluation of the application, as specified in Fee Schedules A through J; and

(c) a public hearing fee of \$8,450 if a public hearing relating to the permit application is held.

(2) Any person making application to the Department for modification of a permit to change the name of the permittee only or to transfer the permit only shall be subject to a \$800 fee per application.

(3) Fees required by AFO/CAFO registration may be suspended in part or whole by category by the Director to reflect the budgetary circumstances of the AFO/CAFO program.

**Author:** Marilyn Elliott, Russell Kelly, [David Hutchinson](#).

**Statutory Authority:** Code of Alabama 1975, § 22-22A-5.

**History:** February 13, 1985.

**Amended:** October 30, 1990; January 16, 1997; March 31, 1999; January 9, 2002; January 10, 2006; November 14, 2006; January 22, 2008; May 26, 2009; November 29, 2011; July 30, 2013; February 4, 2016; March 31, 2017; [XXXX XX, 2017](#).

**FEE SCHEDULE B  
COASTAL USE PERMITS STATEWIDE WATER QUALITY CERTIFICATION  
AND PROJECT REVIEWS**

<u>Type of Activity</u>	<u>Fee</u>
<u>Commercial and/or Residential Development</u>	
a) Commercial and Residential Development greater than 5 acres and less than 25 acres in size.	\$9,025
b) Commercial and Residential Development 25 acres or greater and less than 100 acres in size.	\$19,070
c) Commercial and Residential Development 100 acres or greater in size.	\$25,920
Groundwater extraction from a well having capacity of 50 gpm or more (335 8 2 .09).	\$3,995
<u>Construction on Beaches and Dunes (335-8-2-.08)</u>	
a) 1 single family dwelling or 1 duplex.	\$1,330
b) 2 single family dwellings or 2 duplexes.	\$1,750
c) Commercial (non-residential) structure, multi-unit residential structure having more than 2 units, or any other combination of living units not covered under a) or b) above.	\$17,765
d) Hardened erosion control structure, including retaining walls, seawalls, bulkheads and similar structure, or the placement of rip rap.	\$2,035
<u>Beach Nourishment Projects on Gulf Beaches</u>	
a) Gulf Beach Nourishment Project filling less than 1,000 square feet of State waterbottoms.	\$1,895
b) Gulf Beach Nourishment Project filling 1,000 square feet to 100,000 square feet of State waterbottoms.	\$3,785
c) Gulf Beach Nourishment Project filling greater than 100,000 square feet of State waterbottoms.	\$6,985
<u>Projects Impacting Wetlands</u>	
(a) Project involving the dredging or filling of less than 1,000 square feet of wetlands.	\$2,125
(b) Project involving the dredging or filling of 1,000 square feet or more of wetlands.	\$4,235
(c) Pile Supported residential, multifamily or commercial structure (does not include piers, walkways, gazebos).	\$3,940
<u>Projects Impacting Water Bottoms</u>	
a) Project involving the filling of less than 1,000 square feet of water bottom.	\$2,125
b) Project involving the filling of 1,000 square feet or more of water bottom.	\$4,235

<u>Type of Activity</u>	<u>Fee</u>
c) Project involving the dredging of less than 10,000 cubic yards of material from the water bottom.	\$2,125
d) Project involving the dredging of 10,000 cubic yards to 100,000 cubic yards of material from the water bottom.	\$4,235
e) Project involving the dredging of greater than 100,000 cubic yards of material from the water bottom.	\$7,855
f) Project which involves the construction of coastal or inland marinas, canals, or creek relocation or modification.	\$4,235
g) Raised creek crossing.	\$800
<u>Shoreline Stabilization of Non Gulf-Fronting Properties</u>	
a) Shoreline stabilization project involving less than 200 feet of shoreline stabilization, including bulkhead construction or placement of rip-rap.	\$800
b) Shoreline stabilization project involving greater than 200 feet of shoreline stabilization including bulkhead construction or placement of rip-rap.	\$1,330
Groin, jetty, and/or other sediment catching shoreline structure.	\$1,680
Construction of pile supported pier, dock, boardwalk, or other similar structure.	\$800
Siting, construction and operation of energy facility.	\$24,480
Mitigation bank project.	\$8,730
State agency permits subject to review, not otherwise specified in Schedule B.	\$1,680
Federal license or permits not otherwise specified in Schedule B.	\$1,680
Project requiring certification for a Federal Energy Regulatory Commission permit or authorization.	\$6,550
All other projects and/or consistency reviews not otherwise specified in Schedule B which are subject to ADEM's Division 8 regulations.	\$800
Certification transfer or to change the name of the applicant only.	\$800
Modifications, and/or time extension, not requiring public notice.	\$800
Modifications and/or time extension, requiring public notice shall be one half the fee listed in schedule B but in no case less than	½ or \$800
<del>\$665</del> 800.	
Additive fee for variance request.	\$3,275

## FEE SCHEDULE F

### RESERVED

#### ~~NPDES CONSTRUCTION MATERIALS, NON-COAL, NON-METALLIC MINING, ETC.~~

~~Construction Materials Non Coal Non Metallic Mining, Excavation, Borrow, Disturbance, Development Dry Processing Storage, and Transloading Sites Less Than Five Acres Base Annual and Additive Registration and General Permit Authorization Fees.~~

<del>Description</del>	<del>Base Annual Registration, Authorization Fee</del>	<del>Major Modification Fee 1/</del>	<del>Tier 1 Water Fee Additive Increment Fee 2/</del>
<del>Base Fee— Sites less than 5 acres. (Sites 5 acres and greater require Individual NPDES Permit Coverage)</del>	<del>\$670</del>	<del>\$430</del>	<del>\$305</del>

~~1/ A Major Modification Additive Increment Fee is required for a request for Major Modification of an existing registration approval or authorization.~~

~~2/ An Impacted Watershed Additive Increment Fee, required for all registrations/ authorizations for projects discharging to any Tier 1 water, shall be submitted with each initial registration/authorization request, and each Major Modification Request, and each subsequent annual registration/authorization request.~~



**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG850000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG850000, which is the general permit authorizing discharges from the mining and processing (wet or dry) of construction sand and gravel, chert, dirt, and/or red clay, and areas associated with these activities. Please complete all questions. Respond with "N/A" as appropriate. Incomplete or incorrect answers, or missing signatures will delay processing. If space is insufficient, continue on an attached sheet(s) as necessary. Attach other information as needed. Commencement of activities for which permit coverage is requested as detailed in this notice of intent are not authorized until permit coverage has been issued by the department. Please type or print legibly in blue or black ink. Mail completed form to:

**ADEM-Water Division  
Stormwater Management Branch  
PO Box 301463  
Montgomery, Alabama 36130-1463**

<b>FOR OFFICE USE ONLY</b>
NPDES PERMIT NUMBER _____
RECEIPT NUMBER _____

**DISCHARGES NOT COVERED BY GENERAL PERMIT ALG850000**

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

- A. Discharges to a waterbody designated as Outstanding National Resource Water (ONRW), Outstanding Alabama Water (OAW), or Treasured Alabama Lake (TAL);
- B. Discharges to a waterbody that is included on Alabama's current §303(d) list for a pollutant of concern;
- C. Discharges to a waterbody included in an EPA approved or EPA established Total Maximum Daily Load (TMDL) for a pollutant of concern if the discharges are not consistent with the EPA approved or EPA established TMDL.

**PURPOSE OF THIS NOTICE OF INTENT**

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

**I. PERMITTEE INFORMATION**

Permittee Name	Responsible Official Phone Number
Responsible Official and Title	Responsible Official E-Mail Address
Responsible Official (RO) Street/Physical Address	City, State, and Zip Code
Responsible Official (RO) Mailing Address	City, State, and Zip Code

**II. FACILITY INFORMATION**

Facility/Site Name	Facility/Site Contact and Title	
Facility/Site Street Address <u>or</u> Location Description	City, State, and Zip Code	
Facility Front Gate Latitude and Longitude	Facility/Site Contact Phone Number	Facility/Site Contact Email Address
County(s) _____		
Township(s), Range(s), Section(s) _____		
Detailed Directions to Site _____		
_____		
_____		



**VIII. RECEIVING WATERS**

List the requested permit action for each outfall (issue, reissue, delete, move, etc), outfall point number and designation denoting "E" for existing and "P" for proposed outfalls (ex. 001E or 002P), name of receiving water(s), latitude and longitude of location(s) of each discharge point, distance of receiving water from outfall in feet, and the waterbody use classification. If this NOI is for a modification to an existing permit do not change the numbering sequence of the permitted outfalls.

Action	Outfall E/P	Receiving Water(s)	Latitude	Longitude	Distance to Rec. Water	Waterbody Use Classification

**IX. DISCHARGE STRUCTURE DESCRIPTION & ORIGIN**

List the outfall point number and designation denoting "E" for existing and "P" for proposed outfalls (ex. 001E or 002P), as it appears on the map(s) required by this NOI, describe each discharge structure (e.g., pipe, spillway, channel, tunnel, conduit, well, discrete fissure, or container), and identify the method of discharge.

Outfall E/P	Discharge Structure Description	Surface Discharge	Groundwater Discharge	Wet Prep -Other Production Plant	Pumped or Controlled Discharge	Other

**X. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN**

A PAP Plan in accordance with Part III.C of the general permit, and ADEM Admin. Code r. 335-6-9-.03, including Appendices A & B, must be completed and attached as part of this NOI.

**XI. GENERAL INFORMATION**

This NOI and the appropriate fees must be submitted concurrently. The fee for Mineral/Resource Extraction Mining, Storage, Transloading, and/or Dry Processing facilities and Wet Preparation, Processing, and/or Beneficiation facilities are in Fee Schedule D of ADEM Admin. Code div.335-1. An additional Greenfield Site fee must be submitted for the initial operation of a new facility or a facility or operation not previously permitted.



**XIII. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN REVIEW CHECKLIST**

Y	N	N/A	
			PE Seal with License #
			Name and Address of Operator
			Legal Description of Facility
			<b>General Information:</b>
			Name of Company
			Products to be Mined
			Hours of Operation
			Water Supply and Disposition
			<b>Topographic Map:</b>
			Mine Location
			Location of Prep Plant
			Location of Treatment Basins
			Location of Discharge Points
			Location of Adjacent Streams
			<b>1" - 500' or Equivalent Facility Map:</b>
			Drainage Patterns
			Mining Details
			All Roads, Structures Detailed
			All Treatment Structures Detailed
			<b>Detailed Design Diagrams:</b>
			Plan Views
			Cross-section Views
			Method of Diverting Runoff to Treatment Basins
			<b>Narrative of Operations:</b>
			Raw Materials Defined
			Processes Defined
			Products Defined
			<b>Schematic Diagram:</b>
			Points of Waste Origin
			Collection System
			Disposal System
			<b>Post Treatment Quantity and Quality of Effluent:</b>
			Flow
			Suspended Solids
			pH
			<b>Description of Waste Treatment Facility:</b>
			Pre-Treatment Measures
			Recovery System
			Expected Life of Treatment Basin
			Schedule of Cleaning and/or abandonment
			<b>Other:</b>
			Precipitation/Volume Calculations/Diagram Attached
			BMP Plan for Haul Roads
			Measures for Minimizing Impacts to Adjacent Stream i.e., Buffer Strips, Berms, etc.
			Methods for Minimizing Nonpoint Source Discharges
			Facility Closure Plans
			PE Rationale(s) For Alternate Standards, Designs or Plans

**IDENTIFY AND PROVIDE DETAILED EXPLANATION FOR ANY "N" OR "N/A" RESPONSE(S):**


**XIV. PROFESSIONAL ENGINEER (PE) CERTIFICATION**

A detailed, comprehensive Pollution Abatement & Prevention (PAP) Plan must be prepared, signed, and certified by a professional engineer (PE), registered in the State of Alabama, and the PE must certify as follows:

"I certify under penalty of law that the technical information and data contained in this application, and a comprehensive Pollution Abatement & Prevention (PAP) Plan, including any attached SPCC plan, maps, engineering designs, etc. acceptable to ADEM, 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 utilizing effective, good engineering and pollution control practices and in accordance with the provisions of this Permit, and ADEM Admin. Code Division 335-6, including Chapter 335-6-9 and Appendices A & B. If the PAP Plan is properly implemented and maintained by the Permittee, discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other permit requirements. The applicant has been advised that appropriate pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices as detailed in the PAP Plan must be fully implemented and regularly maintained as needed at the facility in accordance with good sediment, erosion, and other pollution control practices, permit requirements, and other ADEM requirements to ensure protection of groundwater and surface water quality."

Address \_\_\_\_\_ PE Registration # \_\_\_\_\_  
Name & Title (type or print) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**XV. OPERATOR - RESPONSIBLE OFFICIAL\* SIGNATURE**

This NOI must be signed by a Responsible Official of the applicant pursuant to ADEM Admin. Code Rule 335-6-6-.09 who has overall responsibility for the operation of the facility.

"I certify under penalty of law that this document, including technical information and data, the PAP Plan, including any SPCC plan, maps, engineering designs, and all other 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 PE 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, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations.

"A comprehensive PAP Plan to prevent and minimize discharges of pollution to the maximum extent practicable has been prepared at my direction by a PE for this facility utilizing effective, good engineering and pollution control practices and in accordance with the provisions of ADEM Admin. Code Division 335-6, including Chapter 335-6-9 and Appendices A & B, and information contained in this application, including any attachments. I understand that regular inspections must be performed by, or under the direct supervision of, a PE and all appropriate pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices identified by the PE must be fully implemented prior to and concurrent with commencement of regulated activities and regularly maintained as needed at the facility in accordance with good sediment, erosion, and other pollution control practices and ADEM requirements. I understand that the PAP Plan must be fully implemented and regularly maintained so that discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other requirements to ensure protection of groundwater and surface water quality. I understand that failure to fully implement and regularly maintain required management practices for the protection of groundwater and surface water quality may subject the Permittee to appropriate enforcement action.

"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 discharges described in this application have been tested or evaluated for the presence of non-stormwater discharges and any non-mining associated beneficiation/process pollutants and wastewaters have been fully identified."

Name (type or print) \_\_\_\_\_ Official Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

\*335-6-6-.09 Signatories to Permit Applications and Reports.

- (1) The application for an NPDES permit shall 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.

**Alabama Tank Trust Fund  
Cost Proposal  
Part I**

**I.1 Cost Proposal Information:**

Cost Proposal Number:	Date of Cost Proposal (mm/dd/yy):
UST or AST Incident Number:	Facility I.D. Number:

**I.2 Facility Information**

Facility Name:	
Facility Address:	

**I.3 Owner Information:**

Owner Name:	
Owner Address:	
Employer Tax Number (IRS):	

**I.4 Response Action Contractor Information:**

Approved Response Action Contractor Name:	
Approved Response Action Contractor Address:	
Project Contact:	
Project Contact Phone #:	
Project Contact E-mail:	
Employer Tax Number (IRS):	

**I.5 Activity Information:**

Indicate below the activities for which the cost proposal is submitted:	
<input type="checkbox"/>	Site Stabilization/Initial Abatement
<input type="checkbox"/>	Preliminary Investigation
<input type="checkbox"/>	Secondary Investigation / Additional Well Installation
<input type="checkbox"/>	Alabama Risk Based Corrective Action (ARBCA)
<input type="checkbox"/>	Groundwater Sampling
<input type="checkbox"/>	Free Product Removal/Mobile Enhanced Multiphase Extraction (MEME)
<input type="checkbox"/>	Corrective Action Plan Evaluation
<input type="checkbox"/>	Develop Corrective Action Plan
<input type="checkbox"/>	Corrective Action
<input type="checkbox"/>	Stockpile Sampling / Management / Disposal
<input type="checkbox"/>	Provision of Alternate Water Supply
<input type="checkbox"/>	Pilot Test
<input type="checkbox"/>	Monitoring/Recovery/Injection Well Abandonment
<input type="checkbox"/>	System Decommissioning/Removal
<b>Activities/Other/Brief Summary of Activities:</b>	
Provide proposed completion date for this phase of work activities:	
Provide projected date of cleanup completed:	

**I.6 Subcontractor Information:**

Indicate Subcontractors to be used during this phase of work:	
Name & Address	Service Provided



Signatures must be provided in Sections I.7 and I.8 below for this proposal to be processed.

**I.7 Certification of Unintentional release of Motor Fuel & Cost Proposal- Owner Signature:**

*I certify that an unintentional release has occurred from a motor fuel underground or aboveground tank system at this site and I authorize this Cost Proposal amount for corrective action activities to be conducted at this site.*

1. Owner or Operator Signature:	
Typed or Printed Name and Title:	
Email address:	
Date:	

**I.8 Cost Proposal- Contractor Signature:**

2. Response Action Contractor Signature:	
Typed or Printed Name and Title:	
Date:	

**I.9 Trust Fund Obligation Information:**

Estimated Total Cost of all Anticipated Response Actions (To be updated overtime):	
Total of Previously Approved Cost Proposals:	
Total Proposed Costs to Date (Approved Costs Plus Costs Proposed in this Cost Proposal):	
Estimate Percent Completion of entire project to date:	

**I.10 Cost Proposal Amount**

Proposed Costs under this Cost Proposal:		<b>Personnel</b>	
		<b>Field Equipment</b>	
Owners Required Contribution for UST Release(\$5,000): <i>Applicable for CP#1 Only</i>		<b>Mileage</b>	
		<b>Per Diem</b>	
		<b>Drilling</b>	
		<b>Analytical</b>	
Owners Required Contribution for AST Release(\$10,000): <i>Applicable for CP#1 Only</i>		<b>Other</b>	
<b>Total of This Cost Proposal:</b>			

**Part II- Alabama Tank Trust Fund Itemization Form "A" Cost Proposal**

Complete forms "A" through "G" as applicable to site activities and for supporting attachments to Part I.

**Summary of ATTF Report and Plan Preparation Scenarios**

<u>Scenarios</u>	<u>Unit \$</u>	<u>Units</u>	<u>Quantity</u>	<u>Requested\$</u>
Initial Abatement Report (other than just MEME)				
1-2 days in field	\$1,897	/job		
Adder amount for every field day over 2 days(not to exceed 14 days)	\$322	/day		
Initial Abatement Free Product Recovery Report	\$455	/job		
Preliminary Investigation Report	\$4,664	/site		
Secondary Plan (on and offsite)(once per site)	\$803	/site		
Secondary Report (up to 12 wells)	\$5,376	/site		
Adder per Wells installed over 8	\$143	/well		
Off-site access-Residential	\$173	/property		
Off-site access - Commercial	\$248	/property		
Off-site access - ALDOT	\$1,411	/property		
Additional Well Installation Plan (investigation 1-4 wells)	\$455	/plan		
Additional Well Installation Plan (investigation >4 wells)	\$780	/plan		
Additional Well Installation Report (1-4 wells)(as an adder)	\$1,110	/report		
Additional Well Installation Report (>4wells)(as an adder)	\$1,352	/report		
High Resolution Characterization Plan/Report (stand alone)	\$1,852	/pln/rprt		
Groundwater Monitoring Plan (GWM)	\$478	/site		
NAMR/GWM-Report				
1-12 wells, BTEX/MTBE/Naphthalene	\$1,127	/report		
1-12 wells, BTEX/MTBE+PAH	\$1,353	/report		
NAMR/GWM adder >12 wells, BTEX/MTBE/Naphthalene	\$35.75	/well		
NAMR/GWM adder >12 wells, BTEX/MTBE + PAH	\$50.05	/well		
FPR Plan -All free product recovery	\$752	/plan		
FPR Report -all free product reports (except MEME)	\$933	/report		
FPR Report-MEME	\$1,016	/report		
MEME/Injection Events (adder to report)	\$720	/report		
Adder amount for >3 MEME/Injection Events (per approved period)	\$281	/report		
ARBCA Report Tier I/RM 1				
1-12 wells, BTEX/MTBE/Naphthalene	\$3,793	/evaluation		
1-12 wells, BTEX/MTBE+PAH	\$4,019	/evaluation		
ARBCA Report Tier II/RM 2				
1-12 wells, BTEX/MTBE/Naphthalene	\$3,793	/evaluation		
1-12 wells, BTEX/MTBE+PAH	\$4,019	/evaluation		
ARBCA GRP Re Assessment(1-4 wells Gas)	\$489	/assessment		
ARBCA GRP Re Assessment(1-4 wells Diesel)	\$770	/assessment		
ARBCA Adder for Gas > number of allocated wells	\$35.75	/well		
ARBCA Adder for Diesel > number of allocated wells	\$42.90	/well		
ARBCA Adder for Tier II WITH DECAY	\$2,172	/evaluation		
ARBCA Evaluation with Decay (stand alone evaluation)	\$3,286	/evaluation		
CAP Development - CA Evaluation (once per site)	\$3,252	/site		
CAP Development - RNA	\$1,507	/cap		
CAP Development - RNA with MEME	\$1,606	/cap		
CAP Development - Excavation	\$1,571	/cap		
CAP Development - Liquid Injections	\$4,441	/cap		
CAP Development (Class 1)- DPVE, P&T with SVE	\$6,644	/cap		

Complete forms "A" through "G" as applicable to site activities and for supporting attachments to Part I.

**Summary of ATTF Report and Plan Preparation Scenarios**

Scenarios	Unit \$ Units	Quantity Requested\$
CAP Development (Class 2) - Ozone/SVE, AS/SVE, Liquid Chemox/Biox	\$5,861 /cap	
CAP Development (Class 3) - Ozone, AS, SVE	\$5,401 /cap	
CAP Modification (use Form "F" for input)	<input type="text"/> /cap	
CAP Implementation Report - Excavation	\$1,968 /report	
CAP Implementation Report -Liquid Injections	\$2,509 /report	
CA System Installation Report (all Classes same)	\$7,210 /report	
SEMR - DPVE, P&T Reports		
1-12 wells, BTEX/MTBE/Naphthalene	\$4,704 /report	
1-12 wells, BTEX/MTBE+PAH	\$4,930 /report	
SEMR - Ozone, AS, SVE, Chemox, Biosparge - Reports		
1-12 wells, BTEX/MTBE/Naphthalene	\$4,174 /report	
1-12 wells, BTEX/MTBE+PAH	\$4,400 /report	
SEMR adder >12 wells, BTEX/MTBE/Naph	\$35.75 /well	
SEMR adder >12 wells, BTEX/MTBE+PAH	\$42.90 /well	
IDW/Treatment Disposal Plan (stand alone)	\$544 /plan	
IDW/Treatment Disposal Report (stand alone)	\$873 /report	
DPVE Pilot Test Plan (not for Slug Test)	\$1,017 /plan	
DPVE Pilot Test Report	\$1,599 /report	
AS/SVE or Ozone Pilot Test Plan	\$1,017 /plan	
AS/SVE or Ozone Pilot Test Report	\$1,599 /report	
ISCO or Bioremediation Pilot Test Plan	\$1,017 /plan	
ISCO or Bioremediation Pilot Test Report	\$1,765 /report	
Specific Capacity Test Plan	\$346 /plan	
Specific Capacity Test Report	\$1,325 /report	
System Purchase Letter	\$1,251 /ltr	
Monitoring Well Abandonment Plan	\$421 /plan	
Monitoring Well Abandonment Report	\$933 /report	
System Decommissioning Plan	\$835 /plan	
System Decommissioning Report	\$1,661 /report	
Alternate Water Supply Plan	\$653 /plan	
Alternate Water Supply Report	\$1,016 /report	
Public Water Line Replacement Plan	\$950 /plan	
Public Water Line Replacement Report	\$1,412 /report	
Adjacent Property Owner Information (additional effort)	\$283 /document	
UIC Permit Application Preparation	\$1,151 /permit	
UIC General Permit Application Preparation	\$736 /permit	
General NPDES Application Preparation	\$736 /permit	
ADEM Solid Waste Profile Preparation	\$207 /profile	
Municipal Sewer Application Process (ADEM or Others)	\$445 /profile	
Environmental Covenant Preparation	\$528 /covenant	
Cost Proposal Tier I Addendum Preparation	\$99 /addendum	
Cost Proposal Tier II Addendum Preparation	\$313 /addendum	
ADEM Approved Amount	<input type="text"/>	
Other Plan/Report (use Form "F" for input)	<input type="text"/>	

**Total Report and Plan Costs**

Part II- Alabama Tank Trust Fund Itemization Form "B" Cost Proposal			
Summary of ATTF Field Scenarios			
Scenarios	Unit \$ Unit	Quantity	Requested\$
<b>Well Installation Oversight time</b>			
Type II Porous Media Drilling			
Porous material 0-10 feet	\$196 /well		
Porous material 0-30 feet	\$309 /well		
Porous material 0-50 feet	\$671 /well		
Porous material 0-70 feet	\$867 /well		
Porous material 0-90 feet	\$1,063 /well		
Porous material 0-110 feet	\$1,259 /well		
Type II Bedrock Drilling			
Bedrock 0-20' Air Rotary Drilling	\$309 /well		
Bedrock 0-40' Air Rotary Drilling	\$422 /well		
Bedrock 0-60' Air Rotary Drilling	\$618 /well		
Bedrock 0-80' Air Rotary Drilling	\$814 /well		
Bedrock 0-20' Core Drilling	\$392 /well		
Bedrock 0-40' Core Drilling	\$671 /well		
Bedrock 0-60' Core Drilling	\$784 /well		
Bedrock 0-80' Core Drilling	\$980 /well		
Type III Well Porous (Depth of entire well)			
Type III Well 0-20' (entire well in porous material)	\$351 /well		
Type III Well 0-40' (entire well in porous material)	\$547 /well		
Type III Well 0-60' (entire well in porous material)	\$743 /well		
Type III Well 0-80' (entire well in porous material)	\$939 /well		
Type III Well 0-100' (entire well in porous material)	\$1,135 /well		
Type III Well Bedrock (Depth of entire well)			
Type III Well 0-20' (bedrock encountered)	\$392 /well		
Type III Well 0-40' (bedrock encountered)	\$588 /well		
Type III Well 0-60' (bedrock encountered)	\$784 /well		
Type III Well 0-80' (bedrock encountered)	\$980 /well		
Type III Well 0-100' (bedrock encountered)	\$1,176 /well		
Soil Boring (no well set)/Direct Push oversight			
Soil Boring porous material 0-10 feet	\$125 /well		
Soil Boring porous material 0-30 feet	\$208 /well		
Soil Boring porous material 0-50 feet	\$291 /well		
Soil Boring porous material 0-70 feet	\$457 /well		
Direct Push (Geologist Daily Charge or 8 probe points)	\$830 /day		
<b>Other Field Activities</b>			
Well Re-Development (initial development included in drilling oversight costs)	\$90 /well		
Slug Tests	\$286 /well		
Private/Public Water Well Inventory (up to 5 wells)	\$332 /5wells		
Site Survey during Investigation (not a Licensed Surveyor)	\$240 /sow		
RW Vault Abandonment Oversight	\$83 /vault		
MW/RW/IW Abandonment Oversight for Overdrilling	\$249 /well		
MW/RW/IW Abandonment Oversight for Grouting in Casing	\$125 /well		
Monitoring Well Pad/Cover Repair/ Replacement	\$120 /well		
Groundwater Sampling Set-up (2hrs tech time)	\$120 /sow		
Purge/Development Water Handling (see Basis)	\$90 /sow		
Gauging Well (no sampling)	\$15 /well		
Groundwater Sampling and Gauging 2" Well	\$60 /well		
Groundwater Sampling and Gauging 4" Well	\$69 /well		

Part II- Alabama Tank Trust Fund Itemization Form "B" Cost Proposal			
Summary of ATTF Field Scenarios			
Scenarios	Unit \$	Unit	Quantity Requested\$
Groundwater Sampling and Gauging 6" Well	\$75	/well	
Sample Public Well	\$120	/well	
Sample Private Well	\$90	/well	
Sample Stream (up to 3 samples)	\$90	/stream	
Soil Sampling Setup (1-4 wells)	\$166	/sow	
Soil Sampling Setup adder (each additional group of 4 wells)	\$83	/sow	
MEME Event/Pilot Test/Injection Event (hourly rate)	\$60	/hr	
DPVE Pilot Test/Aquifer Test (hourly rate)	\$143	/hr	
SVE/ AS/ Ozone Pilot Test	\$747	/test	
Site Visit by PE/PG (CAP Development,etc)	\$920	/site	
System Installation Oversight (up to 7 days in field)	\$8,314	/system	
System Installation Oversight Adder (per day over 7 doc req.)	\$929	/day	
System Startup	\$1,584	/system	
System Decommissioning	\$986.50	/day	
DPVE, Pump and Treat O&M 3 months	\$3,672	/quarter	
DPVE, Pump and Treat O&M 4 months	\$4,632	/triannual	
Ozone, biosparge, SVE, biovent and Air Sparge O&M 3 months	\$1,836	/quarter	
Ozone, biosparge, SVE, biovent and Air Sparge O&M 4 months	\$2,316	/triannual	
ADEM Approved Amount			
Other Field Work not listed (use Form "F" for input)			
Emergency Response (Contact ADEM for approval)			
<b>Travel</b>			
<b>Mileage Rate</b>			
Mileage (One way office to site)			
Number of round trips to site			
Other Mileage (enter total mileage not including office to site)			
<b>Personnel Travel Time (entered in Hours)</b>			
Technician(s)-travel time	\$60	/hr	
Geologist/Engineer-travel time	\$83	/hr	
PG/PE-travel time	\$115	/hr	
Project Manager-travel time	\$99	/hr	
<b>Per Diem</b>			
Per diem (6-12hrs)	\$11.25	/day	
Per diem (greater than 12hrs)	\$30	/ext. day	
Per diem (overnight)(invoice required)	\$75	/day	
<b>Equipment and Equipment Kits</b>			
55-Gallon Drums	\$50	/drum	
Sampling Expendables(gloves, ice, string, jars, foil, distilled water, paper towels, etc.)	\$50	/sow	
Expendables O&M	\$25	/day	
Monitoring Well Development	\$75	/day	
Monitoring Well/Boring Installation	\$60	/day	
Monitoring Well/Boring Abandonment	\$60	/day	
Encore Samplers	\$9	/sample	
Groundwater Monitoring	\$160	/day	
Bailers	\$7	/bailer	
MEME Event	\$70	/event	
Free Product Bailing	\$60	/sow	
DPVE, SVE, AS, P&T O&M	\$145	/day	
Ozone Sparge O&M	\$75	/day	
DPVE Pilot Test	\$70	/sow	
Pumping Test	\$165	/sow	
Specific Capacity	\$65	/sow	
Slug Test	\$110	/sow	
Initial Abatement	\$50	/day	

Part II- Alabama Tank Trust Fund Itemization Form "B" Cost Proposal				
Summary of ATTF Field Scenarios				
Scenarios	Unit	\$ Unit	Quantity	Requested\$
Postage / Shipping and Copying (plans reports, ADEM and owner)		\$85 /sow		
Postage / Shipping (Sample Shipping)		\$50 /samples		
Postage / Shipping (documentation required)				
Analytical Samples				
Method	Method	\$ /sample	Pass Through	Sample #
BTEX/MTBE/Naph (water)	8021	\$65 /sample		
BTEX/MTBE/Naph (soil)	8021	\$65 /sample		
PAH (water)	8270	\$130 /sample		
PAH (soil)	8270	\$130 /sample		
Lead (water)	239.2	\$25 /sample		
Lead (soil)	239.2	\$25 /sample		
TPH	418.1	\$50 /sample		
PAH Water Supply	525.1	\$275 /sample		
VOC Water Supply	8260	\$65 /sample		
Dibromoethane1,2, EDB	8011	\$65 /sample		
Dichloroethane1,2 EDC	8260	\$65 /sample		
tert-Butyl alcohol	8015D	\$65 /sample		
Ethanol	8015D	\$65 /sample		
Oil & Grease		\$50 /sample		
Air Samples (System Influent)		\$100 /sample		
Dry Bulk Density		\$20 /sample		
Grain Size Analysis		\$40 /sample		
Specific Gravity		\$20 /sample		
Moisture Content		\$15 /sample		
Nitrate		\$20 /sample		
Sulfate		\$20 /sample		
Iron		\$20 /sample		
FOM (ASTM 2947)		\$40 /sample		
Total Organic Carbon (Walkley Black)		/sample		
Chloride		/sample		
Foaming Agents		/sample		
Total Dissolved Solids		/sample		
Other		/sample		
Other		/sample		
Other		/sample		
<b>Total Field Costs</b>				

Part II- Alabama Tank Trust Fund Itemization Form "C" Cost Proposal			
Drilling			
Scenarios	Unit \$	Unit	Quantity Requested \$
Mileage Rate (Current Federal Rate)			
Mileage (drilling device driven or ATV) ( <b>ONE WAY</b> mileage up to 150 miles) <sup>1</sup>		/mile	
Number of Mobilizations (includes \$200 mob/demob amount)			
Mileage (drilling device "hauled" to the site)( <b>ONE WAY</b> mileage up to 150 miles) <sup>1</sup> (direct push, skid steer, etc.)		/mile	
Number of Mobilizations (includes \$200 mob/demob amount)			
Well Completions			
Well Pad Completions for Monitoring Wells (2" and 4")(up to 8" cover) <sup>2</sup>	\$150.00	/well	
Well Pad Completions for Monitoring Wells (2" and 4")(12" cover) <sup>2</sup>	\$200.00	/well	
Well Pad Completions for Recovery/Extraction Wells (2'x2') <sup>2</sup>		/well	
Well Pad Completions Recovery/Extraction Wells non hinged lid (2'x2') <sup>2</sup>		/well	
Alternate Screen for Recovery/Extraction Wells per/ft(Quotes Required) <sup>4</sup>		/foot	
Unconsolidated Media Drilling			
1" / 2" Monitoring Well/Injection Well (HSA) <sup>3</sup>	\$43.00	/foot	
4" Monitoring Well (HSA) <sup>3</sup>	\$45.00	/foot	
Type III Well (HSA) <sup>5</sup>	\$95.00	/foot	
Soil Boring (HSA) per ft (includes tremie grout abandonment) <sup>6</sup>	\$22.00	/foot	
Temporary Well (HSA) per ft (includes tremie grout abandonment) <sup>6</sup>	\$28.00	/foot	
Sonic Drilling		/foot	
Bedrock Drilling			
Air Rotary Rock Drilling per ft (2") <sup>3</sup>	\$55.00	/foot	
Air Rotary Rock Drilling per ft (4") <sup>3</sup>	\$60.00	/foot	
Type III Well <sup>5</sup>	\$95.00	/foot	
Air Compressor		/day	
Rock Coring	\$38.00	/foot	
Direct Push Technology			
Direct Push per day (includes all personnel time) <sup>6</sup>	\$1,800	/day	
Direct Push well install materials per foot	\$5.00	/ft	
Other Drilling Related Items			
MW/RW Pad Removal (if pad removed)	\$75.00	/pad	
2" MW/RW Abandonment by Overdrilling then tremie grouted <sup>3</sup>	\$25.00	/foot	
4" MW/RW Abandonment by Overdrilling then tremie grouted <sup>3</sup>	\$30.00	/foot	
MW/RW Tremie Grout Abandonment (remove well casing to at least 3' and fill remainder) <sup>3</sup>	\$10.00	/foot	
Recovery Well Vault removal and backfill w/concrete (2'x2') <sup>7</sup>	\$400.00	/vault	
Recovery Well Vault backfill w/concrete only (2'x2')	\$165.00	/vault	
Drums	\$50.00	/drum	
Shelby Tubes	\$50.00	/tube	
Per Diem (overnight) (man days)(hotel receipts required)	\$75.00	/day	
Other (receipts required)			
Other (receipts required)			
Other (receipts required)			
Pass Through (if appropriate) Enter "5" or "10" as appropriate			

1 Mileage (enter ONE WAY miles) for any and all support vehicles, trailers, equipment, and personnel travel time

2 Includes labor, concrete, forms (if needed), bolt down covers, caps, vaults, and locks

3 Includes personnel, screen, risers, bentonite, sand, silt sleeves, decon, skid steer, saw cutting, coring, safety equipment, plastic sheeting, water, etc.

4 If an alternative type screen is warranted instead of typical pvc slotted screen (i.e. continuous screen, stainless steel, etc.)

5 Includes personnel, outer and inner casing of entire well, screen, grout, decon, skid steer, saw cutting, coring, safety equipment, plastic sheeting, water, etc.

6 Includes well pad removal and surface completion as per surrounding

7 If costs are to exceed this amount a detailed quote should be included and costs listed on "Form U"

**Total Drilling Costs**

**Part II- Alabama Tank Trust Fund Itemization Form "D" Cost Proposal**

**All Vendor quotes should be detailed, itemized and attached to Form "D"**  
 Use "Quote Details" tab for guidance

**Sub Contractors/ Vendors/ Utilities**

	Pass Through	Quoted Amount	Requested\$
8-hr MEME Event			
12-hr MEME Event			
24-hr MEME Event			
MEME Water Disposal Amount includes hauling			
ADEM Solid Waste Profile (ADEM review fee)			
ALDOT Permit Fee			
Carbon Disposal			
Carbon Recycling			
Corrective Action System Decommissioning			
Corrective Action System Install			
Corrective Action System Purchase			
Corrective Action System Rental			
Oxidizer Rental			
Excavation			
Injection Events			
NPDES Permit Application (permit fee)			
Phone Costs (telemetry)			
Power Costs			
Propane Costs			
Rentals			
Rentals			
Rentals			
Rentals			
Roll off Dumpster (includes hauling/handling)			
Sewer Disposal Costs			
Solid Waste Soil Disposal (to include hauling/handling)			
UIC Permit Application (permit fee)			
UIC Permit Greenfield Fee (permit fee)			
Water Supply for Liquid Ring Pump			
Water Treatment/Disposal			
Professional Survey (Licensed Surveyor)			
Other Miscellaneous items/rentals (receipts required)			
Other Miscellaneous items/rentals (receipts required)			
Other Miscellaneous items/rentals (receipts required)			
Other Miscellaneous items/rentals (receipts required)			
Other Miscellaneous items/rentals (receipts required)			



Part II- Alabama Tank Trust Fund Itemization Form "D" Cost Proposal			
<b>All Vendor quotes should be detailed, itemized and attached to Form "D"</b> Use "Quote Details" tab for guidance			
Sub Contractors/ Vendors/ Utilities			
	Pass Through	Quoted Amount	Requested\$
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
Other/Misc. (receipts required)			
<b>Total Subs / Vendors / Utilities</b>			



**Part II- Alabama Tank Trust Fund Itemization Form "F" Cost Proposal**

Use this form to list hours where a Unit Rate is not available, **NOT FOR ADDING HOURS TO UNITS**  
 Detailed description of activities must be entered where hours are claimed

**Other Plan /Report NOT Listed**

Description of Activities

Project Manager:		\$99.00	<input type="text"/>
PE/PG:		\$115.00	<input type="text"/>
Staff Geologist/ Engineer:		\$83.00	<input type="text"/>
Staff Scientist:		\$77.00	<input type="text"/>
Draftsman:		\$60.00	<input type="text"/>
Clerical:		\$49.00	<input type="text"/>

Other Plan Report \$0.00

**Other Field Tasks NOT Listed**

Description of Activities

Project Manager:		\$99.00	<input type="text"/>
PE/PG:		\$115.00	<input type="text"/>
Staff Geologist/ Engineer:		\$83.00	<input type="text"/>
Staff Scientist:		\$77.00	<input type="text"/>
Technician:		\$60.00	<input type="text"/>

Other Field Task \$0.00

<b>Part II- Alabama Tank Trust Fund Itemization Form "F" Cost Proposal</b>		
Use this form to list hours where a Unit Rate is not available, <b>NOT FOR ADDING HOURS TO UNITS</b> Detailed description of activities must be entered where hours are claimed		
<b>CAP Modification</b>		
<b>Description of Activities</b>		
<b>Project Manager:</b>		\$99.00 <input type="text"/>
<b>PE/PG:</b>		\$115.00 <input type="text"/>
<b>Staff Geologist/ Engineer:</b>		\$83.00 <input type="text"/>
<b>Staff Scientist:</b>		\$77.00 <input type="text"/>
<b>Draftsman:</b>		\$60.00 <input type="text"/>
<b>Clerical:</b>		\$49.00 <input type="text"/>
		<b>CAP Modification</b> \$0.00

<b>Part II- Alabama Tank Trust Fund Itemization Form "F" Cost Proposal</b>		
Use this form to list hours where a Unit Rate is not available, <b>NOT FOR ADDING HOURS TO UNITS</b> Detailed description of activities must be entered where hours are claimed		
<b>Emergency Response</b> (written ADEM approval is required)		
	<b>Description of Activities</b>	
<b>Project Manager:</b>		\$148.50 <input style="width: 50px;" type="text"/>
<b>PE/PG:</b>		\$172.50 <input style="width: 50px;" type="text"/>
<b>Staff Geologist/ Engineer:</b>		\$124.50 <input style="width: 50px;" type="text"/>
<b>Technician:</b>		\$90.00 <input style="width: 50px;" type="text"/>
<b>Emergency Response</b>		<b>\$0.00</b>

Alabama Tank Trust Fund Form "G" Cost Proposal			
Each quoted item should have the appropriate detail amount listed below			
Mob/Demob	<input type="text"/>	PVC	
		1"	<input type="text"/>
Trackhoe		2"	<input type="text"/>
Daily	<input type="text"/>	4"	<input type="text"/>
Weekly	<input type="text"/>	T's	<input type="text"/>
Backhoe		Couplings	<input type="text"/>
Daily	<input type="text"/>	Elbows	<input type="text"/>
Weekly	<input type="text"/>	45's	<input type="text"/>
Backfill (driver and transport)		Ferrel joint	<input type="text"/>
/ton	<input type="text"/>	Traps	<input type="text"/>
/yard	<input type="text"/>	Cleaner/glue	<input type="text"/>
/loaded mile	<input type="text"/>		
Compaction	<input type="text"/>	Roll off/ drums	<input type="text"/>
Disposal transport (includes driver)			
/ton	<input type="text"/>	Other	<input type="text"/>
/yard	<input type="text"/>	Other	<input type="text"/>
/loaded mile	<input type="text"/>	Other	<input type="text"/>
Equipment Operator		Other	<input type="text"/>
/Hr	<input type="text"/>	Other	<input type="text"/>
/week	<input type="text"/>		
Laborer			
/Hr	<input type="text"/>		
/week	<input type="text"/>		
Water Disposal			
/gallon	<input type="text"/>		
Soil/Solid Waste Disposal fee (Name Landfill)	<input type="text"/>		
/ton	<input type="text"/>		
Sawcutting concrete			
base fee			
/ft	<input type="text"/>		
Horizontal Trenching/Soil (ft)	<input type="text"/>		
Horizontal Trenching/Concrete (ft)	<input type="text"/>		
Crane			
/job	<input type="text"/>		
Skid steer			
/daily	<input type="text"/>		
Electrician			
/hr	<input type="text"/>		
Fencing			
/ft	<input type="text"/>		
/single gate	<input type="text"/>		
/double gate	<input type="text"/>		
Concrete			
/yd	<input type="text"/>		
/bag	<input type="text"/>		
Asphalt			
/yd	<input type="text"/>		
/bag	<input type="text"/>		
Fuel Surcharge	<input type="text"/>		

## Alabama Tank Trust Fund Payment Request Part I

**I.1 Payment Request Information:**

Payment Request Number:	Date of Payment Request (mm/dd/yy):
UST or AST Incident Number:	Facility I.D. Number:

**I.2 Facility Information**

Facility Name:	
Facility Address:	

**I.3 Owner Information:**

Owner Name:	
Owner Address:	
Employer Tax Number (IRS):	

**I.4 Response Action Contractor Information:**

Approved Response Action Contractor Name:	
Approved Response Action Contractor Address:	
Project Contact:	
Project Contact phone #	
Project Contact E-mail:	
Employer Tax Number (IRS)	

**I.5 Designation of Payment:**

Name of Person or Firm to whom Payment is to be made:			
Address:			
ADEM USE ONLY	Contract/Owner Number:	Invoice No:	Approved Payment:

**1.6 Activity Information:**

Indicate below the activities for which the Payment Request is submitted:	
<input type="checkbox"/>	Site Stabilization/Initial Abatement
<input type="checkbox"/>	Preliminary Investigation
<input type="checkbox"/>	Secondary Investigation / Additional Well Installation
<input type="checkbox"/>	Alabama Risk Based Corrective Action (ARBCA)
<input type="checkbox"/>	Groundwater Sampling
<input type="checkbox"/>	Free Product Removal/Mobile Enhanced Multiphase Extraction (MEME)
<input type="checkbox"/>	Corrective Action Plan Evaluation
<input type="checkbox"/>	Develop Corrective Action Plan
<input type="checkbox"/>	Corrective Action
<input type="checkbox"/>	Stockpile Sampling / Management / Disposal
<input type="checkbox"/>	Provision of Alternate Water Supply
<input type="checkbox"/>	Pilot Test
<input type="checkbox"/>	Monitoring Well Abandonment
<input type="checkbox"/>	System Decommissioning/Removal
Activities/Other/Brief Summary of Activities:	
Provide completion date for this phase of work activities:	
Provide proposed completion date for all site activities:	

**1.7 Subcontractor Information:**

Indicate Subcontractors used during this phase of work:	
Name & Address	Service Provided



**I.8 Certification of Payment:**

<b>Signature must be provided below for this request to be processed</b>	
Check to owner	<p>1. I certify that all costs incurred under this payment request have been paid to the contractor.</p> <p style="text-align: center;"><b>The above certification will result in a check written to the owner or operator.</b></p>
Check to Contractor	<p>2. I certify that all costs incurred under this payment request have <u>NOT</u> been paid to the contractor.</p> <p style="text-align: center;"><b>The above certification will result in a check written to the contractor.</b></p>
Typed or Printed Name and Title:	
Owner Operator Signature:	
Date:	
<p><i>The signature above is to certify that either option 1 or option 2 above applies, and I certify that an unintentional release has occurred from a motor fuel underground storage tank system or aboveground storage tank system at the site and I certify that to the best of my knowledge and belief: that the costs presented herein represents actual costs incurred in the performance of response actions at this site during the period of time indicated on this application; and that no charges are presented as part of this application that did not result from the performance of response actions which were necessary due to the release of motor fuels at this site.</i></p>	

**I.9 Certification of Payment Request Information:**

<p>Signature must be dated with an original signature by a responsible corporate official or a person to which signature authority has been delegated in writing. Documentation of such delegation should be maintained on record by each company, and shall be made available to the Department upon request.</p> <p><i>I certify that to the best of my knowledge and belief: that the costs presented herein represents actual costs incurred in the performance of response actions at this site during the period of time indicated on this application; and that no charges are presented as part of this application that did not result from the performance of response actions which were necessary due to the release of motor fuels at this site.</i></p> <p><i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this payment request and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in this payment request, I believe that the information is true, accurate, complete, and that this payment request does not duplicate any request for payment for any charge previously submitted to the Department.</i></p>	
Contractor's Signature:	
Typed or printed name and title:	
Date:	

<b>Sections I.8 and I.9 must be signed by appropriate person for Request to be processed</b>
----------------------------------------------------------------------------------------------

**I.10 Trust Fund Obligation Information:**

Total of Previously Approved Payment Requests:	
Total of Payment Requests to Date: (Approved Payment Requests plus amount proposed in this request)	
Estimate Percent Completion of Entire Project to Date:	

**I.11 Payment Request Amount:**

	For ADEM Use Only		
	Proposed	Adjusted	Approved
Payment Request Amount from Forms:			
Owners Required Contribution for UST Release(\$5,000): <i>Applicable for CP#1 Only</i>			
Owners Required Contribution for AST Release(\$10,000): <i>Applicable for CP#1 Only</i>			
<b>Total of This Payment Request:</b>			
CP approved amount			

This Payment Request exceeds the approved Cost Proposal by   
**Please describe the cause of the exceedance below and include appropriate invoices**

**I.12 ADEM Approval Signatures:**

Approve for Payment \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ certify that all costs incurred under this payment are  
 \_\_\_\_\_ ADEM Director  
 due and payable.

