

## **ADEM Form 021**

### **Notice of Termination – NPDES General Permit Number ALR100000 (Construction Stormwater)**

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALR100000, Notices of Termination for NPDES General Permit Number ALR100000 (ADEM Form 021) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> is now the only method available for electronic submission of such Notices of Termination. The form package include the electronic version of ADEM Form 021 in a human readable format.

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 021 may not be accepted unless the Department first approves such waiver. **The hardcopy form is also include at the end of this form package.** There may be differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

# Construction Stormwater (ALR100000) - Voluntary Termination (Form 021)

## Construction Stormwater-Voluntary Termination Request

To properly terminate your permit for construction, a Notice of Termination (NOT) is required to be submitted within thirty (30) days of one of the following conditions:

(a) Final stabilization has been achieved on all portions of the facility/site. *Final stabilization* is defined as the application and establishment of the permanent ground cover (vegetative, pavements of erosion resistant hard or soft material or impervious structures) planned for the site to permanently eliminate soil erosion to the maximum extent practicable. Established vegetation will be considered final if 100% of the soil surface is uniformly covered in permanent vegetation with a density of 85% or greater. Permanent vegetation shall consist of; planted trees, shrubs, perennial vines; an agricultural or a perennial crop of vegetation appropriate for the region. Final stabilization applies to each phase of construction. (ALR100000 Permit Part V.)

(b) Coverage under an individual permit or alternative general permit has been obtained.

(c) Another operator has assumed control over all areas of the site that have not achieved final stabilization and the new operator has submitted an NOI for coverage under this permit; or

## Instructions

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

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

### CONTACT INFORMATION

#### Main Address

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

### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

### ADDITIONAL LINKS

[Please click here for area assignments and contact information for Construction Stormwater Permit staff.](#)

# Construction Stormwater (ALR100000) - Voluntary Termination (Form 021)

## Form Input

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

### Termination Requirements

Has all regulated activity authorized by this Permit at this facility been completed? (i.e. construction/industrial 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.)

Yes  No

Has the Permittee lost operational control of the facility/site? \*Select One

Yes  No

Has the Permittee lost legal responsibility for the facility/site? \*Select One

Yes  No

### Proposed Succeeding Permittee/Responsible Official

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

First Name  Last Name

Title

Proposed Succeeding Permittee Name/Company Name

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

Email

Address Line 1

Address Line 2

City  State/Area  Postal Code

### Permit Information

#### Permit Number

#### Permittee

Permittee Name

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

Address Line 1

Address Line 2

City  State/Area  Postal Code

**Responsible Official**

|                      |                      |
|----------------------|----------------------|
| <b>First Name</b>    | <b>Last Name</b>     |
| <input type="text"/> | <input type="text"/> |

**Title**

**Organization Name**

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

**Email**

**Address Line 1**

**Address Line 2**

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

**Facility Information**

**Facility Name**

**Facility County** \*Select One

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

**Facility Address**

**Address Line 1**

**Address Line 2**

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

**Facility Location**

|                      |                      |
|----------------------|----------------------|
| <b>Latitude</b>      | <b>Longitude</b>     |
| <input type="text"/> | <input type="text"/> |

**Qualified Credentialed Professional (QCP) Information**

**QCP Designation** \*Select One

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

**Registration / Certification Number**



**Qualified Credentialed Professional**

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

**Duly Authorized Representative (DAR)**

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

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

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

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

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

**Will a duly authorized representative be submitting this Notice of Termination?** \*Select One

Yes  No

**DAR Documentation**

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

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

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Authorized Rep**

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

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

# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)

## NOTICE OF TERMINATION – NPDES GENERAL PERMIT NUMBER ALR100000

**Instructions:** This form may be used to submit a Notice of Termination of coverage under NPDES General Permit Number ALR100000 **ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6)**. NPDES General Permit Number ALR100000 is the general permit authorizing discharges associated with construction activities that result in a total land disturbance of one (1) acre or greater and sites less than one (1) acre but are part of a larger common plan of development or sale. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing.

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

**Item I.**

|                              |  |                           |  |
|------------------------------|--|---------------------------|--|
| Permittee Name               |  | Facility/Site Name        |  |
| NPDES Permit Number<br>ALR10 | Facility Street Address <u>or</u> Location Description |                           |  |
| County(s)                    |  | City, State, and Zip Code |  |

**Item II.**

| Termination Requirements (answer each question with a Yes or No)  | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Has all regulated activity authorized by this Permit at this facility been completed? (i.e. construction/industrial 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.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the Permittee lost operational control of the facility/site?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the Permittee lost legal responsibility for the facility/site?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If the answer to one or both of Question 2 or 3, 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:  |                          |                          |
|   |                          |                          |

**Certification**

"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, developer, contractors, home builder(s), property owners association, etc., separately or collectively, must retain permit coverage for subdivision developments or other phased developments until all disturbance activity, including individual home construction, 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 federal stormwater permitting requirements, and provide for the protection of water quality. 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 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 am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

**Qualified Credentialed Professional (QCP) Signature**

|                                    |   |
|------------------------------------|---|
| QCP Designation/Description: _____ |   |
| Name: _____                        | Title: _____ Registration/Certification # _____ |
| Address: _____                     |   |
| Phone Number: _____                | Email: _____                                    |
| Signature _____                    | Date Signed: _____                              |

**Duly Authorized Representative (DAR) Signature (if applicable)**

|  |                    |
|--|--------------------|
| If a Duly Authorized Representative will be signing this NOT, the DAR must provide the following information and attach the appropriate documentation meeting the requirements <b>below</b> for a duly authorized representative. The document must be dated within the last 12 months |                    |
| Name (including prefix): _____   | Title: _____       |
| Organization Name: _____   |                    |
| Mailing Address: _____   |                    |
| Phone Number: _____  | Email: _____       |
| Signature _____  | Date Signed: _____ |

**Operator/Responsible Official Signature**

|                                |                    |
|--------------------------------|--------------------|
| Name (including prefix): _____ | Title: _____       |
| Organization Name: _____       |                    |
| Mailing Address: _____         |                    |
| Phone Number: _____            | Email: _____       |
| Signature _____                | Date Signed: _____ |

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

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

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

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

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

## **ADEM Form 024**

### **Notice of Intent – NPDES General Permit Number ALR100000 (Construction Stormwater)**

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALR100000, Notices of Intent for NPDES General Permit Number ALR100000 (ADEM Form 024) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> is now the only method available for electronic submission of such Notices of Intent.

AEPACS allows for dynamic smart forms to be developed. Therefore, ADEM Form 024 has been transformed into multiple variations suited for the specific purpose of the Notice of Intent. This form package includes the following variations of this form in human readable format:

1. Construction Stormwater (ALR100000) - NOI - New (Form 024)
2. Construction Stormwater (ALR100000) - NOI - Information Update (Form 024)
3. Construction Stormwater (ALR100000) - NOI - Modification/Transfer (Form 024)
4. Construction Stormwater (ALR100000) - NOI - Reissuance (Form 024)

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 024 may not be accepted unless the Department first approves such waiver. **The hardcopy form is also include at the end of this form package.** There are differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

# Construction Stormwater (ALR100000) - NOI - New (Form 024)

## Notice of Intent – Construction Stormwater General Permit Number ALR100000 (Form 024)

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

Priority Construction Site means any site that discharges to a waterbody which is listed on the most recent EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, or any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

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

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

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

### **Instructions**

If your site meets the definition of a Priority Construction Site, a complete and comprehensive CBMPP must be attached to the application submittal. [Click here for an ADEM CBMPP template.](#)

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

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

#### CONTACT INFORMATION

##### *Main Address*

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

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

[Please click here for area assignments and contact information for Construction Stormwater Permit staff.](#)

# Construction Stormwater (ALR100000) - NOI - New (Form 024)

## Form Input

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

### Permittee Information

#### Permittee

Permittee Name

Phone Type    Number                      Extension

Home

Mobile

Other

Business

Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Are you adding a Co-Permittee? \*Select One

Yes  No

#### Co-Permittee

*\*This control is conditionally displayed based on answers provided in the question above*

Co-Permittee Name

Phone Type    Number                      Extension

Home

Mobile

Other

Business

Address Line 1

Address Line 2

City

State/Area

Postal Code

**Responsible Official**

Prefix

First Name      Last Name  
     

Title

Organization Name

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

Email

Physical/Delivery Address  
Address Line 1

Address Line 2

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

**Additional Responsible Officials**

*\* Required if Co-Permittee(s) are included*

**Responsible Official**

Prefix

First Name      Last Name  
     

Title

Organization Name

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

Email

Address Line 1

Address Line 2

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

Country

**Additional Permit Contact(s)**

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



**Permit Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Company Name**

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

**Email**

**Facility/Site Information**

**Facility/Site Name**

**Permittee Organization Type** \*Select One

|  |  |
|--|--|
| <input type="radio"/> Corporation                                    | <input type="radio"/> County Government/Commission |
| <input type="radio"/> Federal  | <input type="radio"/> LLC                          |
| <input type="radio"/> LLP  | <input type="radio"/> Municipality (City or Town)  |
| <input type="radio"/> Partnership                                    | <input type="radio"/> School District or Board     |
| <input type="radio"/> Sole Proprietorship (i.e. Owned by Individual) | <input type="radio"/> State                        |

... (More Options Available)

**Facility/Site Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

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

**Email**

**Address Line 1**

**Address Line 2**

**Location Description**

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

**Facility/Site County** \*Select One

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

**Detailed Directions to the Facility/Site**

**Facility/Site Front Gate Latitude and Longitude**

**Latitude**

**Longitude**

**Is this a linear project?** \*Select One

- Yes
- No

**Beginning Location of Linear Project**

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

**Latitude**

**Longitude**

**Ending Location of Linear Project**

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

**Latitude**

**Longitude**

**Construction Site Type** \*Select All That Apply

- Commercial
- Industrial
- Linear - Highway/Road
- Linear - Utilities
- Multi-Family Residential
- Other
- Single-Family Residential
- Support Activity (i.e. Borrow area)