**Part II- Alabama Tank Trust Fund Itemization Form "A" Payment Request**

Complete forms "A" through "G" as applicable to site activities and as supporting attachments.

**Summary of ATTF Report and Plan Preparation Scenarios**

<u>Scenarios</u>	<u>Unit \$</u>	<u>CP</u>	<u>PR</u>	<u>Requested</u>
Initial Abatement Report (other than just MEME)				
1-2 days in field	\$1,897			
Adder amount for every field day over 2 days(not to exceed 14 days)	\$322			
Initial Abatement Free Product Recovery Report	\$455			
Preliminary Investigation Report	\$4,664			
Secondary Plan (on and offsite)	\$803			
Secondary Report (up to 12 wells)	\$5,376			
Adder per Wells over 8	\$143			
Off-site access-Residential	\$173			
Off-site access - Commercial	\$248			
Off-site access - ALDOT	\$1,411			
Additional Well Installation Plan (investigation 1-4 wells)	\$455			
Additional Well Installation Plan (investigation >4 wells)	\$780			
Additional Well Installation Report (1-4 wells)(as an adder)	\$1,110			
Additional Well Installation Report (>4 wells)(as an adder)	\$1,352			
High Resolution Characterization Report (stand alone)	\$1,852			
Groundwater Monitoring Plan (GWM)	\$478			
NAMR/GWM-Report				
1-12 wells, BTEX/MTBE/Naphthalene	\$1,127			
1-12 wells, BTEX/MTBE+PAH	\$1,353			
NAMR/GWM adder >12 wells, BTEX/MTBE/Naphthalene	\$35.75			
NAMR/GWM adder >12 wells, BTEX/MTBE + PAH	\$50.05			
FPR Plan -All free product recovery	\$752			
FPR Report -all free product reports (except MEME)	\$933			
FPR Report-MEME	\$1,016			
MEME/Injection Events (adder to report)	\$720			
Adder amount for >3MEME/Injection Events (per approved period)	\$281			
ARBCA Report Tier I/RM 1				
1-12 wells, BTEX/MTBE/Naphthalene	\$3,793			
1-12 wells, BTEX/MTBE+PAH	\$4,019			
ARBCA Report Tier II/ RM 2				
1-12 wells, BTEX/MTBE/Naphthalene	\$3,793			
1-12 wells, BTEX/MTBE+PAH	\$4,019			
ARBCA GRP Re Assessment (1-4 wells Gas)	\$489			
ARBCA GRP Re Assessment (1-4 wells Diesel)	\$770			
ARBCA adder for Gas > number of allocated wells	\$35.75			
ARBCA adder for Diesel > number of allocated wells	\$42.90			
ARBCA Adder for Tier II WITH DECAY	\$2,172			
ARBCA Evaluation with Decay (stand alone evaluation)	\$3,286			
CAP Development - CA Evaluation (once per site)	\$3,252			
CAP Development - RNA	\$1,507			
CAP Development - RNA with MEME	\$1,606			
CAP Development - Excavation	\$1,571			
CAP Development - Surfactant Injection	\$4,441			
CAP Development (Class 1)- DPVE, P&T, SVE	\$6,644			

**Part II- Alabama Tank Trust Fund Itemization Form "A" Payment Request**

Complete forms "A" through "G" as applicable to site activities and as supporting attachments.

**Summary of ATTF Report and Plan Preparation Scenarios**

CAP Development (Class 2) - Ozone/SVE, AS/SVE, Liquid Chemox/Biox	\$5,861		
CAP Development (Class 3) - Ozone, AS, SVE	\$5,401		
CAP Modification (requires detailed attachment)			
CAP Implementation Report - Excavation	\$1,968		
CAP Implementation Report - Liquid Injections	\$2,509		
CA System Installation Report (all Classes same)	\$7,210		
SEMR Qtrly DPVE, P&T Reports			
1-12 wells, BTEX/MTBE/Naphthalene	\$4,704		
1-12 wells, BTEX/MTBE+PAH	\$4,930		
SEMR Qtrly Ozone, AS, SVE, Chemox, Biosparge - Reports			
1-12 wells, BTEX/MTBE/Naphthalene	\$4,174		
1-12 wells, BTEX/MTBE+PAH	\$4,400		
SEMR adder >12 wells, BTEX/MTBE/Naph	\$35.75		
SEMR adder >12 wells, BTEX/MTBE+PAH	\$42.90		
IDW/Treatment Disposal Plan (stand alone)	\$544		
IDW/Treatment Disposal Report (stand alone)	\$873		
DPVE Pilot Test Plan (not for Slug Test)	\$1,017		
DPVE Pilot Test Report	\$1,599		
AS/SVE or Ozone Pilot Test Plan	\$1,017		
AS/SVE or Ozone Pilot Test Report	\$1,599		
ISCO or Bioremediation Pilot Test Plan	\$1,017		
ISCO or Bioremediation Pilot Test Report	\$1,765		
Specific Capacity Test Plan	\$346		
Specific Capacity Test Report	\$1,325		
System Purchase Letter	\$1,251		
Monitoring Well Abandonment Plan	\$421		
Monitoring Well Abandonment Report	\$933		
System Decommissioning Plan	\$835		
System Decommissioning Report	\$1,661		
Alternate Water Supply Plan	\$653		
Alternate Water Supply Report	\$1,016		
Public Water Line Replacement Plan	\$950		
Public Water Line Replacement Report	\$1,412		
Adjacent Property Owner Information (additional effort)	\$283		
UIC Permit Application Preparation	\$1,151		
UIC General Permit Application Preparation	\$736		
NPDES General Permit Application Preparation	\$736		
ADEM Solid Waste Profile Preparation	\$207		
Municipal Sewer Application Process (ADEM or Others)	\$445		
Environmental Covenant preparation	\$528		
CP Preparation (CP requested by ADEM but not implemented)	\$197		
Cost Proposal Tier I Addendum Preparation	\$99		
Cost Proposal Tier II Addendum Preparation	\$313		
ADEM Approved Amount			
Other Plan/Report (hours and documentation required)			

Total CP Approved Amount

Total Report and Plan Costs

Part II- Alabama Tank Trust Fund Itemization Form "B" Payment Request				
Summary of ATTF Field Scenarios				
Scenarios	Unit \$	CP	PR	Requested
<b>Well Installation Oversight time</b>				
Type II Porous Media Drilling				
Porous material 0-10 feet	\$196			
Porous material 0-30 feet	\$309			
Porous material 0-50 feet	\$671			
Porous material 0-70 feet	\$867			
Porous material 0-90 feet	\$1,063			
Porous material 0-110 feet	\$1,259			
Type II Bedrock Drilling				
Bedrock 0-20' Air Rotary Drilling	\$309			
Bedrock 0-40' Air Rotary Drilling	\$422			
Bedrock 0-60' Air Rotary Drilling	\$618			
Bedrock 0-80' Air Rotary Drilling	\$814			
Bedrock 0-20' Core Drilling	\$392			
Bedrock 0-40' Core Drilling	\$671			
Bedrock 0-60' Core Drilling	\$784			
Bedrock 0-80' Core Drilling	\$980			
Type III Well Porous (Depth of entire well)				
Type III Well 0-20' (entire well in porous material)	\$351			
Type III Well 0-40' (entire well in porous material)	\$547			
Type III Well 0-60' (entire well in porous material)	\$743			
Type III Well 0-80' (entire well in porous material)	\$939			
Type III Well 0-100' (entire well in porous material)	\$1,135			
Type III Well Bedrock (Depth of entire well)				
Type III Well 0-20' (bedrock encountered)	\$392			
Type III Well 0-40' (bedrock encountered)	\$588			
Type III Well 0-60' (bedrock encountered)	\$784			
Type III Well 0-80' (bedrock encountered)	\$980			
Type III Well 0-100' (bedrock encountered)	\$1,176			
Soil Boring Only (no well installed)/Direct Push Oversight				
Soil Boring porous material 0-10 feet	\$125			
Soil Boring porous material 0-30 feet	\$208			
Soil Boring porous material 0-50 feet	\$291			
Soil Boring porous material 0-70 feet	\$457			
Direct Push (Geologist Daily Charge or 8 probe points)	\$830			
<b>Other Field Activities</b>				
Well Re-Development (initial development included in drilling oversight costs)	\$90			
Slug Tests	\$286			
Private/Public Water Well Inventory (up to 5 wells)	\$332			
Site Survey during Investigation (not a Licensed Surveyor)	\$240			
RW Vault Abandonment Oversight	\$83			
MW/RW/IW Abandonment Oversight for Overdrilling	\$249			
MW/RW/IW Abandonment Oversight for Grouting in Casing	\$125			
Monitoring Well Pad/Cover Repair/Replacement	\$120			
Groundwater Sampling Set-up	\$120			
Purge/Development Water Handling (see Basis)	\$90			
Gauging Well (no sampling)	\$15			
Groundwater Sampling and Gauging 2" Well	\$60			
Groundwater Sampling and Gauging 4" Well	\$69			

Part II- Alabama Tank Trust Fund Itemization Form "B" Payment Request				
Summary of ATTF Field Scenarios				
Scenarios	Unit \$	CP	PR	Requested
Groundwater Sampling and Gauging 6" Well	\$75			
Sample Public Well	\$120			
Sample Private Well	\$90			
Sample Stream (up to 3 samples)	\$90			
Soil Sampling Setup (1-4 wells)	\$166			
Soil Sampling Setup adder (each additional group of 4 wells)	\$83			
MEME Event/Pilot Test/Injection Event (hourly rate)	\$60			
DPVE Pilot Test/Aquifer Test (hourly rate)	\$143			
SVE/ AS/ Ozone Pilot Test	\$747			
Site Visit by PE/PG (CAP Development,etc)	\$920			
System Installation Oversight (up to 7 days)	\$8,314			
System Installation Oversight Adder (per day over 7 doc req.)	\$929			
System Start up	\$1,584			
System Decommissioning	\$987			
DPVE, Pump and Treat O&M 3 months	\$3,672			
DPVE, Pump and Treat O&M 4 months	\$4,632			
Ozone, biosparge, SVE, biovent and Air Sparge O&M 3 months	\$1,836			
Ozone, biosparge, SVE, biovent and Air Sparge O&M 4 months	\$2,316			
ADEM Approved Amount				
Other Field Work not listed (hours and documentation required)				
Emergency Response				
<b>Travel</b>				
<b>Mileage Rate</b>				
Mileage (One way office to site)				
Number of round trips to site				
Other Mileage (enter total mileage not including office to site)				
<b>Travel Time</b>				
Technicians(s)-travel time	\$60 /hr			
Geologist/Engineer-travel time	\$83 /hr			
PG/PE-travel time	\$115 /hr			
Project Manager-travel time	\$99 /hr			
<b>Per Diem</b>				
Per diem (6-12hrs)	\$11.25 /day			
Per diem (greater than 12hrs)	\$30 /ext. day			
Per diem (overnight)(invoice required)	\$75 /day			
<b>Equipment and Equipment Kits</b>				
55-Gallon Drums	\$50 /drum			
Sampling Expendables	\$50 /sow			
Expendables O&M	\$25 /day			
Monitoring Well Development	\$75 /day			
Monitoring Well/ Boring Installation	\$60 /day			
Monitoring Well/ Boring Abandonment	\$60 /day			
Encore Samplers	\$9 /sampler			
Groundwater Monitoring	\$160 /day			
Bailers	\$7 /bailer			
MEME Event	\$70 /event			
Free Product Bailing	\$60 /sow			
DPVE , SVE, AS, P&T O&M	\$145 /day			
Ozone Sparge O&M	\$75 /day			
DPVE Pilot Test	\$70 /sow			
Pumping Test	\$165 /sow			
Specific Capacity	\$65 /sow			
Slug Test	\$110 /sow			
Initial Abatement	\$50 /day			

Part II- Alabama Tank Trust Fund Itemization Form "B" Payment Request					
Summary of ATTF Field Scenarios					
Scenarios	Unit \$	CP	PR	Requested	
Postage / Shipping and Copying (plans reports, ADEM and owner)	\$85 /sow				
Postage / Shipping (Sample Shipping)	\$50 /samples				
Postage / Shipping (documentation required)					
Analytical Samples					
method	Approved Amount Per Sample	"CP" Number of Samples	"PR" Number of Samples	Actual Amount Per Sample	Pass Through
BTEX/MTBE/Naph (water)					
BTEX/MTBE/Naph (soil)					
PAH (water)					
PAH (soil)					
Lead (water)					
Lead (soil)					
TPH					
PAH Water Supply					
VOC Water Supply					
Dibromoethane 1,2 EDB					
Dichloroethane 1,2 EDC					
tert-Butyl alcohol					
Ethanol					
Oil & Grease					
Air Samples					
Dry Bulk Density					
Grain Size Analysis					
Specific Gravity					
Moisture Content					
Nitrate					
Sulfate					
Iron					
FOM (ASTM 2947)					
Total Organic Carbon (Walkley Black)					
Chloride					
Foaming Agent					
Total Dissolved Solids					
Other					
Other					
Other					
Total CP Approved Amount			Total Field Costs		

Part II- Alabama Tank Trust Fund Itemization Form "C" Payment Request					
Drilling					
Scenarios	Unit	\$	Unit	CP	PR
Requested					
Mileage Rate (Current Federal Rate)					
Mileage (drilling device driven or ATV) (up to 150 <b>one way</b> miles) <sup>1</sup>	/mile				
Number of Mobilizations (Includes \$200 Mob/Demob amount)					
Mileage (drilling device "hauling" to the site)(up to 150 <b>one way</b> miles) <sup>1</sup> (direct push, skid steer, etc.)	/mile				
Number of Mobilizations (Includes \$200 Mob/Demob amount)					
Well Completions					
Well Pad Completions (2" and 4")(up to 8" cover) <sup>2</sup>	\$150 /well				
Well Pad Completions (2" and 4")(12" cover) <sup>2</sup>	\$200 /well				
Well Pad Completions RW/EW non hinged lid (2'x2') <sup>2</sup>	/well				
Well Pad Completions for Recovery/Extraction Wells (2'x2') <sup>2</sup>	/well				
Alternate Screen for Recovery/Extraction/Injection Wells per/ft (Quote and Invoices Required) <sup>4</sup>	/ft				
Unconsolidated Media Drilling					
1" / 2" Monitoring Well (HSA) <sup>3</sup>	\$43 /foot				
4" Monitoring Well (HSA) <sup>3</sup>	\$45 /foot				
Type III Well (HSA) <sup>5</sup>	\$95 /foot				
Soil Boring (HSA) per ft (includes tremie grout abandonment) <sup>6</sup>	\$22 /foot				
Temporary Well (HSA) per ft (includes tremie grout abandonment) <sup>6</sup>	\$28 /foot				
Sonic Drilling	/foot				
Bedrock Drilling					
Air Rotary Rock Drilling per ft (2") <sup>3</sup>	\$55 /foot				
Air Rotary Rock Drilling per ft (4") <sup>3</sup>	\$60 /foot				
Type III Well <sup>5</sup>	\$95 /foot				
Air Compressor	/day				
Rock Coring	\$38 /foot				
Direct Push Technologies					
Direct Push per day (includes all personnel time) <sup>6</sup>	\$1,800 /day				
Direct Push well install materials per foot	\$5 /foot				
Other Items					
MW/RW Pad Removal	\$75 /foot				
2" MW/RW Abandonment by Overdrilling then tremie grout <sup>3</sup>	\$25 /foot				
4" MW/RW Abandonment by Overdrilling then tremie grout <sup>3</sup>	\$30 /foot				
MW/RW Tremie Grout Abandonment (remove well casing to at least 3' and fill remainder) <sup>3</sup>	\$10 /foot				
Recovery Well Vault removal and backfill w/concrete (2'x2') <sup>7</sup>	\$400 /vault				
Recovery Well Vault removal and backfill w/concrete (2'x2')	\$165 /vault				
Drums	\$50 /drum				
Shelby Tubes	\$50 /tube				
Per Diem (overnight) (man days)(hotel receipts required)	\$75 /day				
Other (receipts required)					
Other (receipts required)					
Other (receipts required)					
Pass Through (if appropriate) Enter "10" or "5" as appropriate					

<sup>1</sup> Mileage (enter ONE WAY miles) for any and all support vehicles, trailers, equipment, and personnel time

<sup>2</sup> Includes labor, concrete, forms (if needed), bolt down covers, caps, vaults, and locks

<sup>3</sup> Includes personnel, screen, risers, bentonite, sand, silt sleeves, decon, skid steer, saw cutting, coring, safety equipment, plastic sheeting, water, well developing, etc.

<sup>4</sup> If an alternative type screen is warranted instead of typical pvc slotted screen (i.e. continuous screen, stainless steel, etc.)

<sup>5</sup> Includes personnel, outer and inner casing of entire well, screen, grout, decon, skid steer, saw cutting, coring, safety equipment, plastic sheeting, water, etc.

<sup>6</sup> Includes well pad removal and surface completion as per surrounding

<sup>7</sup> If costs are to exceed this amount a detailed quote should be included and costs listed on "Form D"

<b>Total CP Approved Amount</b>	<b>Total Drilling Costs</b>
---------------------------------	-----------------------------



Part II- Alabama Tank Trust Fund Itemization Form "D" Payment Request				
All Vendor Invoices should be detailed, itemized and attached to Form "D"				
Sub Contractors/ Vendors/ Utilities				
	Cost Proposal			Requested
	Approved Amount	Enter Actual Amount Here	Pass Through	
8-hr MEME Event				
12-hr MEME Event				
24-hr MEME Event				
MEME Water Disposal amount				
ADEM Solid Waste Profile (ADEM review fee)				
ALDOT Permit Fee				
Carbon Disposal				
Carbon Recycling				
Corrective Action System Decommissioning				
Corrective Action System Install				
Corrective Action System Purchase				
Corrective Action System Rental				
Oxidizer Rental				
Excavation				
Injection Events				
NPDES Permit Application (permit fee)				
Phone Costs (telemetry)				
Power Costs				
Propane Costs				
Rentals				
Rentals				
Rentals				
Rentals				
Roll Off Dumpster (includes hauling/handling)				
Sewer Disposal Costs				
Solid Waste Soil Disposal (to include hauling/handling)				
UIC Permit Application (permit fee)				
UIC Permit Greenfield Fee				
Water Supply for Liquid Ring Pump				
Water Treatment/Disposal (to include hauling/handling)				
Professional Survey (Licensed Surveyor)				
Other Miscellaneous items/rentals (receipts required)				
Other Miscellaneous items/rentals (receipts required)				
Other Miscellaneous items/rentals (receipts required)				
Other Miscellaneous items/rentals (receipts required)				
Other Miscellaneous items/rentals (receipts required)				

<b>Part II- Alabama Tank Trust Fund Itemization Form "D" Payment Request</b>					
All Vendor Invoices should be detailed, itemized and attached to Form "D"					
<b>Sub Contractors/ Vendors/ Utilities</b>					
		Cost Proposal Approved Amount	Enter Actual Amount Here	Pass Through	Requested
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
Other/Misc. (receipts required)					
<b>Total CP Approved Amount</b>		<b>Total Subs/Vendors/Utilities</b>			

<b>Part II- Alabama Tank Trust Fund Itemization Form "E" Payment Request</b>							
Per diem allowed for Alabama Tank Trust Fund Contractor Personnel Only Maximum allowable rates are referenced on the "Maximum Rates" Tab in this document. This page should be submitted whenever per diem is being claimed							
Points of Travel		Actual Date	Name of Personnel	Hour of Departure	Hour of Return	City of Overnight Stay	Amount Per diem claimed
From	To	mm/dd/yy		am/pm	am/pm		
Use this section to enter claims for daily per diems							
						Total number of daily per diems	
Use this section to enter claims for extended daily per diems							
						Total number of ext. daily per diems	
Use this section to enter claims for overnight per diems							
						Total number of overnight per diems	

Part II- Alabama Tank Trust Fund Itemization Form "F" Payment Request		
Use this form to list hours where a Unit Rate is not available, <b>NOT FOR ADDING HOURS TO UNITS</b> Detailed description of activities must be entered where hours are claimed		
Other Plan /Report <u>NOT</u> Listed		
Description of Activities		
Project Manager:		\$99.00 <input style="width: 50px;" type="text"/>
PE/PG:		\$115.00 <input style="width: 50px;" type="text"/>
Staff Geologist/ Engineer:		\$83.00 <input style="width: 50px;" type="text"/>
Staff Scientist:		\$77.00 <input style="width: 50px;" type="text"/>
Draftsman:		\$60.00 <input style="width: 50px;" type="text"/>
Clerical:		\$49.00 <input style="width: 50px;" type="text"/>
Other Plan/ Report time not already listed		
Other Field Tasks <u>NOT</u> Listed		
Description of Activities		
Project Manager:		\$99.00 <input style="width: 50px;" type="text"/>
PE/PG:		\$115.00 <input style="width: 50px;" type="text"/>
Staff Geologist: Engineer		\$83.00 <input style="width: 50px;" type="text"/>
Staff Scientist:		\$77.00 <input style="width: 50px;" type="text"/>
Technician:		\$60.00 <input style="width: 50px;" type="text"/>
Other Field Tasks		

Part II- Alabama Tank Trust Fund Itemization Form "F" Payment Request		
Use this form to list hours where a Unit Rate is not available, <b>NOT FOR ADDING HOURS TO UNITS</b> Detailed description of activities must be entered where hours are claimed		
CAP Modification		
	Description of Activities	
Project Manager:		\$99.00 <input type="text"/>
PE/PG:		\$115.00 <input type="text"/>
Staff Geologist/ Engineer:		\$83.00 <input type="text"/>
Staff Scientist:		\$77.00 <input type="text"/>
Draftsman:		\$60.00 <input type="text"/>
Clerical:		\$49.00 <input type="text"/>
		CAP Modification

**Part II- Alabama Tank Trust Fund Itemization Form "F" Payment Request**

Use this form to list hours where a Unit Rate is not available, **NOT FOR ADDING HOURS TO UNITS**

Detailed description of activities must be entered where hours are claimed

**Emergency Response**

Description of Site Activities (written ADEM approval is required)

Project Manager:

\$148.50

PE/PG:

\$172.50

Staff Geologist/  
Engineer:

\$124.50

Technician:

\$90.00

Emergency Response

Part II- Alabama Tank Trust Fund Invoice Details Form "G" Payment Request			
Each invoiced item should have the appropriate detail amount listed below			
Mob/Demob	<input type="text"/>	PVC	<input type="text"/>
		1"	<input type="text"/>
Trackhoe		2"	<input type="text"/>
Daily	<input type="text"/>	4"	<input type="text"/>
Weekly	<input type="text"/>	T's	<input type="text"/>
Backhoe		Couplings	<input type="text"/>
Daily	<input type="text"/>	Elbows	<input type="text"/>
Weekly	<input type="text"/>	45's	<input type="text"/>
Backfill (driver and transport)		Ferrel joint	<input type="text"/>
/ton	<input type="text"/>	Traps	<input type="text"/>
/yard	<input type="text"/>	Cleaner/glue	<input type="text"/>
/loaded mile	<input type="text"/>		
Compaction	<input type="text"/>	Roll off/ drums	<input type="text"/>
Disposal transport (includes driver)		Other	<input type="text"/>
/ton	<input type="text"/>	Other	<input type="text"/>
/yard	<input type="text"/>	Other	<input type="text"/>
/loaded mile	<input type="text"/>	Other	<input type="text"/>
Equipment Operator		Other	<input type="text"/>
/Hr	<input type="text"/>	Other	<input type="text"/>
/week	<input type="text"/>		
Laborer			
/Hr	<input type="text"/>		
/week	<input type="text"/>		
Water Disposal			
/gallon	<input type="text"/>		
Soil/Solid Waste Disposal fee (Name Landfill)	<input type="text"/>		
/ton	<input type="text"/>		
Sawcutting concrete			
base fee	<input type="text"/>		
/ft	<input type="text"/>		
Horizontal Trenching Soil (ft)	<input type="text"/>		
Horizontal Trenching Concrete (ft)	<input type="text"/>		
Crane			
/job	<input type="text"/>		
Skid steer			
/daily	<input type="text"/>		
Electrician			
/hr	<input type="text"/>		
Fencing			
/ft	<input type="text"/>		
/single gate	<input type="text"/>		
/double gate	<input type="text"/>		
Concrete			
/yd	<input type="text"/>		
/bag	<input type="text"/>		
Asphalt			
/yd	<input type="text"/>		
/bag	<input type="text"/>		
Fuel Surcharge	<input type="text"/>		

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
STATE INDIRECT DISCHARGE (SID) PERMIT APPLICATION**

**Instructions:** This form should be used to submit an application for a State Indirect Discharge (SID) permit. The completed application should be submitted to ADEM in duplicate. A copy of the application should also be submitted to the receiving POTW. If insufficient space is available to address any item, please continue on an attached sheet of paper. Please mark "N/A" in the appropriate box when an item is not applicable to the applicant. Please type or print legibly in blue or black ink. Mail the completed application to:

ADEM-Water Division  
Industrial/Municipal Branch  
P O Box 301463  
Montgomery, AL 36130-1463

**PURPOSE OF THIS APPLICATION**

- |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initial Permit Application for New Facility*<br><input type="checkbox"/> Modification of Existing Permit<br><input type="checkbox"/> Revocation & Reissuance of Existing Permit | <input type="checkbox"/> Initial Permit Application for Existing Facility*<br><input type="checkbox"/> Reissuance of Existing Permit<br><br><i>* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**SECTION A – GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_
  - a. Operator Name: \_\_\_\_\_
  - b. Is the operator identified in 1.a., the owner of the facility?      Yes \_\_\_\_\_      No \_\_\_\_\_  
  
If no, provide the name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.  
\_\_\_\_\_  
\_\_\_\_\_
  
2. SID Permit Number: IU \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  
3. NPDES or General NPDES Permit Numbers (if applicable) \_\_\_\_\_
  
4. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
  
5. Facility Mailing Address (Street or Post Office Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
6. Responsible Official (as described on the last page of this application):  
Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  
7. Designated Facility Contact:  
Name and Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_



8. Designated Discharge Monitoring Report Contact:

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

9. Type of Business Entity:  Corporation  General Partnership  Limited Partnership

Sole Proprietorship  Other (Please Specify) \_\_\_\_\_

10. Complete this section if the Applicant's business entity is a corporation:

Location of Incorporation:

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Corporation of Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subsidiary Corporation(s) of Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporate Officers:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agent designated by the corporation for purposes of service:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

11. If the Applicant's business entity is a Partnership, please list the general partners.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

12. Please complete this section if the Applicant's business entity is a Proprietorship.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

13. Permit numbers for Applicant's previously issued NPDES and SID permits; and identification of any other State of Alabama environmental permits presently held by the Applicant, its parent corporation, or subsidiary corporations within the State of Alabama:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held By</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Identify all Administrative Complaints, Notices of Violation, Directives, Administrative Orders, or Litigation concerning water pollution, if any, against the Applicant, its parent corporation, or subsidiary corporations within the State of Alabama within the past five years:

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
_____	_____	_____	_____
_____	_____	_____	_____

15. Name of Publicly or Privately Owned Treatment Works (POTW) receiving the Applicant's wastewater (**attach letter of acceptance**): \_\_\_\_\_

POTW NPDES Permit Number: \_\_\_\_\_

Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

POTW Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SECTION B – BUSINESS ACTIVITY**

1. If your facility conducts or will be conducting any of the processes listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply):

Industrial Categories

- |                                                                           |                                                                    |
|---------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Aluminum Forming                                 | <input type="checkbox"/> Metal Molding and Casting                 |
| <input type="checkbox"/> Asbestos Manufacturing                           | <input type="checkbox"/> Metal Products                            |
| <input type="checkbox"/> Battery Manufacturing                            | <input type="checkbox"/> Nonferrous Metals Forming                 |
| <input type="checkbox"/> Can Making                                       | <input type="checkbox"/> Nonferrous Metals Manufacturing           |
| <input type="checkbox"/> Canned and Preserved Fruit and Vegetables        | <input type="checkbox"/> Oil and Gas Extraction                    |
| <input type="checkbox"/> Canned and Preserved Seafood                     | <input type="checkbox"/> Organic Chemicals Manufacturing           |
| <input type="checkbox"/> Cement Manufacturing                             | <input type="checkbox"/> Paint and Ink Formulating                 |
| <input type="checkbox"/> Centralized Waste Treatment                      | <input type="checkbox"/> Paving and Roofing Manufacturing          |
| <input type="checkbox"/> Carbon Black                                     | <input type="checkbox"/> Pesticides Manufacturing                  |
| <input type="checkbox"/> Coal Mining                                      | <input type="checkbox"/> Petroleum Refining                        |
| <input type="checkbox"/> Coil Coating                                     | <input type="checkbox"/> Phosphate Manufacturing                   |
| <input type="checkbox"/> Copper Forming                                   | <input type="checkbox"/> Photographic                              |
| <input type="checkbox"/> Electric and Electronic Components Manufacturing | <input type="checkbox"/> Pharmaceutical                            |
| <input type="checkbox"/> Electroplating                                   | <input type="checkbox"/> Plastic & Synthetic Materials             |
| <input type="checkbox"/> Explosives Manufacturing                         | <input type="checkbox"/> Plastics Processing Manufacturing         |
| <input type="checkbox"/> Feedlots                                         | <input type="checkbox"/> Porcelain Enamel                          |
| <input type="checkbox"/> Ferroalloy Manufacturing                         | <input type="checkbox"/> Pulp, Paper, and Fiberboard Manufacturing |
| <input type="checkbox"/> Fertilizer Manufacturing                         | <input type="checkbox"/> Rubber                                    |
| <input type="checkbox"/> Foundries (Metal Molding and Casting)            | <input type="checkbox"/> Soap and Detergent Manufacturing          |
| <input type="checkbox"/> Glass Manufacturing                              | <input type="checkbox"/> Steam and Electric                        |
| <input type="checkbox"/> Grain Mills                                      | <input type="checkbox"/> Sugar Processing                          |
| <input type="checkbox"/> Gum and Wood Chemicals Manufacturing             | <input type="checkbox"/> Textile Mills                             |
| <input type="checkbox"/> Inorganic Chemicals                              | <input type="checkbox"/> Timber Products                           |
| <input type="checkbox"/> Iron and Steel                                   | <input type="checkbox"/> Transportation Equipment Cleaning         |
| <input type="checkbox"/> Leather Tanning and Finishing                    | <input type="checkbox"/> Waste Combustion                          |
| <input type="checkbox"/> Metal Finishing                                  | <input type="checkbox"/> Other (specify) _____                     |
| <input type="checkbox"/> Meat Products                                    |                                                                    |

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes (If more than one applies, list in order of importance.):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**SECTION C – WATER SUPPLY**

Water Sources (check as many as are applicable):

Private Well
  Surface Water  
 Municipal Water Utility (Specify City): \_\_\_\_\_
  Other (Specify): \_\_\_\_\_

*If more than one well or surface intake, provide data for each on an attachment*

City: \_\_\_\_\_ \*MGD    Well: \_\_\_\_\_ \*MGD

Surface Intake Volume\*\*: \_\_\_\_\_ \*MGD

Name of Surface Water Source: \_\_\_\_\_

Intake Elevation: \_\_\_\_\_ Ft.    Latitude: \_\_\_\_\_    Longitude: \_\_\_\_\_

\* - MGD = Million Gallons Per Day

\*\* - If the surface water intake amount is greater than 2.0 MGD, is 25% or more used for cooling purposes?

Yes                       No

**SECTION D – SEWER INFORMATION**

Briefly describe the location of monitoring/sampling points and discharge points to the POTW (the point at which wastewater enters a sewer not owned by the applicant) for each outfall included in the SID permit application [Narrative description is required]

Outfall Number: \_\_\_\_\_

Monitoring/Sampling point: \_\_\_\_\_

Discharge point: \_\_\_\_\_

Outfall Number: \_\_\_\_\_

Monitoring/Sampling point: \_\_\_\_\_

Discharge point: \_\_\_\_\_

**SECTION E – WASTEWATER DISCHARGE INFORMATION**

Facilities that checked activities in question 1 of Section B and are considered Categorical Industrial Users should skip to question 2 of this section.

- For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Using the process flow schematic (Figure 1, pg 16), enter the description that corresponds to each process. **(The flow schematic should include all treatment units as well as monitoring and discharge points)**[New facilities should provide estimates for each discharge.]

Process Description	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow	Discharge Type (batch, continuous, intermittent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

**Complete this section only if you are subject to Categorical Pretreatment Standards.**

2. For Categorical Users: Provide the wastewater discharge flows or production rates (whichever is applicable, according to effluent guidelines) for each of your processes or proposed processes. Using the process flow schematic (Figure 1), enter the description that corresponds to each process. [New facilities should provide estimates for each discharge.]

2a.

<u>Regulated Process</u>	<u>Applicable Category</u>	<u>Applicable Subpart</u>	<u>Type of Discharge Flow (batch, continuous, intermittent)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2b.

<u>Process Description</u>	<u>Last 12 Months (gals/day) Highest Month Average</u>	<u>Highest Flow Year of Last 5 (gals/day) Monthly Average</u>	<u>Discharge Type (batch, continuous, intermittent)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Reported values should be expressed in units of the applicable Federal production-based standard. For example, flow (MGD), production (pounds per day), etc.

2c.

<u>Product(s) Manufactured (Brand Name)</u>	<u>Last 12 Months (Highest Month)</u>	<u>units</u>	<u>Highest Production Year of Last 5 (Monthly Avg Production)</u>	<u>units</u>	<u>Average Production of Last 5 Years (5 yr. avg. production)</u>	<u>units</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

2d.

Non categorical Process Description	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow	Discharge Type (batch, continuous, intermittent)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

2e.

Non-Process Discharges (e.g. non-contact cooling water)	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow

3. Has a Baseline Monitoring Report (BMR) been submitted in accordance with 335-6-5-.05(3)? Yes \_\_\_\_\_ No \_\_\_\_\_

Each existing categorical industrial user is required to submit a BMR within 180 days after the effective date of the standard. New sources are required to submit with this application or at least 90 days prior to commencement of discharge, a BMR excluding certification and compliance schedules.

4. Categorical Users subject to Total Toxic Organic (TTO) Requirements, please provide the following TTO information:

- a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. If TTO monitoring was not included in the BMR, was alternate oil and grease monitoring included? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Must be allowed by the applicable guideline)
- d. Has a Toxic Organics Management Plan (TOMP) been developed? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please attach a copy if not previously submitted to the Department.)

5. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Flow Metering	Yes	___	No	___	N/A	___
pH Sampling Equipment	Yes	___	No	___	N/A	___

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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6. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.  
\_\_\_ Yes      \_\_\_ No (If no, skip Question 7)

7. Briefly describe these changes and their anticipated effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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#### SECTION F – CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data (collected within the last 12 months) on all pollutants that are known or suspected to be present or are regulated by applicable Federal Effluent Guidelines and/or in the facility's existing SID Permit specific to each process. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For monitoring results at or below detection, the detection level should be reported. For pollutants known not to be present a (0) should be placed in the column for the maximum and average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure the methods used conform to 40 CFR Part 136; if they do not, indicate the method used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams. In the absence of effluent data from similar facilities, the facility may estimate the quantity expected. For pollutants expected not to be present a (0) should be placed in the column for maximum and average reported values.

Pollutant (Outfall Number)	Detection Level Used	Maximum Daily Value Conc.	Maximum Daily Value Mass	Average of Analyses		Number of Analyses	Units	
				Conc.	Mass		Conc.	Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon Tetrachloride								
Chlorobenzene								
1,2,4-Trichlorobenzene								
Hexachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloroethane								
Hexachloroethane								
1,1-Dichloroethane								
1,1,2-Trichloroethane								
1,1,2,2-Tetrachloroethane								
Chloroethane								
Bis(2-chloroethyl)ether								
2-Chloroethyl vinyl ether								
2-Chloronaphthalene								
2,4,6-Trichlorophenol								
Parachlorometa cresol								
Chloroform								
2-Chlorophenol								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3-Dichlorobenzidine								
1,1-Dichloroethylene								
1,2-Trans-dichloroethylene								
2,4-Dichlorophenol								
1,2-Dichloropropane								
1,2-Dichloropropylene								
1,3-Dichloropropylene								
2,4-Dimethylphenol								



Pollutant	Detection Level Used	Maximum Daily Value Conc.	Maximum Daily Value Mass	Average of Analyses Conc.	Average of Analyses Mass	Number of Analyses	Units	
							Conc.	Mass
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhydrazine (as Azobenzene)								
Ethylbenzene								
Fluoranthene								
4-Chlorophenyl phenyl ether								
4-Bromophenyl phenyl ether								
Bis(2-chloroisopropyl)ether								
Bis(2-chloroethoxy) methane								
Methylene chloride								
Methyl chloride								
Methyl bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
2-Nitrophenol								
4-Nitrophenol								
2,4-Dinitrophenol								
4,6-Dinitro-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis(2-ethylhexyl)phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								

Pollutant	Detection Level Used	Maximum Daily Value		Maximum Daily Value Mass	Average of Analyses		Number of Analyses	Units	
		Conc.	Mass		Conc.	Mass		Conc.	Mass
Diethyl phthalate									
Dimethyl phthalate									
Benzo(a)anthracene									
Benzo(a)pyrene									
3,4-Benzofluoranthene									
Benzo(k)fluoranthene									
Chrysene									
Acenaphthylene									
Anthracene									
Benzo(ghi)perylene									
Fluorene									
Phenanthrene									
Dibenzo(a,h)anthracene									
Ideno(1,2,3-cd)pyrene									
Pyrene									
Tetrachloroethylene									
Toluene									
Trichloroethylene									
Vinyl Chloride									
Aldrin									
Dieldrin									
Chlordane									
4,4'-DDT									
4,4'-DDE									
4,4'-DDD									
alpha-endosulfan									
Beta-endosulfan									
Endosulfan sulfate									
Endrin									
Endrin aldehyde									
Heptachlor									
Heptachlor epoxide									
Alpha-BHC									
Beta-BHC									
Gamma-BHC									
Delta-BHC									

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								
2,3,7,8-TCDD								
Asbestos								
pH								
Biochemical Oxygen Demand (5-day)								
Chemical Oxygen Demand								
Chlorides, Total								
Chlorine, Total Residual								
Flouride								
Magnesium, Total								
Ammonia (as N)								
Oil and Grease								
Total Suspended Solids								
Total Organic Carbon								
Kjeldahl N								
Nitrate + Nitrite (as N)								
Total Organic N								
Phosphorous (as P)								
Sulfate (SO <sub>4</sub> )								
Sulfide( S)								
Sulfite (SO <sub>3</sub> )								
Temperature (Winter)								
Temperature (Summer)								
Color, ADMI								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Antimony, Total								
Arsenic, Total								
Barium, Total								
Beryllium, Total								
Cadmium, Total								
Chromium, Total								
Copper, Total								
Cyanide, Total								
Lead, Total								
Mercury, Total								
Nickel, Total								
Selenium, Total								
Silver, Total								
Thallium, Total								
Zinc, Total								

**SECTION G – TREATMENT**

1. Is any form of wastewater treatment (see list below) practiced at this facility? Yes \_\_\_ No \_\_\_
2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years? Yes \_\_\_ No \_\_\_  
If yes, please describe: \_\_\_\_\_
3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).
 

<input type="checkbox"/> Air flotation <input type="checkbox"/> Centrifuge <input type="checkbox"/> Chemical precipitation <input type="checkbox"/> Chlorination <input type="checkbox"/> Cyclone <input type="checkbox"/> Filtration <input type="checkbox"/> Flow equalization <input type="checkbox"/> Grease or oil separation, type: _____ <input type="checkbox"/> Grease trap <input type="checkbox"/> Grinding filter <input type="checkbox"/> Grit removal <input type="checkbox"/> Ion exchange <input type="checkbox"/> Neutralization, pH correction	<input type="checkbox"/> Ozonation <input type="checkbox"/> Reverse osmosis <input type="checkbox"/> Screen <input type="checkbox"/> Sedimentation <input type="checkbox"/> Septic tank <input type="checkbox"/> Solvent separation <input type="checkbox"/> Spill protection <input type="checkbox"/> Sump <input type="checkbox"/> Biological treatment, type: _____ <input type="checkbox"/> Rainwater diversion or storage <input type="checkbox"/> Other chemical treatment, type: _____ <input type="checkbox"/> Other physical treatment, type: _____ <input type="checkbox"/> Other, type: _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
4. Attach a process flow diagram for the proposed or existing treatment system. Include process equipment, by-products, by-product disposal method, and waste and by-product volumes. (reference Figure 1)

**SECTION H – FACILITY OPERATIONAL CHARACTERISTICS**

Indicate whether the facility discharge is:

- Continuous through the year, or  
 Seasonal – Circle the months of the year during which the business activity occurs:

J    F    M    A    M    J    J    A    S    O    N    D

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION I- NON-DISCHARGED WASTES**

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?  
 \_\_\_ Yes, please describe below    \_\_\_ No, skip the remainder of Section I.

<u>Waste Generated</u>	<u>Quantity (lbs/day)</u>	<u>Disposal Method*</u>

\* Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site. If any wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

2. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-5-.14 "signatories to permit applications and reports" (see below).

*"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."*

*"I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."*

Signature of Responsible Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name of Responsible Official: \_\_\_\_\_  
(Please Type or Print)

Title of Responsible Official: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Area Code & Phone Number: \_\_\_\_\_

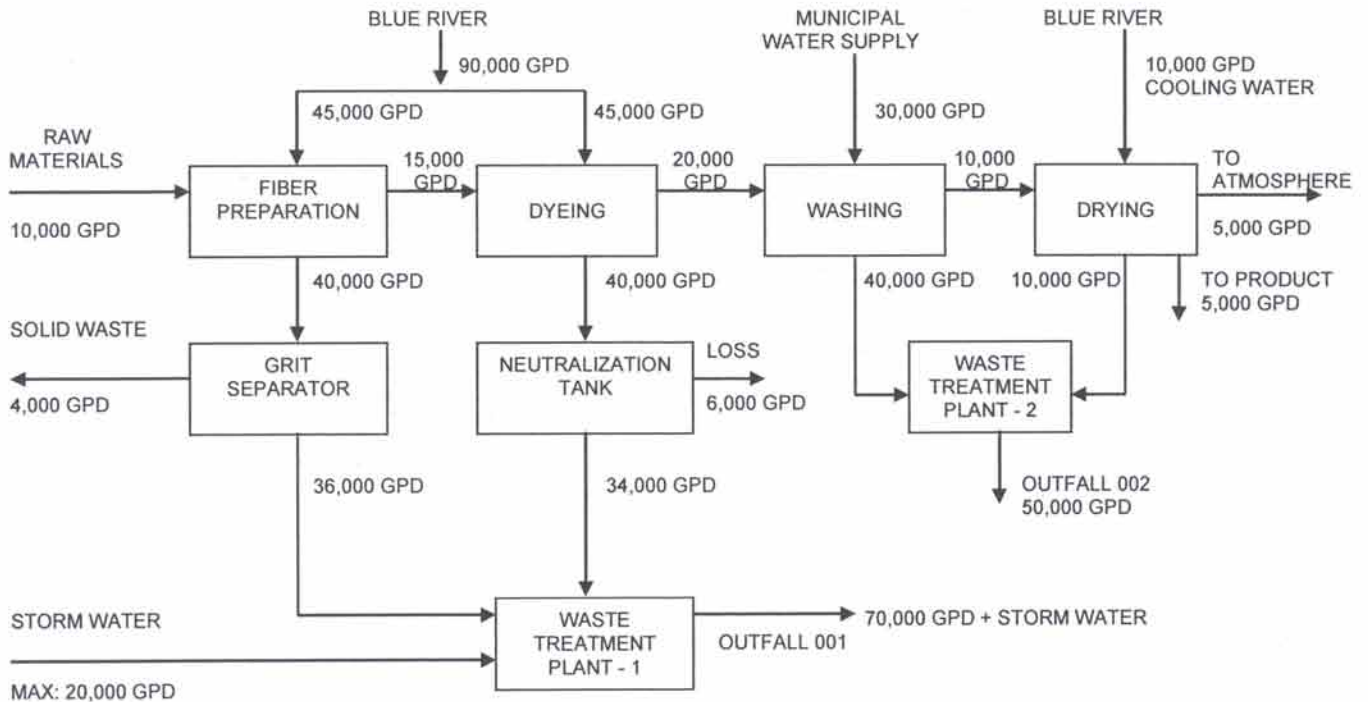
Email Address: \_\_\_\_\_

**335-6-5-.14 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.**

(1) The application for a SID permit shall be signed by a responsible official, a request for variance from categorical pretreatment standards, and a category determination request shall 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;
- (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.

**FIGURE 1**



SCHMATIC OF WATER FLOW  
BROWN MILLS INC  
CITY, COUNTY, STATE

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)**  
**NPDES INDIVIDUAL PERMIT APPLICATION**  
**SUPPLEMENTARY INFORMATION FOR INDUSTRIAL FACILITIES**

**Instructions:** This form should be used to submit the required supplementary information for an application for an NPDES individual permit for industrial facilities. The completed application should be submitted to ADEM in duplicate. If insufficient space is available to address any item, please continue on an attached sheet of paper. Please mark "N/A" in the appropriate box when an item is not applicable to the applicant. Please type or print legibly in blue or black ink. Mail the completed application to:

ADEM-Water Division  
Industrial Section  
P O Box 301463  
Montgomery, AL 36130-1463

**PURPOSE OF THIS APPLICATION**

- |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initial Permit Application for New Facility*<br><input type="checkbox"/> Modification of Existing Permit<br><input type="checkbox"/> Revocation & Reissuance of Existing Permit | <input type="checkbox"/> Initial Permit Application for Existing Facility*<br><input type="checkbox"/> Reissuance of Existing Permit<br><br><i>* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**SECTION A – GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_
  - a. Operator Name: \_\_\_\_\_
  - b. Is the operator identified in A.1.a, the owner of the facility?  Yes  No  
If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.  
\_\_\_\_\_  
\_\_\_\_\_
2. NPDES Permit Number: AL \_\_\_\_\_ (not applicable if initial permit application)
3. SID Permit Number (if applicable): IU \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. NPDES General Permit Number (if applicable): ALG \_\_\_\_\_
5. Facility Physical Location: **(Attach a map with location marked; street, route no. or other specific identifier)**  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Facility Location (Front Gate): Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
6. Facility Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. Responsible Official (as described on the last page of this application):  
Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
8. Designated Facility Contact:  
Name and Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



9. Designated Discharge Monitoring Report (DMR) Contact:

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

10. Type of Business Entity:

- Corporation     General Partnership     Limited Partnership     Limited Liability Company     Sole Proprietorship
- Other (Please Specify) \_\_\_\_\_

11. Complete this section if the Applicant's business entity is a Corporation

a) Location of Incorporation:

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b) Parent Corporation of Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

c) Subsidiary Corporation(s) of Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

d) Corporate Officers:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e) Agent designated by the corporation for purposes of service:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

12. If the Applicant's business entity is a Partnership, please list the general partners.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

13. If the Applicant's business entity is a Proprietorship, please enter the proprietor's information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

14. Permit numbers for Applicant's previously issued NPDES Permits and identification of any other State of Alabama Environmental Permits presently held by the Applicant, its parent corporation, or subsidiary corporations within the State of Alabama:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held By</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Identify all Administrative Complaints, Notices of Violation, Directives, Administrative Orders, or Litigation concerning water pollution, if any, against the Applicant, its parent corporation or subsidiary corporations within the State of Alabama within the past five years (attach additional sheets if necessary):

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

**SECTION B – BUSINESS ACTIVITY**

1. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes. If more than one applies, list in order of importance:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

2. If your facility conducts or will be conducting any of the processes listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply):

**Industrial Categories**

- |                                                                           |                                                                    |
|---------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Aluminum Forming                                 | <input type="checkbox"/> Metal Molding and Casting                 |
| <input type="checkbox"/> Asbestos Manufacturing                           | <input type="checkbox"/> Metal Products                            |
| <input type="checkbox"/> Battery Manufacturing                            | <input type="checkbox"/> Nonferrous Metals Forming                 |
| <input type="checkbox"/> Can Making                                       | <input type="checkbox"/> Nonferrous Metals Manufacturing           |
| <input type="checkbox"/> Canned and Preserved Fruit and Vegetables        | <input type="checkbox"/> Oil and Gas Extraction                    |
| <input type="checkbox"/> Canned and Preserved Seafood                     | <input type="checkbox"/> Organic Chemicals Manufacturing           |
| <input type="checkbox"/> Cement Manufacturing                             | <input type="checkbox"/> Paint and Ink Formulating                 |
| <input type="checkbox"/> Centralized Waste Treatment                      | <input type="checkbox"/> Paving and Roofing Manufacturing          |
| <input type="checkbox"/> Carbon Black                                     | <input type="checkbox"/> Pesticides Manufacturing                  |
| <input type="checkbox"/> Coal Mining                                      | <input type="checkbox"/> Petroleum Refining                        |
| <input type="checkbox"/> Coil Coating                                     | <input type="checkbox"/> Phosphate Manufacturing                   |
| <input type="checkbox"/> Copper Forming                                   | <input type="checkbox"/> Photographic                              |
| <input type="checkbox"/> Electric and Electronic Components Manufacturing | <input type="checkbox"/> Pharmaceutical                            |
| <input type="checkbox"/> Electroplating                                   | <input type="checkbox"/> Plastic & Synthetic Materials             |
| <input type="checkbox"/> Explosives Manufacturing                         | <input type="checkbox"/> Plastics Processing Manufacturing         |
| <input type="checkbox"/> Feedlots                                         | <input type="checkbox"/> Porcelain Enamel                          |
| <input type="checkbox"/> Ferroalloy Manufacturing                         | <input type="checkbox"/> Pulp, Paper, and Fiberboard Manufacturing |
| <input type="checkbox"/> Fertilizer Manufacturing                         | <input type="checkbox"/> Rubber                                    |
| <input type="checkbox"/> Foundries (Metal Molding and Casting)            | <input type="checkbox"/> Soap and Detergent Manufacturing          |
| <input type="checkbox"/> Glass Manufacturing                              | <input type="checkbox"/> Steam and Electric                        |
| <input type="checkbox"/> Grain Mills                                      | <input type="checkbox"/> Sugar Processing                          |
| <input type="checkbox"/> Gum and Wood Chemicals Manufacturing             | <input type="checkbox"/> Textile Mills                             |
| <input type="checkbox"/> Inorganic Chemicals                              | <input type="checkbox"/> Timber Products                           |
| <input type="checkbox"/> Iron and Steel                                   | <input type="checkbox"/> Transportation Equipment Cleaning         |
| <input type="checkbox"/> Leather Tanning and Finishing                    | <input type="checkbox"/> Waste Combustion                          |
| <input type="checkbox"/> Metal Finishing                                  | <input type="checkbox"/> Other (specify) _____                     |
| <input type="checkbox"/> Meat Products                                    |                                                                    |

A facility with processes inclusive in these business areas may be covered by Environmental Protection (EPA) categorical standards. These facilities are termed "categorical users" and should skip to question 2 of Section C.

3. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C – WASTEWATER DISCHARGE INFORMATION**

Facilities that checked activities in B.2 and are considered Categorical Industrial Users should skip to C.2 of this section.

1. **For Non-Categorical Users Only:** Provide wastewater flows for each of the processes or proposed processes. Using the process flow schematic (Figure 1), enter the description that corresponds to each process. **(The flow schematic should include all treatment units as well as monitoring and discharge points).** [New facilities should provide estimates for each discharge.]

Process Description	Last 12 Months (gals/day)	Highest Flow Year of Last 5 (gals/day)	Discharge Type (batch, continuous, intermittent)
	Highest Month Avg. Flow	Monthly Avg. Flow	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If batch discharge occurs or will occur, indicate: [new facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

Non-Process Discharges (e.g. non-contact cooling water)	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow
_____	_____	_____
_____	_____	_____

**2. Complete this Section only if you are subject to Categorical Standards and plan to directly discharge the associated wastewater to a water of the State.** If Categorical wastewater is discharged exclusively via an indirect discharge to a public or privately-owned treatment works, check "Yes" in the appropriate space below and proceed directly to part 2.c .

Yes

For Categorical Users: Provide the wastewater discharge flows or production (whichever is applicable by the effluent guidelines) for each of your processes or proposed processes. Using the process flow schematic (Figure 1, pg 14), enter the description that corresponds to each process. [New facilities should provide estimates for each discharge.]

2a.

Regulated Process	Applicable Category	Applicable Subpart	Type of Discharge Flow (batch, continuous, intermittent)
_____	_____	_____	_____
_____	_____	_____	_____

2b.

Process Description	Last 12 Months (gals/day), (lbs/day), etc. Highest Month Average*	Highest Flow Year of Last 5 (gals/day), (lbs/day), etc. Monthly Average*	Discharge Type (batch, continuous, intermittent)
_____	_____	_____	_____
_____	_____	_____	_____

\* Reported values should be expressed in units of the applicable Federal production-based standard. For example, flow (MGD), production (pounds per day), etc.

If batch discharge occurs or will occur, indicate: [new facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

2c.

Non categorical Process Description	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow	Discharge Type (batch, continuous, intermittent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If batch discharge occurs or will occur, indicate: [new facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

2d.

Non-Process Discharges (e.g. non-contact cooling water)	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow
_____	_____	_____
_____	_____	_____

**All Applicants must complete C.3 – C.6.**

3. Do you share an outfall with another facility?  Yes  No (If no, continue to C.4)  
For each shared outfall, provide the following:

Applicant's Outfall No.	Name of Other Permittee/Facility	NPDES Permit No.	Where is sample collected by Applicant?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?
- |                 |                    |                              |                             |                              |
|-----------------|--------------------|------------------------------|-----------------------------|------------------------------|
| <b>Current:</b> | Flow Metering      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|                 | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>Planned:</b> | Flow Metering      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|                 | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

If so, please attach a schematic diagram of the sewer system indicating the present or future location of this equipment and describe the equipment below:

\_\_\_\_\_

5. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?  
 Yes  No (If no, continue to C.6)

Briefly describe these changes and their anticipated effects on the wastewater volume and characteristics:

\_\_\_\_\_

6. List the trade name and chemical composition of all biocides and corrosion inhibitors used:

Trade Name	Chemical Composition
_____	_____
_____	_____
_____	_____

For each biocide and/or corrosion inhibitor used, please include the following information:

- (1) 96-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach,
- (2) quantities to be used,
- (3) frequencies of use,
- (4) proposed discharge concentrations, and
- (5) EPA registration number, if applicable

**SECTION D – WATER SUPPLY**

Water Sources (check as many as are applicable):

- Private Well
  Surface Water  
 Municipal Water Utility (Specify City): \_\_\_\_\_
  Other (Specify): \_\_\_\_\_

**IF MORE THAN ONE WELL OR SURFACE INTAKE, PROVIDE DATA FOR EACH ON AN ATTACHMENT**

City: \_\_\_\_\_ MGD\*    Well: \_\_\_\_\_ MGD\*    Well Depth: \_\_\_\_\_ Ft.    Latitude: \_\_\_\_\_    Longitude: \_\_\_\_\_

Surface Intake Volume: \_\_\_\_\_ MGD\*    Intake Elevation in Relation to Bottom: \_\_\_\_\_ Ft.

Intake Elevation: \_\_\_\_\_ Ft.    Latitude: \_\_\_\_\_    Longitude: \_\_\_\_\_

Name of Surface Water Source: \_\_\_\_\_

\* MGD – Million Gallons per Day

**Cooling Water Intake Structure Information**

Complete D.1 and D.2 if your water supply is provided by an outside source and not by an onsite water intake structure? (e.g., another industry, municipality, etc...)

1. Does the provider of your source water operate a surface water intake? Yes [ ] No [ ]  
(If yes, continue, if no, go to Section E.)
  - a) Name of Provider: \_\_\_\_\_    b) Location of Provider: \_\_\_\_\_
  - c) Latitude: \_\_\_\_\_    Longitude: \_\_\_\_\_
2. Is the provider a public water system (defined as a system which provides water to the public for human consumption or which provides only treated water, not raw water)?  Yes     No (If yes, go to Section E, if no, continue.)

**Only to be completed if you have a cooling water intake structure or the provider of your water supply uses an intake structure and does not treat the raw water.**

3. Is any water withdrawn from the source water used for cooling?  Yes     No
4. Using the average monthly measurements over any 12-month period, approximately what percentage of water withdrawn is used exclusively for cooling purposes? \_\_\_\_\_%
5. Does the cooling water consist of treated effluent that would otherwise be discharged?  Yes     No  
(If yes, go to Section E, if no, complete D.6 – D.17)
6. a. Is the cooling water used in a once-through cooling system?  Yes     No  
 b. Is the cooling water used in a closed cycle cooling system?  Yes     No

7. When was the intake installed? \_\_\_\_\_  
(Please provide dates for all major construction/installation of intake components including screens)
8. What is the maximum intake volume? \_\_\_\_\_  
(maximum pumping capacity in gallons per day)
9. What is the average intake volume? \_\_\_\_\_  
(average intake pump rate in gallons per day average in any 30-day period)
10. What is the actual intake flow (AIF) as defined in 40 CFR §125.92(a)? \_\_\_\_\_ MGD
11. How is the intake operated? (e.g., continuously, intermittently, batch) \_\_\_\_\_
12. What is the mesh size of the screen on your intake? \_\_\_\_\_
13. What is the intake screen flow-through area? \_\_\_\_\_
14. What is the through-screen design intake flow velocity? \_\_\_\_\_ ft/sec
15. What is the through-screen actual velocity (in ft/sec)? \_\_\_\_\_ ft/sec
16. What is the mechanism for cleaning the screen? (e.g., does it rotate for cleaning) \_\_\_\_\_
17. Do you have any additional fish detraction technology on your intake?  Yes  No
18. Have there been any studies to determine the impact of the intake on aquatic organisms?  Yes  No (If yes, please provide.)
19. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.

**SECTION E – WASTE STORAGE AND DISPOSAL INFORMATION**

Provide a description of the location of all sites involved in the storage of solids or liquids that could be accidentally discharged to a water of the state, either directly or indirectly via such avenues as storm water drainage, municipal wastewater systems, etc., which are located at the facility for which the NPDES application is being made. Where possible, the location should be noted on a map and included with this application:

Description of Waste	Description of Storage Location

Provide a description of the location of the ultimate disposal sites of solid or liquid waste by-products (such as sludges) from any wastewater treatment system located at the facility.

Description of Waste	Quantity (lbs/day)	Disposal Method*

\*Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site. If any wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

**SECTION F – COASTAL ZONE INFORMATION**

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County?  Yes  No  
If yes, complete items F.1 – F.12:

- |                                                             | Yes                      | No                       |
|-------------------------------------------------------------|--------------------------|--------------------------|
| 1. Does the project require new construction? .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the project be a source of new air emissions? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

	<u>Yes</u>	<u>No</u>
3. Does the project involve dredging and/or filling of a wetland area or water way? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, has the Corps of Engineers (COE) permit been received? .....	<input type="checkbox"/>	<input type="checkbox"/>
COE Project No. _____		
4. Does the project involve wetlands and/or submersed grassbeds? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are oyster reefs located near the project site?.....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include a map showing project and discharge location with respect to oyster reefs		
6. Does the project involve the site development, construction and operation of an energy facility as defined in ADEM Admin. Code r. 335-8-1-.02(bb)?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the project involve mitigation of shoreline or coastal area erosion?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the project involve construction on beaches or dune areas?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the project interfere with public access to coastal waters?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the project lie within the 100-year floodplain?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the project involve the registration, sale, use, or application of pesticides?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has the applicable permit for groundwater recovery or for groundwater well installation been obtained? .....	<input type="checkbox"/>	<input type="checkbox"/>

---

**SECTION G – ANTI-DEGRADATION EVALUATION**

In accordance with 40 CFR §131.12 and the ADEM Admin. Code r. 335-6-10-.04 for anti-degradation, the following information must be provided, if applicable. It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity. If further information is required to make this demonstration, attach additional sheets to the application.

1. Is this a new or increased discharge that began after April 3, 1991?    Yes    No  
    If yes, complete G.2 below. If no, go to Section H.
  
2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in G.1?    Yes    No

If yes, do not complete this section. If no, and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete G.2.A – G.2.F below and ADEM Forms 311 and 313 (attached). ADEM Form 313 must be provided for each alternative considered technically viable.

Information required for new or increased discharges to high quality waters:

- A. What environmental or public health problem will the discharger be correcting?  
\_\_\_\_\_  
\_\_\_\_\_
  
- B. How much will the discharger be increasing employment (at its existing facility or as the result of locating a new facility)?  
\_\_\_\_\_  
\_\_\_\_\_
  
- C. How much reduction in employment will the discharger be avoiding?  
\_\_\_\_\_  
\_\_\_\_\_
  
- D. How much additional state or local taxes will the discharger be paying?  
\_\_\_\_\_  
\_\_\_\_\_
  
- E. What public service to the community will the discharger be providing?  
\_\_\_\_\_  
\_\_\_\_\_
  
- F. What economic or social benefit will the discharger be providing to the community?  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION H – EPA Application Forms**

All Applicants must submit EPA permit application forms. More than one application form may be required from a facility depending on the number and types of discharges or outfalls found. The EPA application forms are found on the Department's website at <http://www.adem.alabama.gov/programs/water/waterforms.cnt> . The EPA application forms must be submitted in duplicate as follows:

1. All applicants must submit Form 1.
2. Applicants for existing industrial facilities (including manufacturing facilities, commercial facilities, mining activities, and silvicultural activities) which discharge process wastewater must submit Form 2C.
3. Applicants for new industrial facilities which propose to discharge process wastewater must submit Form 2D.
4. Applicants for new and existing industrial facilities which discharge only non-process wastewater (i.e., non-contact cooling water and/or sanitary wastewater) must submit Form 2E.
5. Applicants for new and existing facilities whose discharge is composed entirely of storm water associated with industrial activity must submit Form 2F, unless exempted by § 122.26(c)(1)(ii). If the discharge is composed of storm water and non-storm water, the applicant must also submit Forms 2C, 2D, and/or 2E, as appropriate (in addition to Form 2F).

**SECTION I – ENGINEERING REPORT/BMP PLAN REQUIREMENTS**

See ADEM 335-6-6-.08(i) & (j)

**SECTION J– RECEIVING WATERS**

Outfall No.	Receiving Water(s)	303(d) Segment?		Included in TMDL?*	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

- (1) Justification for the requested Compliance Schedule (e.g. time for design and installation of control equipment, etc.);
- (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be submitted as available);
- (3) Requested interim limitations, if applicable;
- (4) Date of final compliance with the TMDL limitations; and,
- (5) Any other additional information available to support requested compliance schedule.

---

**SECTION K – APPLICATION CERTIFICATION**

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-6-.09 "signatories to permit applications and reports" (see below).

*"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 of Responsible Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name and Title: \_\_\_\_\_

*If the Responsible Official signing this application is not identified in Section A.7, provide the following information:*

Mailing Address: \_\_\_\_\_

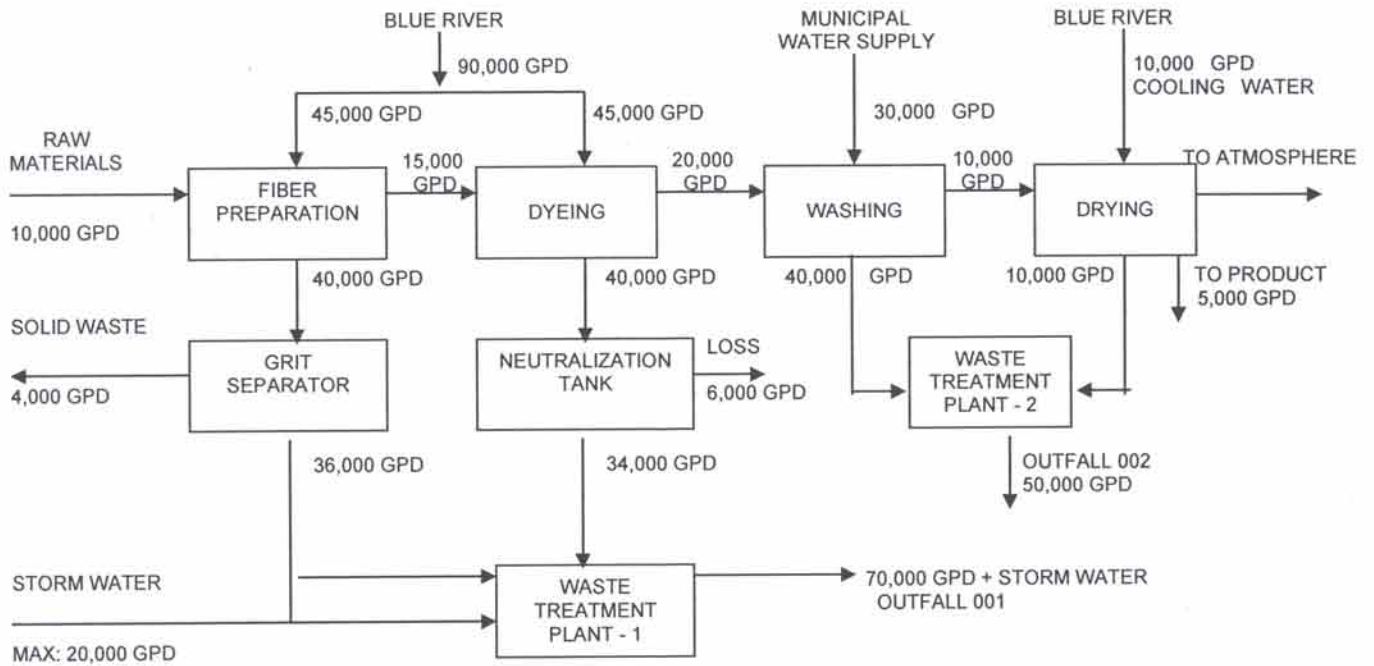
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.**

- (1) The application for an NPDES permit shall 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.

FIGURE 1



SCHMATIC OF WATER FLOW  
BROWN MILLS INC  
CITY, COUNTY, STATE

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)**  
**NPDES INDIVIDUAL PERMIT APPLICATION**  
**SUPPLEMENTARY INFORMATION FOR PUBLICLY-OWNED TREATMENT WORKS (POTW), OTHER TREATMENT WORKS TREATING DOMESTIC SEWAGE (TWTDS), AND PUBLIC WATER SUPPLY TREATMENT PLANTS**

**Instructions:** This form should be used to submit the required supplementary information for an application for an NPDES individual permit for Publicly Owned Treatment Works (POTW) and other Treatment Works Treating Domestic Sewage (TWTDS). The completed application should be submitted to ADEM in duplicate. If insufficient space is available to address any item, please continue on an attached sheet of paper. Please mark "N/A" in the appropriate box when an item is not applicable to the applicant. Please type or print legibly in blue or black ink. Mail the completed application to:

ADEM-Water Division  
Municipal Section  
P O Box 301463  
Montgomery, AL 36130-1463

**PURPOSE OF THIS APPLICATION**

- |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initial Permit Application for New Facility*<br><input type="checkbox"/> Modification of Existing Permit<br><input type="checkbox"/> Revocation & Reissuance of Existing Permit | <input type="checkbox"/> Initial Permit Application for Existing Facility*<br><input type="checkbox"/> Reissuance of Existing Permit<br><p style="font-size: small;">* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**SECTION A – GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_
  - a. Operator Name: \_\_\_\_\_
  - b. Is the operator identified in A.1.a, the owner of the facility?  Yes  No  
If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Name of Permittee\* if different than Operator: \_\_\_\_\_  
*\*Permittee will be responsible for compliance with the conditions of the permit*
2. NPDES Permit Number: AL \_\_\_\_\_ (Not applicable if initial permit application)
3. Facility Physical Location: (**Attach a map with location marked; street, route no. or other specific identifier**)  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Facility Location (Front Gate): Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
4. Facility Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Responsible Official (as described on last page of this application):  
Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

6. Designated Facility/DMR Contact:

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

7. Designated Emergency Contact:

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

8. Please complete this section if the Applicant's business entity is a Proprietorship or Limited Liability Company (LLC) with a responsible official not listed in A.5.

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

9. Permit numbers for Applicant's previously issued NPDES Permits and identification of any other State Environmental Permits presently held by the Applicant within the State of Alabama:

<u>Permit Type</u>	<u>Permit Number</u>	<u>Held By</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Identify all Administrative Complaints, Notices of Violation, Directives, or Administrative Orders, Consent Decrees, or Litigation concerning water pollution or other permit violations, if any against the Applicant within the State of Alabama in the past five years (attach additional sheets if necessary):

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION B – WASTEWATER DISCHARGE INFORMATION**

1. List the following historical monthly flow rates recorded for the past five years for each outfall:

Outfall No.	Highest Flow in Last 12 Months (MGD)	Highest Daily Flow (MGD)	Average Flow (MGD)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Attach a process flow schematic of the treatment process, including the size of each unit operation and sample collection locations.

3. Do you share an outfall with another facility?  Yes  No (If no, continue to B.4)

For each shared outfall, provide the following:

Applicant's Outfall No.	Name of Other Permittee/Facility	NPDES Permit No.	Where is sample collected by Applicant?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

- Current:** Flow Metering  Yes  No  N/A  
 Sampling Equipment  Yes  No  N/A
- Planned:** Flow Metering  Yes  No  N/A  
 Sampling Equipment  Yes  No  N/A

If so, please attach a schematic diagram of the sewer system indicating the present or future location of this equipment and describe the equipment below:

\_\_\_\_\_

\_\_\_\_\_

5. Are any wastewater collection or treatment modifications or expansions planned during the next three years that could alter wastewater volumes or characteristics (Note: Permit Modification may be required)?  Yes  No

Briefly describe these changes and any potential or anticipated effects on the wastewater quality and quantity: (Attach additional sheets if needed.)

\_\_\_\_\_

**SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION**

Describe the location of all sites used for the storage of solids or liquids that have any potential for accidental discharge to a water of the state, either directly or indirectly via storm sewer, municipal sewer, municipal wastewater treatment plants, or other collection or distribution systems that are located at or operated by the subject existing or proposed NPDES- permitted facility. Indicate the location of any potential release areas and provide a map or detailed narrative description of the areas of concern as an attachment to this application:

Description of Waste	Description of Storage Location
_____	_____
_____	_____
_____	_____

Describe the location of any sites used for the ultimate disposal of solid or liquid waste materials or residuals (e.g. sludges) generated by any wastewater treatment system located at the facility.

Description of Waste	Quantity (lbs/day)	Disposal Method*

\*Indicate any wastes disposed at an off-site treatment facility and any wastes that are disposed on-site

**SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS**

a. List the existing and proposed industrial source wastewater contributions to the municipal wastewater treatment system (Attach other sheets if necessary)

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

b. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance?  Yes  No  
If yes, please attach a copy of the ordinance.

**SECTION E – COASTAL ZONE INFORMATION**

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County?  Yes  No  
If yes, complete items E.1 – E.12 below:

- |                                                                                                                                                              | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Does the project require new construction? .....                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the project be a source of new air emissions?.....                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the project involve dredging and/or filling of a wetland area or water way? .....                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, has the Corps of Engineers (COE) permit been received? .....                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| COE Project No. _____                                                                                                                                        |                          |                          |
| 4. Does the project involve wetlands and/or submersed grassbeds?.....                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are oyster reefs located near the project site?.....                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include a map showing project and discharge location with respect to oyster reefs                                                                    |                          |                          |
| 6. Does the project involve the site developement, construction and operation of an energy facility as defined in ADEM Admin. Code r. 335-8-1-.02(bb)? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the project involve mitigation of shoreline or coastal area erosion?.....                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the project involve construction on beaches or dune areas? .....                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will the project interfere with public access to coastal waters?.....                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the project lie within the 100-year floodplain?.....                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the project involve the registration, sale, use, or application of pesticides?.....                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, has the applicable permit for groundwater recovery or for groundwater well installation been obtained? .....                                         | <input type="checkbox"/> | <input type="checkbox"/> |

---

**SECTION F – ANTI-DEGRADATION EVALUATION**

In accordance with 40 CFR §131.12 and the ADEM Admin. Code r. 335-6-10-.04 for anti-degradation, the following information must be provided, if applicable. It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity. If further information is required to make this demonstration, attach additional sheets to the application.

1. Is this a new or increased discharge that began after April 3, 1991?  Yes  No  
If yes, complete F.2 below. If no, go to Section G.

2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in F.1?  Yes  No

If yes, do not complete this section.

If no and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete F.2.A – F.2.F below, ADEM Form 311-Alternatives Analysis, and either ADEM Form 312 or ADEM Form 313- Calculation of Total Annualized Project Costs (Public-Sector or Private-Sector Projects, whichever is applicable). ADEM Form 312 or ADEM Form 313, whichever is applicable, must be provided for each treatment discharge alternative considered technically viable. ADEM forms can be found on the Department's website at <http://adem.alabama.gov/DeptForms/>.

Information required for new or increased discharges to high quality waters:

- A. What environmental or public health problem will the discharger be correcting?

\_\_\_\_\_

- B. How much will the discharger be increasing employment (at its existing facility or as the result of locating a new facility)?

\_\_\_\_\_

- C. How much reduction in employment will the discharger be avoiding?

\_\_\_\_\_

- D. How much additional state or local taxes will the discharger be paying?

\_\_\_\_\_

- E. What public service to the community will the discharger be providing?

\_\_\_\_\_

- F. What economic or social benefit will the discharger be providing to the community?

\_\_\_\_\_

---

**SECTION G – EPA Application Forms**

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a POTW or other TWTDS depending on the number and types of discharges or outfalls. The EPA application forms are found on the Department's website at <http://adem.alabama.gov/programs/water/waterforms.cnt>. The EPA application forms must be submitted in duplicate as follows:

1. All applicants must submit Form 1.
2. Applicants for new or existing discharges of sanitary wastewater from Publicly-Owned Treatment Works (POTW) and Other Treatment Works Treating Domestic Sewage (TWTDS) must submit Form 2A.
3. Applicants for new or existing land application of sanitary wastewater must submit Form 2A and, if the land application site is not completely bermed to prevent runoff, applicants must also submit Form 2F.
4. Applicants for new and existing discharges of process wastewater from water treatment facilities (i.e. public water supply treatment plants) must submit Form 2C.
5. Applicants that generate sewage sludge, derive a material from sewage sludge, or dispose of sewage sludge must submit Part 2 of Form 2S.



**SECTION H- ENGINEERING REPORT/BMP PLAN REQUIREMENTS**

Any Engineering Report or Best Management Practice (BMP) Plans required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-6-.08(i) & (j).

**SECTION I- RECEIVING WATERS**

Outfall No.	Receiving Water(s)	303(d) Segment?		Included in TMDL?*	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

- (1) Justification for the requested Compliance Schedule (e.g. time for design and installation of control equipment, etc.);
- (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be submitted as available);
- (3) Requested interim limitations, if applicable;
- (4) Date of final compliance with the TMDL limitations; and,
- (5) Any other additional information available to support requested compliance schedule.

**SECTION J - APPLICATION CERTIFICATION**

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-6-.09 "signatories to permit applications and reports" (see below).

*"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 of Responsible Official: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name and Title: \_\_\_\_\_

*If the Responsible Official signing this application is not identified in Section A.5 or A.8, provide the following information:*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.**

- (1) The application for an NPDES permit shall 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.

Draft Notification for Aboveground Storage Tanks			
<b>FOR TANKS IN AL</b>	Return Completed Form To	Alabama Dept. of Environmental Management Groundwater Branch P. O. Box 301463 Montgomery, AL 36130-1463	STATE USE ONLY  I. D. Number _____

INSTRUCTIONS	
Please type or print all items except "signature" in Section XII. This form must be completed for each location containing aboveground storage tanks. If more than 5 tanks are owned at this location, photocopy, and staple continuation sheets to this form.	Indicate number of continuation sheets attached <input style="width:40px;" type="text"/>

I. OWNERSHIP OF TANK(S)	II. LOCATION OF TANK(S)
Facility I. D. # _____ (Unless New Location)  Owner Name _____ (Corporation, Individual, Public Agency, or Other Entity)  Mailing Address _____  City _____ State _____ Zip _____  Contact _____  Phone # _____ Fax # _____  E-mail _____  Type of Owner <input type="checkbox"/> State Gov't <input type="checkbox"/> Private <input type="checkbox"/> Federal Gov't <input type="checkbox"/> Local Gov't (GSA Facility I.D. No. _____)	Facility Name _____ or Company Site Identifier, as applicable  Street _____ County Road, Highway, or State Road, as applicable  County _____  City _____ State _____ Zip _____ (Nearest)  Contact _____  Phone # _____  Indicate number of aboveground storage tanks at this location <input style="width:40px;" type="text"/> Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands <input style="width:40px;" type="checkbox"/>  Indicate number of underground storage tanks at this location <input style="width:40px;" type="text"/>

III. OPERATOR OF TANKS	IV. CONTACT PERSON AT TANK LOCATION
Name (If same as section I, mark box here <input type="checkbox"/> ) _____  Operator Name (Corporation, Individual, Public Agency, or Other Entity) _____  Mailing Address _____  City _____ State _____ Zip _____  Contact _____  Phone Number ( _____ ) _____	Name (If same as section III, mark box here <input type="checkbox"/> ) _____  Name of Individual _____  Job Title _____  Phone Number ( _____ ) _____

V. TYPE OF NOTIFICATION	
If this is a new notification for this location, mark box here <input type="checkbox"/>	If this is an amended or subsequent notification for this location, mark box here <input type="checkbox"/>

**VI. TRUST FUND ELIGIBILITY INFORMATION**

**THE FOLLOWING IS REQUIRED TO BE ELIGIBLE FOR THE ALABAMA ABOVEGROUND STORAGE TANK TRUST FUND**

**The tank must be registered with the underground storage tank section of ADEM.**  
A copy of a registration certificate is proof of registration.

**The tank must contain a motor fuel, and not be excluded by the trust fund regulations.**  
For information regarding trust fund eligibility, call ADEM at 334-270-5655

**The tank must be in substantial compliance with the applicable requirements below at the time of the discovery of the release with the following:**

- Spill Prevention Control & Countermeasure (SPCC) plan prepared by a registered professional engineer. For more information, please see the following EPA guidance brochure: [www.epa.gov/oil-spills-prevention-and-preparedness-regulations](http://www.epa.gov/oil-spills-prevention-and-preparedness-regulations)
- Stormwater discharges covered under an NPDES individual or general permit.

**The release must have occurred after August 1, 1993.**

**The tank cannot be owned by the state or federal government.**

CONTINUE ON NEXT PAGE

Owner Name \_\_\_\_\_  
(from Section I)

Location \_\_\_\_\_ ( \_\_\_\_\_ )  
from Section II)

**VII. DESCRIPTION OF ABOVEGROUND STORAGE TANKS (Complete for each tank at this location)**

Tank Identification No. Arbitrarily Assigned Sequential Number (e.g. 1a, 2a, 3a)	Tank No. a	Tank No. a	Tank No. a	Tank No. a	Tank No. a
<b>A. Tank Status</b> (Mark all that apply)					
1. Currently in use					
2. Temporarily closed					
a. Estimated date last used (month/year)	/ /	/ /	/ /	/ /	/ /
b. Estimated quantity of substance remaining (gallons)	gal.	gal.	gal.	gal.	gal.
3. Permanently closed					
<b>B. Tank Location</b> (Mark all that apply)					
1. Located above ground					
a. Within 300 feet of a private well					
b. Within 1000 feet of a public water supply well					
c. Within a well head protection area					
2. Located in an underground area such as basement, cellar, mineworking, drift, shaft, or tunnel, and is situated upon or above the floor surface. (NOTIFICATION NOT REQUIRED)					
<b>C. Tank History</b>					
1. Date installed (month/day/year)	/ /	/ /	/ /	/ /	/ /
2. Date sold by this owner (month/day/year)	/ /	/ /	/ /	/ /	/ /
3. Date bought by this owner (month/day/year)	/ /	/ /	/ /	/ /	/ /
<b>D. Tank Estimated Total Capacity (gallons)</b>	gal.	gal.	gal.	gal.	gal.
<b>E. Substance Currently Stored</b> (Mark all that apply)					
1. Petroleum					
a. Unleaded gasoline					
b. Mid-grade gasoline					
c. Premium gasoline					
d. Diesel					
e. Kerosene					
f. Aviation fuel (JP-4, etc.)					
g. Used oil					
h. Virgin oil					
i. E-85					
j. B-20 Biodiesel					
k. Other, please specify					
<b>F. Tank Usage</b> (Mark all that apply)					
1. Emergency power generator					
2. Retail					
3. Bulk facility					
4. Industrial					
5. Local government					
6. State/Federal government					
7. Farm/residential					
8. Pipeline terminal tank, refinery terminal tank, rail and barge terminal tank, heating oil (NOTIFICATION NOT REQUIRED)					

**VIII. CERTIFICATION (Read and sign after completing Sections I. Through VII.)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name & official title of tank <u>operator</u> or authorized representative	Date Signed
Signature	
Name & official title of tank <u>owner</u> or authorized representative	Date Signed
Signature	

Alabama Department of Environmental Management  
Solid Waste Profile Sheet  
Form 300

General Information

Profile Type (check one):  New Certification  Recertification  Modification to Active Profile

Generator Name: \_\_\_\_\_

Generator Physical Address: \_\_\_\_\_

Generator County: \_\_\_\_\_ EPA ID: \_\_\_\_\_

Generator Mailing Address: \_\_\_\_\_

Generator Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Submitted by (if different from above):**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Waste Information

Process Generating Waste: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Waste Name: \_\_\_\_\_

**If this waste is subject to Corrective Action regulations 40 CFR Part 280 (UST) provide the following information:**

UST Facility ID # \_\_\_\_\_ UST Incident # \_\_\_\_\_

Source of Petroleum Contamination (Gas, Diesel, Used Oil, Hydraulic Oil, ect.): \_\_\_\_\_

Does the waste contain any of the following:  PCBs  Cyanides  Sulfides  Asbestos

Concentration: \_\_\_\_\_ Units:  mg/L  mg/Kg  PPM  PPB

Waste Type:  Remediation  Process  CERCLA Cleanup  Other

Waste Volume: \_\_\_\_\_ Units: \_\_\_\_\_ Frequency:  Annual  Quarterly  Monthly

Waste Properties

Physical State:  Solid  Liquid  Bladeable Sludge  Solid/Liquid Combination  Other

% Free Liquids \_\_\_\_\_ pH (if liquid) \_\_\_\_\_ Flash Point (if liquid) \_\_\_\_\_

Will liquids be solidified prior to disposal (see instructions)?  YES  NO

Waste Disposition

Is this Foundry Waste handled in accordance to ADEM Code 335-13-4-.26(3)?  YES  NO

Is this Wood Ash handled in accordance to ADEM Code 335-13-4-.26(6)?  YES  NO

Landfill Name #1: \_\_\_\_\_ Permit #: \_\_\_\_\_

Landfill Name #2: \_\_\_\_\_ Permit #: \_\_\_\_\_

Landfill Name #3: \_\_\_\_\_ Permit #: \_\_\_\_\_

Landfill Name #4: \_\_\_\_\_ Permit #: \_\_\_\_\_

Current Profile No. (if applicable) \_\_\_\_\_

Alabama Department of Environmental Management  
Solid Waste Profile Sheet  
Form 300  
Continuation Form

Process Generating Waste continued:

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Other:

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Certification

I certify under penalty of law that this waste material does not contain regulated medical waste, regulated PCB waste, or hazardous waste which is not conditionally exempt from Division 14 Regulations. I further certify that, at the point of disposal, this waste material will not contain any free liquids. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information 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.

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SOLID WASTE PROFILE SHEET INSTRUCTIONS

### GENERAL INFORMATION

Indicate if the submittal is a new certification, recertification, or a modification to a current certification. A modification is a request for a change to a current certification when information relative to the waste stream has changed or additional information is added.

Enter the generating facility's name, 12-digit USEPA Identification Number (if a number has been assigned to this location), physical address where the waste is generated, to include the county name and mailing address. Enter the name of the facility's contact person along with their official title, telephone number and e-mail address. This should be a person whom the Department can contact with questions regarding this certification or waste stream. Enter the name of the company and person making the profile submission, if it is different from the generator information. Include the company's mailing address along with the contact person's telephone number and e-mail address.

### WASTE INFORMATION

Enter a description of the process generating this waste stream along with the name of the waste. The description should be clear and include background or historical information that will enable the Department to determine whether the waste is a hazardous or non-hazardous waste. General processes (i.e. spill cleanup, plant cleanup, decontamination, accidental release, wastewater treatment sludge, contaminated debris) will require additional clarifications to ensure that the waste is properly classified. For example, wastewater treatment sludge is too generic since this sludge could be hazardous depending on how the wastewater was generated (i.e. sludge from the treatment of wastewaters from electroplating operations could be a F006 listed hazardous waste). If the waste is subject to the corrective action regulations of 40 CFR Part 280 (Underground Storage Tank Program), include the UST Facility Identification Number and the UST Incident Number (if applicable). If the waste is contaminated with a petroleum product, indicate the type of petroleum. Also, indicate if the waste contains PCBs, cyanides, sulfides, or asbestos by checking the appropriate box, and supply the concentration and units as well. If necessary, attach Material Safety Data Sheets or other documents (i.e. laboratory analysis results) that describe the composition of the waste. Please indicate the annual volume for disposal. Place an "X" in the box indicating if the waste is a Remediation, CERCLA, or Process waste.

### WASTE PROPERTIES

Place an "X" in the box indicating the correct physical state of the waste. If the waste is a liquid or contains free liquid, include values for percent free liquids, pH, and flash point. Plus indicate whether or not the waste will be solidified prior to disposal.

If the waste is to be solidified, please identify where the solidification process will occur and the product used for solidification. Please attach a Material Safety Data Sheet for the product, if necessary.

### WASTE DISPOSITION

If the waste is Foundry Waste or Wood Ash, indicate whether or not it is being used as fill material in accordance with the requirements of ADEM Admin. Code R. 335-13-4-.26(3) and/or (6). Supply the name(s) and permit number(s) of the intended landfill(s).