**Primary SIC Code** \*Select One

- 1521-General Contractors-Single-Family Houses
- 1522-General Contractors-Residential Buildings, Other Than Single-Family
- 1541-General Contractors-Industrial Buildings and Warehouses
- 1542-General Contractors-Nonresidential Buildings, Other than Industrial Buildings and Warehouses
- 1611-Highway and Street Construction, Except Elevated Highways
- 1622-Bridge, Tunnel, and Elevated Highway Construction
- 1623-Water, Sewer, Pipeline, and Communications and Power Line Construction
- 1629-Heavy Construction

**Primary NAICS Code** \*Select One

- 236115-New Single-Family Housing Construction (except For-Sale Builders)
- 236116-New Multifamily Housing Construction (except For-Sale Builders)
- 236117-New Housing For-Sale Builders
- 236210-Industrial Building Construction
- 236220-Commercial and Institutional Building Construction
- 237110-Water and Sewer Line and Related Structures Construction
- 237120-Oil and Gas Pipeline and Related Structures Construction
- 237130-Power and Communication Line and Related Structures Construction
- 237310-Highway, Street, and Bridge Construction
- 237990-Other Heavy and Civil Engineering Construction
- ... (More Options Available)

**Additional Site Contact(s)**

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

**Facility Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

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

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

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

**Country**

**Project Information**

**Brief Description of activity(s):**

**Total Facility/Site Area (acres)**

**Total Disturbed Area (acres)**

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

**Anticipated Commencement Date**

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

**Anticipated Completion Date**

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

Yes    No

**Safety Data Sheet (SDS)**

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Are there any surface waters within 25 feet of your project's land disturbances?** *\*Select One*

Yes    No

**Reminder:**

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

Site CBMPP must meet Part III.B. of the permit.

### Inspection Status

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

Yes  No

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

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

### Priority Construction Site

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? If yes, please attach a copy of the CBMPP that meets or exceeds the requirements of the construction stormwater general permit.

Yes  No

### Attach CBMPP

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

Please attach a copy of the CBMPP that meets or exceeds the requirements of Parts III A. and E. of the construction stormwater general permit.

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

Comment

Confidential (Reason for Confidentiality)

### Outfalls

Feature Type <sup>\*Select One</sup>

Outfall

Outfall - Point where the discharge leaves the site.

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

Outfall Identifier

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

Location of Outfall

Latitude

Longitude

### Receiving Water(s)

RECEIVING WATER(S)

| ID | Receiving Water | UT | Strm Sewer | MS4 | A&I | F&W | LWF | PWS | SH | S |
|----|-----------------|----|------------|-----|-----|-----|-----|-----|----|---|
|    |                 |    |            |     |     |     |     |     |    |   |

WATER USE CLASSIFICATION DESCRIPTIONS:

A&I - Agricultural and Industrial Water Supply

F&W - Fish and Wildlife

LWF - Limited Warmwater Fishery

PWS - Public Water Supply

SH - Shell Harvesting

S - Swimming and Other Whole Body Contact Sports

### Topographic Map Submittal

Topographic Map

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

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

Comment

Confidential (Reason for Confidentiality)

## Qualified Credentialed Professional (QCP) Certification

### QCP Designation \*Select One

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

### Registration / Certification Number

### Qualified Credentialed Professional

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

## Duly Authorized Representative (DAR)

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

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

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

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

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

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

- Yes  No

### DAR Documentation

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

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

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

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

### Comment

Confidential (Reason for Confidentiality)

**Authorized Rep**

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

**Duly Authorized Representative**

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

# Construction Stormwater (ALR100000) - NOI - Information Update (Form 024)

## Construction Stormwater-Information Update for Permitted Facilities/Sites

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

The following information may be updated for permitted facilities/sites on this form:

- Change in Responsible Official
- Change in Facility Contact information
- Change in QCP for the site/facility
- Change in Duly Authorized Representative (DAR)
- Suspension of Monitoring Request
- Decrease in Disturbed Area (acreage)
- Deletion of Receiving Water(s)
- Addition and/or Deletion of Outfalls Only
- Change in Flocculant Details

### **Instructions**

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

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

#### CONTACT INFORMATION

##### *Main Address*

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

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

[Please click here for area assignments and contact information for Construction Stormwater Permit staff.](#)

# Construction Stormwater (ALR100000) - NOI - Information Update (Form 024)

## Form Input

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

### Processing Information

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

Are you updating Responsible Official Contact information? <sup>\*Select One</sup>

Yes  No

Are you updating Facility/Site Contact information? <sup>\*Select One</sup>

Yes  No

Are you deleting Receiving Waters that the site discharges to? <sup>\*Select One</sup>

Yes  No

Please provide a list of receiving waters that the permittee no longer discharges to:

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

Are you deleting Outfall Points (points where stormwater leaves site)? <sup>\*Select One</sup>

Yes  No

Are you adding Outfall Points (points where stormwater leaves site) associated with CURRENTLY permitted receiving waters? <sup>\*Select One</sup>

Yes  No

Will the additional Outfall discharge to a previously permitted Receiving Water? <sup>\*Select One</sup>

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

Yes  No

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

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

Are you decreasing Facility/Site acreage and/or Total Disturbed acreage? <sup>\*Select One</sup>

Yes  No

Are you adding or changing Flocculants? <sup>\*Select One</sup>

Yes  No

Are you requesting a Suspension of Monitoring? <sup>\*Select One</sup>

Yes  No

Are you updating QCP Contact information? <sup>\*Select One</sup>

Yes  No

### Form Submission Reason

Minor Modification

### Permit Information

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

#### Permit Number

#### Permittee

Permittee Name

Phone Type    Number                      Extension

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

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

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

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

#### Mailing Address

Address Line 1

Address Line 2

City    State/Area    Postal Code

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

### Responsible Official Contact(s)

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



**Responsible Official**

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

**Additional Permit Contact(s)**

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

**Permit Contact**

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

**Facility/Site Information**

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

**Facility/Site Name**

**Facility/Site Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

**Organization Name**

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

**Email**

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

Yes  No

**Facility/Site Address or Location Description**

**Address Line 1**

**Address Line 2**

**Location Description**

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

**Facility/Site County** \*Select One

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

**Detailed Directions to the Facility/Site**

**Facility/Site Front Gate Latitude and Longitude**

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

Is this a linear project? \*Select One

Yes  No

**Beginning Location of Linear Project**

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

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

**Ending Location of Linear Project**

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

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

**Additional Site Contact(s)**

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

## Facility Contact

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

## Project Information

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

### Anticipated Commencement Date

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

### Anticipated Completion Date

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

Yes

### Safety Data Sheet (SDS)

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

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

### Comment

Confidential (Reason for Confidentiality)

## Acreage

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

### NOTE

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

### Total Facility/Site Area (acres)

### Total Disturbed Area (acres)

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

## Outfalls

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

**Feature Type** \*Select One

Outfall

**Outfall - Point where the discharge leaves the site.**

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

**Outfall Identifier**

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

**Location of Outfall**

**Latitude**

**Longitude**

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

**Receiving Water(s)**

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

**RECEIVING WATER(S)**

| ID                   | Receiving Water      | UT                   | Strm Sewer           | MS4                  | A&I                  | F&W                  | LWF                  | PWS                  | SH                   | S                    |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Suspension of Monitoring**

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

**Suspension Request**

Please attach the written request for suspension.

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Inspection Report**

Please attach the most recent Inspection Report.

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Qualified Credentialed Professional (QCP) Certification**

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

**QCP Designation** \*Select One

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

**Registration / Certification Number**

**Qualified Credentialed Professional**

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

**Duly Authorized Representative (DAR)**

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

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

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

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

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

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

Yes  No

**DAR Documentation**

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

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

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Authorized Rep**

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

**Prefix****First Name****Last Name****Title****Organization Name****Phone Type**

\*Only one phone number is accepted

**Number****Extension**

Home

Mobile

Other

Business

**Email****Mailing Address****Address Line 1****Address Line 2****City****State/Area****Postal Code****Country****Topographic Map Submittal**

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

**Topographic Map**

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

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

**Comment** Confidential (Reason for Confidentiality)**Additional Document Submittals****Additional Documents (Optional)**

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

**Comment** Confidential (Reason for Confidentiality)

# Construction Stormwater (ALR100000) - NOI - Modification/Transfer (Form 024)

## Construction Stormwater-Modification and/or Transfer of Permit Coverage

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

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

- Permittee name change (Requires a signed Transfer Agreement, Form 466)
- Change of ownership (Requires a signed Transfer Agreement, Form 466)
- Facility name change
- Addition of a Co-Permittee
- Addition of receiving water(s) and outfalls associated with the additional receiving waters
- For Priority sites – CBMPP will need to be resubmitted if adding receiving waters

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

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

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

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

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

Priority Construction Site means any site that discharges to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, and any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

## Instructions

If your site meets the definition of a Priority Construction Site, a complete and comprehensive CBMPP must be attached to the application submittal. [Click here for an ADEM CBMPP template.](#)

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

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

### CONTACT INFORMATION

#### Main Address

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

### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

### ADDITIONAL LINKS

[Please click here for area assignments and contact information for Construction Stormwater Permit staff.](#)

# Construction Stormwater (ALR100000) - NOI - Modification/Transfer (Form 024)

## Form Input

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

### Processing Information

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

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

- Modification       Modification with Transfer of Ownership  
 Transfer of Ownership Only

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

Please download, print, and sign the following:

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

Attach Transfer Agreement (Form 466)

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

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

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

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

Comment

Confidential (Reason for Confidentiality)

Are you adding a Co-Permittee? \*Select One

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

- Yes    No

This is the current Facility/Site Name:

*Calculated*

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

- Yes    No

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

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

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

- Yes    No

Are you adding/changing receiving waters? If a priority site, submittal of updated CBMPP may be required. \*Select One