### CERTIFICATION

The certification for submitted information must be signed and dated by an authorized representative of the company.

### PROFILE/CERTIFICATION NUMBER

If this is a recertification or a modification to an existing certification, enter the six-digit profile number assigned to the profile by the Department.

E-mail or mail completed form, pertinent analyses, and applicable fees (specified in Division 1, Chapter 6 (335-1-6) of the ADEM Administrative Code) to:

Call **Waste Disposal Approvals** in Land Division at (334) 271-7700 to get the current e-mail address,

Or mail your profile to:

**Waste Disposal Approvals**  
**Land Division**  
**Alabama Department of Environmental Management**  
**PO Box 301463**  
**Montgomery, AL 361130-1463**

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NPDES INDIVIDUAL PERMIT APPLICATION (MINING OPERATIONS)**

**Instructions:** This form should be used to submit an application for an NPDES individual permit to authorize discharges from surface & underground mineral, ore, or mineral product mining, quarrying, excavation, borrowing, hydraulic mining, storage, processing, preparation, recovery, handling, loading, storing, or disposing activities, and associated areas including pre-mining site development, construction, excavation, clearing, disturbance, and reclamation. Please complete all questions. Respond with "N/A" as appropriate. Incomplete or incorrect answers or missing signatures will delay processing. Attach additional comments or information as needed. If space is insufficient, continue on an attached sheet(s) as necessary. Commencement of activities applied for as detailed in this application are not authorized until permit coverage has been issued by the Department. Please type or print legibly in blue or black ink.

**PURPOSE OF THIS APPLICATION**

- Initial Permit Application for New Facility   
  Initial Permit Application for Existing Facility (e.g. facility previously permitted less than 5 acres)  
 Modification of Existing Permit                     
  Reissuance of Existing Permit                     
  Reissuance & Modification Existing Permit  
 Reissuance & Transfer of Existing Permit   
  Revocation and Reissuance of Existing Permit   
  Other \_\_\_\_\_

**I. GENERAL INFORMATION**

NPDES Permit Number (Not applicable if initial permit application): <i>AL</i> _____	County(s) in which Facility is Located:
----------------------------------------------------------------------------------------	-----------------------------------------

Company/Permittee Name:		Facility Name (e.g., Mine Name, Pit Name, etc.):	
Mailing Address of Company/Permittee:		Physical Address of Facility (as near as possible to entrance):	
City:	State:	Zip:	City:
Permittee Phone Number:	Permittee Fax Number:	Latitude and Longitude of entrance:	

Responsible Official (as described on page 12 of this application):		Responsible Official Title:	
Mailing Address of Responsible Official:		Physical Address of Responsible Official:	
City:	State:	Zip:	City:
Phone Number of Responsible Official:	Fax Number of Responsible Official:	Email Address of Responsible Official:	

Facility Contact:		Facility Contact Title:	
Physical Address of Facility Contact:		Phone Number of Facility Contact:	Fax Number of Facility Contact:
City:	State:	Zip:	Email Address of Facility Contact:

**II. MEMBER INFORMATION**

A. Identify the name, title/position, and unless waived in writing by the Department, the residence address of every officer, general partner, LLP partner, LLC member, investor, director, or person performing a function similar to a director, of the applicant, and each person who is the record or beneficial owner of 10 percent or more of any class of voting stock of the applicant, or any other responsible official(s) of the applicant with legal or decision making responsibility or authority for the facility:

Name:	Title/Position:	Physical Address of Residence (P.O. Box is Not Acceptable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Other than the "Company/Permittee" listed in Part I., identify the name of each corporation, partnership, association, and single proprietorship for which any individual identified in Part II.A. is or was an officer, general partner, LLP partner, LLC member, investor, director, or individual performing a function similar to a director, or principal (10% or more) stockholder, that had an Alabama NPDES permit at any time during the five year (60 month) period immediately preceding the date on which this form is signed:

Name of Corporation, Partnership, Association, or Single Proprietorship:	Name of Individual from Part II.A.:	Title/Position in Corporation, Partnership, Association, or Single Proprietorship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. LEGAL STRUCTURE OF APPLICANT**

A. Indicate the legal structure of the "Company/Permittee" listed in Part I:

Corporation   
  Association   
  Individual   
  Single Proprietorship   
  Partnership   
  LLP   
  LLC  
 Government Agency: \_\_\_\_\_   
  Other: \_\_\_\_\_

B. If not an individual or single proprietorship, is the "Company/Permittee" listed in Part I. properly registered and in good standing with the Alabama Secretary of State's Office? (If the answer is "No," attach a letter of explanation.)     Yes     No

C. Parent Corporation and Subsidiary Corporations of Applicant, if any: \_\_\_\_\_

D. Land Owner(s): \_\_\_\_\_

E. Mining Sub-contractor(s)/Operator(s), if known: \_\_\_\_\_

**IV. COMPLIANCE HISTORY**

A. Has the applicant ever had any of the following:

	Yes	No
(1) An Alabama NPDES, SID, or UIC permit suspended or terminated?	<input type="checkbox"/>	<input type="checkbox"/>
(2) An Alabama license to mine suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
(3) An Alabama or federal mining permit suspended or terminated?	<input type="checkbox"/>	<input type="checkbox"/>
(4) A reclamation bond, or similar security deposited in lieu of a bond, or portion thereof, forfeited?	<input type="checkbox"/>	<input type="checkbox"/>
(5) A bond or similar security deposited in lieu of a bond, or portion thereof, the purpose of which was to secure compliance with any requirement of the Alabama Water Improvement Commission or Alabama Department of Environmental Management, forfeited?	<input type="checkbox"/>	<input type="checkbox"/>

(If the response to any item of Part IV.A. is "Yes," attach a letter of explanation.)

B. Identify every Warning Letter, Notice of Violation (NOV), Administrative Action, or litigation issued to the applicant, parent corporation, subsidiary, general partner, LLP partner, or LLC member and filed by ADEM or EPA during the three year (36 months) period preceding the date on which this form is signed. Indicate the date of issuance, briefly describe alleged violations, list actions (if any) to abate alleged violations, and indicate date of final resolution:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**V. OTHER PERMITS/AUTHORIZATIONS**

A. List any other NPDES or other environmental permits (including permit numbers), authorizations, or certifications that have been applied for or issued within the State by ADEM, EPA, Alabama Surface Mining Commission (ASMC), Alabama Department of Labor (ADOL), US Army Corp of Engineers (USACE), or other agency, to the applicant, parent corporation, subsidiary, or LLC member for this facility whether presently effective, expired, suspended, revoked, or terminated:

\_\_\_\_\_

\_\_\_\_\_

B. List any other NPDES or other ADEM permits (including permit numbers), authorizations, or certifications that have been applied for or issued within the State by ADEM, EPA, ASMC, ADOL or USACE, to the applicant, parent corporation, subsidiary, or LLC member for other facilities whether presently effective, expired, suspended, revoked, or terminated:

\_\_\_\_\_

**VI. PROPOSED SCHEDULE**

Anticipated Activity Commencement Date: \_\_\_\_\_ Anticipated Activity Completion Date: \_\_\_\_\_

**VII. ACTIVITY DESCRIPTION & INFORMATION**

A. Proposed Total Area of the Permitted Site: \_\_\_\_\_ acres Proposed Total Disturbed Area of the Permitted Site: \_\_\_\_\_ acres

B. Township(s), Range(s), Section(s): \_\_\_\_\_

C. Detailed Directions to Site: \_\_\_\_\_

D. Is/ will this facility:

	Yes	No
(1) an existing facility which currently results in discharges to State waters?	<input type="checkbox"/>	<input type="checkbox"/>
(2) a proposed facility which will result in a discharge to State waters?	<input type="checkbox"/>	<input type="checkbox"/>
(3) be located within any 100-year flood plain?	<input type="checkbox"/>	<input type="checkbox"/>
(4) discharge to Municipal Separate Storm Sewer?	<input type="checkbox"/>	<input type="checkbox"/>
(5) discharge to waters of or be located in the Coastal Zone?	<input type="checkbox"/>	<input type="checkbox"/>
(6) need/have ADEM UIC permit coverage?	<input type="checkbox"/>	<input type="checkbox"/>
(7) be located on Indian/ historically significant lands?	<input type="checkbox"/>	<input type="checkbox"/>
(8) need/have ADEM SID permit coverage?	<input type="checkbox"/>	<input type="checkbox"/>
(9) need/have ASMC permit coverage?	<input type="checkbox"/>	<input type="checkbox"/>
(10) need/have ADOL permit coverage?	<input type="checkbox"/>	<input type="checkbox"/>
(11) generate, treat, store, or dispose of hazardous or toxic waste ? (If "Yes," attach a detailed explanation.)	<input type="checkbox"/>	<input type="checkbox"/>
(12) be located in or discharge to a Public Water Supply (PWS) watershed or be located within 1/2 mile of any PWS well?	<input type="checkbox"/>	<input type="checkbox"/>

**VIII. MATERIAL TO BE REMOVED, PROCESSED, OR TRANSLOADED**

List relative percentages of the mineral(s) or mineral product(s) that are proposed to be and/or are currently mined, quarried, recovered, prepared, processed, handled, transloaded, or disposed at the facility. **If more than one mineral is to be mined, list the relative percentages of each mineral by tonnage for the life of the mine.**

\_\_\_\_\_ Dirt &/or Chert    \_\_\_\_\_ Sand &/or Gravel    \_\_\_\_\_ Chalk    \_\_\_\_\_ Talc    \_\_\_\_\_ Crushed rock (other)  
 \_\_\_\_\_ Bentonite    \_\_\_\_\_ Industrial Sand    \_\_\_\_\_ Marble    \_\_\_\_\_ Shale &/or Common Clay    \_\_\_\_\_ Sandstone  
 \_\_\_\_\_ Coal    \_\_\_\_\_ Kaolin    \_\_\_\_\_ Coal fines/refuse recovery    \_\_\_\_\_ Coal product, coke    \_\_\_\_\_ Slag, Red Rock  
 \_\_\_\_\_ Fire clay    \_\_\_\_\_ Iron ore    \_\_\_\_\_ Dimension stone    \_\_\_\_\_ Phosphate rock    \_\_\_\_\_ Granite  
 \_\_\_\_\_ Bauxitic Clay    \_\_\_\_\_ Bauxite Ore    \_\_\_\_\_ Limestone, crushed limestone and dolomite  
 \_\_\_\_\_ Gold, other trace minerals: \_\_\_\_\_    \_\_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_    \_\_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_    \_\_\_\_\_ Other: \_\_\_\_\_

**IX. PROPOSED ACTIVITY TO BE CONDUCTED**

A. Type(s) of activity presently conducted at applicant's existing facility or proposed to be conducted at facility (check all that apply):

<input type="checkbox"/> Surface mining	<input type="checkbox"/> Underground mining	<input type="checkbox"/> Quarrying	<input type="checkbox"/> Auger mining	<input type="checkbox"/> Hydraulic mining
<input type="checkbox"/> Within-bank mining	<input type="checkbox"/> Solution mining	<input type="checkbox"/> Mineral storing	<input type="checkbox"/> Lime production	<input type="checkbox"/> Cement production
<input type="checkbox"/> Synthetic fuel production	<input type="checkbox"/> Alternative fuels operation	<input type="checkbox"/> Mineral dry processing (crushing & screening)	<input type="checkbox"/> Mineral wet preparation	
<input type="checkbox"/> Other beneficiation & manufacturing operations	<input type="checkbox"/> Mineral loading	<input type="checkbox"/> Chemical processing or leaching		
<input type="checkbox"/> Construction related temporary borrow pits/areas	<input type="checkbox"/> Mineral transportation ___rail___barge___truck			
<input type="checkbox"/> Preparation plant waste recovery	<input type="checkbox"/> Hydraulic mining, dredging, instream or between stream-bank mining			
<input type="checkbox"/> Grading, clearing, grubbing, etc.	<input type="checkbox"/> Pre-construction ponded water removal	<input type="checkbox"/> Excavation		
<input type="checkbox"/> Pre-mining logging or land clearing	<input type="checkbox"/> Waterbody relocation or other alteration	<input type="checkbox"/> Creek/stream crossings		
<input type="checkbox"/> Onsite construction debris or equipment storage/disposal	<input type="checkbox"/> Onsite mining debris or equipment storage/disposal			
<input type="checkbox"/> Reclamation of disturbed areas	<input type="checkbox"/> Chemicals used in process or wastewater treatment (coagulant, biocide, etc.)			
<input type="checkbox"/> Adjacent/associated asphalt/concrete plant(s)	<input type="checkbox"/> Low volume sewage treatment package plant			
<input type="checkbox"/> Other: _____				

B. Primary SIC Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_ Description: \_\_\_\_\_  
 Secondary SIC Code(s): \_\_\_\_\_ NAICS Code: \_\_\_\_\_ Description: \_\_\_\_\_

C. Narrative Description of the Activity: \_\_\_\_\_  
 \_\_\_\_\_

**X. FUEL – CHEMICAL HANDLING, STORAGE & SPILL PREVENTION CONTROL & COUNTERMEASURES (SPCC) PLAN**

A. Will fuels, chemicals, compounds, or liquid waste be used or stored onsite?  Yes  No

B. If "Yes," identify the fuel, chemicals, compounds, or liquid waste and indicate the volume of each:

<i>Volume</i>	<i>Contents</i>	<i>Volume</i>	<i>Contents</i>	<i>Volume</i>	<i>Contents</i>
_____ gallons	_____	_____ gallons	_____	_____ gallons	_____
_____ gallons	_____	_____ gallons	_____	_____ gallons	_____

C. If "Yes," a detailed SPCC Plan with acceptable format and content, including diagrams, must be attached to application in accordance with ADEM Admin. Code R. 335-6-6-.12(r). Unless waived in writing by the Department on a programmatic, categorical, or individual compound/chemical basis, Material Safety Data Sheets (MSDS) for chemicals/compounds used or proposed to be used at the facility must be included in the SPCC Plan submittal.

**XI. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN**

A. For non-coal mining facilities, a PAP Plan in accordance with ADEM Admin. Code r. 335-6-9-.03 has been completed and is attached as part of this application.  Yes  No

B. For coal mining facilities, a detailed PAP Plan has been submitted to ASMC according to submittal procedures for ASMC regulated facilities.  Yes  No

(1) If "Yes" to Part XI.B., provide the date that the PAP Plan was submitted to ASMC: \_\_\_\_\_

(2) If "No" to Part XI.B., provide the anticipated date that the PAP Plan will be submitted to ASMC: \_\_\_\_\_

**XII. ASMC REGULATED ENTITIES**

A. Is this coal mining operation regulated by ASMC?  Yes  No

B. If "Yes", provide copies as part of this application of any pre-mining hydrologic sampling reports and Hydrologic Monitoring Reports which have been submitted to ASMC within the 36 months prior to submittal of this application.







**XVIII. PROPOSED NEW OR INCREASED DISCHARGES**

A. Pursuant to ADEM Admin. Code Chapter 335-6-10-.12(9), responses to the following questions must be provided by the applicant requesting NPDES permit coverage for new or expanded discharges of pollutant(s) to Tier 2 waters (except discharges eligible for coverage under general permits). As part of the permit application review process, the Department is required to consider, based on the applicant's demonstration, whether the proposed new or increased discharge to Tier 2 waters is necessary for important economic or social development in the area in which the waters are located.

- Yes. New/increased discharges of pollutant(s) or discharge locations to Tier 2 waters are proposed.
- No. New/increased discharges of pollutants(s) or discharge locations to Tier 2 waters are not proposed.

B. If "Yes," complete Items 1 through 6 of this Part (XVII.B.), ADEM Form 311-Alternative Analysis, and either ADEM Form 312 or ADEM Form 313-Calculation of Total Annualized Project Costs (Public-Section or Private-Sector, whichever is applicable). ADEM Form 312 or ADEM Form 313, whichever, is applicable, should be completed for each technically feasible alternative evaluated on ADEM Form 311. ADEM Forms can be found on the Department's website at [www.adem.alabama.gov/DeptForms](http://www.adem.alabama.gov/DeptForms). **Attach additional sheets/documentation and supporting information as needed.**

(1) What environmental or public health problem will the discharge be correcting?

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(2) How much will the discharger be increasing employment (at its existing facility or as a result of locating a new facility)?

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(3) How much reduction in employment will the discharger be avoiding?

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(4) How much additional state or local taxes will the discharger be paying?

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(5) What public service to the community will the discharger be providing?

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(6) What economic or social benefit will the discharger be providing to the community?

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**XX. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN REVIEW CHECKLIST**

Y	N	N/A

PE Seal with License #  
 Name and Address of Operator  
 Legal Description of Facility

**General Information:**


Name of Company  
 Number of Employees  
 Products to be Mined  
 Hours of Operation  
 Water Supply and Disposition

**Topographic Map:**


Mine Location  
 Location of Prep Plant  
 Location of Treatment Basins  
 Location of Discharge Points  
 Location of Adjacent Streams

**1" - 500' or Equivalent Facility Map:**


Drainage Patterns  
 Mining Details  
 All Roads, Structures Detailed  
 All Treatment Structures Detailed

**Detailed Design Diagrams:**


Plan Views  
 Cross-section Views  
 Method of Diverting Runoff to Treatment Basins

**Narrative of Operations:**


Raw Materials Defined  
 Processes Defined  
 Products Defined

**Schematic Diagram:**


Points of Waste Origin  
 Collection System  
 Disposal System

**Post Treatment Quantity and Quality of Effluent:**


Flow  
 Suspended Solids  
 Iron Concentration  
 pH

**Description of Waste Treatment Facility:**


Pre-Treatment Measures  
 Recovery System  
 Expected Life of Treatment Basin  
 Schedule of Cleaning and/or abandonment

**Other:**


Precipitation/Volume Calculations/Diagram Attached  
 BMP Plan for Haul Roads  
 Measures for Minimizing Impacts to Adjacent Stream i.e., Buffer Strips, Berms, etc.  
 Methods for Minimizing Nonpoint Source Discharges  
 Facility Closure Plans  
 PE Rationale(s) For Alternate Standards, Designs or Plans

**IDENTIFY AND PROVIDE DETAILED EXPLANATION FOR ANY "N" OR "N/A" RESPONSE(S):**




**XXI. INFORMATION**

**Contact the Department prior to submittal with any questions or to request acceptable alternate content/format. Be advised that you are not authorized to commence regulated activity until this application can be processed, publicly noticed, and approval to proceed is received in writing from the Department.**

EPA Form(s) 1 and 2F need not be submitted unless specifically required by the Department. EPA Form(s) 2C and/or 2D are required to be submitted unless the applicant is eligible for a waiver and the Department grants a waiver, or unless the relevant information required by EPA Form(s) 2C and/or 2D are submitted to the Department in an alternative format acceptable to the Department.

Planned/proposed mining sites that are greater than 5 acres, that mine/process coal or metallic mineral/ore, or that have wet or chemical processing, must apply for and obtain coverage under an Individual NPDES Permit prior to commencement of any land disturbance. Such coverage may be requested via this ADEM Form 315.

The applicant is advised to contact:

- (1) The Alabama Surface Mining Commission (ASMC) if coal, coal fines, coal refuse, or other coal related materials are mined, transloaded, processed, *etc.*;
- (2) The Alabama Department of Labor (ADOL) if conducting non-coal mining operations;
- (3) The Alabama Historical Commission for requirements related to any potential historic or culturally significant sites;
- (4) The Alabama Department of Conservation and Natural Resources (ADCNR) for requirements related to potential presence of threatened/endangered species; and
- (5) The US Army Corps of Engineers, Mobile or Nashville Districts, if this project could cause fill to be placed in federal waters or could interfere with navigation.

The Department must be in receipt of a completed version of this form, including any supporting documentation, and the appropriate processing fee [including Greenfield Fee and Biomonitoring & Toxicity Limits fee(s), if applicable], prior to development of a draft NPDES permit. The completed form, supporting documentation, and the appropriate fees must be submitted to:

Water Division  
Alabama Department of Environmental Management  
Post Office Box 301463  
Montgomery, Alabama 36130-1463  
Phone: (334) 271-7823  
Fax: (334) 279-3051  
h2omail@adem.alabama.gov  
www.adem.alabama.gov

**XXII. PROFESSIONAL ENGINEER (PE) CERTIFICATION**

A detailed, comprehensive Pollution Abatement & Prevention (PAP) Plan must be prepared, signed, and certified by a professional engineer (PE), registered in the State of Alabama, and the PE must certify as follows:

"I certify on behalf of the applicant, that I have completed an evaluation of discharge alternatives (Item XVIII) for any proposed new or increased discharges of pollutant(s) to Tier 2 waters and reached the conclusions indicated. I certify under penalty of law that technical information and data contained in this application, and a comprehensive PAP Plan including any attached SPCC plan, maps, engineering designs, etc. acceptable to ADEM, 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 utilizing effective, good engineering and pollution control practices and in accordance with the provisions of ADEM Admin. Code Division 335-6, including Chapter 335-6-9 and Appendices A & B. If the PAP Plan is properly implemented and maintained by the Permittee, discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other permit requirements. The applicant has been advised that appropriate pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices as detailed in the PAP Plan must be fully implemented and regularly maintained as needed at the facility in accordance with good sediment, erosion, and other pollution control practices, permit requirements, and other ADEM requirements to ensure protection of groundwater and surface water quality."

Address \_\_\_\_\_

PE Registration # \_\_\_\_\_

Name and Title (type or print) \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**XXIII. RESPONSIBLE OFFICIAL SIGNATURE\***

This application must be signed by a Responsible Official of the applicant pursuant to ADEM Admin. Code Rule 335-6-6-.09 who has overall responsibility for the operation of the facility.

"I certify under penalty of law that this document, including technical information and data, the PAP Plan, including any SPCC plan, maps, engineering designs, and all other 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 PE and other person or persons under my supervision 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.

"A comprehensive PAP Plan to prevent and minimize discharges of pollution to the maximum extent practicable has been prepared at my direction by a PE for this facility utilizing effective, good engineering and pollution control practices and in accordance with the provisions of ADEM Admin. Code Division 335-6, including Chapter 335-6-9 and Appendices A & B, and information contained in this application, including any attachments. I understand that regular inspections must be performed by, or under the direct supervision of, a PE and all appropriate pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices identified by the PE must be fully implemented prior to and concurrent with commencement of regulated activities and regularly maintained as needed at the facility in accordance with good sediment, erosion, and other pollution control practices and ADEM requirements. I understand that the PAP Plan must be fully implemented and regularly maintained so that discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other requirements to ensure protection of groundwater and surface water quality. I understand that failure to fully implement and regularly maintain required management practices for the protection of groundwater and surface water quality may subject the Permittee to appropriate enforcement action.

"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 discharges described in this application have been tested or evaluated for the presence of non-stormwater discharges and any non-mining associated beneficiation/process pollutants and wastewaters have been fully identified."

Name (type or print) \_\_\_\_\_ Official Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

\*335-6-6-.09 Signatories to Permit Applications and Reports.

- (1) The application for an NPDES permit shall 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.

## ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG110000

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG110000, which is the general permit authorizing discharges associated with concrete and concrete products manufacturing (not including storm water or process wastewater from cement manufacturing). Please answer all questions in applicable sections. 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 ALG110000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG110000 (Current Permit No. ALG11 \_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG110000 (Current Permit No. ALG11 \_\_\_\_\_)

### 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)]:
- | <u>SIC Code</u>      | <u>SIC Description</u> |
|----------------------|------------------------|
| 1. _____ (Primary)   | _____                  |
| 2. _____ (Secondary) | _____                  |
| 3. _____ (Tertiary)  | _____                  |
- G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge(s) at your facility and complete the applicable sections associated with the type checked:
- Process wastewater from **NEW** concrete batch plants or **NEW** sources (DSN011)
  - Storm water discharges from the manufacture of concrete and concrete products from concrete batch plants (DSN002)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN008)
  - Process wastewater from **EXISTING** or **TEMPORARY** concrete batch plants (DSN012)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:  
\_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?
- Yes  No If YES, SID Permit No. IU \_\_\_\_\_
- L. 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: \_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?  Yes  No
- N. Name of surface water to which the municipal storm sewer discharges: \_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.
- V. Is this a temporary concrete batch plant?  Yes  No
- A temporary concrete batch plant means a non-permanent structure operating on an existing plant site for **less than 730 days cumulatively** during the period of coverage under the General Permit.

**DSN011: PROCESS WASTEWATER FROM NEW CONCRETE BATCH PLANTS OR NEW SOURCES**

Process wastewater from new concrete batch plants or new sources may ONLY be discharged during or immediately after (within 24 hours) a 7.5 inch or greater storm event.

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream. Also include the type(s) of discharges exiting at each point: process wastewater and wash down, vehicle and equipment wash water, noncontact cooling water, cooling tower and boiler blowdown, and/or demineralizer wastewater:

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 \_\_\_\_\_

B. Check the type(s) of process water generated at the facility and complete applicable sections associated with the type(s) checked:

- 1. Wash down/process water associated with the manufacture of concrete/concrete products
- 2. Non-contact cooling water
- 3. Cooling tower blowdown
- 4. Boiler blowdown
- 5. Demineralizer wastewater
- 6. Vehicle and equipment wash water

C. This general permit requires the development and implementation of a Best Management Practices (BMP) plan and a Stormwater Pollution Prevention (SPP) Plan. New sources and new facilities shall have in place an operational and impermeable containment and reclamation procedure/system for all process wastewater produced. Does the facility have a BMP Plan, SPP Plan, impermeable containment, and reclamation procedure/system in place?

Yes  No

D. Were there any past industrial activities on the site that would contribute to storm water contamination?

Yes  No If YES, please explain:

E. Are vehicles/equipment washed on site?  Yes  No

If YES, please give a detailed description of wash water use, additives, location, ultimate disposal, etc.:

F. Are the interiors of tank railcars or tank trailers washed out?  Yes  No

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

G. How are spent oil, hydraulic fluids, and any other potential pollutants that are handled on site disposed?

H. Are organic or petroleum based solvents used in washing operations on site?  Yes  No

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

I. If more than one discharge is listed for DSN011, can they be sampled separately?  Yes  No

J. Is there any process water commingled with the cooling and/or blowdown water prior to discharge?  Yes  No

If YES, can they all be sampled separately prior to commingling?  Yes  No

K. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

Yes  No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

L. Does surface water intake total 2 million gallons per day or more?  Yes  No

If YES, is 25% or more of the surface water intake used for cooling purposes?  Yes  No

M. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water?  Yes  No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

- (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),
- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

N. 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

O. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No

If NO, provide the estimated gallons per day of discharge \_\_\_\_\_ GPD

P. Is shock chlorination used at the facility?  Yes  No

Q. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN011.

R. Is demineralizer wastewater discharged?  Yes  No

S. Are there any known impacts on the receiving water as a result of any discharges under DSN011?  Yes  No  
If YES, to what extent?

T. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No

U. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either T. or U. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**

V. Is cooling/blowdown 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 W. and X. below.

W. If you answered NO to V. 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 DSN011?

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

\_\_\_\_\_

For outfalls listed in W. 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.

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

For which outfall(s)? \_\_\_\_\_

If you answered Yes to X. 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.

**DSN002: STORM WATER DISCHARGES FROM THE MANUFACTURE OF CONCRETE AND CONCRETE PRODUCTS FROM CONCRETE BATCH PLANTS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan and Stormwater Pollution Prevention (SPP) Plan. Does the facility have a BMP Plan and a SPP Plan? [ ] Yes [ ] No

E. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No  
If YES, to what extent?

F. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

G. Were there any past industrial activities on the site that would contribute to storm water contamination?  
[ ] Yes [ ] No If YES, please explain:

H. Do you manufacture cement from raw materials? [ ] Yes [ ] No

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



**DSN008: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_
2. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_
3. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_
4. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
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[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		

AST = Aboveground Storage Tank

UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

- [ ] Surface water                      [ ] Seeps into the ground                      [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)       Yes    No
2. Treatment of groundwater (retention, aeration)    Yes    No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN008?  Yes    No  
If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?  
 Yes    No   If YES, what occurred and how did it happen?

I. For aboveground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?  Yes    No   If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?  Yes    No   If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?  Yes    No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?  Yes    No

K. From which outfalls listed for DSN008 is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?  Yes    No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes    No   If YES, please explain:

N. Does the facility handle leaded fuels?  Yes    No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?  Yes    No

P. Is hydrostatic testing of petroleum handling equipment done on site?  Yes    No   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility?  Yes    No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No

**Note:** DSN008 requires that the permittee submit an annual petroleum certification by January 28<sup>th</sup> of each year that certifies all discharges during the preceding year were in accordance with the conditions of the permit. If the Department deems it necessary to require monitoring, then the facility may have additional testing under DSN008.

**DSN012: PROCESS WASTEWATER FROM EXISTING OR TEMPORARY CONCRETE BATCH PLANTS**

An existing facility is a facility that was constructed and began operation prior to September 1, 2007. A temporary concrete batch plant means a non-permanent structure operating on an existing plant site for **less than 730 days cumulatively** during the period of coverage under the General Permit.

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream. Also include the type(s) of discharges exiting at each point: process wastewater and wash down, vehicle and equipment wash water, noncontact cooling water, cooling tower and boiler blowdown, and/or demineralizer wastewater:

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 \_\_\_\_\_

B. Check the type(s) of process water generated at the facility and complete applicable sections associated with the type(s) checked:

- 1. Wash down/process water associated with the manufacture of concrete/concrete products
- 2. Non-contact cooling water
- 3. Cooling tower blowdown
- 4. Boiler blowdown
- 5. Demineralizer wastewater
- 6. Vehicle and equipment wash water

C. Has process water been discharged from the facility?  Yes  No

If YES, has the process water been analyzed for presence of any known pollutants?  Yes  No

If YES, attach the most recent copy of the analysis.

D. This general permit requires the development and implementation of a Best Management Practices (BMP) plan and a Stormwater Pollution Prevention (SPP) Plan. Does the facility have a BMP Plan and a SPP Plan in place?

Yes  No

E. Were there any past industrial activities on the site that would contribute to storm water contamination?

Yes  No If YES, please explain:

F. Are vehicles/equipment washed on site?  Yes  No

If YES, please give a detailed description of wash water use, additives, location, ultimate disposal, etc.:

G. Are the interiors of tank railcars or tank trailers washed out?  Yes  No

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

H. How are spent oil, hydraulic fluids, and any other potential pollutants that are handled on site disposed?

I. Are organic or petroleum based solvents used in washing operations on site?  Yes  No

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

J. If more than one discharge is listed for DSN012, can they be sampled separately?  Yes  No

K. Is there any process water commingled with the cooling and/or blowdown water prior to discharge?  Yes  No

If YES, can they all be sampled separately prior to commingling?  Yes  No

L. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

Yes  No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

M. Does surface water intake total 2 million gallons per day or more?  Yes  No

If YES, is 25% or more of the surface water intake used for cooling purposes?  Yes  No

N. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water?  Yes  No

If YES, please submit a list of the biocide, corrosion inhibitor, or chemical additive with this NOI. The applicant must provide the following information for each biocide or chemical:

- (1) Name and general composition of biocide or chemical,
- (2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided.
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable.

**\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT**

O. 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

P. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No

If NO, provide the estimated gallons per day of discharge \_\_\_\_\_ GPD

Q. Is shock chlorination used at the facility?  Yes  No

R. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN012.

S. Is demineralizer wastewater discharged?  Yes  No

T. Are there any known impacts on the receiving water as a result of any discharges under DSN012?  Yes  No  
If YES, to what extent?

U. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No

V. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either U. or V. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**

W. Is cooling/blowdown 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 X. and Y. below.

X. If you answered NO to W. 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 DSN012?

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

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For outfalls listed in X. 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.

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

For which outfall(s)? \_\_\_\_\_

If you answered Yes to Y. 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.

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**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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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



**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG120000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG120000, which is the general permit authorizing discharges associated with primary metals, metal finishing, fabricated metal products, industrial commercial machinery, electronic equipment, transportation equipment (not including ship and boat building and repair), and measuring and analyzing instruments consisting of storm water; hydrostatic test water from new containers; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. 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**

<b>FOR ADEM USE ONLY</b>
NPDES PERMIT NUMBER
FACILITY NUMBER

**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG120000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG120000 (Current Permit No. ALG12\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG120000 (Current Permit No. ALG12\_\_\_\_\_)

**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)]:  

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____
- G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with primary metals (DSN001)
  - Storm water discharges associated with equipment parking and maintenance areas (DSN002)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN003 and DSN008)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN004)
  - Discharges of hydrostatic test water from new containers (DSN006)
  - Discharges associated with vehicle and equipment exterior washing operations (DSN009)
  - Storm water discharges associated with foundries and foundry sand (DSN011)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:
- \_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?
- Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. 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:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
- Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: STORM WATER DISCHARGES ASSOCIATED WITH PRIMARY METALS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?

[ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

I. Does your facility have an industrial process that would fall under the federal Effluent Limitations Guidelines listed below?  Yes  No Check all that apply:

- 40 CFR Part 413 – Electroplating
- 40 CFR Part 433 – Metal Finishing
- 40 CFR Part 464 – Metal Molding and Casting
- 40 CFR Part 465 – Coil Coating
- 40 CFR Part 467 – Aluminum Forming Point Source
- 40 CFR Part 468 – Copper Forming
- 40 CFR Part 469 – Electrical & Electrical Components

**DSN002: STORM WATER DISCHARGES ASSOCIATED WITH EQUIPMENT PARKING AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

4. Structural control measures (basins, etc.) [ ] Yes [ ] No

5. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

6. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No  
If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?

[ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

**DSN003 AND DSN008: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (     )° (     )' (     )" N    Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
2. Latitude (     )° (     )' (     )" N    Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
3. Latitude (     )° (     )' (     )" N    Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
4. Latitude (     )° (     )' (     )" N    Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
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[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		

AST = Aboveground Storage Tank

UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

- [ ] Surface water                                      [ ] Seeps into the ground                                      [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)       Yes    No
2. Treatment of groundwater (retention, aeration)    Yes    No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN003 and DSN008?  
 Yes    No   If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes    No   If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?    Yes    No   If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?    Yes    No   If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?    Yes    No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?    Yes    No

K. From which outfalls listed for DSN003 and DSN008 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?    Yes    No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes    No   If YES, please explain:

N. Does the facility handle leaded fuels?    Yes    No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?    Yes    No

P. Is hydrostatic testing of petroleum handling equipment done on site?    Yes    No   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility?  Yes  No

If YES, is your fueling area protected from storm water, including flowing water?  Yes  No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?  Yes  No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112?  Yes  No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer?  Yes  No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities?  Yes  No



**DSN004: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 DSN004, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*

(3) Quantities to be used,

(4) Frequencies of use,

(5) Maximum proposed discharge concentrations, and

(6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. 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

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No

If NO, provide the estimated gallons per day of discharge \_\_\_\_\_ GPD

I. Is shock chlorination used at the facility?  Yes  No

J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN004.

K. Is demineralizer wastewater discharged?  Yes  No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN004?  Yes  No

If YES, to what extent?

M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No

N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**

O. Is cooling/blowdown 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 DSN004?

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

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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.

**DSN006: DISCHARGES OF HYDROSTATIC TEST WATER FROM NEW CONTAINERS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. What product is being tested and describe testing activities?

E. Are there any known impacts on the receiving water as a result of any discharges under DSN006? [ ] Yes [ ] No  
If YES, to what extent?

F. Is chlorine present in the test water? [ ] Yes [ ] No

**DSN009: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

**DSN011: STORM WATER DISCHARGES ASSOCIATED WITH FOUNDRIES AND FOUNDRY SAND**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. Are any foundry sands disposed of on-site? [ ] Yes [ ] No  
If YES, list the outfalls(s) from DSN011 that contain storm water.

E. Have the foundry sands been shown to be non-hazardous as required by ADEM Admin. Code r. 335-14-2-.03?  
[ ] Yes [ ] No

F. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

G. Does the facility have any of the following other control measures to prevent pollution?

7. Structural control measures (basins, etc.) [ ] Yes [ ] No

8. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

9. Other. If so, please describe:

H. Are there any known impacts on the receiving water as a result of any discharges under DSN011? [ ] Yes [ ] No  
If YES, to what extent?

I. Were there any past industrial activities on the site that would contribute to storm water contamination?  
[ ] Yes [ ] No If YES, please explain:

J. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years?  Yes  No If YES, please list:

K. Briefly describe the foundry type and its operation.

L. Does your facility have an industrial process that would fall under the federal Effluent Limitations Guidelines listed below?  Yes  No Check all that apply:

- 40 CFR Part 413 – Electroplating
- 40 CFR Part 433 – Metal Finishing
- 40 CFR Part 464 – Metal Molding and Casting
- 40 CFR Part 465 – Coil Coating
- 40 CFR Part 467 – Aluminum Forming Point Source
- 40 CFR Part 468 – Copper Forming
- 40 CFR Part 469 – Electrical & Electrical Components

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**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: \_\_\_\_\_



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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG140000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG140000, which is the general permit authorizing discharges associated with the transportation industries and warehousing (not including boat and ship building and repair activities) consisting of storm water; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas; and wastewater associated with airfield pavement deicing from existing and new primary airports with 1,000 or more annual jet (non-propeller aircraft) departures. Please answer all questions in applicable sections. 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**

<p><b>FOR ADEM USE ONLY</b></p> <p>NPDES PERMIT NUMBER _____</p> <p>FACILITY NUMBER _____</p>
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**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG140000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG140000 (Current Permit No. ALG14\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG140000 (Current Permit No. ALG14\_\_\_\_\_)

**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)]:  

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____
- G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with vehicle and equipment parking and maintenance areas (DSN001)
  - Storm water discharges associated with warehousing and storage of goods (other than motorized equipment) that are exposed to storm water (DSN002 and DSN003)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN004)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN006 and DSN010)
  - Discharges associated with vehicle and equipment exterior washing operations that DO NOT use solvents (DSN007)
  - Wastewater discharges associated with airfield pavement deicing from existing and new primary airports with 1,000 or more annual jet departures ("non-propeller aircraft") (DSN011)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:  
\_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?  
 Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. 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:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?  
 Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: STORM WATER DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT PARKING AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?  
[ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

I. Is any part of your industrial activity (i.e. blasting, painting) located over water?  Yes  No

If YES, please explain:

**DSN002 and DSN003: STORM WATER DISCHARGES ASSOCIATED WITH WAREHOUSING AND STORAGE OF GOODS (OTHER THAN MOTORIZED EQUIPMENT) THAT ARE EXPOSED TO STORM WATER**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN002 or DSN003? [ ] Yes [ ] No If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

I. Are there any materials stored at your facility that could contribute any of the following metals to storm water?  
 Yes  No If YES, please indicate all metals that may be present:

- |                                  |                                  |                                  |                                  |                                 |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Cadmium | <input type="checkbox"/> Cyanide | <input type="checkbox"/> Mercury | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Barium  | <input type="checkbox"/> Copper  | <input type="checkbox"/> Lead    | <input type="checkbox"/> Nickel  | <input type="checkbox"/> Zinc   |

**DSN004: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 DSN004, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),



- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

- G. 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
- H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No  
If NO, provide the estimated gallons per day of discharge \_\_\_\_\_GPD
- I. Is shock chlorination used at the facility?  Yes  No
- J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN004.

- K. Is demineralizer wastewater discharged?  Yes  No
- L. Are there any known impacts on the receiving water as a result of any discharges under DSN004?  Yes  No  
If YES, to what extent?

- M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No
- N. Does the provider of your source water operate a CWIS?  Yes  No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

- O. Is cooling/blowdown 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 DSN004?

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.



F. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.)       Yes    No
- 2. Treatment of groundwater (retention, aeration)    Yes    No
- 3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN006 and DSN010?  
 Yes    No   If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes    No   If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?    Yes    No   If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?    Yes    No   If YES, answer 1. and 2. below:

- 1. Can dikes contain 110% of the contents of the largest tank in the dike?    Yes    No
- 2. Are the walls and floors of the dikes relatively impermeable to the stored substance?    Yes    No

K. From which outfalls listed for DSN006 and DSN010 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?    Yes    No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes    No   If YES, please explain:

N. Does the facility handle leaded fuels?    Yes    No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?    Yes    No

P. Is hydrostatic testing of petroleum handling equipment done on site?    Yes    No   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility?  Yes  No

If YES, is your fueling area protected from storm water, including flowing water?  Yes  No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?  Yes  No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112?  Yes  No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer?  Yes  No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities?  Yes  No

**DSN007: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. How do you wash the vehicles (e.g. by hand or automated system)? \_\_\_\_\_

If you have an automated system, please provide a detailed description of the system (e.g. drive through system with rotating brushes, etc.)?

I. What is the estimated maximum volume in gallons/day of discharge from washing activity? \_\_\_\_\_ gal/day

J. Does the facility use chrome/wheel brighteners? [ ] Yes [ ] No

K. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

**DSN011: WASTEWATER DISCHARGES ASSOCIATED WITH AIRFIELD PAVEMENT DEICING FROM EXISTING AND NEW PRIMARY AIRPORTS WITH 1,000 OR MORE ANNUAL JET DEPARTURES ("NON-PROPELLER AIRCRAFT")**

This section must be completed by primary airports with 1,000 or more annual jet departures ("non-propeller aircraft"). 40 CFR Part 449 requires that existing and new primary airports with 1,000 or more annual jet departures ("non-propeller aircraft") that generate wastewater associated with airfield pavement deicing are to use non-urea-containing deicers, or alternatively, meet a numeric effluent limitation for ammonia.

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Does the airport have 1,000 or more annual jet departures ("non-propeller aircraft")? [ ] Yes [ ] No

If YES, approximately how many annual jet departures? \_\_\_\_\_

C. Is wastewater generated (or could be generated) as a result of the airfield pavement deicing? [ ] Yes [ ] No

If NO, please explain why wastewater is not generated:

If YES, are only non-urea containing deicers used for the airfield pavement deicing? [ ] Yes [ ] No

If NO, please identify the urea-containing deicers used and include the estimated annual volume in gallons:

D. Does the facility have any of the following control measures to prevent pollution associated with airfield pavement deicing?

1. Structural control measures (basins, collection systems, etc.) [ ] Yes [ ] No

If YES, please describe:

2. Other. If so, please describe:



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**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: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG150000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG150000, which is the general permit authorizing discharges associated with food and kindred product industries consisting of storm water, non-contact cooling water, cooling tower and boiler blowdown, demineralizer wastewater, vehicle and equipment wash water, and storm water from petroleum bulk storage and fueling areas, and equipment maintenance areas. Please answer all questions in applicable sections. 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**

<p><b>FOR ADEM USE ONLY</b></p> <p>NPDES PERMIT NUMBER</p> <p>FACILITY NUMBER</p>
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PURPOSE OF THIS NOTICE OF INTENT

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG150000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG150000 (Current Permit No. ALG15\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG150000 (Current Permit No. ALG15\_\_\_\_\_)

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)]:
- | <u>SIC Code</u>      | <u>SIC Description</u> |
|----------------------|------------------------|
| 1. _____ (Primary)   | _____                  |
| 2. _____ (Secondary) | _____                  |
| 3. _____ (Tertiary)  | _____                  |
- G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with food production (DSN001)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN003)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN005 and DSN007)
  - Discharges associated with vehicle and equipment exterior washing operations (DSN008)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:  
\_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?  
 Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. 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:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?  
 Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: STORM WATER DISCHARGES ASSOCIATED WITH FOOD PRODUCTION**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_

2. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_

3. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?  
[ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

I. Does bulk material from bulk handling areas contaminate storm water?  Yes  No If YES, please describe:

J. Does this facility deal with live warm-blooded animals at any time?  Yes  No

If YES, please contact the Industrial Section of ADEM's Water Division before proceeding. The discharge of storm water from industries that slaughter warm-blooded animals is no longer allowed under the NPDES General Permit No. ALG150000.

**DSN003: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 DSN003, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

- G. 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
- H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No  
If NO, provide the estimated gallons per day of discharge \_\_\_\_\_GPD
- I. Is shock chlorination used at the facility?  Yes  No
- J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN003.

- K. Is demineralizer wastewater discharged?  Yes  No
- L. Are there any known impacts on the receiving water as a result of any discharges under DSN003?  Yes  No  
If YES, to what extent?

- M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No
- N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

- O. Is cooling/blowdown 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 DSN003?

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.

**DSN005 AND DSN007: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (    )° (    )' (    )" N Longitude (    )° (    )' (    )" W  
Receiving Stream \_\_\_\_\_
2. Latitude (    )° (    )' (    )" N Longitude (    )° (    )' (    )" W  
Receiving Stream \_\_\_\_\_
3. Latitude (    )° (    )' (    )" N Longitude (    )° (    )' (    )" W  
Receiving Stream \_\_\_\_\_
4. Latitude (    )° (    )' (    )" N Longitude (    )° (    )' (    )" W  
Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
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[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		

AST = Aboveground Storage Tank  
UST = Underground Storage Tank

- C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.
- D. Storm water runoff primarily discharges to (check only one):  
 Surface water                       Seeps into the ground                       Municipal storm sewer
- E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)  Yes  No
2. Treatment of groundwater (retention, aeration)  Yes  No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN005 and DSN007?  
 Yes  No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes  No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?  Yes  No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?  Yes  No If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?  Yes  No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?  Yes  No

K. From which outfalls listed for DSN005 and DSN007 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?  Yes  No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes  No If YES, please explain:

N. Does the facility handle leaded fuels?  Yes  No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?  Yes  No

P. Is hydrostatic testing of petroleum handling equipment done on site?  Yes  No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility?  Yes  No

If YES, is your fueling area protected from storm water, including flowing water?  Yes  No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?  Yes  No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112?  Yes  No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer?  Yes  No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities?  Yes  No

**DSN008: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

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**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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG160000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG160000, which is the general permit authorizing discharges associated with storm water runoff, not containing leachate, from active and inactive landfills and from transfer stations including storm water runoff from maintenance operations and expansion construction activities at landfills; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please answer all questions in applicable sections. 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**

<b>FOR ADEM USE ONLY</b>
NPDES PERMIT NUMBER
FACILITY NUMBER

**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG160000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG160000 (Current Permit No. ALG16 \_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG160000 (Current Permit No. ALG16 \_\_\_\_\_)

**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)]:
- | <u>SIC Code</u>      | <u>SIC Description</u> |
|----------------------|------------------------|
| 1. _____ (Primary)   | _____                  |
| 2. _____ (Secondary) | _____                  |
| 3. _____ (Tertiary)  | _____                  |
- G. Description of industrial activity and land use at the facility:



- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with landfill operations (DSN001)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN002 and DSN003)
  - Discharges associated with vehicle and equipment exterior washing operations (DSN004)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:
- \_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?
- Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. 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:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
- Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: STORM WATER DISCHARGES ASSOCIATED WITH LANDFILL OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_

2. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_

3. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

G. Does the storm water contain any leachate? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

I. Were there any past industrial activities on the site that would contribute to storm water contamination?  
[ ] Yes [ ] No If YES, please explain:

J. Is the landfill closed? [ ] Yes [ ] No

If YES, was the closure approved by ADEM? [ ] Yes [ ] No

If YES, attach a copy of the ADEM approval letter.

If NO, an NPDES storm water permit is required until ADEM approves the closure.

If YES, has the landfill been closed for over three years? [ ] Yes [ ] No

**DSN002 AND DSN003: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (    )° (    )' (    )" N Longitude (    )° (    )' (    )" W  
Receiving Stream \_\_\_\_\_
2. Latitude (    )° (    )' (    )" N Longitude (    )° (    )' (    )" W  
Receiving Stream \_\_\_\_\_
3. Latitude (    )° (    )' (    )" N Longitude (    )° (    )' (    )" W  
Receiving Stream \_\_\_\_\_
4. Latitude (    )° (    )' (    )" N Longitude (    )° (    )' (    )" W  
Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		

AST = Aboveground Storage Tank  
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

- [ ] Surface water                                      [ ] Seeps into the ground                                      [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)       Yes    No
2. Treatment of groundwater (retention, aeration)    Yes    No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN002 and DSN0003?  
 Yes    No   If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes    No   If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?    Yes    No   If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?    Yes    No   If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?    Yes    No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?    Yes    No

K. From which outfalls listed for DSN002 and DSN003 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?    Yes    No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes    No   If YES, please explain:

N. Does the facility handle leaded fuels?    Yes    No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?    Yes    No

P. Is hydrostatic testing of petroleum handling equipment done on site?    Yes    No   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility?  Yes  No

If YES, is your fueling area protected from storm water, including flowing water?  Yes  No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?  Yes  No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112?  Yes  No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer?  Yes  No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities?  Yes  No

**DSN004: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

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**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: \_\_\_\_\_



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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG170000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG170000, which is the general permit authorizing storm water discharges associated with the storage and manufacturing of paints, varnishes, lacquers, enamels and allied products; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. 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**

<b>FOR ADEM USE ONLY</b>
NPDES PERMIT NUMBER
FACILITY NUMBER

**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG170000  
 [ ] **Reissuance** of coverage under NPDES General Permit Number ALG170000 (Current Permit No. ALG17\_\_\_\_\_)  
 [ ] **Modification** of coverage under NPDES General Permit Number ALG170000 (Current Permit No. ALG17\_\_\_\_\_)

**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)]:

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____

G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with the storage and manufacturing of paints, varnishes, lacquers, enamels, and allied products (DSN001)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN002)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN004 and DSN006)
  - Discharges associated with vehicle and equipment exterior washing operations that DO NOT use solvents (DSN007)

I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:

\_\_\_\_\_

J. 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

K. Has the facility been issued a State Indirect Discharge (SID) Permit?

Yes  No If YES, SID Permit No. IU\_\_\_\_\_

L. 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:\_\_\_\_\_

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?

Yes  No

N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_

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

P. Date facility started or will start operations: \_\_\_\_\_

Q. What is the size of the site in acres? \_\_\_\_\_

R. 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 Industrial Section of ADEM's Water Division before proceeding.

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

T. 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

U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: STORM WATER DISCHARGES ASSOCIATED WITH STORAGE AND MANUFACTURING OF PAINTS, VARNISHES, LACQUERS, ENAMELS AND ALLIED PRODUCTS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?

[ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

**DSN002: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 DSN002, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet).

- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

- G. 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
- H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No  
If NO, provide the estimated gallons per day of discharge \_\_\_\_\_GPD
- I. Is shock chlorination used at the facility?  Yes  No
- J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN002.

- K. Is demineralizer wastewater discharged?  Yes  No
- L. Are there any known impacts on the receiving water as a result of any discharges under DSN002?  Yes  No  
If YES, to what extent?

- M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No
- N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

- O. Is cooling/blowdown 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 DSN002?  
 Yes  No If YES, list which outfalls meet this criteria:

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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.

**DSN004 AND DSN006: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
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[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		

AST = Aboveground Storage Tank

UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

[ ] Surface water                      [ ] Seeps into the ground                      [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No



F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)  Yes  No
2. Treatment of groundwater (retention, aeration)  Yes  No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN004 and DSN006?  
 Yes  No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes  No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?  Yes  No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?  Yes  No If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?  Yes  No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?  Yes  No

K. From which outfalls listed for DSN004 and DSN006 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?  Yes  No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes  No If YES, please explain:

N. Does the facility handle leaded fuels?  Yes  No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?  Yes  No

P. Is hydrostatic testing of petroleum handling equipment done on site?  Yes  No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility?  Yes  No

If YES, is your fueling area protected from storm water, including flowing water?  Yes  No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?  Yes  No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112?  Yes  No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer?  Yes  No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities?  Yes  No

**DSN007: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W  
Receiving Stream \_\_\_\_\_

2. Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W  
Receiving Stream \_\_\_\_\_

3. Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W  
Receiving Stream \_\_\_\_\_

4. Latitude ( )° ( )' ( )" N Longitude ( )° ( )' ( )" W  
Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

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**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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG180000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG180000, which is the general permit authorizing storm water discharges associated with the salvage and recycling industry; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. 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**

<b>FOR ADEM USE ONLY</b>
NPDES PERMIT NUMBER
FACILITY NUMBER

**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG180000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG180000 (Current Permit No. ALG18\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG180000 (Current Permit No. ALG18\_\_\_\_\_)

**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)]:

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____

G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with automobile recycling and salvage (DSN001)
  - Storm water discharges associated with the salvage and recycling of metal scrap (not including automobiles) (DSN002)
  - Storm water discharges associated with the salvage and recycling on nonmetal scrap (DSN003)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN004)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN006 and DSN008)
  - Discharges associated with vehicle and equipment exterior washing operations that DO NOT use solvents (DSN009)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:  
\_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?  
 Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. 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:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?  
 Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001, DSN002, AND DSN003: STORM WATER DISCHARGES ASSOCIATED WITH THE SALVAGE AND RECYCLING INDUSTRY**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001, DSN002, or DSN003? [ ] Yes [ ] No

If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?

[ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:



I. Identify the salvage and recycling activities at the facility and listed the associated outfall number from Section A:

- Automotive recycling and salvage                      Outfall(s): \_\_\_\_\_
- Salvage and recycling of metal scrap (not including automobiles)      Outfall(s): \_\_\_\_\_
- Salvage and recycling of nonmetal scrap                      Outfall(s): \_\_\_\_\_

**DSN004: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 DSN004, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

- G. 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
- H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No  
If NO, provide the estimated gallons per day of discharge \_\_\_\_\_GPD
- I. Is shock chlorination used at the facility?  Yes  No
- J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN004.

- K. Is demineralizer wastewater discharged?  Yes  No
- L. Are there any known impacts on the receiving water as a result of any discharges under DSN004?  Yes  No  
If YES, to what extent?

- M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No
- N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**

- O. Is cooling/blowdown 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 DSN004?  
 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.

**DSN006 AND DSN008: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (     )° (     )' (     )" N    Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
2. Latitude (     )° (     )' (     )" N    Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
3. Latitude (     )° (     )' (     )" N    Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
4. Latitude (     )° (     )' (     )" N    Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
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[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		

AST = Aboveground Storage Tank

UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

- [ ] Surface water                                      [ ] Seeps into the ground                                      [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)       Yes    No
2. Treatment of groundwater (retention, aeration)    Yes    No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN006 and DSN008?  
 Yes    No   If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes    No   If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?    Yes    No   If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?    Yes    No   If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?    Yes    No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?    Yes    No

K. From which outfalls listed for DSN006 and DSN008 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?    Yes    No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes    No   If YES, please explain:

N. Does the facility handle leaded fuels?    Yes    No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?    Yes    No

P. Is hydrostatic testing of petroleum handling equipment done on site?    Yes    No   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No

**DSN009: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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



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**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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG020000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG020000, which is the general permit authorizing discharges associated with the manufacture of asphalt concrete, asphalt roofing, linoleum and printed asphalt felt, and hot mix asphalt consisting of storm water, non-contact cooling water, cooling tower and boiler blowdown, uncontaminated condensate, demineralizer wastewater, vehicle and equipment wash water, and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please answer all questions in applicable sections. 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**

<p><b>FOR ADEM USE ONLY</b></p> <p>NPDES PERMIT NUMBER</p> <p>FACILITY NUMBER</p>
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PURPOSE OF THIS NOTICE OF INTENT

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG020000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG020000 (Current Permit No. ALG02\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG020000 (Current Permit No. ALG02\_\_\_\_\_)

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)]:  

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____
- G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges from the manufacture of asphalt products that may be covered by this general permit (DSN001)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN002)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN004 and DSN006)
  - Discharges associated with vehicle and equipment exterior washing operations (DSN007)

I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:

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J. 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

K. Has the facility been issued a State Indirect Discharge (SID) Permit?

Yes  No If YES, SID Permit No. IU\_\_\_\_\_

L. 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:\_\_\_\_\_

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?

Yes  No

N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_

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

P. Date facility started or will start operations: \_\_\_\_\_

Q. What is the size of the site in acres? \_\_\_\_\_

R. 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 Industrial Section of ADEM's Water Division before proceeding.

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

T. 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

U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: STORM WATER DISCHARGE FROM THE MANUFACTURE OF ASPHALT PRODUCTS THAT MAY BE COVERED BY THIS GENERAL PERMIT**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?

[ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

I. Is this facility subject to requirements under 40 CFR Part 443?  Yes  No

If YES, check which subcategory applies:

- Subpart A – Asphalt Emulsion Subcategory
- Subpart B – Asphalt Concrete Subcategory
- Subpart C – Asphalt Roofing Subcategory
- Subpart D – Linoleum and Printed Asphalt Felt Subcategory
- None of the above subcategories apply

If this facility conducts activities subject to 40 CFR 443 Subpart A, the discharges from these activities cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

**DSN002: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 DSN002, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

- G. 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
- H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No  
If NO, provide the estimated gallons per day of discharge \_\_\_\_\_ GPD
- I. Is shock chlorination used at the facility?  Yes  No
- J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN002.

- K. Is demineralizer wastewater discharged?  Yes  No
- L. Are there any known impacts on the receiving water as a result of any discharges under DSN002?  Yes  No  
If YES, to what extent?

- M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No
- N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**

- O. Is cooling/blowdown 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 DSN002?  
 Yes  No If YES, list which outfalls meet this criteria:

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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.

**DSN004 AND DSN006: STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
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[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		

AST = Aboveground Storage Tank

UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)       Yes    No
2. Treatment of groundwater (retention, aeration)    Yes    No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN004 and DSN006?  
 Yes    No   If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes    No   If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?    Yes    No   If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?    Yes    No   If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?    Yes    No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?    Yes    No

K. From which outfalls listed for DSN004 and DSN006 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?    Yes    No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes    No   If YES, please explain:

N. Does the facility handle leaded fuels?    Yes    No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?    Yes    No

P. Is hydrostatic testing of petroleum handling equipment done on site?  Yes  No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility?  Yes  No

If YES, is your fueling area protected from storm water, including flowing water?  Yes  No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?  Yes  No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112?  Yes  No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer?  Yes  No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities?  Yes  No

**DSN007: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

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**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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG200000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG200000, which is the general permit authorizing storm water discharges associated with the plastic and rubber industry (excluding industries covered under 40 CFR Part 414-Organic Chemicals, Plastics, and Synthetic Fiber Industries); non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. 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**

<p><b>FOR ADEM USE ONLY</b> NPDES PERMIT NUMBER FACILITY NUMBER</p>
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**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG200000  
 [ ] **Reissuance** of coverage under NPDES General Permit Number ALG200000 (Current Permit No. ALG20\_\_\_\_\_)  
 [ ] **Modification** of coverage under NPDES General Permit Number ALG200000 (Current Permit No. ALG20\_\_\_\_\_)

**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)]:

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____

G. Description of industrial activity and land use at the facility:



- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with the plastics industry (DSN001)
  - Storm water discharges associated with the rubber industry (DSN002)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN003)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN005 and DSN007)
  - Discharges associated with vehicle and equipment exterior washing operations (DSN008)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:
- \_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?
- Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. 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:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
- Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: STORM WATER DISCHARGES ASSOCIATED WITH THE PLASTICS INDUSTRY**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?  
[ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

I. Does your facility have an industrial process that would fall under the Federal Guidelines listed below?  
 Yes  No Check all that apply:

40 CFR 414 – Organic Chemical, Plastic, and Synthetic Fibers

40 CFR 463 – Plastics Molding and Forming

If this facility conducts activities subject to 40 CFR 414, the discharges from these activities cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

**DSN002: STORM WATER DISCHARGES ASSOCIATED WITH THE RUBBER INDUSTRY**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

- 1. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_
- 2. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_
- 3. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_
- 4. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

- [ ] Surface water                      [ ] Seeps into the ground                      [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

- 4. Structural control measures (basins, etc.) [ ] Yes [ ] No
- 5. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
- 6. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No  
If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?  
[ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

I. Does your facility have an industrial process that is subject to 40 CFR 428 – Rubber Manufacturing Point Source Category?  Yes  No

**DSN003: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 DSN003, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

- G. 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
- H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No  
If NO, provide the estimated gallons per day of discharge \_\_\_\_\_ GPD
- I. Is shock chlorination used at the facility?  Yes  No
- J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN003.

- K. Is demineralizer wastewater discharged?  Yes  No
- L. Are there any known impacts on the receiving water as a result of any discharges under DSN003?  Yes  No  
If YES, to what extent?

- M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No
- N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

- O. Is cooling/blowdown 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 DSN003?  
 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.



**DSN005 AND DSN007: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
2. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
3. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
4. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		

AST = Aboveground Storage Tank

UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

- [ ] Surface water                                      [ ] Seeps into the ground                                      [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)      Yes    No
2. Treatment of groundwater (retention, aeration)    Yes    No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN005 and DSN007?  
 Yes    No   If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes    No   If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?    Yes    No   If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?    Yes    No   If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?    Yes    No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?    Yes    No

K. From which outfalls listed for DSN005 and DSN007 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?    Yes    No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes    No   If YES, please explain:

N. Does the facility handle leaded fuels?    Yes    No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?    Yes    No

P. Is hydrostatic testing of petroleum handling equipment done on site?    Yes    No   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No

**DSN008: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

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**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: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG230000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG230000, which is the general permit authorizing storm water discharges associated with the manufacture of stone, glass, and clay products; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. 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**

<p><b>FOR ADEM USE ONLY</b></p> <p>NPDES PERMIT NUMBER</p> <p>FACILITY NUMBER</p>
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**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG230000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG230000 (Current Permit No. ALG23\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG230000 (Current Permit No. ALG23\_\_\_\_\_)

**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)]:

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____

G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with the manufacture of stone, glass, and clay products (DSN001)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN002)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN004 and DSN006)
  - Discharges associated with vehicle and equipment exterior washing operations that DO NOT use solvents (DSN007)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:  
\_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?  
 Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. 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:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?  
 Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.



**DSN001: STORM WATER DISCHARGES ASSOCIATED WITH STORAGE THE MANUFACTURING OF STONE, GLASS, AND CLAY PRODUCTS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?

[ ] Yes [ ] No If YES, please explain:

H. Is process/wash down water mixed with storm water during rain events? [ ] Yes [ ] No If NO, please explain:

- I. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years?  Yes  No If YES, please list:

**DSN002: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 DSN002, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

- G. 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
- H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No  
If NO, provide the estimated gallons per day of discharge \_\_\_\_\_GPD
- I. Is shock chlorination used at the facility?  Yes  No
- J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN002.

- K. Is demineralizer wastewater discharged?  Yes  No
- L. Are there any known impacts on the receiving water as a result of any discharges under DSN002?  Yes  No  
If YES, to what extent?

- M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No
- N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**

- O. Is cooling/blowdown 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 DSN002?

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

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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.

**DSN004 AND DSN006: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		

AST = Aboveground Storage Tank

UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

[ ] Surface water                                      [ ] Seeps into the ground                                      [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)       Yes    No
2. Treatment of groundwater (retention, aeration)    Yes    No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN004 and DSN006?  
 Yes    No   If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes    No   If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?    Yes    No   If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?    Yes    No   If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?    Yes    No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?    Yes    No

K. From which outfalls listed for DSN004 and DSN006 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?    Yes    No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes    No   If YES, please explain:

N. Does the facility handle leaded fuels?    Yes    No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?    Yes    No

P. Is hydrostatic testing of petroleum handling equipment done on site?    Yes    No   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No



**DSN007: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

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**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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG240000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG240000, which is the general permit authorizing storm water discharges associated with the textile industry; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. 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**

<p><b>FOR ADEM USE ONLY</b></p> <p>NPDES PERMIT NUMBER</p> <p>FACILITY NUMBER</p>
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**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG240000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG240000 (Current Permit No. ALG24\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG240000 (Current Permit No. ALG24\_\_\_\_\_)

**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)]:

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____
- G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with the manufacture of textile products (DSN001)
  - Storm water discharges associated with wood chip storage areas (DSN002)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN003)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN005 and DSN007)
  - Discharges associated with vehicle and equipment exterior washing operations (DSN008)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:
- \_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?
- Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. 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:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
- Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: STORM WATER DISCHARGES ASSOCIATED WITH THE MANUFACTURE OF TEXTILE PRODUCTS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

- 1. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_
- 2. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_
- 3. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_
- 4. Latitude ( )°( )'( )" N Longitude ( )°( )'( )" W  
Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

- [ ] Surface water                                      [ ] Seeps into the ground                                      [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.)                      [ ] Yes [ ] No
- 2. Treatment of groundwater (retention, aeration)                      [ ] Yes [ ] No
- 3. Other. If so, please describe:

F. Is process/wash down water mixed with storm water during rain events? [ ] Yes [ ] No If NO, please explain:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

H. Were there any past industrial activities on the site that would contribute to storm water contamination?  
[ ] Yes [ ] No If YES, please explain:

- I. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years?  Yes  No If YES, please list:

- J. Briefly describe the facility operations:

- K. Does bulk material from bulk handling areas contaminate storm water?  Yes  No

- L. Does the facility have any wood chip storage areas that are exposed to storm water?  Yes  No

If YES, then enhanced BMPs are required. Please list the outfall(s) from Section A that represent the discharge(s) from these areas:

- M. Does the facility have any coal storage areas that are exposed to storm water?  Yes  No

If YES, an Individual NPDES Permit will be required unless the facility eliminates the coal storage area's exposure to storm water. Please contact the Industrial General Permit Section of ADEM's Water Division before proceeding.

**DSN003: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 DSN003, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),



- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

- G. 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
- H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No  
If NO, provide the estimated gallons per day of discharge \_\_\_\_\_ GPD
- I. Is shock chlorination used at the facility?  Yes  No
- J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN003.

- K. Is demineralizer wastewater discharged?  Yes  No
- L. Are there any known impacts on the receiving water as a result of any discharges under DSN003?  Yes  No  
If YES, to what extent?

- M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No
- N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**

- O. Is cooling/blowdown 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 DSN003?  
 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.

**DSN005 AND DSN007: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
2. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
3. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
4. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
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[ ] AST [ ] UST		
[ ] AST [ ] UST		

AST = Aboveground Storage Tank

UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

- [ ] Surface water                                      [ ] Seeps into the ground                                      [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)  Yes  No
2. Treatment of groundwater (retention, aeration)  Yes  No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN005 and DSN007?  
 Yes  No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes  No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?  Yes  No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?  Yes  No If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?  Yes  No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?  Yes  No

K. From which outfalls listed for DSN005 and DSN007 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?  Yes  No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes  No If YES, please explain:

N. Does the facility handle leaded fuels?  Yes  No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?  Yes  No

P. Is hydrostatic testing of petroleum handling equipment done on site?  Yes  No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No

**DSN008: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

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**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: \_\_\_\_\_

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



**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG250000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG250000, which is the general permit authorizing discharges of non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater. 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**

<p><b>FOR ADEM USE ONLY</b></p> <p>NPDES PERMIT NUMBER</p> <p>FACILITY NUMBER</p>
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**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG250000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG250000 (Current Permit No. ALG25\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG250000 (Current Permit No. ALG25\_\_\_\_\_)

**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)]:

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____

G. Description of industrial activity 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 been issued a State Indirect Discharge (SID) Permit?

Yes  No If YES, SID Permit No. IU \_\_\_\_\_

J. 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: \_\_\_\_\_

K. 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

L. Name of surface water to which the municipal storm sewer discharges: \_\_\_\_\_

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

N. Date facility started or will start operations: \_\_\_\_\_

O. 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 Industrial Section of ADEM's Water Division before proceeding.

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

Q. 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

R. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

- G. 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
- H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No  
If NO, provide the estimated gallons per day of discharge \_\_\_\_\_ GPD
- I. Is shock chlorination used at the facility?  Yes  No
- J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN001.

- K. Is demineralizer wastewater discharged?  Yes  No
- L. Are there any known impacts on the receiving water as a result of any discharges under DSN001?  Yes  No  
If YES, to what extent?

- M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No
- N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**

- O. Is cooling/blowdown 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:

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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.

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**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: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG280000**

**Instructions:** this form should be used to submit a notice of intent for coverage under NPDES general permit number ALG280000, which is the general permit authorizing discharges associated with offshore oil and gas exploration and production activities. **The discharge of produced water, drilling muds and cuttings, and discharges incidental to the normal and proper operation of a vessel while being used as a means of transportation are not authorized by this permit, nor are any discharges to areas of biological concern.** 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**

<b>FOR ADEM USE ONLY</b>
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG280000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG280000 (Current Permit No. ALG28 \_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG280000 (Current Permit No. ALG28 \_\_\_\_\_)

FACILITY IDENTIFICATION INFORMATION

- A. Name of Permittee: \_\_\_\_\_
- B. Name of Facility: \_\_\_\_\_
- C. Mailing Address of Facility: PO Box or Street Route: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_
- D. Location of Facility: \_\_\_\_\_ County: \_\_\_\_\_  
Tract(s): \_\_\_\_\_
- E. Latitude and longitude of the facility location. (Use main platform if more than one):  
Latitude (\_\_\_\_)° (\_\_\_\_)' (\_\_\_\_)" N      Longitude (\_\_\_\_)° (\_\_\_\_)' (\_\_\_\_)" W
- F. Permittee Contact Person:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
- G. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:  

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____
- H. Description of industrial activity at the facility:



- I. Check the type of discharge(s) at your facility and complete the applicable sections associated with the type checked:
- Discharges associated with deck drainage from work areas and non-work areas of platform complexes, remote well structures, pigging platforms, temporary rigs, floating construction facilities, and waste collection barges (DSN001)
  - Discharges of treated sanitary and galley wastewater of less than 10,000 gallons per day from continuously manned facilities, intermittently manned facilities, floating construction and/or maintenance facilities (DSN003)
  - Discharges of treated domestic wastewater of less than 10,000 gallons per day from continuously manned facilities, intermittently manned facilities, floating construction and/or maintenance facilities (DSN004)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN007)
  - Low volume miscellaneous discharges, such as desalinization unit discharges, fire control system test water, hydrostatic test water, diverter test water, etc. (Refer to permit for a complete list) (DSN016)

J. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:

\_\_\_\_\_

K. 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

L. 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:\_\_\_\_\_

M. Date operations began within the tract: \_\_\_\_\_

N. Will the discharges from this facility be located within 1,000 feet of an active or closed oyster reef?  Yes  No

Will the discharges from this facility be located within 1,000 feet of submerged grassbeds?  Yes  No

If the answer is YES to either question, briefly describe the discharge(s):

O. Does the facility now or in the future plan to discharge produced water and/or drilling muds and cuttings?

Yes  No

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

P. Discharges associated with vessels affixed to the bottom of the waterbody for the purposes of oil and gas activity are covered under this permit. Discharges incidental to the normal and proper operations of a vessel while being used as a means of transportation are **not** covered by this permit. However, many vessel discharges, occurring while the vessel is used as a means of transportation, are subject to EPA's NPDES vessel permit requirements.

Q. 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 Industrial Section of ADEM's Water Division before proceeding.

R. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: DISCHARGES ASSOCIATED WITH DECK DRAINAGE FROM WORK AREAS AND NON-WORK AREAS OF PLATFORM COMPLEXES, REMOTE WELL STRUCTURES, PIGGING PLATFORMS, TEMPORARY RIGS, FLOATING CONSTRUCTION FACILITIES, AND WASTE COLLECTION BARGES**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

B. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

C. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Other. If so, please describe:

D. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

E. Have there been any spill incidents in the last three years which have resulted in adverse impacts to the water quality of the receiving water body? [ ] Yes [ ] No If YES, please explain:

**DSN003: DISCHARGES OF TREATED SANITARY AND GALLEY WASTEWATER OF LESS THAN 10,000 GALLONS PER DAY FROM CONTINUOUSLY MANNED FACILITIES, INTERMITTENTLY MANNED FACILITIES, FLOATING CONSTRUCTION AND/OR MAINTENANCE FACILITIES**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

B. Is the daily maximum discharge volume less than 10,000 gallons per day? [ ] Yes [ ] No

If NO, the discharge cannot be covered under the general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

C. Will the discharge be treated using a sewage treatment device which meets or exceeds all requirements of Coast Guard Specification 33 CFR Part §159.3 for a Type II Marine Sanitation device? [ ] Yes [ ] No

D. Will domestic wastewater be commingled and co-treated with sanitary or galley wastewater? Yes [ ] No [ ]

E. Will the discharge be introduced below the surface of the water? [ ] Yes [ ] No

F. Will the discharge be from floating construction and/or maintenance facilities? [ ] Yes [ ] No

If YES, are the discharges incidental to normal and proper operation of the vessel while being used as a means of transportation? [ ] Yes [ ] No

G. Will the discharge be from a continuously manned facility? [ ] Yes [ ] No

If NO, at what frequency is the facility manned? \_\_\_\_\_

H. Will the discharge be to waters listed as Shellfish Harvesting? [ ] Yes [ ] No

I. Will the discharge be to pathogen impaired waters? [ ] Yes [ ] No

J. Are there any known impacts on the receiving water as a result of any discharges under DSN003? [ ] Yes [ ] No  
If YES, to what extent?

**DSN004: DISCHARGES OF TREATED DOMESTIC WASTEWATER OF LESS THAN 10,000 GALLONS PER DAY FROM CONTINUOUSLY MANNED FACILITIES, INTERMITTENTLY MANNED FACILITIES, FLOATING CONSTRUCTION AND/OR MAINTENANCE FACILITIES**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

B. Is the daily maximum discharge volume less than 10,000 gallons per day? [ ] Yes [ ] No

If NO, the discharge cannot be covered under the general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

C. Will the discharge be treated using a sewage treatment device which meets or exceeds all requirements of Coast Guard Specification 33 CFR Part §159.3 for a Type II Marine Sanitation device? [ ] Yes [ ] No

D. Will domestic wastewater be commingled and co-treated with sanitary or galley wastewater? Yes [ ] No [ ]

E. Will the discharge be introduced below the surface of the water? [ ] Yes [ ] No

F. Will the discharge be from floating construction and/or maintenance facilities? [ ] Yes [ ] No

If YES, are the discharges incidental to normal and proper operation of the vessel while being used as a means of transportation? [ ] Yes [ ] No

G. Will the discharge be from a continuously manned facility? [ ] Yes [ ] No

If NO, at what frequency is the facility manned? \_\_\_\_\_

H. Are there any known impacts on the receiving water as a result of any discharges under DSN004? [ ] Yes [ ] No  
If YES, to what extent?

**DSN007: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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

Water body (& Tract) \_\_\_\_\_

Type of Discharge \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

Type of Discharge \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

Type of Discharge \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

Type of Discharge \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

Type of Discharge \_\_\_\_\_

B. If more than one discharge is listed for DSN007, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is the discharge to the Gulf of Mexico?  Yes  No

H. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN007.

I. Will the discharge be introduced below the surface of the water, when feasible?  Yes  No

J. Are there any known impacts on the receiving water as a result of any discharges under DSN007?  Yes  No  
If YES, to what extent?

K. Does the cooling water consist of treated effluent that would otherwise be discharged?  Yes  No

L. Is there one or more cooling water intake structure (CWIS) associated with this facility?  Yes  No

**If YES, answer the following questions:**

- 1. Location coordinates of intake #1: \_\_\_\_\_(Latitude) \_\_\_\_\_(Longitude)  
 Location coordinates of intake #2: \_\_\_\_\_(Latitude) \_\_\_\_\_(Longitude)  
 Location coordinates of intake #3: \_\_\_\_\_(Latitude) \_\_\_\_\_(Longitude)

2. Is this an offshore oil and gas facility for which construction began after July 17, 2006?  Yes  No

3. Do any of the CWISs have an intake design rate of 2 MGD or more?  Yes  No

4. Is 25% or more of the intake of the CWIS (using the average monthly measurements, or estimates for new facilities, over a 12-month period) used for cooling purposes?  Yes  No

If all of the answers to J.1., J.2., and J.3 are YES, the discharge cannot be covered under the general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Does the provider of your source water operate a CWIS?  Yes  No  N/A (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If YES, answer the following questions:**

- 1. Name of provider: \_\_\_\_\_
- 2. Location coordinates of intake: \_\_\_\_\_(Latitude) \_\_\_\_\_(Longitude)
- 3. Is the provider a public water system (defined as a system which provides water to the public for human consumption or which provides only treated water, not raw water, to the industry with the NPDES permit)?  Yes  No If YES, skip questions K.4.-K.5.
- 4. Is any water withdrawn from the source water used for cooling?  Yes  No If NO, skip questions K.5.-K.6.
- 5. Approximately what percent (using the average monthly measurements over any 12-month period) of water withdrawn is used exclusively for cooling purposes? \_\_\_\_\_%

N. Is the cooling water used in a once-through or closed cycle cooling system?  Yes  No

O. When was the intake installed? (Please provide dates for all major construction/installation of intake components including screens.)

P. What is the location and configuration of the intake pipe in the source water? (e.g., source water name, onshore/offshore, at what depth, location in relation to bottom, etc.)

Q. What is the maximum design intake volume (maximum pumping capacity)? \_\_\_\_\_ gallons per day

R. What is the average intake volume (average intake pump rate in any 30-day period)? \_\_\_\_\_ gallons per day

S. How is the intake operated (e.g., continuously, intermittently, batch)? \_\_\_\_\_

T. What is the mesh size of the screen on your intake? \_\_\_\_\_

U. What is the intake screen flow-through area? \_\_\_\_\_

V. What is the through screen design intake flow velocity? \_\_\_\_\_ feet/second

W. What is the mechanism for cleaning the screen (e.g., does it rotate for cleaning?)?

X. Do you have any additional fish detraction technology on your intake? [ ] Yes [ ] No

Y. Have there been any studies to determine the impact of the intake on aquatic organisms? [ ] Yes [ ] No  
If YES, please attach.

Z. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.



**DSN016: LOW VOLUME MISCELLANEOUS DISCHARGES, SUCH AS DESALINIZATION UNIT DISCHARGES, FIRE CONTROL SYSTEM TEST WATER, HYDROSTATIC TEST WATER, DIVERTER TEST WATER, ETC.**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

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

Water body (& Tract) \_\_\_\_\_

B. Will the discharges be introduced below the surface of the water, when feasible? [ ] Yes [ ] No

C. Will the desalination unit be acidized periodically to remove scale? [ ] Yes [ ] No

If YES, list the expected interval of treatment:

D. Are there any known impacts on the receiving water as a result of any discharges under DSN016? [ ] Yes [ ] No  
If YES, to what extent?

**GENERAL INFORMATION**

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

**DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY**

Have you included the survey map for areas of biological concern? [ ] Yes [ ] No

**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: \_\_\_\_\_

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**Please attach a map showing the location of the facilities to be permitted.**

**Please also attach the survey map for areas of biological concern**

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG030000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG030000, which is the general permit authorizing discharges associated with boat and ship (including oil and gas well drilling and production platforms) building/repair industries consisting of storm water, non-contact cooling water, cooling tower blowdown, boiler blowdown, uncontaminated condensate, demineralizer wastewater, treated sanitary wastewater, bilge/ballast water, wash water including pressure wash water, hydrostatic and pressure test water, and hydroblast water (not including wet abrasive blast water). Please answer all questions in applicable sections. 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**

<b>FOR ADEM USE ONLY</b>
NPDES PERMIT NUMBER
FACILITY NUMBER

**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG030000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG030000 (Current Permit No. ALG03\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG030000 (Current Permit No. ALG03\_\_\_\_\_)

**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)]:

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____

G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with boat and ship (including offshore oil and gas well drilling and production platforms) building/repair activities (DSN001, DSN002, and DSN003)
  - Discharges of treated sanitary wastewater (only to that portion of the Mobile River classified as agricultural and industrial) (DSN004)
  - Discharges of bilge and ballast water, wash water including pressure wash water, hydrostatic and pressure test water, and hydroblast water (not including wet abrasive blasting water) (DSN005 and DSN006)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, boiler blowdown, uncontaminated condensate, and demineralizer wastewater (DSN007)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN009 and DSN010)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:  
\_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?  
 Yes  No If YES, SID Permit No. IU \_\_\_\_\_
- L. 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: \_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?  
 Yes  No
- N. Name of surface water to which the municipal storm sewer discharges: \_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001, DSN002, and DSN003: STORM WATER DISCHARGE ASSOCIATED WITH BOAT AND SHIP BUILDING/REPAIR ACTIVITIES (INCLUDING OFFSHORE OIL AND GAS WELL DRILLING AND PRODUCTION PLATFORMS)**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. Is your process/wash down water mixed with storm water during rain events? [ ] Yes [ ] No

If NO, please explain:

E. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN001, DSN002, or DSN003? [ ] Yes [ ] No If YES, to what extent?

H. Were there any past industrial activities on the site that would contribute to storm water contamination?

[ ] Yes [ ] No If YES, please explain:

- I. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years?  Yes  No If YES, please list:

- J. Does the facility build and/or repair only recreational and pleasure boats?  Yes  No

If the facility repairs only engines, then coverage under this permit is not appropriate. Please contact the Department to determine if permitting is required.

- K. Does the facility build and/or repair offshore oil and gas well drilling and production platforms?  Yes  No

- L. Are all industrial activities conducted under roof (including storage of products and waste residuals, and blasting, and painting operations)?  Yes  No

- M. Is any part of your industrial activity (i.e., blasting, painting) located over water?  Yes  No

If YES, please explain:

**DSN004: TREATED SANITARY WASTEWATER (DISCHARGES ARE AUTHORIZED ONLY TO THAT PORTION OF THE MOBILE RIVER CLASSIFIED AS AGRICULTURAL AND INDUSTRIAL)**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream. Also attach a map which locates these points.

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Sanitary wastewater primarily discharges to (check only one):

- 1. Surface water
- 2. Municipal sanitary sewer
- 3. Municipal storm sewer
- 4. Is received by a commercial waste hauler
- 5. Septic tank

C. Is there a municipal sanitary sewer line available in the area?  Yes  No

If YES, please explain why these discharges are not connected to the sanitary sewer.

D. Does the facility have a biological treatment system?  Yes  No

E. Are there any known impacts on the receiving water as a result of any discharges under DSN004?  Yes  No

If YES, to what extent?

F. Does the discharge occur only during the normal operation of a vessel while being used as a means of transportation?  Yes  No

If YES, these discharges are excluded from NPDES permitting requirements.



**DSN005 AND DSN006: DISCHARGES OF BILGE AND BALLAST WATER, WASH WATER INCLUDING PRESSURE WASH WATER, HYDROSTATIC AND PRESSURE TEST WATER, AND HYDROBLAST WATER (NOT INCLUDING WET ABRASIVE BLASTING WATER)**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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 \_\_\_\_\_

B. Is any process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. If more than one type of process water is generated, are any process waters commingled prior to discharge?  
[ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

E. Do you use additives in the wash water, test water, or hydroblast water (other than detergent)? [ ] Yes [ ] No  
If YES, please submit a list of the additives with this NOI and indicate the outfall number for DSN005 or DSN006.

F. Will any of these waters come into contact with product, waste, or waste residual or contain oils or solvents?  
[ ] Yes [ ] No

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

G. Will the pressure wash water contain paint chips? [ ] Yes [ ] No If YES, please list the affected outfalls for DSN005 and DSN006.

H. Does this facility use wet abrasive blasting? [ ] Yes [ ] No

If YES, please list the method of disposal: \_\_\_\_\_

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

I. Identify the treatment used for pressure wash water contaminated with paint chips and hydroblast water:

1. Collect for off-site disposal

2. On-site treatment prior to discharge (list treatment used):

J. Does your facility use organic petroleum based solvents in its washing operations?  Yes  No

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

**DSN007: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 DSN007, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

- G. 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
- H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No  
If NO, provide the estimated gallons per day of discharge \_\_\_\_\_GPD
- I. Is shock chlorination used at the facility?  Yes  No
- J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN007.

- K. Is demineralizer wastewater discharged?  Yes  No
- L. Are there any known impacts on the receiving water as a result of any discharges under DSN007?  Yes  No  
If YES, to what extent?

- M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No
- N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**

- O. Is cooling/blowdown 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 DSN007?  
 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.

**DSN009 AND DSN010: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
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[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		

AST = Aboveground Storage Tank

UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

[ ] Surface water                                      [ ] Seeps into the ground                                      [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)       Yes    No
2. Treatment of groundwater (retention, aeration)    Yes    No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN009 and DSN010?  
 Yes    No   If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?  
 Yes    No   If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?    Yes    No   If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?    Yes    No   If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?    Yes    No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?    Yes    No

K. From which outfalls listed for DSN009 and DSN010 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?    Yes    No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes    No   If YES, please explain:

N. Does the facility handle leaded fuels?    Yes    No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?    Yes    No

P. Is hydrostatic testing of petroleum handling equipment done on site?    Yes    No   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No



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**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: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG340000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG340000, which is the general permit authorizing discharges associated with petroleum products consisting of stormwater, hydrostatic test water, and groundwater discharges resulting from the storage, handling, transportation, spill cleanup, contaminated groundwater and/or soil remediation and investigation, or other operations involving petroleum and its derivatives; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage. Please answer all questions in applicable sections. 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**

<b>FOR ADEM USE ONLY</b>
NPDES PERMIT NUMBER
FACILITY NUMBER

**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG340000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG340000 (Current Permit No. ALG34\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG340000 (Current Permit No. ALG34\_\_\_\_\_)

**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)]:

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____

G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water and/or groundwater discharges associated with the remediation of groundwater and/or soil contaminated with petroleum or its derivatives (DSN001)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN002 and DSN004)
  - Discharges associated with vehicle and equipment exterior washing operations (excluding commercial car washes) (DSN005)
  - Discharges of hydrostatic test water generated on-site (DSN007)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:  
\_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?  
 Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. 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:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?  
 Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: STORM WATER AND/OR GROUNDWATER DISCHARGES ASSOCIATED WITH THE REMEDIATION OF GROUNDWATER AND/OR SOIL CONTAMINATED WITH PETROLEUM OR ITS DERIVATIVES**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Have the groundwater discharges and/or storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No

If YES, attach the most recent copy of the analysis.

C. Groundwater and/or storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

G. List the outfalls under DSN001 that are treated groundwater:

H. Will there be any discharge of groundwater as a result of aquifer testing?  Yes  No If YES, this discharge must meet the requirements of this general permit.

I. Does the facility plan to discharge well purge waters?  Yes  No If YES, this discharge must meet the requirements of this general permit.

J. Does the facility plan to discharge storm water accumulated in UST tank pits during closure?  Yes  No  
If YES, this discharge must meet the requirements of this general permit.

K. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes  No If YES, please explain:

L. Did the facility ever handle leaded fuels?  Yes  No  
If YES, did the contamination result from the handling of leaded fuel?  Yes  No

M. Did the facility ever handle aviation fuel, jet fuel, or diesel fuel?  Yes  No  
If YES, did the contamination result from the handling of aviation fuel, jet fuel, or diesel fuel?  Yes  No

N. Will the facility stockpile contaminated material on site?  Yes  No  
If YES, which outfalls under DSN001 represent the storm water runoff from these stockpiles?



C. Has storm water runoff from the facility been analyzed for presence of any known pollutants?  Yes  No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

Surface water                                       Seeps into the ground                                       Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan?  Yes  No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)                       Yes  No

2. Treatment of groundwater (retention, aeration)                       Yes  No

3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN002 and DSN004?  Yes  No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes  No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?  Yes  No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?  Yes  No If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?  Yes  No

2. Are the walls and floors of the dikes relatively impermeable to the stored substance?  Yes  No

K. From which outfalls listed for DSN002 and DSN004 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?  Yes  No

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



M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes  No If YES, please explain:

N. Does the facility handle leaded fuels?  Yes  No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?  Yes  No

P. Are any trucks or equipment fueled at this facility?  Yes  No

If YES, is your fueling area protected from storm water, including flowing water?  Yes  No

If YES, please explain:

Q. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?  
 Yes  No

R. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112?  Yes  No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer?  Yes  No If NO, please explain why:

S. Is storm water from fueling areas allowed to mix with storm water from other industrial activities?  Yes  No

**DSN005: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS  
(EXCLUDING COMMERCIAL CAR WASHES)**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does the facility use chrome/wheel brighteners? [ ] Yes [ ] No

I. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

**DSN007: DISCHARGES ASSOCIATED WITH HYDROSTATIC TEST WATER GENERATE ON-SITE**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is hydrostatic testing of petroleum handling equipment performed on-site? [ ] Yes [ ] No

C. Discharges of hydrostatic test water primarily discharge to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. Is chlorine present in any source water (i.e. city or well water) used for hydrostatic testing? [ ] Yes [ ] No

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any control measures in place to prevent pollution? [ ] Yes [ ] No If YES, please explain.

G. Are there any known impacts on the receiving water as a result of any discharges under DSN007? [ ] Yes [ ] No If YES, to what extent?