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

- Yes    No

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

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

- Yes    No

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

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

- Yes    No

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

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

- Yes    No

Form Submission Reason

*Calculated*

### Permit Information

Permit Number



**Permittee**

**Permittee Name**

**Phone Type    Number                      Extension**

Home

Mobile

Other

Business

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City    State/Area    Postal Code**

**Co-Permittee**

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

**Co-Permittee Name**

**Phone Type    Number                      Extension**

Home

Mobile

Other

Business

**Address Line 1**

**Address Line 2**

**City    State/Area    Postal Code**

**Responsible Official**

**Prefix**

**First Name                      Last Name**

**Title**

**Organization Name**

**Phone Type                      Number                      Extension**

Home

Mobile

Other

Business

**Email**

**Physical/Delivery Address**

**Address Line 1**

**Address Line 2**

**City    State/Area    Postal Code**

**Additional Responsible Officials**

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

**Responsible Official**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

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

**Email**

**Address Line 1**

**Address Line 2**

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

**Country**

**Additional Permit Contact(s)**

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

**Permit Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Company Name**

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

**Email**

**Facility/Site Information**

**Facility/Site Name**

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

**Permittee Organization Type** \*Select One

- |  |  |
|--|--|
| <input type="radio"/> Corporation                                    | <input type="radio"/> County Government/Commission |
| <input type="radio"/> Federal  | <input type="radio"/> LLC                          |
| <input type="radio"/> LLP  | <input type="radio"/> Municipality (City or Town)  |
| <input type="radio"/> Partnership                                    | <input type="radio"/> School District or Board     |
| <input type="radio"/> Sole Proprietorship (i.e. Owned by Individual) | <input type="radio"/> State                        |

... (More Options Available)

**Facility/Site Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

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

**Email**

**Facility/Site Address or Location Description***\*This control is conditionally displayed based on answers provided in other parts of the form*

**Address Line 1**

**Address Line 2**

**Location Description**

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

**Facility/Site County** \*Select One*\*This control is conditionally displayed based on answers provided in other parts of the form*

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

**Detailed Directions to the Facility/Site***\*This control is conditionally displayed based on answers provided in other parts of the form*

**Facility/Site Front Gate Latitude and Longitude***\*This control is conditionally displayed based on answers provided in other parts of the form*

| <b>Latitude</b>      | <b>Longitude</b>     |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

**Is this a linear project?** \*Select One*\*This control is conditionally displayed based on answers provided in other parts of the form*

- Yes     No

**Beginning Location of Linear Project***\*This control is conditionally displayed based on answers provided in other parts of the form*

| <b>Latitude</b>      | <b>Longitude</b>     |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

**Ending Location of Linear Project***\*This control is conditionally displayed based on answers provided in other parts of the form*

| <b>Latitude</b>      | <b>Longitude</b>     |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

**Construction Site Type** \*Select All That Apply*\*This control is conditionally displayed based on answers provided in other parts of the form*

- Commercial       Industrial  
 Linear - Highway/Road     Linear - Utilities  
 Multi-Family Residential     Other  
 Single-Family Residential     Support Activity (i.e. Borrow area)

**Primary SIC Code** \*Select One

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

- 1521-General Contractors-Single-Family Houses
- 1522-General Contractors-Residential Buildings, Other Than Single-Family
- 1541-General Contractors-Industrial Buildings and Warehouses
- 1542-General Contractors-Nonresidential Buildings, Other than Industrial Buildings and Warehouses
- 1611-Highway and Street Construction, Except Elevated Highways
- 1622-Bridge, Tunnel, and Elevated Highway Construction
- 1623-Water, Sewer, Pipeline, and Communications and Power Line Construction
- 1629-Heavy Construction

**Primary NAICS Code** \*Select One

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

- 236115-New Single-Family Housing Construction (except For-Sale Builders)
- 236116-New Multifamily Housing Construction (except For-Sale Builders)
- 236117-New Housing For-Sale Builders
- 236210-Industrial Building Construction
- 236220-Commercial and Institutional Building Construction
- 237110-Water and Sewer Line and Related Structures Construction
- 237120-Oil and Gas Pipeline and Related Structures Construction
- 237130-Power and Communication Line and Related Structures Construction
- 237310-Highway, Street, and Bridge Construction
- 237990-Other Heavy and Civil Engineering Construction

... (More Options Available)

**Additional Site Contact(s)**

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

**Facility Contact**

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

\*Only one phone number is accepted

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Country**

**Project Information**

**Brief Description of activity(s):**

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

**Total Facility/Site Area (acres)**

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

**Total Disturbed Area (acres)**

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

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

**Anticipated Commencement Date**

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

**Anticipated Completion Date**

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

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

- Yes  No

**Safety Data Sheet (SDS)**

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

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Are there any surface waters within 25 feet of your project's land disturbances?** \*Select One

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

- Yes  No

**Reminder:**

\*This control is conditionally displayed based on answers provided in other parts of the form  
Site CBMPP must meet Part III.B. of the permit.

**Priority Construction Site**

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

**Attach CBMPP**

Please attach a copy of the CBMPP that meets or exceeds the requirements of Parts III A. and E. of the construction stormwater general permit.

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Outfalls**

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

**Feature Type** \*Select One

- Outfall

**Outfall - Point where the discharge leaves the site.**

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

**Outfall Identifier**

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

**Location of Outfall**

**Latitude**

**Longitude**

**Receiving Water(s)**

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

**RECEIVING WATER(S)**

| ID                   | Receiving Water      | UT                   | Strm Sewer           | MS4                  | A&I                  | F&W                  | LWF                  | PWS                  | SH                   | S                    |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

Please select at least one Waterbody Use Classification using an "X". For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. If the segment of the receiving water to which the facility discharges has not been assigned a water use classification, select "F&W" (Fish and Wildlife).

**Topographic Map Submittal**

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

**Topographic Map**

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Qualified Credentialed Professional (QCP) Certification**

**QCP Designation** \*Select One

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

**Registration / Certification Number**

**Qualified Credentialed Professional**

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Duly Authorized Representative (DAR)**

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

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

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

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

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

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

- Yes
- No

**DAR Documentation**

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

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

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Authorized Rep**

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

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

\*Only one phone number is accepted

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Country**

**Additional Attachment(s) for Permit Transfers Only**

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

Please provide an updated topographic map.

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

**Comment**

Confidential (Reason for Confidentiality)

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

Yes  No

**Please provide an updated CBMPP.**

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

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

**Comment**

Confidential (Reason for Confidentiality)



# Construction Stormwater (ALR100000) - NOI - Reissuance (Form 024)

## Construction Stormwater – Reissuance (Form 024)

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

Any Permittee authorized to discharge under the April 1, 2016 NPDES Construction General Permit, who wishes to continue to discharge upon the expiration of that permit, shall submit a complete NOI to be covered by this reissued General Permit. Such NOI shall be submitted at least 30 days prior to the expiration date of the April 1, 2016 NPDES Construction General Permit.

Failure of the Permittee to submit a complete NOI for reauthorization under this permit at least 30 days prior to the permit's expiration will void the automatic continuation of the authorization to discharge under that permit as provided by ADEM Admin. Code r. 335-6-6-.06. Should the permit not be reissued for any reason prior to its expiration date, Permittees who failed to meet the 30-day submittal deadline will be illegally discharging without a permit after the expiration date of the April 1, 2016 permit.

Priority Construction Site means any site that discharges to waterbody which is listed on the most recent EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, and any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

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

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

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

### Instructions

If your site meets the definition of a Priority Construction Site, as described above, a complete and comprehensive CBMPP must be attached to the application submittal. [Click here for an ADEM CBMPP template.](#)

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

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

#### CONTACT INFORMATION

##### Main Address

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

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

[Please click here for area assignments and contact information for Construction Stormwater Permit staff.](#)

# Construction Stormwater (ALR100000) - NOI - Reissuance (Form 024)

## Form Input

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

### Processing Information

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

Yes  No

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

Please download, print, and sign the following:

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

Attach Transfer Agreement (Form 466)

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

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

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

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

Comment

Confidential (Reason for Confidentiality)

Are you adding a Co-Permittee? <sup>\*Select One</sup>

Yes  No

This is the current Facility/Site Name:

Calculated

Are you changing the Facility/Site Name? <sup>\*Select One</sup>

Yes  No

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

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

Do you have additional facility contacts associated with this site? <sup>\*Select One</sup>

Yes  No

Are you adding/changing receiving waters? If a priority site, submittal of updated CBMPP may be required. <sup>\*Select One</sup>

Yes  No

Are you adding/changing outfall coordinates? If a priority site, submittal of updated CBMPP may be required. <sup>\*Select One</sup>

Yes  No

Has the total and/or disturbed acreage changed from the previous NOI submitted? <sup>\*Select One</sup>

Yes  No

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

Yes  No

Form Submission Reason

Reissuance

### Permit Information

Permit Number

**Permittee**

**Permittee Name**

**Phone Type    Number                      Extension**

Home

Mobile

Other

Business

**Mailing Address**

**Address Line 1**

**Address Line 2**

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

**Co-Permittee**

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

**Co-Permittee Name**

**Phone Type    Number                      Extension**

Home

Mobile

Other

Business

**Address Line 1**

**Address Line 2**

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

**Responsible Official**

**Prefix**

**First Name                      Last Name**

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

**Title**

**Organization Name**

**Phone Type                      Number                      Extension**

Home

Mobile

Other

Business

**Email**

**Physical/Delivery Address**

**Address Line 1**

**Address Line 2**

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

**Additional Responsible Officials**

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

**Responsible Official**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

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

**Email**

**Address Line 1**

**Address Line 2**

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

**Country**

**Additional Permit Contact(s)**

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

**Permit Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

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

**Email**

**Facility/Site Information**

**Facility/Site Name**

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

**Permittee Organization Type** \*Select One

- |  |  |
|--|--|
| <input type="radio"/> Corporation                                    | <input type="radio"/> County Government/Commission |
| <input type="radio"/> Federal  | <input type="radio"/> LLC                          |
| <input type="radio"/> LLP  | <input type="radio"/> Municipality (City or Town)  |
| <input type="radio"/> Partnership                                    | <input type="radio"/> School District or Board     |
| <input type="radio"/> Sole Proprietorship (i.e. Owned by Individual) | <input type="radio"/> State                        |