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**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: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG360000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG360000, which is the general permit authorizing discharges associated with once-through cooling water, sump drains, oil water separator, treated sanitary wastewater, drilling supernate, and uncontaminated storm waters associated with hydroelectric generating facilities and wastewater resulting from maintenance and repair activities associated with cleaning, pressure washing, blasting, and painting of structure over water; and storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please answer all questions in applicable sections. 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**

<p><b>FOR ADEM USE ONLY</b></p> <p>NPDES PERMIT NUMBER</p> <p>FACILITY NUMBER</p>
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PURPOSE OF THIS NOTICE OF INTENT

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG360000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG360000 (Current Permit No. ALG36 \_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG360000 (Current Permit No. ALG36 \_\_\_\_\_)

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)]:

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____

G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Discharges of once-through cooling waters to include generator cooling water, generator thrust bearing cooling water, turbine guide cooling water, transformer and miscellaneous cooling waters, and filter backwash (DSN001)
  - Discharges associated with sumps and drains to include powerhouse sumps and drains, valve pit drains, head cover drains, and gallery sumps and drains (DSN002)
  - Discharges associated with plant and unit oil/water separators (DSN003)
  - Discharges of treated sanitary wastewater (DSN004)
  - Uncontaminated storm water discharges (DSN005)
  - Discharges of pretreated drilling supernate wastewater (DSN006)
  - Discharges associated with wastewater resulting from maintenance and repair activities associated with cleaning, pressure washing, blasting, and painting of structures (DSN007)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN008 and DSN009)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:  
\_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?  
 Yes  No If YES, SID Permit No. IU \_\_\_\_\_
- L. 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: \_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?  
 Yes  No
- N. Name of surface water to which the municipal storm sewer discharges: \_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. Are all industrial activities under roof (including storage)?  Yes  No
- S. 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 Industrial Section of ADEM's Water Division before proceeding.
- T. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- U. 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
- V. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: DISCHARGES OF ONCE-THROUGH COOLING WATERS TO INCLUDE GENERATOR COOLING WATER, GENERATOR THRUST BEARING COOLING WATER, TURBINE GUIDE COOLING WATER, TRANSFORMER AND MISCELLANEOUS COOLING WATERS, AND FILTER BACKWASH**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

C. Is there a cooling water intake structure (CWIS) associated with this facility? [ ] Yes [ ] No

D. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either C. or D. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**



**DSN002: DISCHARGES ASSOCIATED WITH SUMPS AND DRAINS TO INCLUDE POWERHOUSE SUMPS AND DRAINS, VALVE PIT DRAINS, HEAD COVER DRAINS, AND GALLERY SUMPS AND DRAINS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No  
If YES, to what extent?

**DSN003: DISCHARGES ASSOCIATED WITH PLANT AND UNIT OIL/WATER SEPARATORS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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. Are there any known impacts on the receiving water as a result of any discharges under DSN003? [ ] Yes [ ] No  
If YES, to what extent?

**DSN004: DISCHARGES OF TREATED SANITARY WASTEWATER**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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. Are there any known impacts on the receiving water as a result of any discharges under DSN004? [ ] Yes [ ] No  
If YES, to what extent?

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**DSN005: UNCONTAMINATED STORM WATER DISCHARGES**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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. Are there any known impacts on the receiving water as a result of any discharges under DSN005? [ ] Yes [ ] No  
If YES, to what extent?

**DSN006: DISCHARGES OF PRETREATED DRILLING SUPERNATE WASTEWATER**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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. Are there any known impacts on the receiving water as a result of any discharges under DSN006? [ ] Yes [ ] No  
If YES, to what extent?

**DSN007: DISCHARGES ASSOCIATED WITH WASTEWATER RESULTING FROM MAINTENANCE AND REPAIR ACTIVITIES ASSOCIATED WITH CLEANING, PRESSURE WASHING, BLASTING, AND PAINTING OF STRUCTURES**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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. Are there any known impacts on the receiving water as a result of any discharges under DSN007? [ ] Yes [ ] No  
If YES, to what extent?

**DSN008 AND DSN009: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		

AST = Aboveground Storage Tank

UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

Surface water                                       Seeps into the ground                                       Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan?  Yes  No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)                       Yes  No
2. Treatment of groundwater (retention, aeration)               Yes  No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN008 and DSN009?  Yes  No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?  Yes  No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?  Yes  No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?  Yes  No If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?  Yes  No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?  Yes  No

K. From which outfalls listed for DSN008 and DSN009 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?  Yes  No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  Yes  No If YES, please explain:



N. Does the facility handle leaded fuels? [ ] Yes [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

P. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

Q. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

R. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

S. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No

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**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: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG060000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG060000, which is the general permit authorizing discharges associated with the lumber, wood, and paper products industry (not including wood preserving operations) consisting of storm water; process water from wet decking; non-contact cooling water; cooling tower blowdown; uncontaminated condensate; boiler blowdown; demineralizer wastewater; and vehicle and equipment wash water. Please answer all questions in applicable sections. 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**

<b>FOR ADEM USE ONLY</b>
NPDES PERMIT NUMBER _____
FACILITY NUMBER _____

**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG060000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG060000 (Current Permit No. ALG06\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG060000 (Current Permit No. ALG06\_\_\_\_\_)

**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)]:

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____

G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge(s) at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with the lumber and wood products industry (DSN001)
  - Discharges associated with wet decking water (DSN002)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN003)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN007 and DSN0011)
  - Discharges associated with vehicle and equipment exterior washing operations (DSN009)
  - Storm water discharges associated with the paper and related products industry (DSN012)

I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:

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J. 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

K. Has the facility been issued a State Indirect Discharge (SID) Permit?

Yes  No If YES, SID Permit No. IU\_\_\_\_\_

L. 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:\_\_\_\_\_

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?

Yes  No

N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_

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

P. Date facility started or will start operations: \_\_\_\_\_

Q. What is the size of the site in acres? \_\_\_\_\_

R. 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 Industrial Section of ADEM's Water Division before proceeding.

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

T. 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

U. 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 Industrial Section of ADEM's Water Division before proceeding.

**DSN001: STORM WATER DISCHARGES ASSOCIATED WITH THE LUMBER AND WOOD PRODUCTS INDUSTRY**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?  
[ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

I. Briefly describe your operations:

J. Does the facility have any wood preserving operations?  Yes  No If YES, you must apply for an individual permit, please contact the Industrial Section of ADEM's Water Division.

K. Do you at present have sawdust or another wood product debris pile within 100 feet of a water of the State or a natural or manmade drainage course?  Yes  No

L. Does the facility conduct dipping operations on site?  Yes  No

If YES, an MSDS sheet for the dipping formulation must be enclosed.

If YES, are the dipping operations exposed to storm water?  Yes  No

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**DSN002: DISCHARGES ASSOCIATED WITH WET DECKING WATER**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has this process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Explain the nature of the process water:



**DSN003: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**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 (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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 DSN003, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

\*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

- G. 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
- H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)?  Yes  No  
If NO, provide the estimated gallons per day of discharge \_\_\_\_\_ GPD
- I. Is shock chlorination used at the facility?  Yes  No
- J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN003.

- K. Is demineralizer wastewater discharged?  Yes  No
- L. Are there any known impacts on the receiving water as a result of any discharges under DSN003?  Yes  No  
If YES, to what extent?

- M. Is there a cooling water intake structure (CWIS) associated with this facility?  Yes  No
- N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**

- O. Is cooling/blowdown 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 DSN003?  
 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.

**DSN007 AND DSN0011: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (     )°(     )'(     )" N Longitude (     )°(     )'(     )" W  
Receiving Stream \_\_\_\_\_
2. Latitude (     )°(     )'(     )" N Longitude (     )°(     )'(     )" W  
Receiving Stream \_\_\_\_\_
3. Latitude (     )°(     )'(     )" N Longitude (     )°(     )'(     )" W  
Receiving Stream \_\_\_\_\_
4. Latitude (     )°(     )'(     )" N Longitude (     )°(     )'(     )" W  
Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		
[ ]AST [ ]UST		

AST = Aboveground Storage Tank

UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

- [ ] Surface water                                      [ ] Seeps into the ground                                      [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.)       Yes    No
- 2. Treatment of groundwater (retention, aeration)    Yes    No
- 3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN007 and DSN0011?  
 Yes    No   If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?  
 Yes    No   If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?    Yes    No   If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?    Yes    No   If YES, answer 1. and 2. below:

- 1. Can dikes contain 110% of the contents of the largest tank in the dike?    Yes    No
- 2. Are the walls and floors of the dikes relatively impermeable to the stored substance?    Yes    No

K. From which outfalls listed for DSN007 and DSN0011 is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?    Yes    No

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

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes    No   If YES, please explain:

N. Does the facility handle leaded fuels?    Yes    No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?    Yes    No

P. Is hydrostatic testing of petroleum handling equipment done on site?    Yes    No   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No

**DSN009: DISCHARGE ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

**DSN012: STORM WATER DISCHARGES ASSOCIATED WITH THE PAPER AND RELATED PRODUCTS INDUSTRY**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

\_\_\_\_\_

F. Are there any known impacts on the receiving water as a result of any discharges under DSN012? [ ] Yes [ ] No

If YES, to what extent?

\_\_\_\_\_

G. Were there any past industrial activities on the site that would contribute to storm water contamination?

[ ] Yes [ ] No If YES, please explain:

\_\_\_\_\_

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

\_\_\_\_\_



I. Briefly describe your operations:

K. Do you at present have sawdust or another wood product debris pile within 100 feet of a water of the State or a natural or manmade drainage course?  Yes  No

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**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: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG670000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG670000, which is the general permit authorizing discharges associated with hydrostatic testing of new and existing petroleum and natural gas pipelines. 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**

<b>FOR ADEM USE ONLY</b>
NPDES PERMIT NUMBER _____
FACILITY NUMBER _____

**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG670000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG670000 (Current Permit No. ALG67 \_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG670000 (Current Permit No. ALG67 \_\_\_\_\_)

**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)]:

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____
3. _____ (Tertiary)	_____

G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Discharges of hydrostatic test water from new and existing petroleum and petroleum product pipelines (DSN002)  
 Discharges of hydrostatic test water from new and existing natural gas pipelines (DSN003)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:  
 \_\_\_\_\_
- J. 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
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?  
 Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. 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:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?  
 Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. 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 Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. 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
- U. 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 Industrial Section of ADEM's Water Division before proceeding.
- V. Prior to discharge of hydrostatic test waters and/or prior to removing waters of the state for hydrostatic test discharges, your facility should contact the Corp of Engineers and Game and Fish with the Conservation Department. Are procedures in place to ensure this notification will be made?  Yes  No



I. How will turbidity be kept to a level consistent with the receiving waters?

J. How will oil sheen be prevented?

K. Is the pipeline to be tested new?  Yes  No

L. Is chlorine present in the test water?  Yes  No

M. Will there be a product containing lead transported through this pipe within 30 days of any discharge?  
 Yes  No





I. How will turbidity be kept to a level consistent with the receiving waters?

J. How will oil sheen be prevented?

K. Is the pipeline to be tested new? [  ] Yes [  ] No

L. Is chlorine present in the test water? [  ] Yes [  ] No

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**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: \_\_\_\_\_

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

## ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) SANITARY SEWER OVERFLOW (SSO) EVENT REPORTING FORM

**Purpose of Form:** All publicly or privately owned wastewater treatment plants holding an NPDES permit are required to provide immediate notification to the Alabama Department of Environmental Management (ADEM), county public health officials, the public, and any other affected entity such as public water systems as soon as possible upon becoming aware of any notifiable sanitary sewer overflow (SSO) events.

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO's Hotline at (334) 274-4200 or electronically to the Department's eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department's eSSO Electronic Reporting System.

For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: <https://e2.adem.alabama.gov/NPDES>.

Permittee Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Date/Time<sup>1</sup> SSO Began: \_\_\_\_\_ Is the SSO on-going?  Yes  No If no, Date/Time<sup>1</sup> SSO Stopped: \_\_\_\_\_

Did the SSO occur during wet weather?  Yes  No

Was the SSO caused by an extreme weather event (e.g. hurricane)?  Yes  No If yes, describe of the nature of the extreme weather event: \_\_\_\_\_

### REPORT ESTIMATED VOLUME DISCHARGED- REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume Discharged: _____ gallons			
RANGE	<input type="checkbox"/> <1,000 gallons	<input type="checkbox"/> 1,000 ≥ gallons <10,000	<input type="checkbox"/> 10,000 ≥ gallons < 25,000	<input type="checkbox"/> 25,000 ≥ gallons <50,000
	<input type="checkbox"/> 50,000 ≥ gallons <75,000	<input type="checkbox"/> 75,000 ≥ gallons <100,000	<input type="checkbox"/> 100,000 ≥ gallons < 250,000	<input type="checkbox"/> 250,000 ≥ gallons <500,000
	<input type="checkbox"/> 500,000 ≥ gallons <750,000	<input type="checkbox"/> 750,000 ≥ gallons <1,000,000	Any estimated volume above 1,000,000 gallons should be entered in the VALUE section	

Was the Department notified within 24 hours?  Yes  No Date/Time of Notification: \_\_\_\_\_

Method of notification:  Verbal/Telephone  Electronic via eSSO  Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Indicate source of discharge event:  Manhole  Lift Station  Broken Line  
 Cleanout  Treatment Plant  
 Other (describe: \_\_\_\_\_)

Latitude/Longitude of discharge (**REQUIRED**) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°):

Latitude       .       °      Longitude -       .       °

Location of discharge (street address, etc.):

<sup>1</sup>Time reported is assumed to be Central Time Zone, unless otherwise indicated.

Known or suspected cause of the discharge:

[Empty box for cause of discharge]

Ultimate destination of discharge:
 Ground Absorbed  Storm Drain
 Drainage Ditch  Backup into Building/Residence
 Creek or River (provide name): \_\_\_\_\_
 Other (describe): \_\_\_\_\_

Did the discharge reach a designated swimming water?  Yes  No  Unknown

Monitoring of the receiving water (i.e. visual survey or water quality sampling) is:  Complete  Ongoing  Not Performed

Was the affected area: Cleaned?  Yes  No Disinfected?  Yes  No

Are you aware of any other potential health or environmental impacts?  No  Yes If Yes, please describe:

[Empty box for other potential impacts]

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

[Empty box for corrective actions]

Indicate efforts to notify public (check all that apply):
 Press Release Date: \_\_\_\_\_
 Placement of Signs Date: \_\_\_\_\_
 Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_
 Notice not required, because: \_\_\_\_\_

Indicate other officials notified (check all that apply):
 County Health Department Date: \_\_\_\_\_
 State Health Department Date: \_\_\_\_\_
 Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_
 Notice not required, because: \_\_\_\_\_

Other states notified:  Florida  Georgia  Mississippi  Tennessee

Were any public water supply intake locations affected?  No  Yes
If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signature of Responsible Official/Duly Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Responsible Official/Duly Authorized Representative (type or print): \_\_\_\_\_

Title of Responsible Official/Duly Authorized Representative: \_\_\_\_\_

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NPDES/SID NON-COMPLIANCE NOTIFICATION FORM**

**Instructions:** This form should be used to notify the Department of non-compliance with permit requirements in accordance with ADEM Admin. Code r. 335-6-6-.12(1)6.(iii) [NPDES permits] or 335-6-5-.15(12)(f)2. (SID permits) and should be submitted with the Discharge Monitoring Reports (DMR) for the respective monitoring period. A new form should be used for each monitoring period.

Permittee Name: \_\_\_\_\_ Permit No: \_\_\_\_\_

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

DMR Monitoring Period: \_\_\_\_\_

**1. Description of non-compliance associated with an outfall(s) (attach additional pages if necessary):**

Effluent Violations (if applicable)			
Outfall Number(s)	Noncompliant Parameters(s)	Result Reported (include units)	Permit Limit (include units)
Monitoring / Reporting Violations (if applicable)			
Outfall Number(s)	Noncompliant Parameter(s)	Description of Monitoring / Reporting Violation	

**2. Description of non-compliance that is not associated with an outfall (i.e. not suitable to be reported in Item 1.):**

**3. Cause of non-compliance (attach additional pages if necessary):**

**4. Period of noncompliance [include exact date(s) and time(s) or, if not corrected, the anticipated duration of the noncompliance]:**

**5. Description of steps taken and/or being taken to reduce or eliminate the noncomplying discharge and to prevent its recurrence (attach additional pages if necessary):**

"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."

\_\_\_\_\_  
Responsible Official Signature                      Date Signed                      Responsible Official Printed Name and Title

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)**  
**REQUEST FOR NPDES PERMIT POST-MINING DISCHARGE LIMITATIONS (COAL MINING OPERATIONS)**

**Instructions:** Your NPDES permit requires that certain information be provided in writing to ADEM in order to obtain approval for post-mining discharge limitations for a permitted outfall and its associated drainage area. **Use one form per outfall.** Please complete all questions. Use "N/A" where appropriate. Incorrect/Incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances. Please type or print legibly in blue or black ink.

You are advised that you must continue monitoring and reporting using standard limitations until the Department grants approval of your request in writing. Mail the completed form to: ADEM-Water Division, Stormwater Management Branch, P O Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee: \_\_\_\_\_
2. Postal Address of Permittee: \_\_\_\_\_
3. Facility Name: \_\_\_\_\_
4. NPDES Permit Number: \_\_\_\_\_
5. ASMC Permit Number(s): \_\_\_\_\_
6. Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_ Email Address: \_\_\_\_\_
7. Point Source (Outfall) Number: \_\_\_\_\_
8. Location of Outfall:  
County: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

9.  Yes  No The Permittee has received a Phase II bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ASMC release(s) is attached.
10.  Yes  No All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.
11.  Yes  No All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.
12.  Yes  No Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department's determination regarding this request, or 3) explain a "no" response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.

13. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

"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.

I understand that it is the Permittee's responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

\_\_\_\_\_  
Name and Title of Responsible Corporate Official or Authorized Agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)**  
**REQUEST FOR RELEASE FROM NPDES PERMIT MONITORING AND REPORTING REQUIREMENTS**  
**(MINING OPERATIONS)**

**Instructions:** Your NPDES permit requires that certain information be provided in writing to ADEM in order to obtain approval to terminate monitoring and reporting requirements for a permitted outfall and its associated drainage area. **Use one form per outfall.** Please complete all questions. Use "N/A" where appropriate. Incorrect/Incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances. Please type or print legibly in blue or black ink.

You are advised that you must continue monitoring and reporting until the Department grants approval of your request in writing. Mail the completed form to: ADEM-Water Division, Stormwater Management Branch, P O Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee: \_\_\_\_\_
2. Postal Address of Permittee: \_\_\_\_\_
3. Facility Name: \_\_\_\_\_
4. NPDES/SID Permit Number: \_\_\_\_\_
5. ASMC/ADOL Permit Number(s): \_\_\_\_\_ (if applicable)
6. Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_
7. Point Source (Outfall) Number: \_\_\_\_\_
8. Location of Outfall:  
County: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

**ASMC PERMITTED OR BONDED FACILITIES**

9. Yes  No  The Permittee has received a Phase III bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ASMC bond release(s) is attached.
10. Yes  No  The Permittee has received approval from ASMC to remove and mine through the outfall(s), and the drainage previously treated by the mined-through outfall(s) is routed and properly controlled/treated by another permitted and properly certified existing outfall. List approved/certified outfall receiving drainage: \_\_\_\_\_

**NON-ASMC PERMITTED OR BONDED FACILITIES**

11. Yes  No  The Permittee has received a 100% bond release from the Alabama Department of Labor (ADOL) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ADOL reclamation release(s) is attached.
12. Yes  No  Unless waived by the Department, the Permittee, in order to expedite review/approval of this request, has attached inspection reports prepared and certified by 1) a Professional Engineer (PE) registered in the State of Alabama or a qualified professional under the PE's direction, or 2) a Certified Professional in Sediment And Erosion Control (CPESC), which certify that the facility has been fully reclaimed or that water quality remediation has been achieved. The first inspection should be conducted approximately one year prior to and the second inspection should be conducted within thirty days of the Permittee's request for termination of monitoring and reporting requirements. Permanent, perennial vegetation has been re-established on all areas mined or disturbed for at least one year since mining has ceased in the drainage basin(s) associated with the surface discharge, or all areas have been permanently graded such that all drainage is directed back into the mined pit to preclude any surface discharges. Responding "No" may significantly delay approval until an inspection can be performed by Department personnel.

**ALL FACILITIES**

13. Yes  No  All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.
14. Yes  No  The outfall is a pumped discharge and, (1) the pump has been removed and piping has been removed or effectively closed/sealed to prevent future discharge, or (2) the pump has been removed and the pumped drainage previously treated by the outfall(s) is routed and properly controlled/treated by another permitted and properly certified existing outfall. List approved/certified outfall receiving drainage: \_\_\_\_\_



15. Yes  No  All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.
16. Yes  No  The Permittee's request for termination of monitoring and reporting requirements contained in this permit is supported by monitoring data covering a period of at least six consecutive months or such longer period as is necessary to assure that the data reflect discharges occurring during varying climatological conditions. Please attach copies of the last twelve (12) months of DMRs previously submitted to the Department to expedite the review/approval process.
17. Yes  No  The Permittee hereby certifies that the samples collected and reported in the monitoring data submitted in support of the Permittee's request for monitoring termination or suspension are representative of the discharge and were collected in accordance with all permit terms and conditions respecting sampling times (e.g., rainfall events) and methods and were analyzed in accordance with all permit terms and conditions respecting analytical methods and procedures.
18. Yes  No  The Permittee hereby certifies that during at least the previous twelve (12) months prior to this request, there was no chemical treatment in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall.
19. Yes  No  Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department's determination regarding this request, or 3) explain a "no" response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.

20. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

"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.

"I understand that it is the Permittee's responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

\_\_\_\_\_  
Name and Title of Responsible Corporate Official or Authorized Agent

\_\_\_\_\_  
Signature Date

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)**  
**REQUEST TO REMOVE SUBSURFACE WITHDRAWAL FROM DISCHARGE STRUCTURE**  
**(NPDES-PERMITTED MINING OPERATIONS)**

**Instructions:** Part II.A.2. of NPDES permits for mining operations requires an existing outfall to be constructed with effective subsurface withdrawal. Certain information must be provided in writing to ADEM in order to obtain approval to remove subsurface withdrawal from an existing treatment basin/pond or other approved discharge structure for a permitted outfall and its associated drainage area. **Use one form per outfall.** Please complete all questions. Use "N/A" where appropriate. Incorrect/Incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances. Please type or print legibly in blue or black ink.

Mail the completed request form to: ADEM-Water Division, Stormwater Management Branch, P O Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee: \_\_\_\_\_
2. Postal Address of Permittee: \_\_\_\_\_
3. Facility Name: \_\_\_\_\_
4. NPDES/SID Permit Number: \_\_\_\_\_
5. ASMC/ADOL Permit Number(s): \_\_\_\_\_ (if applicable)
6. Phone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_
7. Point Source (Outfall) Number: \_\_\_\_\_
8. Location of Outfall:  
County: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

**ASMC PERMITTED OR BONDED FACILITIES**

9. Yes  No  The Permittee has received a Phase II bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ASMC bond release(s) is attached.
10. Yes  No  Vegetative cover has been established and/or disturbed areas have been otherwise stabilized, and potential sources of floating solids have been covered or removed, and there are no active mining areas as defined by 40 CFR 434.11(b) draining to the outfall.

**NON-ASMC PERMITTED OR BONDED FACILITIES**

11. Yes  No  The Permittee, in order to expedite review/approval of this request, has attached inspection report(s) prepared and certified by 1) a Professional Engineer (PE) registered in the State of Alabama or a qualified professional under the PE's direction, or 2) a Certified Professional in Sediment And Erosion Control (CPESC), which certifies that the facility has been fully regraded and vegetative cover has been established.

**ALL FACILITIES**

12. Yes  No  All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.
13. Yes  No  All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.
14. Yes  No  Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department's determination regarding this request, or 3) explain a "no" response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.

15. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

"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.

"I understand that subsurface withdrawal cannot be removed from the treatment structure until the Department grants approval of this request in writing.

"I understand that if after removal of subsurface withdrawal from the treatment structure, effluent quality cannot be maintained within permit limits or significant levels of floating pollutants that could be prevented by subsurface withdrawal still occur, reconstruction of subsurface withdrawal may be required.

"I understand that it is the Permittee's responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

---

Name and Title of Responsible Corporate Official or Authorized Agent

---

Signature

---

Date

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)**  
**REQUEST TO REMOVE TREATMENT BASIN/POND OR OTHER TREATMENT STRUCTURE**  
**(NPDES-PERMITTED MINING OPERATIONS)**

**Instructions:** Certain information must be provided in writing to ADEM in order to obtain approval to remove an existing treatment basin/pond or other approved discharge structure for a permitted outfall and its associated drainage area. **Use one form per outfall.** Please complete all questions. Use "N/A" where appropriate. Incorrect/Incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances. Please type or print legibly in blue or black ink. **In lieu of this form, ASMC permitted facilities may submit written approval from ASMC to remove the treatment structure.**

Mail the completed request form or written approval from ASMC (if applicable) to: ADEM-Water Division, Stormwater Management Branch, P O Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee: \_\_\_\_\_
2. Postal Address of Permittee: \_\_\_\_\_
3. Facility Name: \_\_\_\_\_
4. NPDES/SID Permit Number: \_\_\_\_\_
5. ASMC/ADOL Permit Number(s): \_\_\_\_\_ (if applicable)
6. Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_
7. Point Source (Outfall) Number: \_\_\_\_\_
8. Location of Outfall:  
County: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

**ASMC PERMITTED OR BONDED FACILITIES**

9.  Yes  No The Permittee has received a Phase II bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin (if a Phase II release from ASMC for the treatment pond(s) cannot be obtained prior to removal of the treatment pond(s), the Permittee must attach a copy of their pond removal/reclamation plan to this request), associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ASMC release(s) is attached.

**NON-ASMC PERMITTED OR BONDED FACILITIES**

10.  Yes  No The Permittee, in order to expedite review/approval of this request, has attached inspection report(s) prepared and certified by 1) a Professional Engineer (PE) registered in the State of Alabama or a qualified professional under the PE's direction, or 2) a Certified Professional in Sediment And Erosion Control (CPESC), which certifies that the facility has been fully regraded and perennial vegetative cover has been planted and established.

**ALL FACILITIES**

11.  Yes  No All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.
12.  Yes  No All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.
13.  Yes  No The Permittee's request for removal of the treatment structure is supported by monitoring data covering a period of at least six consecutive months or such longer period as is necessary to assure that the data reflect discharges occurring during varying climatological conditions. Please attach copies of the last twelve (12) months of DMRs previously submitted to the Department to expedite the review/approval process.
14.  Yes  No The Permittee hereby certifies that the samples collected and reported in the monitoring data submitted in support of the Permittee's request for treatment structure removal are representative of the discharge and were collected in accordance with all permit terms and conditions respecting sampling times (e.g., rainfall events) and methods and were analyzed in accordance with all permit terms and conditions respecting analytical methods and procedures.

15. Yes  No  The Permittee hereby certifies that during at least the previous twelve (12) months prior to this request, there was no chemical treatment in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall.

16. Yes  No  Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department's determination regarding this request, or 3) explain a "no" response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.

17. Attach a copy of the pond removal plan which details the procedures and Best Management Practices (BMPs) that will be implemented and maintained during and after removal to ensure protection of water quality.

18. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

"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.

"I understand that the treatment structure cannot be removed until the Department grants approval of this request in writing. I understand that pursuant to requirements of the permit, monitoring and reporting of discharges must continue after the structure is removed. Representative samples will be taken at the end of the ditch, channel, swale, etc. or other acceptable discharge conveyance which remains after removal of the treatment structure.

"I understand that if effluent quality cannot be maintained within permit limits after removal of the treatment structure, reconstruction of the treatment structure may be required.

"I understand that it is the Permittee's responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

---

Name and Title of Responsible Corporate Official or Authorized Agent

---

Signature Date

**ALABAMA DEPARTMENT OF ENVIRONMENT MANAGEMENT (ADEM)  
NDPES/SID PERMIT TRANSFER AGREEMENT**

**Instructions:** This form should be submitted when an NPDES or SID permit is being transferred from one entity to another. Permit transfers are subject to an application fee as prescribed in ADEM Admin. Code r. 335-1-6-.04. Applicants should contact the appropriate permitting section of the Water Division to determine if other information or forms may be required in addition to this form. If immediate operational changes that warrant a permit modification are planned, an application for such changes should be submitted with this transfer agreement.

If the permit being transferred contains requirements to submit Discharge Monitoring Reports (DMRs) and/or Sanitary Sewer Overflow (SSO) Reports, the applicant should also submit an application to register its personnel in the Department's Electronic Environmental (E2) Reporting System for the electronic submittal of Discharge Monitoring Reports (DMRs) and/or Sanitary Sewer Overflow (SSO) Reports. The E2 application forms (ADEM Form 511 and 512) may be downloaded from <https://e2.adem.alabama.gov/NPDES/>.

**Affected NPDES/SID Permit Number(s):** \_\_\_\_\_

This Agreement is entered into this date by Company A and Company B in order to effect a transfer of Alabama Department of Environmental Management NPDES/SID Permit Number(s) referenced above and the responsibility, coverage, and liability thereunder from Company A to Company B.

On the date such transfer becomes effective, Company B agrees to assume the responsibility, coverage, and liability of the permit. Company B also certifies that operational changes that warrant a permit modification will not be made without submitting the appropriate application. Company A agrees to relinquish all rights which it may have under said permit.

This agreement is entered into by both parties this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_; said transfer is to become effective on \_\_\_\_\_.

Company A (Name): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Company B (Name): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
Signature of Responsible Official  
\_\_\_\_\_  
Printed Name of Responsible Official  
\_\_\_\_\_  
Title of Responsible Official  
\_\_\_\_\_  
Telephone Number  
\_\_\_\_\_  
Email Address

By: \_\_\_\_\_  
Signature of Responsible Official  
\_\_\_\_\_  
Printed Name of Responsible Official  
\_\_\_\_\_  
Title of Responsible Official  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Mailing City, State, Zip Code  
\_\_\_\_\_  
Telephone Number  
\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

**If the permit contact person for Company B is different from the Responsible Official, please complete the following:**

Contact Name	Contact Title		
Mailing Address	Mailing City	Mailing State	Mailing Zip
Telephone Number	Email Address		

## ADEM UST CLOSURE SITE ASSESSMENT REPORT

(Use a Separate form for a group of tanks in each tank pit)

FACILITY I.D. NO.:	DATE OF THIS REPORT:
_____	_____
INCIDENT NO. (If applicable):	UST OWNER:
UST ___ - ___ - ___	_____
FACILITY COUNTY:	ADDRESS:
_____	_____
FACILITY NAME:	CONTACT NAME:
LOCATION:	CONTACT PHONE #:
_____	_____
ADDRESS:	
_____	

NAME OF CONTRACTOR USED TO CLOSE (REMOVE) TANK: \_\_\_\_\_

NAME OF CONSULTANT CONDUCTING ASSESSMENT: \_\_\_\_\_

NAME OF LABORATORY USED: \_\_\_\_\_

**PRIOR TO BEGINNING CLOSURE, THE CONTRACTOR SHOULD BECOME FAMILIAR WITH ALL CLOSURE PROCEDURES IN AMERICAN PETROLEUM INSTITUTE (API) BULLETIN 1604, "REMOVAL AND DISPOSAL OF USED UNDERGROUND PETROLEUM STORAGE TANKS" AND API BULLETIN 2015 "CLEANING PETROLEUM STORAGE TANKS". THESE API BULLETINS ARE AVAILABLE FROM THE AMERICAN PETROLEUM INSTITUTE.**

NUMBER OF TANKS CLOSED: \_\_\_\_\_

NUMBER OF TANKS REMAINING AT SITE: \_\_\_\_\_

CLOSURE DATE: \_\_\_\_\_

UNIQUE TANK #:				
TANK SIZE:				
TANK CAPACITY:				
TANK AGE:				
DATE TANK LAST USED:				
SUBSTANCE STORED:				
TYPE OF PRODUCT PIPING: (Pressurized/Suction)				
FARM TANK:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEATING OIL TANK:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADEM UST CLOSURE SITE ASSESSMENT FORM

**1. COMPLETE THE FOLLOWING SECTION FOR ALL CLOSURES:**

a. Provide the results of a 500 ft. survey for domestic water supply wells in the following table and place their locations on the attached site map:

Name of Owner of Domestic Water Supply Well	Distance from UST Site	Depth of Well	Status: Active or Inactive?

b. Provide the results of a 1,000 ft. survey for public water supply wells in the following table and place their locations on the attached site map:

Name of Owner of Public Water Supply Well	Distance from UST Site	Depth of Well	Status: Active or Inactive?

c. Is the UST site located in a delineated wellhead protection or source water area?  
 YES  NO

d. Are there any public water supply surface water intakes within 500 ft. of the UST site?  
 YES  NO

If yes, locate the intake on the attached site map.

**NOTE: If an active domestic water supply well or an active public water supply well is located within 500 ft. or 1,000 ft. respectively of the UST site, or if the answer to 1c. or 1d. is Yes, the Department may require groundwater sampling to occur at the UST site. If the groundwater sampling is not performed by the owner/operator during the closure site assessment, the Department may require that groundwater sampling occur as part of a Preliminary Investigation.**

Groundwater sampling remains a requirement of the closure site assessment when shallow groundwater is present or when performing an in-place closure site assessment.

e. Indicate the current on-site land use and the most likely future land use:

Current On-Site Land Use		Most Likely Future On-Site Land Use	
Residential	<input type="checkbox"/>	Residential	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	Commercial	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
Describe:		Describe:	



ADEM UST CLOSURE SITE ASSESSMENT FORM

f. Describe the current off-site land use within 500 ft of the UST site. State whether the area, in general, is residential, commercial, mixed residential/commercial or other:

North:	
	Northeast:
	Northwest:
South:	
	Southeast:
	Southwest:
West:	
East:	

g. For sites where there is any evidence of a release, provide the names and addresses of the property on which the tank system is/was located and the adjacent property owners. The property owner names and addresses should be indicated on a site map attached to this form.

Name and Address of Onsite Property Owner:

Name	Address	City	State	Zip

Name and addresses of Adjacent Property Owners:

Name	Address	City	State	Zip

**COMPLETE THE FOLLOWING SECTIONS AS APPROPRIATE BASED ON THE TYPE OF CLOSURE CONDUCTED:**

**2. TANK CLOSURE BY REMOVAL:**

- a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.
- b. Attach plan and sectional views of the excavation and include the following:
  1. All appropriate excavation dimensions.
  2. All soil sample locations and depths using an appropriate method of identification.
  3. Location of areas of visible contamination.
  4. Former location of tank(s), including depth, with tank Identification Number.

ADEM UST CLOSURE SITE ASSESSMENT FORM

c. Is the groundwater more than 5 feet below the bottom of the excavation? YES  NO   
 If no, provide the depth from the ground surface to the groundwater table. Feet: \_\_\_\_\_

Indicate method used to determine water table depth:

- |                                                                         |                              |                             |
|-------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Excavation extended 5 feet below base of pit:                        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Boring or monitoring well:                                           | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 3. Topographic features (Method must be approved by ADEM prior to use): | <input type="checkbox"/>     | <input type="checkbox"/>    |

d. Was there a notable odor found in the excavation? YES  NO

If yes,

(1) The odor strength was (mild) (strong) (other) describe: \_\_\_\_\_

(2) The odor indicates what type of product: (gasoline)(diesel) (waste oil) (kerosene) (other) describe: \_\_\_\_\_

e. Was there water in the excavation? YES  NO

If yes, how was it handled?

- |                                                                                        |                              |                             |
|----------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. One time discharge to sanitary sewer with local approval?                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Hauled to facility capable of treating constituents of petroleum products in water? | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 3. Hauled to local POTW with local approval?                                           | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 4. Treated on-site with NPDES approved discharge?                                      | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 5. Other? Explain: _____                                                               |                              |                             |

f. Was free product found in the excavation? YES  NO

If yes,

1. How was free product handled? Describe: \_\_\_\_\_

2. What was the measured thickness of free product? \_\_\_\_\_

g. Were visible holes noted in the tank(s)? YES  NO

If yes,

Indicate which tanks(s) by the Unique Tank Number: \_\_\_\_\_

Also, describe the location(s) and provide general description as to the size and number of holes for above noted tanks, (Example: 3 square feet of pinholes or 3 inch diameter hole):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

h. Describe the soil type and thickness of all soil layers encountered in the excavation:

\_\_\_\_\_  
 \_\_\_\_\_

ADEM UST CLOSURE SITE ASSESSMENT FORM

- i. Was the excavation backfilled? YES  NO

If yes, provide the date of backfilling: \_\_\_\_\_

**DO NOT BACKFILL WITH MATERIAL THAT HAS OR POTENTIALLY HAS A TPH OF GREATER THAN 100 PPM!**

**3. TANK CLOSURE WITHOUT REMOVAL (CLOSED IN-PLACE):**

- a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.

- b. Attach plan and sectional views of the site and include the following:

1. Location of the tank(s) including depth,
2. Location of tank(s) with respect to other tanks, if applicable,
3. Soil boring locations and depths at which soil samples were taken,
4. Boring logs.

- c. Groundwater sample(s) must be collected as part of an in-place closure assessment. Attach groundwater sampling data, as required based on depth to groundwater. Refer to Closure Site Assessment Guidance for further details regarding requirements for groundwater sampling.

- d. Is the groundwater more than 5 feet below the bottom of the tank? YES  NO

Provide the depth from the ground surface to the groundwater table. Feet: \_\_\_\_\_

Refer to Closure Site Assessment Guidance (page 11) for further details regarding requirements for determining groundwater elevation.

- e. Was there a notable odor found in the bore holes? YES  NO

If yes,  
(1) The odor strength was (mild) (strong) (other) describe: \_\_\_\_\_

(2) The odor indicates what type of product: (gasoline) (diesel) (waste oil) (kerosene) (other) describe: \_\_\_\_\_

- f. Was free product found in the bore holes? YES  NO

If yes,  
1. How was free product handled? Describe: \_\_\_\_\_

2. What was the measured thickness of free product? \_\_\_\_\_

- g. Describe the soil type and thickness of all soil layers encountered in the bore holes and provide boring logs: \_\_\_\_\_

ADEM UST CLOSURE SITE ASSESSMENT FORM

h. Specify the inert solid material used to fill the tank(s):

i. Provide the date the tank(s) were filled: \_\_\_\_\_

j. Were the bore holes properly sealed with bentonite/soil?  
If yes, provide the date: \_\_\_\_\_

YES NO

**4. PRODUCT PIPING CLOSURE BY REMOVAL:**

a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.

b. If the piping was longer than 10 feet, attach plan and sectional views of the piping trench and include the following:

1. All appropriate excavation dimensions and length of piping.
2. All soil sample locations and depths using an appropriate method of identification.
3. Location of areas of visible contamination.

c. Was the piping purged of product prior to closure?  
If yes, was the product properly disposed of?

YES NO

d. Is the groundwater more than 5 feet below the bottom of the piping trench?

YES NO

If no, provide the depth from the ground surface to the groundwater table.

Feet: \_\_\_\_\_

Indicate method used to determine water table depth:

1. Excavation extended 5 feet below base of trench:
2. Boring or monitoring well:
3. Topographic features ( Method must be approved by ADEM prior to use):

YES NO

e. Was there a notable odor found in the piping trench?

YES NO

If yes,

(1) The odor strength was (mild) (strong) (other)  
describe: \_\_\_\_\_

(2) The odor indicates what type of product:  
(gasoline) (diesel) (waste oil) (kerosene) (other)  
describe: \_\_\_\_\_

f. Was there water in the piping trench?

YES NO

If yes, how was it handled?

1. One time discharge to sanitary sewer with local approval?
2. Hauled to facility capable of treating constituents of petroleum products in

YES NO

ADEM UST CLOSURE SITE ASSESSMENT FORM

- water?
3. Hauled to local POTW with local approval?
4. Treated on-site with NPDES approved discharge?
5. Other? Explain:

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- g. Was free product found in the piping trench?  YES  NO

If yes,

1. How was free product handled? Describe: \_\_\_\_\_
2. What was the measured thickness of free product? \_\_\_\_\_

- h. Were visible holes noted in the piping?  YES  NO

If yes, indicate the location(s) and provide a general description as to the size and number of holes:

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- i. Describe the soil type and thickness of all soil layers encountered in the piping trench:

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- j. Was the piping trench backfilled?  YES  NO

If yes, provide the date of backfilling: \_\_\_\_\_

**DO NOT BACKFILL WITH MATERIAL THAT HAS OR POTENTIALLY HAS A TPH OF GREATER THAN 100 PPM!**

**5. PRODUCT PIPING CLOSURE WITHOUT REMOVAL (CLOSED IN-PLACE)\*:**

\*Includes piping removed from a chase pipe.

- a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.
- b. Attach plan and sectional views of the site and include the following:
1. Location of the piping including depth,
  2. Location of piping with respect to tank(s), if applicable.
  3. Soil boring locations and depth at which soil samples were taken,
  4. Boring logs.

ADEM UST CLOSURE SITE ASSESSMENT FORM

c. **Groundwater sample(s) must be collected as part of an in-place closure assessment.** Attach groundwater sampling data, as required based on depth to groundwater.  
*Refer to Closure Site Assessment Guidance for further details regarding requirements for groundwater sampling.*

d. Was the piping purged of product prior to closure?  
If yes, was product properly disposed of? YES NO

e. Was the piping capped? YES NO

f. Is the groundwater more than 5 feet below the bottom of the excavation? YES NO

Provide the depth from the ground surface to the groundwater table. Feet: \_\_\_\_\_

*Refer to Closure Site Assessment Guidance (page 11) for further details regarding requirements for determining groundwater elevation.*

g. Was there a notable odor found in the bore holes? YES NO

If yes,  
(1) The odor strength was (mild) (strong) (other)  
describe: \_\_\_\_\_

(2) The odor indicates what type of product:  
(gasoline) (diesel) (waste oil) (kerosene) (other)  
describe: \_\_\_\_\_

h. Was free product found in the bore holes? YES NO

If yes,  
1. How was free product handled? Describe: \_\_\_\_\_

2. What was the measured thickness of free product? \_\_\_\_\_

i. Describe the soil type and thickness of all soil layers encountered in the bore holes and provide boring logs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

j. Were the bore holes properly sealed with bentonite/soil? YES NO  
If yes, provide the date: \_\_\_\_\_

**6. GROUNDWATER SAMPLING (If required by the closure guidelines):**

a. Indicate the following on the plan and section views required by Section 2.b., 3.b, 4.b, or 5.b. above:

1. The location and depth of the borings or monitoring wells. (Monitoring wells in lieu of borings are not required, but may be desirable in certain situations.)

2. The most probable direction of groundwater flow. State basis for determining direction:

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b. Was a monitoring well used? YES  NO

If yes, attach a schematic drawing of the well(s) and all boring logs.

ADEM UST CLOSURE SITE ASSESSMENT FORM

c. SUMMARY OF GROUNDWATER SAMPLING RESULTS:

Date of Sampling: \_\_\_\_\_

Boring or MW #:							
	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l
Benzene							
Ethylbenzene							
Toluene							
Xylenes							
MTBE							
Anthracene							
Benzo(a)anthracene							
Benzo(a)pyrene							
Benzo(b) fluoranthene							
Benzo(k)fluoranthene							
Benzo(g,h,i)perylene							
Chrysene							
Fluoranthene							
Fluorene							
Naphthalene							
Phenanthrene							
Pyrene							
Lead							

*Note: Attach additional tables as needed based on number of groundwater samples or variations in sampling dates.*

- d. Attach the original chain of custody record (**copies are not acceptable**) and the original laboratory data sheet (**copies are not acceptable**) for each sample.



ADEM UST CLOSURE SITE ASSESSMENT FORM

**7. SUMMARY OF SOIL ANALYTICAL DATA**

a. Provide the analytical data obtained from the site in the following tables:

TANK PIT SAMPLES:

Date of Sampling: \_\_\_\_\_

Sample #:							
	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
<b>TPH OPTION:</b>							
TPH							
Lead							
<b>COC OPTION:</b>							
Benzene							
Ethylbenzene							
Toluene							
Xylenes							
MTBE							
Anthracene							
Benzo(a)anthracene							
Benzo(a)pyrene							
Benzo(b) fluoranthene							
Benzo(k)fluoranthene							
Benzo(g,h,i)perylene							
Chrysene							
Fluoranthene							
Fluorene							
Naphthalene							
Phenanthrene							
Pyrene							
Lead							

*Note: Attach additional tables as needed based on number of soil samples or variations in sampling dates.*

ADEM UST CLOSURE SITE ASSESSMENT FORM

**PIPING & DISPENSER SAMPLES:**

Date of Sampling: \_\_\_\_\_

Sample #:							
	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
<b><u>TPH OPTION:</u></b>							
TPH							
Lead							
<b><u>COC OPTION:</u></b>							
Benzene							
Ethylbenzene							
Toluene							
Xylenes							
MTBE							
Anthracene							
Benzo(a)anthracene							
Benzo(a)pyrene							
Benzo(b)fluoranthene							
Benzo(k)fluoranthene							
Benzo(g,h,i)perylene							
Chrysene							
Fluoranthene							
Fluorene							
Naphthalene							
Phenanthrene							
Pyrene							
Lead							

*Note: Attach additional tables as needed based on number of soil samples or variations in sampling dates.*

- b. Attach the original chain of custody record (**copies are not acceptable**) and the original laboratory data sheet (**copies are not acceptable**) for each sample.