... (More Options Available)

**Facility/Site Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

**Organization Name**

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

**Email**

**Facility/Site Address or Location Description**

**Address Line 1**

**Address Line 2**

**Location Description**

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

**Facility/Site County** \*Select One

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

**Detailed Directions to the Facility/Site**

**Facility/Site Front Gate Latitude and Longitude**

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

**Is this a linear project?** \*Select One

- Yes
- No

**Beginning Location of Linear Project**

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

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

**Ending Location of Linear Project**

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

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

**Construction Site Type** \*Select All That Apply

- Commercial
- Industrial
- Linear - Highway/Road
- Linear - Utilities
- Multi-Family Residential
- Other
- Single-Family Residential
- Support Activity (i.e. Borrow area)

**Primary SIC Code** \*Select One

- 1521-General Contractors-Single-Family Houses
- 1522-General Contractors-Residential Buildings, Other Than Single-Family
- 1541-General Contractors-Industrial Buildings and Warehouses
- 1542-General Contractors-Nonresidential Buildings, Other than Industrial Buildings and Warehouses
- 1611-Highway and Street Construction, Except Elevated Highways
- 1622-Bridge, Tunnel, and Elevated Highway Construction
- 1623-Water, Sewer, Pipeline, and Communications and Power Line Construction
- 1629-Heavy Construction

**Primary NAICS Code** \*Select One

- 236115-New Single-Family Housing Construction (except For-Sale Builders)
  - 236116-New Multifamily Housing Construction (except For-Sale Builders)
  - 236117-New Housing For-Sale Builders
  - 236210-Industrial Building Construction
  - 236220-Commercial and Institutional Building Construction
  - 237110-Water and Sewer Line and Related Structures Construction
  - 237120-Oil and Gas Pipeline and Related Structures Construction
  - 237130-Power and Communication Line and Related Structures Construction
  - 237310-Highway, Street, and Bridge Construction
  - 237990-Other Heavy and Civil Engineering Construction
- ... (More Options Available)

**Additional Site Contact(s)**

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

**Facility Contact**

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

\*Only one phone number is accepted

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Country**

**Project Information**

**Brief Description of activity(s):**

**Total Facility/Site Area (acres)**

**Total Disturbed Area (acres)**

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

**Anticipated Commencement Date**

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

**Anticipated Completion Date**

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

- Yes
- No

**Safety Data Sheet (SDS)**

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Are there any surface waters within 25 feet of your project's land disturbances?** \*Select One

Yes  No

**Reminder:**

*\*This control is conditionally displayed based on answers provided in other parts of the form*  
Site CBMPP must meet Part III.B. of the permit.

**Priority Construction Site**

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

**Attach CBMPP**

Please attach a copy of the CBMPP that meets or exceeds the requirements of Parts III A. and E. of the construction stormwater general permit.

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Outfalls**

**Feature Type** \*Select One

Outfall

**Outfall - Point where the discharge leaves the site.**

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

**Outfall Identifier**

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

**Location of Outfall**

**Latitude**

**Longitude**

**Receiving Water(s)**

**RECEIVING WATER(S)**

| ID | Receiving Water | UT | Strm Sewer | MS4 | A&I | F&W | LWF | PWS | SH | S |
|----|-----------------|----|------------|-----|-----|-----|-----|-----|----|---|
|    |                 |    |            |     |     |     |     |     |    |   |

**WATER USE CLASSIFICATION DESCRIPTIONS:**

- A&I - Agricultural and Industrial Water Supply
- F&W - Fish and Wildlife
- LWF - Limited Warmwater Fishery
- PWS - Public Water Supply
- SH - Shell Harvesting
- S - Swimming and Other Whole Body Contact Sports

**Topographic Map Submittal**

**Topographic Map**

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Qualified Credentialed Professional (QCP) Certification**

**QCP Designation** \*Select One

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

**Registration / Certification Number**

**Qualified Credentialed Professional**

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Duly Authorized Representative (DAR)**

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

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

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

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

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

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

- Yes
- No



**DAR Documentation**

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

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

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Authorized Rep**

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

**Prefix****First Name****Last Name****Title****Organization Name****Phone Type**

\*Only one phone number is accepted

**Number****Extension**

Home

Mobile

Other

Business

**Email****Mailing Address****Address Line 1****Address Line 2****City****State/Area****Postal Code****Country**

# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALR100000

### (CONSTRUCTION STORMWATER)

**Instructions:** This form may be used to submit a Notice of Intent for coverage under NPDES Permit Number ALR100000 **ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6).** NPDES Permit Number ALR100000 is the general permit authorizing discharges associated with construction activities that result in a total land disturbance of one (1) acre or greater and sites less than one (1) acre but are part of a larger common plan of development or sale. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing. Attach CBMPP and other additional information as needed.

#### PURPOSE OF THIS NOI

- |   |   |
|---|---|
| <input type="checkbox"/> Initial NOI for New Facility<br><input type="checkbox"/> Modification of General Permit No. ALR_____<br><input type="checkbox"/> Transfer of General Permit No. ALR_____ | <input type="checkbox"/> Reissuance of General Permit ALR_____<br><input type="checkbox"/> Other_____ |
|---|---|

#### I. PERMITTEE INFORMATION

##### Permittee

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

##### Co-Permittee

(Leave blank if only one permittee will hold the permit. If more than one Co-Permittee is requested, include below information for each on a separate page)

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

#### II. FACILITY INFORMATION

|   |                                    |   |                                 |           |
|---|------------------------------------|---|---------------------------------|-----------|
| Facility/Site Name  |                                    | Facility/Site Contact Name                                | Facility/Site Contact Title     |           |
| Facility/Site Street Address or Location Description  |                                    | Facility/Site Contact Company Name                        |                                 |           |
| City  | Zip Code                           | Facility/Site Contact Phone Number (Provide at least one) |                                 |           |
|   |                                    | Office:   | Cell:                           |           |
| County(s)   |                                    | Facility/Site Contact Email Address                       |                                 |           |
| <b>Facility Latitude and Longitude (Decimal or Deg. Min. Sec.) [Provide the set of coordinates below appropriate for the project type, non-linear vs. linear]</b> |                                    |   |                                 |           |
| Non-Linear Project  | <i>Front Gate Coordinates</i>      |   |                                 |           |
|   | Latitude                           |   | Longitude                       |           |
| Linear Project  | <i>Beginning Point Coordinates</i> |   | <i>Ending Point Coordinates</i> |           |
|   | Latitude                           | Longitude   | Latitude                        | Longitude |
| Detailed Directions to Facility/Site  |                                    |   |                                 |           |

**III. ACTIVITY DESCRIPTION**

Brief Description of Construction / Land disturbance activity(s):

---

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

---

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. PRIORITY CONSTRUCTION SITE**

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit?  Yes  No

If yes, attach/submit a copy of the CBMPP that meets or exceeds the requirements of Parts III A. and E. of the construction stormwater general permit.

**VI. 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). The map(s) at a minimum must include the following, which should be clearly identified (please include a key for symbols and a scale) on the map(s):

- (1) Site/project boundaries;
- (2) Proposed permit boundaries;
- (3) Property boundaries (non linear project only);
- (4) Area(s) of disturbance;
- (5) One (1) mile radius;
- (6) Entrance(s)/Exit(s);
- (7) Outfall(s);
- (8) Receiving stream(s); and
- (9) Begin and End Project Locations (Linear project only).

For subdivisions and/or common plans of development or sale, please provide a current plat map of the development.

**VII. OUTFALLS**

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

| Topo Map Identifier | Latitude | Longitude |
|---------------------|----------|-----------|
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |

**VIII. RECEIVING WATERS**

Are there any surface waters within 25 feet of your project's earth disturbances?  Yes  No

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

| Receiving Water | UT                       | Storm Sewer              | MS4                      | Waterbody Classification (At least one must be selected) |                          |                          |                          |                          |                          |
|-----------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                 |                          |                          |                          | A&T  | F&W                      | LWF                      | PWS                      | SH                       | S                        |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**IX. GENERAL INFORMATION**

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

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

**X. QUALIFIED CREDENTIALLED PROFESSIONAL (QCP) CERTIFICATION**

"I certify under penalty of law that a comprehensive Construction Best Management Practices Plan (CBMPP) 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 site/activity, and associated regulated areas/activities. The CBMPP meets the requirements of this permit and if properly implemented and maintained by the operator, 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 CBMPP describes the erosion and sediment control measures that must be fully implemented and regularly maintained as needed at the permitted site in accordance with sound sediment and erosion control practices to ensure the protection of water quality."

QCP Designation/Description: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Registration/Certification # \_\_\_\_\_

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

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

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

**XI. DULY AUTHORIZED REPRESENTATIVE (DAR)**

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

Name (including prefix): \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

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

**XII. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE**

"I certify under penalty of law that this form, the CBMPP, 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 registration have been evaluated for the presence of any non-construction and/or coal/mineral mining stormwater, or process wastewaters have been fully identified."

Name \_\_\_\_\_ Official Title \_\_\_\_\_

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

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

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

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

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

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

**ADEM Form 025**  
**NPDES Construction Stormwater**  
**Noncompliance Notification Report**

The Department's preferred method of submittal of the NPDES Construction Stormwater Noncompliance Notification Report is electronically via ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> .This form package includes both the AEPACS electronic version in a human readable format and the hardcopy version. Since AEPACS allows for dynamic smart forms to be developed, there are differences between the forms due to the availability of conditionality and the ability to prefill data fields in the electronic version of the form.

# Construction Stormwater Noncompliance Notification Report (Form 025)

Respond with "n/a" as appropriate. Forms with incomplete or incorrect answers will be returned and may result in appropriate compliance action by the department.