ADEM UST CLOSURE SITE ASSESSMENT FORM

e. Indicate current method/location of soil disposal:

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f. Check the method of soil disposal used or to be used:

- Return to the excavation pit only when TPH is less than or equal to 100 ppm and depth of groundwater is greater than 5 feet from the base of the pit.
- Spread in a thin layer (6" or less) on site only when TPH is less than or equal to 100 ppm
- Disposal in a lined landfill (See attached "Guidelines for the Disposal of Non-Hazardous Petroleum Contaminated Wastes").
- Incineration.
- Thermal volatilization.
- Recycling facility
- Other \_\_\_\_\_

g. If soil was disposed of prior to the submittal of this form, indicate the final destination below and attach copies of invoices, receipts, and "certificate of burn" (if soil was incinerated):

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**9. TANK CLEANING**

a. The tank(s) were cleaned in accordance with American Petroleum Institute (API) Bulletin 2015 "Cleaning Petroleum Storage Tanks"? YES  NO   
If no, describe how tank(s) were cleaned:

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b. Provide an estimate of the volume of sludge removed from the tank: \_\_\_\_\_ Gallons

c. Indicate the final destination of the sludge and attach invoices or receipts:

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ADEM UST CLOSURE SITE ASSESSMENT FORM

**10. ATTACHMENTS**

**Attach the following to the closure form in the following order as applicable to the type of closure site assessment performed. Check each box to indicate that a particular map or information is attached to the closure site assessment form. The section of the closure site assessment form that indicates the required attachment is shown.**

<input type="checkbox"/>	Topographic Map showing location of site (Section 2.a., 3.a., 4.a., & 5.a.)
<input type="checkbox"/>	Area map showing general location of the site. Include land use on-site and within 500' of site. Indicate property owner names and addresses if a release has occurred. (Section 1)
<input type="checkbox"/>	<input type="checkbox"/> Include locations of domestic and public water supply wells, and surface water intakes (Section 1)
<input type="checkbox"/>	Plan and sectional views of the site including the following: (Section 2.b., 3.b., 4.b., & 5.b.)
<input type="checkbox"/>	<input type="checkbox"/> Location of the closed tanks and piping including depth. Include any remaining tanks or piping at site. Include tank identification numbers.
<input type="checkbox"/>	<input type="checkbox"/> Excavation dimensions of the tank system
<input type="checkbox"/>	<input type="checkbox"/> Locations of soil samples taken for piping and tank which includes the analytical results.
<input type="checkbox"/>	<input type="checkbox"/> Location of areas of visible contamination
<input type="checkbox"/>	<input type="checkbox"/> Location of any stockpiled excavated soil
<input type="checkbox"/>	<input type="checkbox"/> Location of soil borings for an in-place closure
<input type="checkbox"/>	The location and depth of the one up-gradient and 3 down-gradient borings or monitoring wells (Section 6.a.)
<input type="checkbox"/>	Map illustrating the most probable direction of groundwater flow (Section 6.a.)
<input type="checkbox"/>	Schematic diagrams of the monitoring wells installed (Section 6.b.)
<input type="checkbox"/>	Boring logs of soil borings (Section 3.b., 5.b. & 6.b.)
<input type="checkbox"/>	Site Classification Checklist
<input type="checkbox"/>	<b>Invoices and/or receipts for sludge disposal (Section 9.c.)</b>
<input type="checkbox"/>	Invoices, manifests and certificates of burn or disposal for soil disposal (Section 8.f.)
<input type="checkbox"/>	Attach the <b>original</b> chain of custody record (copies are not acceptable) for each sample which includes at least the following: (Sections 6.d., 7.b., & 8.c.)
<input type="checkbox"/>	<input type="checkbox"/> Sample identification number,
<input type="checkbox"/>	<input type="checkbox"/> Date and time sample was taken,
<input type="checkbox"/>	<input type="checkbox"/> Name and title of person collecting sample (see certification requirement on page 15 of this form),
<input type="checkbox"/>	<input type="checkbox"/> Type of sample (soil or water),
<input type="checkbox"/>	<input type="checkbox"/> Type of sample container,
<input type="checkbox"/>	<input type="checkbox"/> Method of preservation,
<input type="checkbox"/>	<input type="checkbox"/> Date and time sample was relinquished,
<input type="checkbox"/>	<input type="checkbox"/> Person relinquishing sample,
<input type="checkbox"/>	<input type="checkbox"/> Date and time sample was received by lab,
<input type="checkbox"/>	<input type="checkbox"/> Person receiving sample at lab.
<input type="checkbox"/>	Attach the <b>original</b> laboratory data sheet ( <b>copies are not acceptable</b> ) which includes at least the following: (Sections 6.d., 7.b., & 8.c.)
<input type="checkbox"/>	<input type="checkbox"/> A sample identification number which can be cross referenced with the soil sample locations indicated on the plan and sectional views required by Section 2.b., 3.b., 4.b., or 5.b. above
<input type="checkbox"/>	<input type="checkbox"/> The sample analytical results with appropriate units,
<input type="checkbox"/>	<input type="checkbox"/> The method used to analyze each sample,
<input type="checkbox"/>	<input type="checkbox"/> The date and time the sample was analyzed,
<input type="checkbox"/>	<input type="checkbox"/> The person analyzing the sample.

ADEM UST CLOSURE SITE ASSESSMENT FORM

**11. SIGNATURES**

**This form should be completed, signed, and returned, along with any other pertinent information, to the following address:**

The Alabama Department of Environmental Management  
Groundwater Branch  
Post Office Box 301463  
Montgomery, AL 36130-1463  
(334) 270-5655

**INCOMPLETE FORMS WILL BE RETURNED FOR CORRECTION.**

Name of person taking soil and/or groundwater samples: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*I certify under penalty of law that I have obtained representative soil and/or groundwater samples using accepted sampling procedures.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Either an Alabama Licensed Professional Geologist or an Alabama Registered Professional Engineer must sign this form:**

*I certify under penalty of law that I have performed this closure site assessment in accordance with accepted soil and groundwater investigation practices; I am either an Alabama Licensed Professional Geologist or an Alabama Registered Professional Engineer; I am experienced in soil and groundwater investigations; and the information I have submitted, to the best of my knowledge and belief, is true, accurate, and complete.*

Signature of Alabama Licensed Professional Geologist:		Date:
Print Name:		
Alabama P.G. License Number:		

Signature of Alabama Registered Professional Engineer:		Date:
Print Name:		
Alabama P.E. Registration Number:		

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.*

Signature of Tank Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



ADEM UST CLOSURE SITE ASSESSMENT FORM

FOR ADEM OFFICE USE ONLY	
TO: _____ Air Division	FROM: _____ UST Compliance Section

MEMORANDUM

January 28, 1991

**ADEM UST CLOSURE  
TOTAL POTENTIAL VOC EMISSIONS CALCULATIONS**

FACILITY I.D. NO.: _____	DATE OF THIS REPORT: _____
INCIDENT NO. (If applicable): UST ___ - ___ - ___	UST OWNER: _____
FACILITY COUNTY: _____	ADDRESS: _____
FACILITY NAME: _____	CONTACT NAME: _____
LOCATION: _____	CONTACT PHONE #: _____
ADDRESS: _____	

Name of Consultant who performed calculations: \_\_\_\_\_  
 Consultant's Phone Number: \_\_\_\_\_

	a		b		c	
Sample 1	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 2	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 3	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 4	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 5	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 6	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 7	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 8	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 9	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 10	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 11	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 12	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 13	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 14	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions
Sample 15	_____	ppm x	_____	cyds x .002 =	_____	lbs. VOC emissions

TOTAL POTENTIAL EMISSIONS =  lbs. VOC emissions

**\* NOTE - If more samples are taken than indicated on this form, please attach additional pages as necessary.**

**This form must be completed and submitted with the ADEM UST Closure Site Assessment Report Form.**

ADEM FORM #492 8/02





# DRINKING WATER BRANCH RENEWAL PERMIT APPLICATION

## 1 - GENERAL

Legal Name of System: \_\_\_\_\_

PWSID#: AL000 County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Telephone #: \_\_\_\_\_

\_\_\_\_\_ Office FAX

\_\_\_\_\_ Emergency

E-Mail Address: \_\_\_\_\_



*I certify that the information submitted in this application is true, accurate and complete. I am aware that submitting false or incorrect information is grounds for denial of the permit.*

\_\_\_\_\_ Responsible Authority Title

\_\_\_\_\_ Signature Date

Number of Customers: \_\_\_\_\_

\_\_\_\_\_ Certified Operator in Charge Grade Operator ID #

Telephone #: \_\_\_\_\_  
\_\_\_\_\_ Work Home

\_\_\_\_\_ Cell Pager

## 2 - GROUND SOURCES

Name of Source \_\_\_\_\_  
Aquifer \_\_\_\_\_

Capacity \_\_\_\_\_

\*Treated with chlorine only  
 Chlorine Gas     Hypochlorite  
 Bleach (Bulk)

Auxiliary Power  
 Yes    No

Name of Source \_\_\_\_\_  
Aquifer \_\_\_\_\_

Capacity \_\_\_\_\_

\*Treated with chlorine only  
 Chlorine Gas     Hypochlorite  
 Bleach (Bulk)

Auxiliary Power  
 Yes    No

Name of Source \_\_\_\_\_  
Aquifer \_\_\_\_\_

Capacity \_\_\_\_\_

\*Treated with chlorine only  
 Chlorine Gas     Hypochlorite  
 Bleach (Bulk)

Auxiliary Power  
 Yes    No

Name of Source \_\_\_\_\_  
Aquifer \_\_\_\_\_

Capacity \_\_\_\_\_

\*Treated with chlorine only  
 Chlorine Gas     Hypochlorite  
 Bleach (Bulk)

Auxiliary Power  
 Yes    No

Name of Source \_\_\_\_\_  
Aquifer \_\_\_\_\_

Capacity \_\_\_\_\_

\*Treated with chlorine only  
 Chlorine Gas     Hypochlorite  
 Bleach (Bulk)

Auxiliary Power  
 Yes    No

Name of Source \_\_\_\_\_  
Aquifer \_\_\_\_\_

Capacity \_\_\_\_\_

\*Treated with chlorine only  
 Chlorine Gas     Hypochlorite  
 Bleach (Bulk)

Auxiliary Power  
 Yes    No

\*The treatment page is not necessary if the only treatment is chlorine for disinfection.

**3 - SURFACE SOURCES**

Name of Source \_\_\_\_\_  
Receiving WTP Name \_\_\_\_\_  
Capacity \_\_\_\_\_

Name of Source \_\_\_\_\_  
Receiving WTP Name \_\_\_\_\_  
Capacity \_\_\_\_\_

Name of Source \_\_\_\_\_  
Receiving WTP Name \_\_\_\_\_  
Capacity \_\_\_\_\_

Name of Source \_\_\_\_\_  
Receiving WTP Name \_\_\_\_\_  
Capacity \_\_\_\_\_

Name of Source \_\_\_\_\_  
Receiving WTP Name \_\_\_\_\_  
Capacity \_\_\_\_\_

Name of Source \_\_\_\_\_  
Receiving WTP Name \_\_\_\_\_  
Capacity \_\_\_\_\_

#### 4 - TREATMENT

Source Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

#### Physical Treatment Provided

None

Aeration

Rapid Mix

Flocculation

Sedimentation

Filtration

Rapid Sand

Pressure

Slow Sand

GAC

Greensand

Membrane

Filtration Rate

BACKWASH WATER RECYCLED

Yes  
 No

AUXILIARY POWER

Yes  
 No

Package Treatment

Clearwell

Number \_\_\_\_\_ Baffles \_\_\_\_\_

Total Capacity \_\_\_\_\_

Other: \_\_\_\_\_

#### Chemical Treatment Provided

Chlorine Gas

Hypochlorite

Bleach (Bulk)

Chloramines

Chlorine Dioxide

Hydrogen Peroxide

Ammonia

Alum

Polymer

Soda Ash

Caustic

Corrosion Inhibitor

Lime

Fluoride

KMNO4

Other \_\_\_\_\_

#### Disinfection - Contact Time (CT)

Contact Time \_\_\_\_\_

Minimum CL2 Residual \_\_\_\_\_

CT: \_\_\_\_\_ @ \_\_\_\_\_ mg/L

#### 4 - TREATMENT

Source Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

#### Physical Treatment Provided

None

Aeration

Rapid Mix

Flocculation

Sedimentation

Filtration

Rapid Sand

Pressure

Slow Sand

GAC

Greensand

Membrane

Filtration Rate

BACKWASH WATER RECYCLED

Yes  
 No

AUXILIARY POWER

Yes  
 No

Package Treatment

Clearwell

Number \_\_\_\_\_ Baffles \_\_\_\_\_

Total Capacity \_\_\_\_\_

Other: \_\_\_\_\_

#### Chemical Treatment Provided

Chlorine Gas

Soda Ash

Hypochlorite

Caustic

Bleach (Bulk)

Corrosion Inhibitor

Chloramines

Lime

Chlorine Dioxide

Fluoride

Hydrogen Peroxide

KMNO4

Ammonia

Other \_\_\_\_\_

Alum

Polymer

#### Disinfection - Contact Time (CT)

Contact Time \_\_\_\_\_

Minimum CL2 Residual \_\_\_\_\_

CT: \_\_\_\_\_ @ \_\_\_\_\_ mg/L

# 4 - TREATMENT

Source Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

## Physical Treatment Provided

None

Aeration

Rapid Mix

Flocculation

Sedimentation

Filtration

Rapid Sand

Pressure

Slow Sand

GAC

Greensand

Membrane

Filtration Rate

BACKWASH WATER RECYCLED

Yes  
 No

AUXILIARY POWER

Yes  
 No

Package Treatment

Clearwell

Number \_\_\_\_\_ Baffles \_\_\_\_\_

Total Capacity \_\_\_\_\_

Other: \_\_\_\_\_

## Chemical Treatment Provided

Chlorine Gas

Soda Ash

Hypochlorite

Caustic

Bleach (Bulk)

Corrosion Inhibitor

Chloramines

Lime

Chlorine Dioxide

Fluoride

Hydrogen Peroxide

KMNO4

Ammonia

Other \_\_\_\_\_

Alum

Polymer

## Disinfection - Contact Time (CT)

Contact Time \_\_\_\_\_

Minimum CL2 Residual \_\_\_\_\_

CT: \_\_\_\_\_ @ \_\_\_\_\_ mg/L

## 4 - TREATMENT

Source Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

### Physical Treatment Provided

None

Aeration

Rapid Mix

Flocculation

Sedimentation

Filtration

Rapid Sand

Pressure

Slow Sand

GAC

Greensand

Membrane

Filtration Rate

BACKWASH WATER RECYCLED

Yes

No

AUXILIARY POWER

Yes

No

Package Treatment

Clearwell

Number \_\_\_\_\_ Baffles \_\_\_\_\_

Total Capacity \_\_\_\_\_

Other: \_\_\_\_\_

### Chemical Treatment Provided

Chlorine Gas

Soda Ash

Hypochlorite

Caustic

Bleach (Bulk)

Corrosion Inhibitor

Chloramines

Lime

Chlorine Dioxide

Fluoride

Hydrogen Peroxide

KMNO4

Ammonia

Other \_\_\_\_\_

Alum

Polymer

### Disinfection - Contact Time (CT)

Contact Time \_\_\_\_\_

Minimum CL2 Residual \_\_\_\_\_

CT: \_\_\_\_\_ @ \_\_\_\_\_ mg/L

# 4 - TREATMENT

Source Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

## Physical Treatment Provided

None

Aeration

Rapid Mix

Flocculation

Sedimentation

Filtration

Rapid Sand

Pressure

Slow Sand

GAC

Greensand

Membrane

Filtration Rate

BACKWASH WATER RECYCLED

Yes  
 No

AUXILIARY POWER

Yes  
 No

Package Treatment

Clearwell

Number \_\_\_\_\_ Baffles \_\_\_\_\_

Total Capacity \_\_\_\_\_

Other: \_\_\_\_\_

## Chemical Treatment Provided

Chlorine Gas

Soda Ash

Hypochlorite

Caustic

Bleach (Bulk)

Corrosion Inhibitor

Chloramines

Lime

Chlorine Dioxide

Fluoride

Hydrogen Peroxide

KMNO4

Ammonia

Other \_\_\_\_\_

Alum

Polymer

## Disinfection - Contact Time (CT)

Contact Time \_\_\_\_\_

Minimum CL2 Residual \_\_\_\_\_

CT: \_\_\_\_\_ @ \_\_\_\_\_ mg/L



#### 4 - TREATMENT

Source Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

#### Physical Treatment Provided

None

Aeration

Rapid Mix

Flocculation

Sedimentation

Filtration

Rapid Sand

Pressure

Slow Sand

GAC

Greensand

Membrane

Filtration Rate

BACKWASH WATER RECYCLED

Yes  
 No

AUXILIARY POWER

Yes  
 No

Package Treatment

Clearwell

Number \_\_\_\_\_ Baffles \_\_\_\_\_

Total Capacity \_\_\_\_\_

Other: \_\_\_\_\_

#### Chemical Treatment Provided

Chlorine Gas

Hypochlorite

Bleach (Bulk)

Chloramines

Chlorine Dioxide

Hydrogen Peroxide

Ammonia

Alum

Polymer

Soda Ash

Caustic

Corrosion Inhibitor

Lime

Fluoride

KMNO4

Other \_\_\_\_\_

#### Disinfection - Contact Time (CT)

Contact Time \_\_\_\_\_

Minimum CL2 Residual \_\_\_\_\_

CT: \_\_\_\_\_ @ \_\_\_\_\_ mg/L

**5 - CONNECTIONS TO OTHER SYSTEMS**

<u>Systems Connected to:</u>	<u>No. Connection Points</u>	<input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase <input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase <input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase <input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase <input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase <input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase	<u>Monthly Average</u>	<u>Monthly Contract Limit</u>

**6 - DISTRIBUTION SYSTEM**

<u>Tank Name</u>	<u>Overflow Elevation</u>	<u>Type</u>	<u>Volume</u>
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	

<u>Pump Station Name</u>	<u>Chlorination</u>	<u>Capacity</u>
	<input type="checkbox"/> Hydro <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hydro <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hydro <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hydro <input type="checkbox"/> Yes <input type="checkbox"/> No	

**5 - CONNECTIONS TO OTHER SYSTEMS**

<u>Systems Connected to:</u>	<u>No. Connection Points</u>	<input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase <input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase <input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase <input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase <input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase <input type="checkbox"/> Sell <input type="checkbox"/> EMER <input type="checkbox"/> Purchase	<u>Monthly Average</u>	<u>Monthly Contract Limit</u>

**6 - DISTRIBUTION SYSTEM**

<u>Tank Name</u>	<u>Overflow Elevation</u>	<u>Type</u>	<u>Volume</u>
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	
		<input type="checkbox"/> GR <input type="checkbox"/> SP <input type="checkbox"/> EL <input type="checkbox"/> PR	

<u>Pump Station Name</u>	<u>Chlorination</u>	<u>Capacity</u>
	<input type="checkbox"/> Hydro <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hydro <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hydro <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hydro <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 6 - DISTRIBUTION SYSTEM (Continued)

### C. WATER MAIN

Miles

Cast/Ductile Iron:

\_\_\_\_\_

Asbestos Cement:

\_\_\_\_\_

PVC:

\_\_\_\_\_

Other-

\_\_\_\_\_

## 7 - SYSTEM DOCUMENTATION

THE FOLLOWING DOCUMENTS ARE CURRENT AND ON FILE:

(1) Bacteriological Sample Site Plan

Yes  
 No

(2) Cross-Connection Control Policy

Yes  
 No

(3) Waiver Request for Reduced Monitoring

Yes  
 No

(4) Source Water Assessment Plan

Yes  
 No

(5) Water Conservation Plan

Yes  
 No

(6) Standard Operating Procedure (SOP) for the systems and the WTP

Yes  
 No

(7) D/DBP Sampling Plan

Yes  
 No

(8) Distribution Material Inventory (Lead and Copper Rule)\*\*

Yes  
 No

**NOTE:** \* The Source Water Assessment Plan must be updated each time the system renews its operating permit.

\*\* If the Distribution Material Inventory is not current, then the inventory should be updated and sent to the Department (Please see ADEM Admin. Code r. 335-7-3-.04(d))

**ATTACH ADDITIONAL SHEETS AS NEEDED FOR EACH SECTION**

# **INSTRUCTIONS**

**(PAGE 1)**

## **GENERAL:**

- 1 Enter the name, PWSID number, address, and other listed information for the public water system.
- 2 The application should be signed by a person who is legally responsible for the public water system. This could be a mayor, chairperson, or manager. The water system operator or the water system's consulting engineer are not acceptable.
- 3 The application fee can be found in ADEM Admin. Code r. 335-1 (Division 1) under Fee Schedule D (Water Supply).
- 4 For the number of customers, use the latest available number of billed customers from your billing register.
- 5 Enter operator information and applicable contact numbers.

## **SOURCES:**

- 1 Enter all information requested for each source type.
- 2 Capacities should be entered as gallons per minute for ground water sources and million gallons per day for surface water sources.

## **TREATMENT:**

- 1 Enter all information for each treatment plant. Each treatment plant should be entered on a separate page.
- 2 Capacities should be entered as gallons per minute for ground water sources and million gallons per day for surface water sources.
- 3 Select all types of physical and chemical treatment being used. Attach additional pages for treatment types not listed.
- 4 Select type of filtration and enter filtration rate in gallons per minute per square foot (gpm/ft<sup>2</sup>).
- 5 Attach additional pages for disinfection calculations with schematic.

# INSTRUCTIONS

(PAGE 2)

## CONNECTIONS TO OTHER SYSTEMS:

- 1 Enter name of each system to which you are connected and the number of connection points to each.
- 2 Check appropriate box whether you buy and/or sell to that system. Check the "EMER" box if this is also an emergency connection.
- 3 Show in gallons the average monthly amount sold or purchased. Use an average of the latest 12 months.
- 4 Show in gallons the MAXIMUM monthly contracted amount. You may not have a contract with an emergency connection. **ATTACH A COPY OF EACH CONTRACT TO THIS APPLICATION.**

## DISTRIBUTION SYSTEM:

- 1 Enter tank overflow elevation in feet above sea level (MSL)
- 2 Check appropriate type of tank - GR=Ground (H/D ratio  $\leq 1.00$ ), EL=Elevated, SP=Standpipe (H/D ratio  $> 1.00$ ), PR=Pressure (Hydropneumatic tank at pump station). Volumes should be in gallons.
- 3 Enter pump station ID (name, number, etc.). Check box if this is a hydropneumatic station with a pressure tank also listed in tank section.
- 4 Check appropriate box (whether station has capability to add chlorine).
- 5 Enter capacity in gallons per minute with the largest pump being considered not-in-service. (Ex - two 250 gpm pumps=250 gpm capacity; two 150 gpm pumps and one 200 gpm pump = 300 gpm capacity).
- 6 Enter the approximate amount of each type of pipe to the nearest 0.5 mile. If "other", show type.

## SYSTEM DOCUMENTATION:

Check "yes" box if you have these documents and they are complete and up-to-date. Some may not be required for your system. **Note the Source Water Assessment Plan must be updated each time the operating permit is renewed.**

## ADDITIONAL INFORMATION:

Should you need assistance with this permit application, contact the Drinking Water Branch @ 334-271-7773.

1400 Coliseum Boulevard, Montgomery, AL 36110

P. O. Box 301463, Montgomery, AL 36130-1463

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG890000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG890000, which 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. If space is insufficient, continue on an attached sheet(s) as necessary. 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. Please type or print legibly in blue or black ink. Mail completed form to:

**ADEM-Water Division  
Stormwater Management Branch  
PO Box 301463  
Montgomery, Alabama 36130-1463**

**FOR OFFICE USE ONLY**  
NPDES PERMIT NUMBER \_\_\_\_\_  
RECEIPT NUMBER \_\_\_\_\_

**DISCHARGES NOT COVERED BY GENERAL PERMIT 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<br><input type="checkbox"/> Modification of General Permit No. ALG89 _____<br><input type="checkbox"/> Transfer of General Permit No. ALG89 _____ | <input type="checkbox"/> Initial NOI for Existing Facility (Previous NPDES Permit AL _____)<br><input type="checkbox"/> Reissuance of General Permit ALG89 _____<br><input type="checkbox"/> Other _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**I. PERMITTEE INFORMATION**

Permittee Name	Responsible Official Phone Number
Responsible Owner/Operator or Official, and Title	Responsible Official E-Mail Address
Responsible Official (RO) Mailing Address	City, State, and Zip Code
Responsible Official (RO) Street/Physical Address	City, State, and Zip Code
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Government Agency <input type="checkbox"/> Other _____	

**II. FACILITY INFORMATION**

Facility/Site Name	Facility/Site Contact and Title
Facility/Site Street Address or Location Description	City, State, and Zip Code
Facility Front Gate Latitude and Longitude (decimal or deg,min,sec)	Facility/Site Contact Phone Number
County(s)	Facility/Site Contact e-Mail 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 recent 7.5 minute series USGS topographic map(s) no larger than 11 by 17 inches (several pages may be necessary), of the area extending to at least one mile beyond property boundaries. The topographic map(s) must include a caption indicating the name of the topographic map, name of the applicant, facility name, county, and township, range, & section(s) where the facility is located. The topographic map(s) must show the location of the facility including the site boundaries.

**VI. RECEIVING WATERS**

List discharge point number, name of receiving water(s), latitude & longitude (decimal or deg,min,sec) of location(s) that run-off enters the receiving water, and the waterbody use classification.

Discharge Point No.	Receiving Water	Latitude	Longitude	Waterbody Use Classification

**VII. 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.

**VIII. GENERAL INFORMATION**

Please be sure to submit a check for the appropriate application fee with the NOI. **DO NOT SUBMIT THE NOI AND PERMIT FEE SEPARATELY.**

**IX. 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: \_\_\_\_\_  
 Address \_\_\_\_\_ Registration/Certification # \_\_\_\_\_  
 Name and Title (type or print) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**X. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE**

Pursuant to ADEM Administrative Code Rule 335-6-6-.09, this NOI must be signed by a Responsible Official of the permittee who is the operator, owner, the sole proprietor of a sole proprietorship, a general/controller member or partner, a ranking elected official or other duly authorized representative for a unit of government, or an executive officer of at least the level of vice-president for a corporation, having overall responsibility and decision making for the site/activity. "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 (type or print) \_\_\_\_\_ Official Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF TERMINATION – NPDES GENERAL PERMIT NUMBER ALG890000**

**Instructions:** This form should be used to request termination of coverage under NPDES General Permit Number ALG890000, which is the general permit authorizing discharges from small noncoal/nonmetallic mining and dry processing and areas associated with these activities. Please complete all questions. Respond with "N/A" as appropriate. Incomplete or incorrect answers, or missing signatures will delay processing. If space is insufficient, continue on an attached sheet(s) as necessary. Attach other information as needed. Please type or print legibly in blue or black ink. Mail completed form to:

**ADEM-Water Division  
Stormwater Management Branch  
PO Box 301463  
Montgomery, Alabama 36130-1463**

**Item I.**

Permittee Name		Facility/Site Name	
NPDES Permit Number ALG89	Facility Street Address <u>or</u> Location Description		
County(s)	Facility City, State, Zip		

**Item II.**

1.  Yes  No Has all regulated activity authorized by this Permit at this facility been completed? (i.e. mining effects removed; solid waste/debris properly disposed; all disturbed areas have been fully reclaimed, permanently stabilized, or perennial vegetative cover established; and stormwater discharges do not represent an adverse impact to water quality.)

2.  Yes  No  N/A If applicable, has the Permittee been released from the ADOL bond? If yes, attach a copy of the ADOL bond release paperwork.

If "Yes" to question 1 above, skip questions 3 and 4 below:

3.  Yes  No Has the Permittee lost operational control of the facility/site?

4.  Yes  No Has the Permittee lost legal responsibility for the facility/site?

If "Yes" to either question 3 or 4, in order for this termination request to be granted, the Name, Phone Number, and Address of the succeeding responsible permittee/operator(s) **must** be listed and the succeeding responsible operator must obtain coverage:

\_\_\_\_\_

"I understand that discharging pollutants in storm water associated with regulated activity to waters of the State that is not authorized by NPDES permit coverage is a violation of State law. I also understand that the submittal of this request for termination does not release the operator from liability for any violations of this permit, ADEM Administrative Code Chapter 335-6-6, or other ADEM rules until a complete and correct request for termination of the permit is received by the Department. I understand that the permittee, operator, owner, contractors, separately or collectively, must retain permit coverage for mining activities until all disturbance activity is substantially complete. I understand that should an inspection or complaint reveal significant noncompliance with ADEM rules, an environmental problem related to the discharge of stormwater from the site or that incorrect information has inadvertently been provided, implementation of remedial measures may be required, to include resubmittal of the NOI in order to correct any deficiencies, comply with state and federal permitting requirements, and provide for the protection of water quality. "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.

Name & Designation of QCP	Signature	Date
---------------------------	-----------	------

Name & Title of Responsible Official	Signature	Date
--------------------------------------	-----------	------

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
 NPDES NONCOAL/NONMETALLIC MINING AND DRY PROCESSING LESS THAN 5 ACRES  
 STORMWATER INSPECTION REPORT AND BMP CERTIFICATION**

**Instructions:** Respond with "N/A" as appropriate. Forms with incomplete or incorrect answers, or missing signatures will be returned and may result in appropriate compliance action by the Department. If space is insufficient, continue on an attached sheet(s) as necessary. Please type or print legibly in blue or black ink.

Complete this form, attach additional information as necessary, and submit to the ADEM Montgomery office, ATTN: Water Division.

**Item I.**

Permittee Name:	Facility/Site Name:
Permit Number:	County:
Facility Entrance Latitude & Longitude:	Phone Number:
Facility Street Address or Location Description:	

**Item II.**

List name of current receiving water(s), the number of disturbed acres which drain through each treatment system or BMP, and the discharge point number as listed on the submitted NOI. Add additional sheet(s) if necessary.		
Receiving Water	Disturbed Acres	Discharge Point #

**Item III.**

1. <input type="checkbox"/> YES <input type="checkbox"/> NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s):
2. <input type="checkbox"/> YES <input type="checkbox"/> NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance:
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Were BMPs installed in a manner consistent with the BMP Plan? If "No", please provide a description and location of where the BMPs were either not installed or installed incorrectly:
5. <input type="checkbox"/> YES <input type="checkbox"/> NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:



**Alabama Department of Environmental Management (ADEM)**  
**Electronic Signature Agreement (ESA) for e-DMR/e-SSO**

AGREEMENT FOR SUBMITTING ELECTRONIC DOCUMENTS TO THE ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) USING THE ALABAMA ELECTRONIC ENVIRONMENTAL (E2) REPORTING SYSTEM (the "Agreement"), by and between the ADEM, Montgomery, Alabama, a state governmental agency, and reporting party ("Certifier") who has signed and returned this Electronic Signature Agreement (ESA), is effective on the date on which ADEM issues the initial PERSONAL IDENTIFICATION NUMBER (PIN), in acceptance of Certifier's signed ESA.

1. **RECITALS.** The intent of this agreement is to create legally binding obligations upon the parties using the specified data transmission protocols and the E2 Reporting System, to ensure that the Certifier agrees to: (i) maintain the confidentiality and protect the electronic signature from unauthorized use or compromise, and follow any procedures specified by the ADEM for this purpose; (ii) be held as legally bound, obligated, or responsible by use of the assigned electronic signature as by hand-written signature.
2. **VALIDITY AND ENFORCEABILITY.** This Agreement has been executed by the parties to evidence their mutual intent to follow Department procedures to create binding regulatory reporting documents using electronic transmission and receipt of such records consistent with the provisions of Chapter 6 of the ADEM Administrative Code. Acceptance and execution of this agreement by the ADEM shall be evidenced by the issuance of a PIN to the Certifier. Consistent with ADEM Administrative Code electronic signatures under this agreement shall have the same force and effect as a written signature.
3. **RECEIPT.** Once submitted by a Certifier, a document shall be deemed received by ADEM when the submission ID is generated and the file processed by the E2 System Server. No Document shall satisfy any reporting requirement or be of any legal effect until the auto generated submission ID is provided. The Certifier is responsible for the content of each transmission, in accordance with the associated certification statement, and for reviewing the accuracy of the processed document information and as made available by the ADEM E2 Reporting System.
4. **SIGNATURE.** The Certifier shall adopt as its electronic signature any Personal Identification Number (PIN) assigned by ADEM following acceptance of this ESA. The Certifier agrees that any such Signature affixed to or associated with any transmitted Document shall be sufficient to verify such party originated and possessed the requisite authority both to originate the transaction and to verify the accuracy of the content, in the format of the specified E2 Reporting System transmission protocol or otherwise, at the time of transmittal. The Certifier also expressly agrees that each report it submits by using its PIN constitutes their agreement with the associated certification statement.
5. **DEFINITIONS.** Whenever used in this Agreement or any documents incorporated into this Agreement by reference, the following terms shall be defined as follows:
  - (a). *Personal Identification Number (PIN).* Assigned by ADEM following acceptance of this ESA, each PIN will consist of a unique sequence of alpha-numeric characters and when combined with the knowledge based security question answer shall constitute the electronic signature.
  - (b). *Compromise.* When the PIN is intentionally or unintentionally given, disclosed, delegated, or otherwise made available, including any theft or loss, to any other person or organization.
  - (c). *Writing.* Any document properly transmitted pursuant to this Agreement shall be considered to be a "writing" or "in writing".
6. **TRANSMISSION PROTOCOLS.** All Reports transmitted between the parties shall adhere to the Protocol(s) established by the ADEM for files to be received by the ADEM E2 Reporting System and in affect at the time of a transaction. The Department may modify such Protocol(s), as may be necessary, to promote or continue usability of the E2 Reporting System. The Department shall make available any such Protocol(s), changes to Protocols, or related implementation guidelines for reporting using the ADEM E2 Reporting System.
7. **SECURITY.** The parties shall take reasonable actions to implement and maintain security procedures necessary to ensure the protection of transmissions against the risk of unauthorized access, alteration, loss or destruction including, but not limited to: protecting the secrecy of passwords and electronic signatures and transmitting only files in an acceptable protocol.
  - (a). *Use of PIN.* Each Certifier shall be either the Responsible Official or a person identified as an authorized representative for signatory purposes by the Responsible Official for each facility, person, or other entity for which information is being reported. If a PIN has been compromised or where there is evidence of potential compromise, it will be automatically or manually suspended. In addition, ADEM will inactivate or revoke a PIN where the Certifier is no longer an authorized representative. Each Certifier expressly agrees that the Department may act immediately and unilaterally in any decision to suspend, inactivate, revoke, or otherwise disallow use of a PIN by any Certifier, where the Department believes that such action is necessary to ensure the authenticity, integrity, or general security of transmissions or records, or where there are any actual or apparent violations of this ESA.

(b). *Protection of PIN.* Each party must protect the security and confidentiality of any PIN from compromise and shall take all necessary steps to prevent its loss, disclosure, modification, or unauthorized use. The Certifier shall notify ADEM immediately, but, not later than one business day, if it has reason to believe the security of any PIN has been compromised and must request a change. If ADEM has reason to believe that PIN security has been compromised, the ADEM will consult with the Certifier, when practical, and initiate PIN changes where necessary. The Certifier is responsible for immediately notifying ADEM (in writing) of termination of employment, reassignment, or any other change or cessation of status as an authorized representative.

- 8. **SEVERABILITY.** Any provision of this Agreement which is determined to be invalid or unenforceable will be ineffective to the extent of such determination without invalidating the remaining provisions of this Agreement or affecting the validity or enforceability of such remaining provisions.
- 9. **INABILITY TO TRANSMIT OR FILE REPORTS ELECTRONICALLY.** No party shall be liable for any failure to perform its obligations in connection with any Electronic Transaction or any Electronic Document, where such failure results from any act or cause beyond such party's control which prevents such party from electronically transmitting or receiving any Documents, except that the Certifier is nonetheless required to submit records or information required by law via other means, as provided by applicable law and within the time period provided by such law.
- 10. **GOVERNING LAW.** This Agreement shall be governed by and interpreted in accordance with Chapter 6, Alabama Statutes, other applicable provisions of Laws of Alabama, and the Federal laws of the United States.

The ADEM and the Certifier have caused this Agreement to be properly executed on their behalf, as of the date the Certifier is issued a PIN, in accordance with and following acceptance of this agreement by the ADEM.

*Type or Print Legibly*

**Certifier:**

I, the undersigned, have the authority to enter into this Agreement under the ADEM Admin. Code r. 335-6-5-.14 or 335-6-6-.09, as applicable, for (Permittee Name) \_\_\_\_\_ and for (Permit Number(s)) \_\_\_\_\_.

<b>Name of Certifier</b> <i>(Type or print legibly)</i>	<b>Certifier's Signature</b>	<b>Date Signed</b>
<b>Certifier's Official Title</b> <i>(Type or print legibly)</i>	<b>Certifier's Employer's Name</b> <i>(Type or print legibly)</i>	

If the Certifier listed above does not meet the definition of Responsible Official as defined in the ADEM Admin. Code r. 335-6-5-.14(1) or 335-6-6-.09(1), as applicable, or has not been previously appointed as an Authorized Representative as provided in ADEM Admin. Code r. 335-6-5-.14(2) or 335-6-6-.09(2), as applicable, a Responsible Official (RO) must appoint the Certifier as an Authorized Representative below:

I, (RO Name) \_\_\_\_\_, authorize the individual named above to sign reports and other information *(excluding applications, reports, and other information specified in ADEM Admin. Code r. 335-6-5-.14(1) or 335-6-6-.09(1), as applicable, as requiring the signature of a Responsible Official)* on my behalf for (Permittee Name) \_\_\_\_\_ as an Authorized Representative and certify that the individual named above meets the criteria for an Authorized Representative as defined in ADEM Admin. Code r. 335-6-5-.14(2)(b) or 335-6-6-.09(2)(b), as applicable.

<b>Responsible Official's Signature</b>	<b>Responsible Official's Title</b> <i>(Type or print legibly)</i>	<b>Date Signed</b>
-----------------------------------------	-----------------------------------------------------------------------	--------------------

## GENERAL PHASE II MS4 STORMWATER PERMIT RENEWAL NOTICE OF INTENT

Please complete this form and return at least 180 days prior to permit expiration.

PERMIT NUMBER: ALR04\_\_\_\_\_

\_\_\_\_\_  
(PERMITTED FACILITY NAME)

\_\_\_\_\_  
(PERMITTEE NAME IF DIFFERENT FROM ABOVE)

- Please renew my General Phase II MS4 Stormwater Permit. This facility has experienced no changes and the present permit accurately reflects its current stormwater activities.
- The operation of this facility has changed and will require modification from the original permit. I have enclosed a new Notice of Intent. See Option 2 of Renewal Memorandum.

**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.

This form 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 an executive officer of **at least the level of vice president** for a corporation, having overall responsibility for the operation of the facility.

(Please type or print the information requested)

	Responsible Official	Permit Contact
Name:	_____	_____
Title:	_____	_____
Facility Name:	_____	_____
Mailing Address:	_____	_____
	_____	_____
	_____	_____
Phone Number:	_____	_____
Email Address:	_____	_____

\_\_\_\_\_  
Responsible Official Signature

\_\_\_\_\_  
Date Signed

**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**

<p><b>FOR ADEM USE ONLY</b></p> <p>NPDES PERMIT NUMBER</p> <p>FACILITY NUMBER</p>
-----------------------------------------------------------------------------------

**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)]:

<u>SIC Code</u>	<u>SIC Description</u>
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 Industrial 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 Industrial 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 Industrial 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) 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.

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**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: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – UIC GENERAL PERMIT NUMBER ALIG010000**

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**Instructions:** This form should be used to submit a Notice of Intent for coverage under UIC General Permit Number ALIG010000, which is the general permit authorizing discharges associated with injection of air, oxygen, or ozone to aid in the remediation of existing soil and/or groundwater contamination. Answer all questions. Incomplete or wrong answers will result in processing delays and possible denial of the permit application. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Commencement of activities applied for in this Notice of Intent (NOI) are not authorized until permit coverage has been issued by the Department.

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**Permit Applicant Information**

- A. Applicant Name: \_\_\_\_\_
- B. Responsible Official (RO)\*: \_\_\_\_\_
- C. RO Mailing Address: \_\_\_\_\_
- D. RO Phone Number: \_\_\_\_\_
- E. RO Email Address: \_\_\_\_\_

**Property Owner Information (if different from the applicant)**

- F. Name: \_\_\_\_\_
- G. Mailing Address: \_\_\_\_\_
- H. Phone Number: \_\_\_\_\_
- I. Email Address: \_\_\_\_\_

**Facility Information**

- J. Facility Name: \_\_\_\_\_
- K. Physical Address: \_\_\_\_\_
- L. Phone Number: \_\_\_\_\_
- M. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
- N. Directions to site: \_\_\_\_\_
- \_\_\_\_\_

**Process Information**

O. Describe the fluids and/or pollutants to be injected and proposed operational procedures. Include estimated average and maximum daily injection rates as well as total volume to be injected:

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N. Number of injection wells (each point of injection is considered a separate well): \_\_\_\_\_

**Signature**

**Certification:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Responsible Official Signature: \_\_\_\_\_

Responsible Official Printed Name and Official Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**\*NOTE:** This Notice of Intent must be signed by the responsible official who represents the permit applicant. Please check the appropriate box indicating the responsible official (only the people listed below may sign this Notice):

- in the case of a corporation, the principal executive officer of at least the level of vice-president;
- in the case of a partnership, a general partner;
- in the case of a sole proprietorship, the owner;
- in the case of a municipal, state, federal, or other public agency, either a principal executive officer or ranking elected official.

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – UIC GENERAL PERMIT NUMBER ALIG020000**

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**Instructions:** This form should be used to submit a Notice of Intent for coverage under UIC General Permit Number ALIG020000, which is the general permit authorizing injection of treated wash down water from meat and seafood processors discharging 1,000 gallons per day or less. Answer all questions. Incomplete or wrong answers will result in processing delays and possible denial of the permit application. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Commencement of activities applied for in this Notice of Intent (NOI) are not authorized until permit coverage has been issued by the Department.

---

**Permit Applicant Information**

- A. Applicant Name: \_\_\_\_\_
- B. Responsible Official (RO)\*: \_\_\_\_\_
- C. RO Mailing Address: \_\_\_\_\_
- D. RO Phone Number: \_\_\_\_\_
- E. RO Email Address: \_\_\_\_\_

**Property Owner Information (if different from the applicant)**

- F. Name: \_\_\_\_\_
- G. Mailing Address: \_\_\_\_\_
- H. Phone Number: \_\_\_\_\_
- I. Email Address: \_\_\_\_\_

**Facility Information**

- J. Facility Name: \_\_\_\_\_
- K. Physical Address: \_\_\_\_\_
- L. Phone Number: \_\_\_\_\_
- M. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
- N. Directions to site: \_\_\_\_\_
- \_\_\_\_\_

**Process Information**

- O. Describe the fluids and pollutants to be injected. List all detergents, disinfectants, and other chemicals to be used in the process:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



P. Describe proposed operational procedures. Describe the management of blood and all animal wastes. Include the daily volume of treated wash down water to be injected:

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Q. Attach Engineering Design Plans for the treatment and disposal system. Include a Site Layout Plan.

Plans are attached.

**Signatures**

**Certification:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

RO Signature: \_\_\_\_\_

RO Printed Name and Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**\*NOTE:** This Notice of Intent must be signed by the responsible official who represents the permit applicant. Please check the appropriate box indicating the responsible official (only the people listed below may sign this Notice):

- in the case of a corporation, the principal executive officer of at least the level of vice-president;
- in the case of a partnership, a general partner;
- in the case of a sole proprietorship, the owner;
- in the case of a municipal, state, federal, or other public agency, either a principal executive officer or ranking elected official.

**Certification of Alabama Professional Engineer:**

The proposed injection system described in this permit application has been design to treat and dispose of wash down water from the referenced meat and/or seafood processor discharging 1,000 gallons per day or less.

PE Signature: \_\_\_\_\_

PE Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Please print or type in the unshaded areas only

ADEM Form 8700-12 M4 10/2017  
(for ADEM Use Only)

Please refer to the ADEM Form 8700-12 Notification Form Instructions before completing this form. Information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

Alabama Department of Environmental Management

### I. Notification Class (Check appropriate box and enter ID number, if known.)

Initial Notification

Annual Notification

Facility's EPA ID Number

### II. Operating Name of Facility (Include company and specific site name)

Operating Name of Facility (Continued)

### III. Change of Facility Name?

No

Yes

(If Yes, enter previous name of Facility below.)