## CONTACT INFORMATION

### *Main Address*

Alabama Department of Environmental Management  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

### CONTACTS

Phone : 334-271-7700

# Construction Stormwater Noncompliance Notification Report (Form 025)

## Form Input

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

### Permittee Information

Permit Number

Permittee Name

Permittee Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Fax

Address Line 1

Address Line 2

Location Description

City

State/Area

Postal Code

### Facility/Site Information

Facility/Site Name

Facility/Site Address

Address Line 1

Address Line 2

Location Description

City

State/Area

Postal Code

County \*Select One

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

**Facility Contact**

|                      |                      |
|----------------------|----------------------|
| <b>First Name</b>    | <b>Last Name</b>     |
| <input type="text"/> | <input type="text"/> |

**Title**

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

**Email**

**Address Line 1**

**Address Line 2**

**Location Description**

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

**Description of Noncompliance or Noncompliant Discharge**

**Details**

**Attachments**

**Details**

**Inspection/BMP Reports**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.htm,\*.html,\*.htm,\*.HTML,\*.html,\*.Html,\*.htm,\*.html,\*.Html,\*.JPG,\*.jpg,\*.Jpeg,\*.jpeg,\*.Jpe,\*.jpe,\*.Jpg,\*.png,\*.PNG,\*.png,\*.Png,\*.Png,\*.Png,\*.tif,\*.TIF,\*.tif,\*.Tif,\*.Tif,\*.Tif,\*.txt,\*.TXT,\*.txt,\*.Txt,\*.Txt,\*.Txt,\*.xls,\*.xls,\*.Xls,\*.xlsx,\*.xlsx,\*.Xlsx,\*.xlsx,\*.Xlsx,\*.xlsx,\*.zip,\*.ZIP,\*.zip,\*.Zip,\*.Zip,\*.Zip

**Comment**

Confidential (Reason for Confidentiality)

**Photographs**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.htm,\*.html,\*.htm,\*.HTML,\*.html,\*.Html,\*.htm,\*.html,\*.Html,\*.JPG,\*.jpg,\*.Jpeg,\*.jpeg,\*.Jpe,\*.jpe,\*.Jpg,\*.png,\*.PNG,\*.png,\*.Png,\*.Png,\*.Png,\*.tif,\*.TIF,\*.tif,\*.Tif,\*.Tif,\*.Tif,\*.txt,\*.TXT,\*.txt,\*.Txt,\*.Txt,\*.Txt,\*.xls,\*.xls,\*.Xls,\*.xlsx,\*.xlsx,\*.Xlsx,\*.xlsx,\*.Xlsx,\*.xlsx,\*.zip,\*.ZIP,\*.zip,\*.Zip,\*.Zip,\*.Zip

**Comment**

Confidential (Reason for Confidentiality)



**Sampling Results**

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Cause of Noncompliance**

**Details**

**Period of Noncompliance**

**Noncompliance Start Date**

**Noncompliance Start Time**

**Noncompliance End Date**

**Noncompliance End Time**

**Details**

**Proposed Compliance Schedule**

**Details**

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NPDES CONSTRUCTION STORMWATER NONCOMPLIANCE NOTIFICATION REPORT**

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 IN INK.

Complete this form, attach additional information as necessary, and send report to ADEM.

Item I.

|  |            |                            |       |     |
|--|------------|----------------------------|-------|-----|
| Permittee Name   |            | Facility/Site Name         |       |     |
| NPDES<br>ALR10   | County     | Facility Contact and Title |       |     |
| Facility Street Address <u>or</u> Location Description |            | City                       | State | Zip |
| Phone Number   | Fax Number | E-Mail Address             |       |     |

Item II.

|  |
|--|
| DESCRIPTION OF NONCOMPLIANCE OR NONCOMPLIANT DISCHARGE:<br><br>_____ |
|--|

Item III.

|  |
|--|
| INSPECTION AND BMP CERTIFICATION REPORT(S), ANY PHOTOGRAPHS, AND ANY SAMPLING RESULTS <u>ARE ATTACHED</u> . IF NOT, PLEASE EXPLAIN:<br><br>_____ |
|--|

Item IV.

|                                      |
|--------------------------------------|
| CAUSE OF NONCOMPLIANCE:<br><br>_____ |
|--------------------------------------|

Item V.

|   |
|---|
| PERIOD OF NONCOMPLIANCE: (Include exact date(s) and time(s) or, if not corrected, the anticipated time the noncompliance is expected to continue):<br><br>_____ |
|---|

Item VI.

|   |
|---|
| DESCRIPTION OF STEPS TAKEN AND/OR BEING TAKEN (PROPOSED COMPLIANCE SCHEDULE) TO REDUCE AND/OR ELIMINATE THE NONCOMPLYING DISCHARGE, REPAIR/REPLACE/UPGRADE BMPs, AND TO PREVENT ITS RECURRENCE:<br><br>_____<br>_____ |
|---|

“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 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 am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

|                           |           |      |
|---------------------------|-----------|------|
| Name & Designation of QCP | Signature | Date |
|---------------------------|-----------|------|

|  |           |      |
|--|-----------|------|
| Name & Title of Permittee Responsible Official | Signature | Date |
|--|-----------|------|

## **ADEM Form 028**

### **Notice of Intent – NPDES General Permit Number ALG870000 (Pesticides)**

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALG870000, Notices of Intent for NPDES General Permit Number ALG870000 (ADEM Form 028) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> is now the only method available for electronic submission of such Notices of Intent.

AEPACS allows for dynamic smart forms to be developed. Therefore, ADEM Form 028 has been transformed into multiple variations suited for the specific purpose of the Notice of Intent. This form package includes the following variations of this form in human readable format:

1. Pesticides (ALG870000) - NOI - New (Form 028)
2. Pesticides (ALG870000) - NOI - Information Update (Form 028)
3. Pesticides (ALG870000) - NOI - Modification/Transfer (Form 028)
4. Pesticides (ALG870000) - NOI - Reissuance (Form 028)

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 028 may not be accepted unless the Department first approves such waiver. **The hardcopy form is also include at the end of this form package.** There are differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

# Pesticides (ALG870000) - NOI - New (Form 028)

## Notice of Intent – Pesticides General Permit (PGP) Number ALG870000 (Form 028)

NPDES permit ALG870000 is a general permit authorizing discharges associated with pesticide applications in, over, or near waters of the state. This permit is available to Operators who discharge to waters of the State, from the application of (1) biological pesticides or (2) chemical pesticides that leave a residue, when the pesticide application is for one of the following pesticide use patterns: (a) Mosquito and other flying insect pest control;(b) weed and algae pest control;(c) animal pest control; (d) forest canopy or other area-wide pest control (as defined in Permit Part I.B.)

Operators meeting the eligibility provisions outlined in Part I.B., and whose discharges are not subject to the requirement to submit an NOI, as defined in Part I.C.2., are automatically authorized to discharge upon the effective date of this permit, October 31,2016,in compliance with the requirements of this permit without submission of an NOI.

Any operator exceeding an annual treatment area threshold listed in Table 1 (Permit Part I.C.2.) below is required to submit an NOI to obtain coverage under this general permit for discharges to waters of the State as a result of the application of pesticides.

### Permit Part I.C.2.

| <b>Table 1. Annual Treatment Area Thresholds</b> |  |
|--|--|
| <b>Pesticide Use</b>                             | <b>Annual Threshold</b>  |
| Mosquitoes and Other Flying Insect Pest Control  | During a calendar year, treating with adulticide, 6400 acres of treatment area                       |
| Weed and Algae Pest Control:                     |  |
| - In Water                                       | During a calendar year, 100 surface acres of water   |
| - At Water's Edge                                | During a calendar year, 100 linear miles of treatment area in waters of the State or at water's edge |
| Animal Pest Control:                             |  |
| - In Water                                       | During a calendar year, 100 surface acres of water   |
| - At Water's Edge                                | During a calendar year, 100 linear miles of treatment area in waters of the State or at water's edge |
| Forest Canopy or Other Area-Wide Pest Control    | During a calendar year, 6400 acres of treatment area   |

Pursuant to Part I.B.2(a) of the general permit, discharges from a pesticide application to a water of the State are not authorized by this permit if the water is identified as being impaired by that pesticide or its degradates. For the purposes of this permit, impaired waters are those that have been identified by the State, pursuant to Section 303(d) of the CWA, as not meeting applicable State water quality standards and those waters with EPA approved or EPA-established Total Maximum Daily Loads (TMDLs) for a pesticide or its degradates.

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

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

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

### Pesticide Discharge Management Plans (PDMP)

Any Operator who is required to submit NOI, must prepare a Pesticide Discharge Management Plan (PDMP) by the time the NOI is filed.

Click the link below for a template of the PDMP:

<http://adem.alabama.gov/programs/water/waterforms/FINALADEMPGP-PDMPTemplate5-9-12.pdf>

### Instructions

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

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

#### CONTACT INFORMATION

##### Main Address

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

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

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

# Pesticides (ALG870000) - NOI - New (Form 028)

## Form Input

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

## Processing Information

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

### Can this be covered by a General Permit?

Pursuant to Part I.B.2(a) of the general permit, discharges from a pesticide application to a water of the State are not authorized by this permit if the water is identified as being impaired by that pesticide or its degradates. For the purposes of this permit, impaired waters are those that have been identified by the State, pursuant to Section 303(d) of the CWA, as not meeting applicable State water quality standards and those waters with EPA approved or EPA-established Total Maximum Daily Loads (TMDLs) for a pesticide or its degradates.

Is/are the receiving water(s) impaired for the pesticide(s) being used, an active ingredient of the pesticide, or a degradate of an active ingredient of the pesticide(s)? <sup>\*Select One</sup>

Yes  No

## Operator/Permittee Information

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

### Applicant

Operator/Permittee Name

Email

Address Line 1

Address Line 2

City

State/Area

Postal Code

### Mailing Contact

First Name

Last Name

Title

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Address Line 1

Address Line 2

City

State/Area

Postal Code

## Responsible Official

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

**Responsible Official**

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

**Additional Permit Contact(s)**

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

**Permit Contact**

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

**Operator Physical Address/Information**

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

**Organization Type** \*Select One

- |  |  |
|--|--|
| <input type="radio"/> Corporation                                    | <input type="radio"/> County Government/Commission |
| <input type="radio"/> Federal  | <input type="radio"/> LLC                          |
| <input type="radio"/> LLP  | <input type="radio"/> Municipality (City or Town)  |
| <input type="radio"/> Partnership                                    | <input type="radio"/> School District or Board     |
| <input type="radio"/> Sole Proprietorship (i.e. Owned by Individual) | <input type="radio"/> State                        |
- ... (More Options Available)

**Operator Site Name**

**Operator Physical Address**

|                       |                      |                      |
|-----------------------|----------------------|----------------------|
| <b>Address Line 1</b> |                      |                      |
| <input type="text"/>  |                      |                      |
| <b>Address Line 2</b> |                      |                      |
| <input type="text"/>  |                      |                      |
| <b>City</b>           | <b>State/Area</b>    | <b>Postal Code</b>   |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |

**Physical Address County** \*Select One

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

**County (ies) of Application** \*Select All That Apply

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

**Primary SIC Code** \*Select One

- 0111-Wheat     0112-Rice
- 0115-Corn     0116-Soybeans
- 0119-Cash Grains     0131-Cotton
- 0132-Tobacco     0133-Sugarcane and Sugar Beets
- 0134-Irish Potatoes     0139-Field Crops, Except Cash Grains
- ... (More Options Available)

**Primary NAICS Code** \*Select One

- 111110-Soybean Farming     111120-Oilseed (except Soybean) Farming
- 111130-Dry Pea and Bean Farming     111140-Wheat Farming
- 111150-Corn Farming     111160-Rice Farming
- 111191-Oilseed and Grain Combination Farming     111199-All Other Grain Farming
- 11211-Potato Farming     11219-Other Vegetable (except Potato) and Melon Farming
- ... (More Options Available)

**NPDES Records Storage**

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

**Records Contact**

|  |  |
|--|--|
| <b>First Name</b>                        | <b>Last Name</b>                         |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

**Title**

**Organization Name**

| Phone Type | Number                                   | Extension                                |
|------------|--|--|
| Home       | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Mobile     | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Other      | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Business   | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

**Email**

**Address Line 1**

**Address Line 2**

|  |  |  |
|--|--|--|
| <b>City</b>                              | <b>State/Area</b>                        | <b>Postal Code</b>                       |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

**Pesticide Use Patterns**

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

**Pesticide Use Patterns** \*Select All That Apply

- Mosquito and Other Flying Insect Pest Control     Weed and Algae Pest Control
- Animal Pest Control     Forest Canopy or Other Area-Wide Pest Control

**Pesticide Use Pattern Mosquito and Other Flying Insect Pest Control Details**

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

**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Mosquito and Other Flying Insect Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following before it enters the named receiving water above:** \*Select All That Apply

- MS4  Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at:

<http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Use Pattern Weed and Algae Pest Control Details**

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

**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Weed and Algae Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following before it enters the named receiving water above:** \*Select All That Apply

- MS4  Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at:

<http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Use Pattern Animal Pest Control Details**

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



**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Animal Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following before it enters the named receiving water above:** \*Select All That Apply

- MS4                     Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at: <http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Use Pattern Forest Canopy or Other Area-Wide Pest Control Details**

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

**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Forest Canopy or Other Area-Wide Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following before it enters the named receiving water above:** \*Select All That Apply

- MS4                     Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at: <http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Application Treatment Area Map**

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

**USGS/Topographic Map of Pesticide Application Treatment Area**

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

**Comment**

Confidential (Reason for Confidentiality)

**Planned Pesticide Use Active Ingredient(s)**

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

Please provide a list of the active ingredients for any planned pesticide use.

**Duly Authorized Representative (DAR)**

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

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

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

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

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

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

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

Yes  No

**Authorized Rep**

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

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



# Pesticides (ALG870000) - NOI - Information Update (Form 028)

## Pesticides-Information Update for Permitted Operator

NPDES permit ALG870000 is a general permit authorizing discharges associated with pesticide applications in, over, or near waters of the state. This permit is available to Operators who discharge to waters of the State, from the application of (1) biological pesticides or (2) chemical pesticides that leave a residue, when the pesticide application is for one of the following pesticide use patterns: (a) Mosquito and other flying insect pest control;(b) weed and algae pest control;(c) animal pest control; (d) forest canopy or other area-wide pest control (as defined in Permit Part I.B.)

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

- Change in Responsible Official
- Change in Operator Contact information
- Change in Duly Authorized Representative (DAR)
- Change in Records Location

## Instructions

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

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

### CONTACT INFORMATION

#### *Main Address*

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

### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

### ADDITIONAL LINKS

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

# Pesticides (ALG870000) - NOI - Information Update (Form 028)

## Form Input

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

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## Processing Information

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

## Operator Physical Address/Information

Operator Site Name

Operator Physical Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Physical Address County \*Select One

- Autauga     Baldwin  
 Barbour     Bibb  
 Blount     Bullock  
 Butler     Calhoun  
 Chambers     Cherokee

*... (More Options Available)*

## Permit & Operator Mailing Address/Information

Permit Number

**Operator Mailing Information**

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

**Email**

**Address Line 1**

**Address Line 2**

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

**Responsible Official**

| First Name           | Last Name            |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

**Title**

**Organization Name**

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

**Email**

**Address Line 1**

**Address Line 2**

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

## Additional Permit Contact(s)

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

### Permit Contact

**Prefix**

**First Name**

**Last Name**

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

**Title**

**Company Name**

**Phone Type**

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

## NPDES Records Storage

**Records Contact**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Receiving Waters**

**Receiving Waters List**

| Use Pattern          | Receiving Water      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

**Additional Document Submittals**



**Additional Documents (Optional)**

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

**Comment**

Confidential (Reason for Confidentiality)

# Pesticides (ALG870000) - NOI - Modification/Transfer (Form 028)

## Pesticide General Permit (PGP)-Modification and/or Transfer of Permit Coverage

NPDES permit ALG870000 is a general permit authorizing discharges associated with pesticide applications in, over, or near waters of the State. This permit is available to Operators who discharge to waters of the State, from the application of (1) biological pesticides or (2) chemical pesticides that leave a residue, when the pesticide application is for one of the following pesticide use patterns: (a) Mosquito and other flying insect pest control;(b) weed and algae pest control;(c) animal pest control; (d) forest canopy or other area-wide pest control (as defined in Permit Part I.B.)

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

- Operator name change or Transfer Permit to a New Operator (Requires a signed Transfer Agreement, Form 466)
- Addition of new receiving water(s) and/or treatment areas
- Addition of pesticide use pattern

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

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

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

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

### Instructions

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

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

#### CONTACT INFORMATION

##### *Main Address*

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

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

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

# Pesticides (ALG870000) - NOI - Modification/Transfer (Form 028)

## Form Input

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

### Processing Information

Pursuant to Part I.B.2(a) of the general permit, discharges from a pesticide application to a water of the State are not authorized by this permit if the water is identified as being impaired by that pesticide or its degradates. For the purposes of this permit, impaired waters are those that have been identified by the State, pursuant to Section 303(d) of the CWA, as not meeting applicable State water quality standards and those waters with EPA approved or EPA-established Total Maximum Daily Loads (TMDLs) for a pesticide or its degradates.

Is/are the receiving water(s) impaired for the pesticide(s) being used, an active ingredient of the pesticide, or a degradate of an active ingredient of the pesticide(s)? <sup>\*Select One</sup>

Yes  No

#### STOP

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

You have indicated that the intended pesticide application would have discharges to waters of the State that are identified as being impaired by that pesticide or its degradants. Therefore, coverage under this General Permit cannot be granted.

[Please click here to view an area assignment map in order to contact the appropriate permitting staff for further information.](#)

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

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

Are you transferring the permit to new ownership only? (Requires Transfer Form 466) <sup>\*Select One</sup>

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

Yes  No

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

Please download, print, and sign the following:

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

Attach Transfer Agreement (Form 466)

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

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

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

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

Comment

Confidential (Reason for Confidentiality)

Form Submission Reason

Calculated

### Permit & Operator Mailing Address/Information

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

Permit Number

Operator Mailing Information

Operator Name

Phone Type      Number      Extension

Home     

Mobile     

Other           

Business           

Address Line 1

Address Line 2

City      State/Area      Postal Code

**Responsible Official**

First Name Last Name

Title

Organization Name

Phone Type Number Extension

Home

Mobile

Other

Business

Email

Address Line 1

Address Line 2

City State/Area Postal Code

**Additional Permit Contact(s)**

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

**Permit Contact**

Prefix

First Name Last Name

Title

Company Name

Phone Type Number Extension

Home

Mobile

Other

Business

Email

**Operator Physical Address/Information**

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

**Organization Type** \*Select One

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

... (More Options Available)

**Operator Site Name**

**Operator Physical Address**

Address Line 1

Address Line 2

City State/Area Postal Code

**Physical Address County** \*Select One

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

**County (ies) of Application** \*Select All That Apply

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

**Primary SIC Code** \*Select One

- 0111-Wheat     0112-Rice
- 0115-Corn     0116-Soybeans
- 0119-Cash Grains     0131-Cotton
- 0132-Tobacco     0133-Sugarcane and Sugar Beets
- 0134-Irish Potatoes     0139-Field Crops, Except Cash Grains
- ... (More Options Available)

**Primary NAICS Code** \*Select One

- 111110-Soybean Farming     111120-Oilseed (except Soybean) Farming
- 111130-Dry Pea and Bean Farming     111140-Wheat Farming
- 111150-Corn Farming     111160-Rice Farming
- 111191-Oilseed and Grain Combination Farming     111199-All Other Grain Farming
- 11211-Potato Farming     11219-Other Vegetable (except Potato) and Melon Farming
- ... (More Options Available)