### IV. Location of Facility (Physical address not P. O. Box or Route Number)

Street

City or Town

State

Zip Code

### V. Geographic Location (See Instructions)

Method

Latitude

Longitude

3

.

N

0

8

.

W

County Name

### VI. Facility Contact (Person to be contacted regarding waste activities at site)

Name (First)

(Last)

Job Title

Phone Number (Area Code and Number)

Ext.

Contact Email Address (Optional)

@

### VII. Facility Mailing Address (See Instructions)

Street or P. O. Box

City or Town

State

Zip Code

### VIII. Description of Facility Processes (See instructions for NAICS Code listings)

A. Facility Process In the space provided below, describe each of the processes at your facility that produce Regulated Wastes.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

B. NAICS Codes: Enter the North American Industry Classification System (NAICS) Code of the overall production, distribution, or service activity of your site. Also, provide any additional NAICS Codes that describe the specific industrial processes that are used.

Primary

2

3

4

5

**IX. Ownership** (See Instructions)

**A. Legal Name of Facility**

**B. Name of Facility's Legal Owner**

Street, P. O. Box or Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

C. Land Type

D. Owner Type

E. Operator Type

Change of Owner Indicator

Date Month

Changed Day

Year

Yes

No

**F. Name of Facility's On-Site Operator**

Street, P. O. Box or Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

Ext.

**G. Name of Facility's Parent Company**

Street, P. O. Box or Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

Ext.

Change of Owner Indicator

Date Month

Changed Day

Year

Yes

No

**H. Name of Facility's Property Owner**

Street, P. O. Box or Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

Ext.

Change of Owner Indicator

Date Month

Changed Day

Year

Yes

No

Facility's EPA ID Number



**XIII. Additional Information Sheet**

[Large empty rectangular area for providing additional information]

Facility's EPA ID Number

[Empty box for Facility's EPA ID Number]

Please print or type in the unshaded areas only

Please refer to the ADEM Form 8700-12 Notification Form Instructions before completing this form. Information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



# ADEM Form 8700-12

## Schedule A

### Certification of Hazardous Waste Management

**I. Type of Hazardous Waste Activity** (Mark 'X' in the appropriate boxes; See Instructions)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                                            |                                  |                                                   |                                     |  |                                           |                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                               |                                     |                                                   |                                      |                                                   |                                            |                                                           |                                  |                                                   |                                              |                                                      |
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| <p><input type="checkbox"/> <b>A. Hazardous Waste Generator</b></p> <p><input type="checkbox"/> 1. 2,200 lbs (1,000 kg) per month or more (LQG)</p> <p><input type="checkbox"/> 2. 221 to 2,199 lbs (101 - 999 kg) per month (SQG)</p> <p><input type="checkbox"/> 3. 220 lbs (100 kg) per month or less (CESQG)</p> <p><input type="checkbox"/> 4. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <b>B. Hazardous Waste Transporter/Transfer Facility ††</b></p> <p><input type="checkbox"/> 1. Commercial Transporter (received wastes from others)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> a. Air</td> <td><input type="checkbox"/> d. Water</td> </tr> <tr> <td><input type="checkbox"/> b. Rail</td> <td><input type="checkbox"/> e. Other (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> c. Highway</td> <td></td> </tr> </table> <p><input type="checkbox"/> 2. Self Transporter (Own Waste Only)</p> <p><input type="checkbox"/> 3. Transfer Facility</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> a. Loaded trucks</td> <td><input type="checkbox"/> b. Off-loaded containers</td> <td><input type="checkbox"/> c. Bulk Transfer between vehicles</td> </tr> </table> | <input type="checkbox"/> a. Air                           | <input type="checkbox"/> d. Water                          | <input type="checkbox"/> b. Rail | <input type="checkbox"/> e. Other (Specify) _____ | <input type="checkbox"/> c. Highway |  | <input type="checkbox"/> a. Loaded trucks | <input type="checkbox"/> b. Off-loaded containers | <input type="checkbox"/> c. Bulk Transfer between vehicles | <p><input type="checkbox"/> <b>C. Treatment, Storage, Disposal Facility (at Facility) ††</b></p> <p><input type="checkbox"/> 1. Facilities subject to Permit</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> a. Operating Units</td> <td><input type="checkbox"/> c. Post Closure Care</td> </tr> <tr> <td><input type="checkbox"/> b. SWMU CA</td> <td><input type="checkbox"/> d. Other (Specify) _____</td> </tr> </table> <p><input type="checkbox"/> 2. Permit Exempt Treatment (subject to ADEM verification)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> a. WWTU/ENU</td> <td><input type="checkbox"/> d. Generator Evaporation</td> </tr> <tr> <td><input type="checkbox"/> b. Recycling Unit</td> <td><input type="checkbox"/> e. Generator Physical Processing</td> </tr> <tr> <td><input type="checkbox"/> c. TETF</td> <td><input type="checkbox"/> f. Other (Specify) _____</td> </tr> </table> <p><input type="checkbox"/> <b>D. Hazardous Waste Fuel Activity ††</b></p> <p><input type="checkbox"/> 1. Blender Marketing to Burner</p> <p><input type="checkbox"/> 2. Other Marketers</p> <p><input type="checkbox"/> 3. Boiler and/or Industrial Furnace</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> a. Smelter Deferral</td> <td><input type="checkbox"/> b. Small Quantity Exemption</td> </tr> </table> <p><input type="checkbox"/> <b>E. Recycling Activities (Specify)</b> _____</p> | <input type="checkbox"/> a. Operating Units | <input type="checkbox"/> c. Post Closure Care | <input type="checkbox"/> b. SWMU CA | <input type="checkbox"/> d. Other (Specify) _____ | <input type="checkbox"/> a. WWTU/ENU | <input type="checkbox"/> d. Generator Evaporation | <input type="checkbox"/> b. Recycling Unit | <input type="checkbox"/> e. Generator Physical Processing | <input type="checkbox"/> c. TETF | <input type="checkbox"/> f. Other (Specify) _____ | <input type="checkbox"/> a. Smelter Deferral | <input type="checkbox"/> b. Small Quantity Exemption |
| <input type="checkbox"/> a. Air                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> d. Water                         |                                                            |                                  |                                                   |                                     |  |                                           |                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                               |                                     |                                                   |                                      |                                                   |                                            |                                                           |                                  |                                                   |                                              |                                                      |
| <input type="checkbox"/> b. Rail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> e. Other (Specify) _____         |                                                            |                                  |                                                   |                                     |  |                                           |                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                               |                                     |                                                   |                                      |                                                   |                                            |                                                           |                                  |                                                   |                                              |                                                      |
| <input type="checkbox"/> c. Highway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |                                                            |                                  |                                                   |                                     |  |                                           |                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                               |                                     |                                                   |                                      |                                                   |                                            |                                                           |                                  |                                                   |                                              |                                                      |
| <input type="checkbox"/> a. Loaded trucks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> b. Off-loaded containers         | <input type="checkbox"/> c. Bulk Transfer between vehicles |                                  |                                                   |                                     |  |                                           |                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                               |                                     |                                                   |                                      |                                                   |                                            |                                                           |                                  |                                                   |                                              |                                                      |
| <input type="checkbox"/> a. Operating Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> c. Post Closure Care             |                                                            |                                  |                                                   |                                     |  |                                           |                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                               |                                     |                                                   |                                      |                                                   |                                            |                                                           |                                  |                                                   |                                              |                                                      |
| <input type="checkbox"/> b. SWMU CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> d. Other (Specify) _____         |                                                            |                                  |                                                   |                                     |  |                                           |                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                               |                                     |                                                   |                                      |                                                   |                                            |                                                           |                                  |                                                   |                                              |                                                      |
| <input type="checkbox"/> a. WWTU/ENU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> d. Generator Evaporation         |                                                            |                                  |                                                   |                                     |  |                                           |                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                               |                                     |                                                   |                                      |                                                   |                                            |                                                           |                                  |                                                   |                                              |                                                      |
| <input type="checkbox"/> b. Recycling Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> e. Generator Physical Processing |                                                            |                                  |                                                   |                                     |  |                                           |                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                               |                                     |                                                   |                                      |                                                   |                                            |                                                           |                                  |                                                   |                                              |                                                      |
| <input type="checkbox"/> c. TETF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> f. Other (Specify) _____         |                                                            |                                  |                                                   |                                     |  |                                           |                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                               |                                     |                                                   |                                      |                                                   |                                            |                                                           |                                  |                                                   |                                              |                                                      |
| <input type="checkbox"/> a. Smelter Deferral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> b. Small Quantity Exemption      |                                                            |                                  |                                                   |                                     |  |                                           |                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                               |                                     |                                                   |                                      |                                                   |                                            |                                                           |                                  |                                                   |                                              |                                                      |

†† NOTE: A permit may be required for this activity. Contact (334) 271-7730 for more information.

**II. Hazardous Waste Generation**

**A. Waste Description** In the space provided, list the types of regulated waste typically generated or handled by your Facility. Attach additional sheets as necessary.  
Types of Waste Generated
Estimated Yearly Generation in lbs.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**B. Characteristics of Nonlisted Hazardous Wastes.** [Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your Facility handles; See 335-14-2-.03(1) - (5). Additional spaces are available on the Supplemental page if you need to list more hazardous waste numbers.]

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	D	D	D
D	D	D	D	D	D	D	D
D	D	D	D	D	D	D	D
D	D	D	D	D	D	D	D

**C. Listed Hazardous Wastes.** [See 335-14-2-.04(2) - (4)]; Attach the Supplemental page if you need to list more hazardous waste numbers.

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24



**II. Hazardous Waste Generator (Supplemental)**

**D. Listed and Nonlisted Hazardous Wastes Codes.** [See ADEM Admin. Code rs 335-14-2-.04(2) - (4) and 335-14-2-.03(1) - (5)] If you need to list more hazardous waste numbers, attach copies of this page as necessary.

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

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**II. Hazardous Waste Generator (Supplemental)**

**D. Listed and Nonlisted Hazardous Wastes.** [See ADEM Admin. Code rs 335-14-2-.04(2) - (4) and 335-14-2-.03(1) - (5)] If you need to list more hazardous waste numbers, attach copies of this page as necessary.

121	122	123	124	125	126
127	128	129	130	131	132
133	134	135	136	137	138
139	140	141	142	143	144
145	146	147	148	149	150
151	152	153	154	155	156
157	158	159	160	161	162
163	164	165	166	167	168
169	170	171	172	173	174
175	176	177	178	179	180
181	182	183	184	185	186
187	188	189	190	191	192
193	194	195	196	197	198
199	200	201	202	203	204
205	206	207	208	209	210
211	212	213	214	215	216
217	218	219	220	221	222
223	224	225	226	227	228
229	230	231	232	233	234
235	236	237	238	239	240

Facility's EPA ID Number

Please print or type in the unshaded areas only

ADEM Form 8700-12 M4 10/2017  
(for ADEM Use Only)

Please refer to the ADEM Form 8700-12 Notification Form Instructions before completing this form. Information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



# ADEM Form 8700-12 Schedule B Certification of Used Oil Management

## I. Type of Used Oil Management Activity (See Instructions)

A. Used Oil Generator/Collector

- 1. On-site Generation Only
- 2. Do-it-yourself Collection Center (i.e., from off-site source)
- 3. Collection Center (i.e., from off-site source)
- 4. Aggregation Point (i.e., from off-site source)

B. Used Oil Fuel Marketer

- 1. Directs Shipment of Used Oil to Off-Specification Burner
- 2. First Claims Used Oil Meets Specifications
- 3. Burns Only Used Oil Generated On-site as On-Specification Fuel

C. Off-Specification Used Oil Fuel Burner

- 1. Burns Only Off-Specification Used Oil Generated On-Site
- 2. Indicate Type(s) of Devices
  - a. Utility Boiler       c. Industrial Furnace
  - b. Industrial Boiler

D. Used Oil Transporter ††

- 1. Only For Used Oil Generated On-site
- 2. Operates a Transfer Facility

E. Used Oil Processor/Re-refiner

†† NOTE: A permit is required for this activity. Contact (334) 270-5637 for more information

## II. Used Oil Generation

During a typical year, this facility collects/generates \_\_\_\_\_ of Used Oil.  
(quantity in pounds)

## III. Used Oil Fuel Marketer

During a typical year, this facility markets \_\_\_\_\_ of Used Oil.  
(quantity in pounds)

## IV. Used Oil Burner

During a typical year, this facility burns \_\_\_\_\_ of Used Oil.  
(quantity in pounds)

## V. Used Oil Transporter

During a typical year, this facility transports \_\_\_\_\_ of Used Oil.  
(quantity in pounds)

## VI. Used Oil Processor/Re-refiner

During a typical year, this facility processes/re-refines \_\_\_\_\_ of Used Oil.  
(quantity in pounds)

**Note:** In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by ADEM Admin. Code ch. 335-1-6.

## Comments:


Facility's EPA ID Number

Please print or type in the unshaded areas only

ADEM Form 8700-12M4 10/2017  
(for ADEM Use Only)

Please refer to the ADEM Form 8700-12 Notification Form Instructions before completing this form. The information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



# ADEM Form 8700-12 Schedule C Certification of Universal Waste Management

## I. Type of Universal Waste Activity (See Instructions)

A. Universal Waste Transporter

B. Large Quantity Handler

Estimated Yearly Amount (in lbs.)

1. Battery(ies)

2. Pesticide(s)

3. Thermostat(s)

4. Lamps

5. Other (specify) \_\_\_\_\_

C. Small Quantity Handler

Estimated Yearly Amount (in lbs.)

1. Battery(ies)

2. Pesticide(s)

3. Thermostat(s)

4. Lamps

5. Other (specify) \_\_\_\_\_

## II. Universal Waste Transporter

During a typical year, this facility transports \_\_\_\_\_ of Universal Waste.  
(quantity in pounds)

## III. Universal Waste Destination Facility

During a typical year, this facility receives \_\_\_\_\_ of Universal Waste.  
(quantity in pounds)

**Note:** In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by ADEM Admin. Code ch. 335-1-6.

### Comments:



## **ADEM Form 8700-12, Notification Form Instructions**

**Note:** The State Regulations (ADEM Admin. Code div. 335-14 – Hazardous Waste Program) pertaining to this form (and referenced in these instructions) may be purchased by calling 334-260-4510 or may be downloaded from the ADEM Website for free: <http://www.adem.state.al.us/alEnviroRegLaws/files/Division14.pdf>.

**Filling out the Forms:** Type or print all items except Item XI, "Signature", leaving a blank box between words. Place each character in a box, using blue or black ink. Abbreviate if necessary to stay within the number of boxes allowed for each Item. If you must use additional pages, indicate clearly the number of the Item on the form to which the information on the separate sheet applies. **Any form that is typed in a miniscule font or is otherwise considered illegible or unreadable will be returned for correction.**

### **Item I – Notification Class:**

Place an "X" in the appropriate box to indicate whether this is the Initial Notification or an Annual Notification **for this site**. If this is your Initial Notification, you are applying for an EPA Identification Number.

If you have filed a previous notification, check the "Annual Notification" box and enter the EPA Identification Number assigned to this physical location in the boxes provided throughout the form. Leave EPA ID Number blank if this is the Initial Notification **for this physical location**.

**Note:** When the owner of a facility changes, the new owner must notify ADEM of the change, even if the previous owner already received an EPA Identification Number. Because the EPA ID Number is "site-specific", the new owner will be assigned the existing ID number for that site.

### **Item II – Operating Name of Facility**

Enter the current full name of the facility in the lines provided. This is the "d/b/a" name for the site.

### **Item III – Change of Facility Name**

If the name of this facility has not changed since the facility's original notification, check the box marked "No" and skip to Item IV.

If the name of this facility has changed since the facility's original notification, place an "X" in the box marked "Yes" and enter previous facility name in the line provided

### **Item IV – Location of Facility:**

Please note that the address you give for Item IV, "Location of Facility", must be a physical address **not a post office box or route number**. Show 9-digit zip code if possible.

### **Item V - Geographic Location:**

Enter the exact physical location of the facility as expressed in Latitude and Longitude in decimal format. If you do not have this information, it is available over the internet from several sites; such as [www.geocode.com](http://www.geocode.com), [www.maporama.com](http://www.maporama.com), or [www.travelgis.com/geocode](http://www.travelgis.com/geocode). If you do not have internet access, call the Land Division at (334) 271-7730 for assistance with this Item.

Also, using the codes listed below, circle the method on the form used for determining the facility location.

C = Software Calculation                      S = Surveyed  
O = Obtained from Satellite

**County Name:** Enter the name of the county where the Facility is located.

**Item VI - Facility Contact:**

Enter the name, title, and business telephone number of the person who should be contacted regarding management of regulated waste for the Facility.

**Contact Email Address:** If available, enter the email address for the contact person or for the facility in the space provided.

**Item VII - Facility Mailing Address:**

Please enter the Facility Mailing Address, including 9-digit zip code if possible. If the Mailing Address and the Location of Facility (Item IV) are the same, please print "Same" in the line for this Item.

**Item VIII - Description of Facility Processes:**

- A. Facility Process:** Describe in detail each of the processes at the facility that produce regulated wastes. If additional space is needed, use Item XIII or attach a separate sheet.
- B. NAICS Codes:** Enter the 4 – 6 digit North American Industry Classification System (NAICS) Code of the overall production, distribution, or service activity of the Facility. If multiple industrial processes are used by the facility, enter NAICS Codes for these specific processes as needed. Go to <http://www.census.gov/epcd/www/naics.html> for a searchable database.

**Item IX - Ownership:**

Use the Comment Section (XII), Section XIII or attach additional pages, if necessary, to list more than one owner/operator per section.

**Change of Owner: (If this is the Facility's Initial Notification, leave this area blank. If this is an Annual Notification, complete this area as directed below.)**

If the owner of this facility has not changed since the facility's last notification, check the box marked "No".

If the owner of this facility has changed since the facility's last notification, place an "X" in the box marked "Yes" and enter the date the owner changed.

If an additional owner(s) has been added or replaced since the facility's last notification, place an "X" in the box marked "Yes". Use the Comment Section (XII) or Section XIII to list any additional owner/operator(s), the dates they became owner/operator(s), and which owner/operator(s) (if any) they replaced. If necessary, attach a separate sheet of paper.

- A) Legal Name of Facility:** Enter the legal name of the business operating at this location.
- B) Name of Facility's Legal Owner:** Enter the name of the Facility's legal owner. Also, enter the address and telephone number where the legal owner can be reached. Use the Change of Owner area as detailed above.
- C) Land Type:** Using the codes listed below, indicate in this box the code which best describes the current legal status of the land on which the facility is located:
- |             |               |
|-------------|---------------|
| P = Private | M = Municipal |
| F = Federal | I = Indian    |
| S = State   | O = Other     |
| C = County  |               |
- D) Owner Type:** Using the codes listed below, indicate in this box the code which best describes the current legal status of the current owner of the facility:
- |             |               |
|-------------|---------------|
| P = Private | M = Municipal |
| F = Federal | I = Indian    |
| S = State   | O = Other     |
| C = County  |               |
- E) Operator Type:** Using the codes listed below, indicate in this box the code which best describes the current legal status of the current owner of the facility:
- |             |               |
|-------------|---------------|
| P = Private | M = Municipal |
| F = Federal | I = Indian    |
| S = State   | O = Other     |
| C = County  |               |
- F) Name of Facility's On-Site Operator:** Enter the name of the Facility's on-site operator. Also, enter the address and telephone number where the on-site operator can be reached. If this information is the same as the previous area, enter "Same as Above" in the boxes provided.
- G) Name of Facility's Parent Company:** Enter the name of the Facility's parent company. Also, enter the address and telephone number for the parent company. Use the Change of Owner area as detailed above. If this information is the same as the previous area, enter "Same as Above" in the boxes provided.
- H) Name of Facility's Property Owner:** Enter the name of the property owner. Also, enter the address and telephone number where the property owner can be reached. Use the Change of Owner area as detailed above. If this information is the same as the previous area, enter "Same as Above" in the boxes provided.

**Item X – Certification Status:**

In this area, check all Waste Activities that your facility anticipates operating as during the coming year. If you anticipate changing generator status during the next year, always mark the larger generator status of your operation.

**CERTIFICATION FEE** - ADEM Admin. Code r. 335-14-3-.01(3) requires the submission of ADEM Form 8700-1 2, Notification of Regulated Waste Activity, to include the payment of a certification fee. This fee is specified in Chapter 335-1-6 of the ADEM Administrative Code. This requirement applies to both Initial and Annual Notifications. All notifications must include this certification fee to be complete.

**Item XI. – Certification:**

This Form must be signed by the owner, operator, or an authorized representative of the Facility. An "authorized representative" is a person responsible for the overall operation of the facility (i.e., a plant manager, superintendent, or a person of equal responsibility). All notifications must include this signature to be complete.

**Item XII. – Comments and Item XIII – Additional Space:**

Use this space for any additional comments.

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For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.



## Schedule A

### Certification of Hazardous Waste Management

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**Item I - Hazardous Waste Activity:** Mark an "X" in the appropriate box(es) to show which hazardous waste activities are expected at this facility over the next 12 months.

**A. Hazardous Waste Generator:** If you generate a waste which is hazardous by characteristic or listed in ADEM Admin. Code ch. 335-14-2, check the appropriate box for the quantity of *non-acutely hazardous waste* that is generated per calendar month.

1. A Large Quantity Generator generates 2,200 lbs (1,000 kg) per month or more (LQG)
2. A Small Quantity Generator generates 221 - 2,199 lbs (101 to 999 kg) per month (SQG)
3. A Conditionally Exempt Small Quantity Generator generates 220 lbs (100 kg) per month or less (CESQG)
4. United States Importer of Hazardous Waste – If you import Hazardous Waste from a foreign country into the United States.

\* Note: if you report as a hazardous waste generator, then you must list a waste code under Item II.

If you generate *acutely hazardous waste*, please refer to ADEM Admin. Code ch. 335-14-3 or call 334-271-7730 for further information.

**B. Hazardous Waste Transporter/Transfer Facility:** If you transport hazardous waste, indicate if it is for **1.** commercial purposes, **2.** your own waste, or mark both boxes if both classifications apply. If a commercial transporter, mark an "X" in each appropriate box to indicate the method(s) of hazardous waste transportation you use. If you operate as a **3.** transfer facility, indicate whether regulated wastes are managed in loaded trucks, contents of bulk loads are transferred from one vehicle to another, or containers are off-loaded from one vehicle and subsequently reloaded onto another vehicle for further transportation. (*Check all that apply.*) The State regulations for hazardous waste transporters are found in ADEM Admin. Code ch. 335-14-4.

**Note:** A permit may be required for this activity. The **Alabama Hazardous Waste/Used Oil Transporter Permit Application Package** is available online at <http://www.adem.state.al.us/DeptForms/Form317.pdf> or you can call 334-270-5637 and request a package be mailed to you.

**C. Treatment, Storage, Disposal Facility:** This section applies if you treat, store or dispose of regulated hazardous waste, or are required (by State regulations, ADEM or EPA permit, AHWMMMA/RCRA Order, etc.) to perform post-closure care for a closed unit, or are required by permit as order to perform SWMU corrective action. A permit may be required for this activity. Contact (334) 271-7730 for more information.

**Note:** You must contact ADEM at 334-271-7730 to request **Part A of the RCRA Permit Application**

1. **Facilities subject to Permit:** Check each type of activity conducted by your facility.
  - a. **Operating Units** – Operating treatment, storage or disposal units subject to permitting requirements of ADEM Admin. Code ch. 335-14-8 including any inactive units.
  - b. **SWMU CA** – Facilities which are conducting, or are required to conduct, assessment, investigation, remediation, and/or monitoring of solid waste management unit area of concern pursuant to an AHWMMMA/RCRA Order or permit issued by ADEM or EPA.
  - c. **Post-Closure Care Units** – Units for which final closure certification has been accepted by ADEM and which are subject to the post-closure care requirements of ADEM Admin. Code ch. 335-14-5, 335-14-6, and 335-14-8.
  - d. **Other (specify)** In the space provided, specify the type of activity subject to permit practiced at your facility if not listed above.
2. **Permit Exempt Treatment:** Mark an "X" in each type of permit exempt treatment conducted by your facility.
  - a. **WWTU/ENU** – ADEM Admin. Code r. 335-14-8-.01(1)(c)2.(v)  
Owners and operators of elementary neutralization units or wastewater treatment units as defined in ADEM Admin. Code r. 335-14-1-.02 which manage only wastes and/or wastewaters generated on-site, or which are POTWs or privatized municipal wastewater treatment facilities.

[Note: Commercial treatment, or treatment except by the generator, of wastes and/or wastewaters in elementary neutralization or wastewater treatment units are not exempt from the requirement to obtain an AHWMMMA permit.]

- b. **Recycling Unit** – ADEM Admin. Code rs 335-14-2-.01(6)/335-14-8-.01(1)(c)3.(v) A person who receives hazardous waste from off-site for the purpose of reclamation/recycling in a unit or process which is exempted from regulation pursuant to ADEM Admin. Code r. 335-14-2-.01(6) is not required to obtain a permit under ADEM Admin. Code ch. 335-14-8 for storage of the waste prior to introduction into the exempt reclamation/recycling process provided that:
  - (I) The hazardous waste is introduced into the exempt process within three days of receipt at the facility; and
  - (II) The hazardous waste is managed in containers, tanks, or containment buildings and the owner/operator complies with all applicable requirements of ADEM Admin. Code rs 335-14-5-.02, 335-14-5-.03, 335-14-5-.04, 335-14-5-.05, 335-14-5-.07(2), 335-14-5-.07(5), 335-14-5-.09, 335-14-5-.10, 335-14-5-.27, 335-14-5-.28, and 335-14-5-.30.
- c. **TETF** – ADEM Admin. Code r. 335-14-8-.01(1)(c)2.(iv)  
Owners or operators of totally enclosed treatment facilities as defined in ADEM Admin. Code r. 335-14-1-.02;
- d. **Generator Evaporation** – ADEM Admin. Code r. 335-14-8-.01(1)(c)2.(viii)  
Generators treating on-site generated hazardous wastes by evaporation in tanks or containers provided that:
  - (I) The generator complies with the applicable requirements of Chapter 335-14-3;
  - (II) Such treatment does not result in the emission or discharge of hazardous wastes or hazardous constituents into the environment in excess of any standard(s) promulgated by the Department or the Environmental Protection Agency;

(III) With respect to treatment, the generator complies with the applicable requirements of ADEM Admin. Code rs 335-14-5-.02(5), 335-14-5-.02(6), 335-14-5-.02(7), 335-14-5-.02(8), 335-14-5-.03, 335-14-5-.04, 335-14-5-.07(2), 335-14-5-.07(5), 335-14-5-.09 and 335-14-5-.10;

(IV) Such treatment minimizes the amount of hazardous wastes which are subsequently generated, treated, and/or disposed; and

(V) The generator provides the Department with written notice of intent to treat such hazardous wastes on or before the effective date of ADEM Admin. Code r. 335-14-8-.01 or at least 60 days prior to the initiation of waste treatment, whichever date occurs last. This notice must provide documentation of compliance with the requirements of ADEM Admin. Code rs 335-14-8-.01(1)(c)2.(viii)(II), (III), and (IV), and must be maintained for the life of the facility and be available for inspection.

**e. Generator Physical Processing** – ADEM Admin. Code r. 335-14-8-.01(1)(c)2.(x) Generators treating on-site generated hazardous wastes in tanks or containers by physical or mechanical processes (e.g., compacting rags, crushing fluorescent lamps) solely for the purpose of reducing the bulk volume of the waste which must be subsequently managed as a hazardous waste provided that:

(I) The generator complies with the applicable requirements of Chapter 335-14-3;

(II) The treatment process does not result in a change in the chemical composition of the waste(s) treated;

(III) No mixing of different waste streams occurs;

(IV) No free liquids are included in the waste(s) to be treated or generated by the treatment process;

(V) The potential for ignition and/or reaction of the waste during treatment and/or as the result of treatment does not exist;

(VI) The treatment reduces the volume of hazardous waste which must be subsequently managed;

(VII) Such treatment does not result in the emission or discharge of hazardous wastes or hazardous constituents into the environment in excess of any standard(s) promulgated by the Department or the Environmental Protection Agency;

(VIII) With respect to treatment, the generator complies with the applicable requirements of ADEM Admin. Code rs 335-14-5-.02(5), 335-14-5-.02(6), 335-14-5-.02(7), 335-14-5-.02(8), 335-14-5-.03, 335-14-5-.04, 335-14-5-.07(2), 335-14-5-.07(5), 335-14-5-.09, 335-14-5-.10; and

(IX) The generator provides the Department with written notice of intent to treat such hazardous wastes on or before the effective date of ADEM Admin. Code r. 335-14-8-.01 or at least 60 days prior to the initiation of waste treatment, whichever date occurs last. This notice must provide documentation of compliance with the requirements of ADEM Admin. Code rs 335-14-8-.01(1)(c)2.(x)(II), (III), (IV), (V), (VI), (VII), and (VIII), and must be maintained for the life of the facility and be available for inspection.

**f. Other (specify)** In the space provided, specify the type of permit exempt treatment practiced at your facility if not listed above.

**Note:** Treatment types which are exempt from permitting requirements are subject to ADEM verification.

**D. Hazardous Waste Fuel Activity:** If you market hazardous waste fuel, place an "X" in the appropriate box(es). If you burn hazardous waste fuel on-site, check the appropriate box(es) and indicate the type(s) of combustion devices in which hazardous waste fuel is burned.

**Note:** Generators are required to notify for waste-as-fuel activities only if they market directly to the burner.

"Other Marketer" is defined as any person, other than a generator marketing hazardous waste, who markets hazardous waste fuel.

**Note:** A permit may be required for this activity. Contact (334) 271-7730 for more information.

**E. Recycling Activities:** List any significant hazardous waste recycling which occurs at the facility. Attach a separate sheet if additional space is needed.

**Item II – Hazardous Waste Generation:** If you need help completing this section, please feel free to contact the Land Division of ADEM at (334) 271-7735.

**A) Waste Description:** In the space provided, list the common names of the hazardous wastes generated or handled by the facility. Also, indicate the estimated yearly volume for each waste stream for a typical year.

**NOTE:** See the final page of these instructions for a rough conversion table for converting measurements to pounds.

**B) Characteristics of Nonlisted Hazardous Wastes:** If you handle hazardous wastes which are not listed in ADEM Admin. Code r. 335-14-2-.04 but do exhibit a characteristic of hazardous waste as defined in ADEM Admin. Code r. 335-14-2-.03, you should describe these wastes by the EPA hazardous waste number for the characteristic. Place an "X" in the box under the characteristic of the wastes that you handle. In the case of "Toxicity Characteristic", please list the specific EPA hazardous waste number for the specific contaminant(s) in the box(es) provided.

**\*Note:** If you report as a hazardous waste generator then you must list a waste code

**C) Listed Hazardous Wastes:** If you handle hazardous wastes that are listed in ADEM Admin. Code r. 335-14-2-.04, enter the appropriate 4 digit numbers in the boxes provided.

**Item III – Hazardous Waste Transporter/Transfer Facility:** In the area provided, enter the approximate amount of hazardous waste transported or transferred by your facility during a typical year.

**Item IV – Treatment, Storage, Disposal Facility:** In the area provided, enter the approximate amount of hazardous waste treated, stored and/or disposed by your facility during a typical year.

**Item V – Hazardous Waste Fuel Activity:** In the area provided, enter the approximate amount of hazardous waste fuel marketed and/or combusted by your facility during a typical year.

**Item VI – Recycling Activity:** In the area provided, enter the approximate amount of hazardous waste recycled by your facility during a typical year.

**Comments:**

Use this space for any additional comments.

**Facility's EPA ID Number:** Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

**SUBMITTAL OF THIS SCHEDULE IS NOT ACCEPTED WITHOUT THE SUBMITTAL OF A CORRECT ADEM FORM 8700-12, NOTIFICATION OF REGULATED WASTE ACTIVITY.**

**NOTE:** An additional page has been included titled "Item II – Hazardous Waste Generation (Supplemental)". Include this page only if you need to list more hazardous waste codes than are allowed on the Schedule A form.

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Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:

Alabama Department of Environmental Management  
Land Division  
P O Box 301463  
Montgomery, AL 36130-1463

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For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.

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## Schedule B Certification of Used Oil Management

**Item I - Used Oil Management Activities:** Check the appropriate box(es) to indicate which used oil fuel activities are conducted at this Facility.

**A. Used Oil Generator/Collector:** If you generate or collect more than 25 gallons/month of used oil on average (over 300 gallons per year), mark an "X" in this box.

*If the used oil in question is from on-site generation only, check box 1.*

Some facilities may have other factors to consider. If you collect used oil from do-it-yourselfers from off-site, mark an "X" in box 2. If you collect used oil from off-site, mark an "X" in box 3. If you operate an Aggregation Point for off-site generation, mark an "X" in box 4.

**B. Used Oil Fuel Marketer:**

If you market off-specification used oil, check box 1. If you are the first to claim the used oil meets the used oil specification established in ADEM Admin. Code r. 335-14-17-.02(2) [40 CFR 279.11], mark an "X" in box 2. If either of these boxes is marked, you must also notify (or have previously notified) as a used oil transporter, off-specification used oil fuel burner, or used oil processor/re-refiner, unless you are a used oil generator.

*If you are a Used Oil Generator who burns **only** used oil generated on-site as on-specification fuel, check box 3.*

**C. Off-specification Used Oil Fuel Burner:** If you burn off-specification used oil fuel (whether on-site or off-site generated), place an "X" in box C.

*If you only burn **off-specification** used oil generated on-site, check box 1.*

Also, place an "X" in the box(es) to indicate the type(s) of combustion device(s) in which off-specification used oil fuel is burned.

**D. Used Oil Transporter:** If you transport used oil and/or own/operate a used oil transfer facility, place an "X" in the appropriate boxes to indicate this used oil activity.

**Note:** A permit may be required for this activity. The Alabama Hazardous Waste/Used Oil Transporter Permit Application Package is available online at <http://www.adem.state.al.us/DeptForms/Form317.pdf> or you can call 334-270-5637 and request a package be mailed to you.

**E. Used Oil Processor/Re-refiner:** If you process and/or re-refine used oil, place an "X" in box E. to indicate this used oil recycling activity.

**Item II – Used Oil Generation:** In the area provided, enter the approximate amount of Used Oil that your facility generated or collected during a typical year.

**Item III – Used Oil Fuel Marketer:** In the area provided, enter the approximate amount of Used Oil marketed by your facility during a typical year.

**Item IV – Used Oil Burner:** In the area provided, enter the approximate amount of Used Oil burned by your facility during a typical year.

**Item V – Used Oil Transporter:** In the area provided, enter the approximate amount of Used Oil transported by your facility during a typical year.

**Item VI – Used Oil Processor/Re-refiner:** In the area provided, enter the approximate amount of Used Oil that was processed or re-refined by your facility during a typical year.

**Comments:**

Use this space for any additional comments.

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**Facility's EPA ID Number:** Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

**SUBMITTAL OF THIS SCHEDULE IS NOT ACCEPTED WITHOUT THE SUBMITTAL OF A CORRECT ADEM FORM 8700-12, NOTIFICATION OF REGULATED WASTE ACTIVITY.**

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*Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:*

Alabama Department of Environmental Management  
Land Division  
P O Box 301463  
Montgomery, AL 36130-1463

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For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.

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**NOTE:** See the final page of these instructions for a rough conversion table for converting measurements to pounds.

## Schedule C

### Certification of Universal Waste Management

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**Item I - Universal Waste Activity:** Check the appropriate box(es) to indicate which universal waste activities are conducted at your Facility.

- A. Universal Waste Transporter:** If you are a transporter of universal waste, mark an "X" in this box.
- B. Large Quantity Handler:** If you are a Large Quantity Handler of universal waste as described by ADEM Admin. Code ch. 335-14-11, indicate the estimated yearly volume of the universal waste(s) generated.
- C. Small Quantity Handler:** If you are a Small Quantity Handler of universal waste as described by ADEM Admin. Code ch. 335-14-11, indicate the estimated yearly volume of the universal waste(s) generated.

**NOTE:** See the final page of these instructions for a rough conversion table for converting measurements to pounds.

**Item II – Universal Waste Transporter:** In the area provided, enter the approximate amount of Universal Waste transported by your facility during a typical year.

**Item III – Universal Waste Destination Facility:** In the area provided, enter the approximate amount of Universal Waste that is received by your facility during a typical year.

**Comments:**

Use this space for any additional comments.

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**Facility's EPA ID Number:** Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

SUBMITTAL OF THIS SCHEDULE IS NOT ACCEPTED WITHOUT THE SUBMITTAL OF A CORRECT ADEM FORM 8700-12, NOTIFICATION OF REGULATED WASTE ACTIVITY.

*Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:*

Alabama Department of Environmental Management  
Land Division  
P O Box 301463  
Montgomery, AL 36130-1463

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For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.

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# ADDENDUM

## NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY

**YOU MUST FILL OUT THIS SECTION IF:**

You will begin managing, are still managing, or will stop managing excluded hazardous secondary material under ADEM Admin. Code rs 335-14- 335-14-2-.01(4)(a)(23),(24) and must notify the State of your activities, pursuant to ADEM Admin. Code r. 335-14- 335-14-2-.03(22).

Hazardous secondary material generators, tolling contractors, toll manufacturers, reclaimers, and intermediate facilities managing hazardous secondary materials which are excluded from regulation under ADEM Admin. Code rs 335-14-2-.01(2)(a)2.(ii), 335-14-2-.01(4)(a)23., 24., or 25. must send a notification prior to operating under the exclusion(s) and, thereafter, no later than the 15th of the month specified in the schedule located at ADEM Admin. Code r. 335-14-1-.02(1)(a) using Form 8700-12.

**Complete all parts 1 – 3.**

You must be managing excluded hazardous secondary material in compliance with ADEM Admin. Code rs 335-14- 335-14-2-.01(4)(a)(23),(24).

Do not include any information regarding your hazardous wastes in this section.

You must submit a completed Notification of Regulated Waste Activity Form 8700-12, including this Addendum, prior to operating under the exclusion(s) by the Specified month schedule in ADEM Admin. Code r. 335-14-1-.02(1)(a) to ADEM using the Notification of Regulated Waste Activity Form 8700-12 as pursuant to ADEM Admin Code r. 335-14-1-.03(22).

Persons who must satisfy this notification requirement can submit this information at the same time as their Annual Notification of Regulated Waste Activity.

If you stop managing hazardous secondary material in accordance with the exclusion(s) and do not expect to manage any amount of hazardous secondary material under the exclusion(s) for at least one year, you must also submit a completed Notification of Regulated Waste Activity Form 8700-12, including this Addendum, within thirty (30) days pursuant to ADEM Admin. Code r. 335-14-1-.03(22)(b).

Remember to include your EPA Identification Number on the bottom of each page.

**ITEM 1 – INDICATE REASON FOR NOTIFICATION** (INCLUDE DATES WHERE REQUESTED)

Place an "X" in the box for the reason that applies to you:

**FACILITY WILL BEGIN MANAGING EXCLUDED HAZARDOUS SECONDARY MATERIAL AS OF (MM/DD/YYYY)**

Place an "X" in this box if you are notifying that you will begin managing hazardous secondary material under the exclusion(s).

- Facilities must notify prior to operating under the exclusion(s).
- If placing an "X" in this box, list the date (mm/dd/yyyy) when you will begin managing hazardous secondary material under ADEM Admin. Code rs 335-14- 335-14-2-.01(4)(a)(23),(24).

**Note:** If the facility had previously notified that it will stop managing hazardous secondary material in the past but will now begin anew, list the next planned start date.

**If the facility is still managing excluded hazardous secondary material and/or notifying as required by the specified month schedule in ADEM Admin. Code r. 335-14-1-.02(1)(a) to ADEM using the Notification of Regulated Waste Activity Form 8700-12 as pursuant to ADEM Admin. Code r. 335-14-1-.03(22).**

Place an "X" in this box if you are re-notifying that you are still managing hazardous secondary material under the exclusion(s). Note: You must have previously notified that you began managing hazardous secondary material in order to check this box.

Facilities must notify by the specified month schedule located at ADEM Admin. Code r. 335-14-1-.02(1)(a) to ADEM using the Notification of Regulated Waste Activity Form 8700-12 as pursuant to ADEM Admin. Code r. 335-14-1-.03(22).

If placing an "X" in this box, you do not have to list a date.

**FACILITY HAS STOPPED MANAGING EXCLUDED HAZARDOUS SECONDARY MATERIAL AS OF (MM/DD/YYYY) AND IS NOTIFYING AS REQUIRED**

Place an "X" in this box, if you are notifying that you have stopped managing hazardous secondary material under the exclusion(s) and do not expect to manage any amount of hazardous secondary material for at least one year (pursuant to ADEM Admin. Code r. 335-14-1-.03(22)(b)). List the date when you stopped managing hazardous secondary material. Enter the date in "mm/dd/yyyy" format.

- Facilities must notify within 30 days of when they stopped managing hazardous secondary material. You are considered to have stopped managing hazardous secondary material if:

- (1) you stop managing hazardous secondary material completely (e.g., you cease operations);
- (2) you choose to manage the hazardous secondary material as hazardous waste;
- (3) you undergo closure and request release from financial assurance per ADEM Admin. Code r. 335-14-2-.08(4) you temporarily suspend management of hazardous secondary material for at least one year.

- Only place an "X" in this box if you have stopped managing all hazardous secondary material under the exclusion(s). For example, if your facility only stopped managing one hazardous secondary material, but continued to manage another hazardous secondary material, you would leave this box blank since your facility continues to manage some amount of hazardous secondary material.

If you submit a notification that you have stopped managing hazardous secondary material, you do not need to re-notify (unless you choose to manage hazardous secondary material again, in which case you would have to submit a notification prior to managing). After submitting a stop notification, you can leave the Addendum blank for subsequent submissions, including any subsequent Hazardous Waste Report submissions.

## **ITEM 2 – DESCRIPTION OF EXCLUDED HAZARDOUS SECONDARY MATERIAL (HSM) ACTIVITY**

### **a. Waste Code(s) for HSM**

Use the box provided to enter the appropriate 4-digit hazardous waste code(s) that would apply to your hazardous secondary material if you managed it as hazardous waste (i.e., the waste code(s) that would apply if you did not manage your material in accordance with ADEM Admin. Code rs 335-14- 335-14-2-.01(4)(a)(23),(24).

#### **NOTE:**

If you list more codes or manage more hazardous secondary material than will fit in the table under Item 2, please continue under Item XII—Comments, or on an extra sheet. Remember to include your EPA Identification Number on the bottom of each page.

### **b. Estimate Short Tons of Excluded HSM to be Managed Annually.**

In the box provided, enter your estimated tonnage (using short tons) of hazardous secondary material you expect to manage annually. Convert all physical quantities (e.g., gallons, cubic yards, kilograms, metric tons, etc.) to short tons (1 short ton = 2,000 pounds) and round to the nearest ton (no decimals). Note: Your estimated tonnage should be for the entire amount of hazardous secondary material to be reclaimed NOT just the quantity of constituent or product reclaimed.

### **c. Actual Short Tons of Excluded HSM Managed During the Most Recent Year**

Report the tonnage (using short tons) of each hazardous secondary material you actually managed during the most recent year. For example, if you are submitting this notification on February 15, 2016, enter the amount you actually managed during 2015 (i.e., the tonnage you managed from February 15, 2015 to February 16, 2016).

Convert all physical quantities (e.g., gallons, cubic yards, kilograms, metric tons, etc.) to short tons (1 short ton = 2,000 pounds) and round to the nearest ton (no decimals).

Note: Your actual tonnage should be for the entire amount of hazardous secondary material that was sent for reclamation, NOT just the quantity of constituent or product reclaimed. If this is your initial notification, enter "0."

### **d. Amount of hazardous secondary material to be managed in a land-based unit(s).**

Report for each hazardous secondary material, whether the hazardous waste secondary material, or any portion thereof, will be managed in a land-based unit.

## **ITEM 3 – FACILITY HAS FINANCIAL ASSURANCE PURSUANT TO ADEM Admin. Code r. 335-14-2-.08(1)(a).**

Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under ADEM Admin. Code rs 335-14- 335-14-2-.01(4)(a)(23),(24).

- Mark "Yes," if you have financial assurance pursuant to ADEM Admin. Code r. 335-14-2-.08.
- Mark "No," if you do NOT have financial assurance pursuant to ADEM Admin. Code r. 335-14-2-.08.

**Note:** In order for this addendum to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by ADEM Admin. Code ch. 335-1-6.

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For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.

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**Rough Conversion Table**

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1 ton	=	2000 pounds
1 kilogram	=	2.204 pounds
1 metric ton	=	2204.58 pounds
1 gallon of water	=	8.34 pounds
1 gallon of solvent	=	6.9 pounds
1 gallon of motor oil	=	7.7 pounds

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**ADEM**

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