**NPDES Records Storage**

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

**Records Contact**

|  |  |
|--|--|
| <b>First Name</b>                        | <b>Last Name</b>                         |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

**Title**

**Organization Name**

| Phone Type | Number                                   | Extension                                |
|------------|--|--|
| Home       | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Mobile     | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Other      | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Business   | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

**Email**

**Address Line 1**

**Address Line 2**

|  |  |  |
|--|--|--|
| <b>City</b>                              | <b>State/Area</b>                        | <b>Postal Code</b>                       |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

**Pesticide Use Patterns**

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

**Pesticide Use Patterns** \*Select All That Apply

- Mosquito and Other Flying Insect Pest Control     Weed and Algae Pest Control
- Animal Pest Control     Forest Canopy or Other Area-Wide Pest Control

**Pesticide Use Pattern Mosquito and Other Flying Insect Pest Control Details**

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

**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Mosquito and Other Flying Insect Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following before it enters the named receiving water above:** \*Select All That Apply

- MS4  Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at:

<http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Use Pattern Weed and Algae Pest Control Details**

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

**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Weed and Algae Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following before it enters the named receiving water above:** \*Select All That Apply

- MS4  Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at:

<http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Use Pattern Animal Pest Control Details**

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

**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Animal Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following before it enters the named receiving water above:** \*Select All That Apply

- MS4                     Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at: <http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Use Pattern Forest Canopy or Other Area-Wide Pest Control Details**

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

**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Forest Canopy or Other Area-Wide Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following before it enters the named receiving water above:** \*Select All That Apply

- MS4                     Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at: <http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Application Treatment Area Map**

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

**USGS/Topographic Map of Pesticide Application Treatment Area**

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

**Comment**

Confidential (Reason for Confidentiality)

**Planned Pesticide Use Active Ingredient(s)**

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

Please provide a list of the active ingredients for any planned pesticide use.

**Duly Authorized Representative (DAR)**

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

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

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

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

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

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

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

Yes  No

**Authorized Rep**

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

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



**DAR Documentation**

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

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

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

\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.HTMl,\*.htm,\*.html,\*.Htm,\*.html,\*.JPG,\*.jpg,\*.Jpg,\*.jpeg,\*.JPEG,\*.jpg,\*.Jpeg,\*.jpeg,\*.Jpg,\*.MP3,\*.mp3,\*.Mp3,\*.MP4,\*.mp4,\*.Mp4,\*.MPG,\*.mpg,\*.Mpg,\*.PDF,\*.pdf,\*.Pdf,\*.PNG,\*.png,\*.Png,\*.RAR,\*.rar,\*.Rar,\*.RTF,\*.rtf,\*.Rtf,\*.TXT,\*.txt,\*.Txt,\*.ZIP,\*.zip,\*.Zip

**Comment**

Confidential (Reason for Confidentiality)

# Pesticides (ALG870000) - NOI - Reissuance (Form 028)

## Pesticides – Reissuance (Form 028)

NPDES Permit Number ALG870000 is a general permit authorizing discharges from the application of pesticides.

Major Modifications include one or more of the following:

- Addition of a Co-permittee
- Change of Ownership (also requires a Transfer Agreement, Form 466)
- Operator Mailing/Physical Address Change
- Operator Name Change
- Reissuance/Renewal

### Instructions

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

#### CONTACT INFORMATION

##### *Main Address*

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

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

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

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

# Pesticides (ALG870000) - NOI - Reissuance (Form 028)

## Form Input

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

### Processing Information

Pursuant to Part I.B.2(a) of the general permit, discharges from a pesticide application to a water of the State are not authorized by this permit if the water is identified as being impaired by that pesticide or its degradates. For the purposes of this permit, impaired waters are those that have been identified by the State, pursuant to Section 303(d) of the CWA, as not meeting applicable State water quality standards and those waters with EPA approved or EPA-established Total Maximum Daily Loads (TMDLs) for a pesticide or its degradates.

Is/are the receiving water(s) impaired for the pesticide(s) being used, an active ingredient of the pesticide, or a degradate of an active ingredient of the pesticide(s)? *\*Select One*

Yes  No

### STOP

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

You have indicated that the intended pesticide application would have discharges to waters of the State that are identified as being impaired by that pesticide or its degradants. Therefore, coverage under this General Permit cannot be granted.

[Please click here to view a area assignment map in order to contact the appropriate permitting staff for further information.](#)

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

Yes  No

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

Please download, print, and sign the following:

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

### Attach Transfer Agreement (Form 466)

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

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

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

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

### Comment

Confidential (Reason for Confidentiality)

### Form Submission Reason

Reissuance

### Permit & Operator Mailing Address/Information

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

#### Permit Number

#### Operator Mailing Information

##### Operator Name

| Phone Type | Number | Extension |
|------------|--------|-----------|
|------------|--------|-----------|

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

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

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

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

##### Address Line 1

##### Address Line 2

| City | State/Area | Postal Code |
|------|------------|-------------|
|------|------------|-------------|

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

**Responsible Official**

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

**Additional Permit Contact(s)**

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

**Permit Contact**

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

**Operator Physical Address/Information**

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

**Organization Type** \*Select One

- |  |  |
|--|--|
| <input type="radio"/> Corporation                                    | <input type="radio"/> County Government/Commission |
| <input type="radio"/> Federal  | <input type="radio"/> LLC                          |
| <input type="radio"/> LLP  | <input type="radio"/> Municipality (City or Town)  |
| <input type="radio"/> Partnership                                    | <input type="radio"/> School District or Board     |
| <input type="radio"/> Sole Proprietorship (i.e. Owned by Individual) | <input type="radio"/> State                        |
- ... (More Options Available)

**Operator Site Name**

**Operator Physical Address**

|                       |                      |                      |
|-----------------------|----------------------|----------------------|
| <b>Address Line 1</b> |                      |                      |
| <input type="text"/>  |                      |                      |
| <b>Address Line 2</b> |                      |                      |
| <input type="text"/>  |                      |                      |
| <b>City</b>           | <b>State/Area</b>    | <b>Postal Code</b>   |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |

**Physical Address County** \*Select One

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

**County (ies) of Application** \*Select All That Apply

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

**Primary SIC Code** \*Select One

- 0111-Wheat     0112-Rice
- 0115-Corn     0116-Soybeans
- 0119-Cash Grains     0131-Cotton
- 0132-Tobacco     0133-Sugarcane and Sugar Beets
- 0134-Irish Potatoes     0139-Field Crops, Except Cash Grains
- ... (More Options Available)

**Primary NAICS Code** \*Select One

- 111110-Soybean Farming     111120-Oilseed (except Soybean) Farming
- 111130-Dry Pea and Bean Farming     111140-Wheat Farming
- 111150-Corn Farming     111160-Rice Farming
- 111191-Oilseed and Grain Combination Farming     111199-All Other Grain Farming
- 112111-Potato Farming     11219-Other Vegetable (except Potato) and Melon Farming
- ... (More Options Available)

**NPDES Records Storage**

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

**Records Contact**

|  |  |
|--|--|
| <b>First Name</b>                        | <b>Last Name</b>                         |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

**Title**

**Organization Name**

| Phone Type | Number                                   | Extension                                |
|------------|--|--|
| Home       | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Mobile     | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Other      | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Business   | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

**Email**

**Address Line 1**

**Address Line 2**

|  |  |  |
|--|--|--|
| <b>City</b>                              | <b>State/Area</b>                        | <b>Postal Code</b>                       |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

**Pesticide Use Patterns**

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

**Pesticide Use Patterns** \*Select All That Apply

- Mosquito and Other Flying Insect Pest Control     Weed and Algae Pest Control
- Animal Pest Control     Forest Canopy or Other Area-Wide Pest Control

**Pesticide Use Pattern Mosquito and Other Flying Insect Pest Control Details**

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

**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Mosquito and Other Flying Insect Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following (unnamed tributary, MS4, storm sewer) before it enters the named receiving water above:** \*Select All That Apply

- MS4                     Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at:

<http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Use Pattern Weed and Algae Pest Control Details**

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

**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Weed and Algae Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following (unnamed tributary, MS4, storm sewer) before it enters the named receiving water above:** \*Select All That Apply

- MS4                     Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at:

<http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Use Pattern Animal Pest Control Details**

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

**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Animal Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following (unnamed tributary, MS4, storm sewer) before it enters the named receiving water above:** \*Select All That Apply

- MS4                     Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at:

<http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Use Pattern Forest Canopy or Other Area-Wide Pest Control Details**

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

**Receiving Waters (check one)** \*Select One

- Coverage requested for specific waters of the State within the areas identified on the location map (complete Receiving Waters section below)  Coverage requested for all waters of the State within the areas identified on the location map
- Coverage requested for all waters of the State within the areas identified on the location map, except the following:

**Receiving Waters Exception List**

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

| Rec Water |
|-----------|
|           |

**Receiving Waters - Forest Canopy or Other Area-Wide Pest Control**

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

**Receiving Water** \*Select One

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

... (More Options Available)

**Please indicate below if the discharge enters one or more of the following (unnamed tributary, MS4, storm sewer) before it enters the named receiving water above:** \*Select All That Apply

- MS4                     Un-Named Tributary
- Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identified in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters are available on the ADEM website at:

<http://adem.alabama.gov/programs/water/waterquality.cnt>

**Waterbody Classification** \*Select All That Apply

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

**Pesticide Application Treatment Area Map**

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

**USGS/Topographic Map of Pesticide Application Treatment Area**

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

**Comment**

Confidential (Reason for Confidentiality)

**Planned Pesticide Use Active Ingredient(s)**

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

Please provide a list of the active ingredients for any planned pesticide use.

**Duly Authorized Representative (DAR)**

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

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

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

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

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

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

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

Yes  No

**Authorized Rep**

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

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



**DAR Documentation**

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

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

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

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

**Comment**

Confidential (Reason for Confidentiality)

# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG870000

**Instructions:** This form may be used to submit a Notice of Intent for coverage under NPDES Permit Number ALG870000 **ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6)**. NPDES Permit Number ALG870000 is the general permit authorizing discharges from the application of pesticides. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing.

**Restrictions for Coverage:** Pursuant to Part I.B.2(a) of the general permit, discharges from a pesticide application to a water of the State are not authorized by this permit if the water is identified as being impaired by that pesticide or its degradates. For the purposes of this permit, impaired waters are those that have been identified by the State, pursuant to Section 303(d) of the CWA, as not meeting applicable State water quality standards and those waters with EPA approved or EPA-established Total Maximum Daily Loads (TMDLs) for a pesticide or its degradates.

|  |   |
|--|---|
| <b>Mail to:</b> Alabama Department of Environmental Management<br>Water Division<br>Post Office Box 301463<br>Montgomery, Alabama 36130-1463 | <b>FOR OFFICE USE ONLY</b><br><br>NPDES PERMIT NUMBER<br><br>RECEIPT NUMBER |
|--|---|

**PURPOSE OF THIS NOI**

- |  |   |
|--|---|
| <input type="checkbox"/> Initial Application<br><input type="checkbox"/> Modification of General Permit No. ALG87 _____<br><input type="checkbox"/> Transfer of General Permit No. ALG87 _____ | <input type="checkbox"/> Reissuance of General Permit ALG87 _____<br><input type="checkbox"/> Other _____ |
|--|---|

**I. OPERATOR/PERMITTEE INFORMATION**

|  |                                      |  |   |
|--|--------------------------------------|--|---|
| Operator/Permittee Name                  |                                      | Operator Site Name                                 |   |
| Operator/Permittee Mailing Address       |                                      | Operator/Permittee Physical Address                |   |
| Operator Mailing City, State, Zip Code   |                                      | Operator Physical City, County, State, Zip Code    |   |
| County(ies) of Application               |                                      | Primary SIC Code                                   | Primary NAICS Code  |
| Operator Contact Name                    | Operator Contact Title               | Operator Contact E-Mail Address                    | Operator Contact Telephone  |
| Operator Contact Organization Name       | Operator Contact Mailing Address     | Operator Contact Mailing City, State, Zip Code     |   |
| Responsible Official Name                | Responsible Official Title           | Responsible Official E-Mail Address                | Responsible Official Telephone  |
| Responsible Official Organization Name   | Responsible Official Mailing Address | Responsible Official Mailing City, State, Zip Code |   |
| <b>Operator/Permittee Ownership Type</b> |                                      |  |   |
| <input type="checkbox"/> Corporation     | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship       | <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Other |

**II. LOCATION, IN ALABAMA, OF NPDES RECORDS STORAGE (Note: Records must be stored within the State of Alabama)**

|   |                       |  |
|---|-----------------------|--|
| Records Contact Name                        | Records Contact Title | Records Contact Organization Name                      |
| Records Contact E-Mail Address              |                       | Records Contact Telephone                              |
| Street Address for Records Storage Location |                       | Physical City, State, Zip for Records Storage Location |

**III. PESTICIDE USE PATTERNS**

Check all that apply:

- (a)  Mosquito and Other Flying Insect Pest Control      (c)  Animal Pest Control  
 (b)  Weed and Algae Pest Control                                      (d)  Forest Canopy or Other Area-Wide Pest Control

For each use pattern checked above, provide the following information (attach additional pages if necessary):

Use Pattern from above: \_\_\_\_\_

Receiving Waters (check one):

- Coverage requested for specific waters of the State within the areas identified on the location map. **Complete Section IV. below.**  
 Coverage requested for all waters of the State within the areas identified on the location map, or  
 Coverage requested for all waters of the State within the areas identified on the location map, except the following:

\_\_\_\_\_  
 \_\_\_\_\_

**(If you checked either Box (2) or (3) for Receiving Waters box above, skip Section IV. below)**

**IV. RECEIVING WATERS**

For each use pattern checked above, provide the following information (attach additional pages if necessary):

Use Pattern from above: \_\_\_\_\_

List the name of each receiving water for the indicated Use Pattern above (attach additional pages if necessary). Please also indicate if the discharges enter an unnamed tributary to the receiving water. In addition, indicate enters a storm sewer prior to the receiving water, and if the storm sewer is under the jurisdictions of an MS4. Please refer to ADEM Admin. Code 335-6-11 for a detailed list of water use classifications.

| Receiving Water | UT                       | Storm Sewer              | MS4                      | A&I                      | LWF                      | SH                       | F&W                      | OAW                      | PWS                      | S                        |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**V. ONRW WATERS AND WATER QUALITY IMPAIRED WATERS**

Is/are the receiving water(s) classified as a ONRW water, as defined by Part VII.Q.40 of the general permit and ADEM Admin. Code r. 335-6-10-.10?  Yes  No  
If yes, please list the ONRW water(s) below:

NOTE: ONRW waters are identified in ADEM Admin. Code r. 335-6-11-.02

Pursuant to Part I.B.2(a) of the general permit, discharges from a pesticide application to a water of the State are not authorized by this permit if the water is identified as being impaired by that pesticide or its degradates. For the purposes of this permit, impaired waters are those that have been identified by the State, pursuant to Section 303(d) of the CWA, as not meeting applicable State water quality standards and those waters with EPA-approved or EPA-established Total Maximum Daily Loads (TMDLs) for a pesticide or its degradates.

Is/are the receiving water(s) impaired for the pesticide(s) being used, an active ingredient of the pesticide, or a degradate of an active ingredient of the pesticide(s)?  
 Yes  No

Current lists of 303(d) and TMDL waters are available on the ADEM website at <http://www.adem.state.al.us/programs/water/waterquality.cnt>

**VI. PESTICIDE APPLICATION TREATMENT AREA MAP**

Please attach a USGS or equivalent topographic map outlining the pesticide application treatment area. If multiple use patterns with different treatment areas are to be permitted, please provide a map for each use pattern and each different treatment area.

**VII. PLANNED PESTICIDE USE ACTIVE INGREDIENTS**

Please provide a list of the active ingredients for any planned pesticide use:

**XI. DULY AUTHORIZED REPRESENTATIVE (DAR)**

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

Name (including prefix): \_\_\_\_\_ Title: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

**XII. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE**

"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. I further certify that the applicant has sufficient title, right or interest in the property where the proposed activity occurs."

Name \_\_\_\_\_ Official Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

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

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

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

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

**ADEM Form 029**  
**NPDES Pesticide Adverse Incident Report**

The Department's preferred method of submittal of the NPDES Pesticide Adverse Incident Report is electronically via ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> .This form package includes both the AEPACS electronic version in a human readable format and the hardcopy version. Since AEPACS allows for dynamic smart forms to be developed, there are differences between the forms due to the availability of conditionality and the ability to prefill data fields in the electronic version of the form.

# Pesticides Adverse Incident Report (Form 029)

Respond with "n/a" as appropriate. Forms with incomplete or incorrect answers will be returned and may result in appropriate compliance action by the department.

## Reportable Adverse Incident

Pursuant to Part VI.D.1 of the permit, the reporting of adverse incidents is not required under the PGP in the following situations:

- (1) The Operator is aware of facts that clearly establish that the adverse incident was not related to toxic effects or exposure from the pesticide application;
- (2) The Operator has been notified by the Department that the reporting requirement has been waived for this incident or category of incidents;
- (3) The Operator receives information of an adverse incident but that information is clearly erroneous; or
- (4) An adverse incident occurs to pests that are similar in kind to pests identified on the FIFRA label.

### CONTACT INFORMATION

#### *Main Address*

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

### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

### ADDITIONAL LINKS

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

# Pesticides Adverse Incident Report (Form 029)

## Form Input

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

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### Reportable Adverse Incident

Is this adverse incident reportable? *\*Select One*

Yes  No

#### Instructions

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

You must complete this report and submit it to the appropriate EPA Regional office and to the state lead agency for pesticide regulation.

#### Instructions

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

STOP.

You are not required to complete this report. However, you may consider using this form to document the incident and your rationale for why reporting of the adverse incident is not required. This information may be useful to support your rationale should you be questioned about the incident.

### Permit & Operator Mailing Address/Information

#### Permit Number

#### Operator Mailing Information

Operator Name

| Phone Type | Number | Extension |
|------------|--------|-----------|
|------------|--------|-----------|

Home

Mobile

Other

Business

Address Line 1

Address Line 2

Location Description

City

State/Area

Postal Code

**Responsible Official**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Address Line 1**

**Address Line 2**

**Location Description**

**City**

**State/Area**

**Postal Code**

**Operator Physical Address/Information**

**Operator Site Name**

**Operator Physical Address**

**Address Line 1**

**Address Line 2**

**Location Description**

**City**

**State/Area**

**Postal Code**



**Physical Address County** *\*Select One*

- Autauga     Baldwin
- Barbour     Bibb
- Blount     Bullock
- Butler     Calhoun
- Chambers     Cherokee

... (More Options Available)

**24-Hour Adverse Incident Notification**

Pursuant to Part VI.D.2(a) of the permit, Operators that observe or are otherwise made aware of an adverse incident must include in this report the information provided to the Department in the 24-hour adverse incident notification (Part VI.D.1). Attach additional information if necessary.

**Caller**

|  |  |  |
|--|--|--|
| <b>First Name</b>                        | <b>Last Name</b>                         |  |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |  |
| <b>Phone Type</b>                        | <b>Number</b>                            | <b>Extension</b>                         |
| Home                                     | <input style="width: 95%;" type="text"/> |  |
| Mobile                                   | <input style="width: 95%;" type="text"/> |  |
| Other                                    | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Business                                 | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

**Contact Person (if different from Caller)**

|  |  |  |
|--|--|--|
| <b>First Name</b>                        | <b>Last Name</b>                         |  |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |  |
| <b>Phone Type</b>                        | <b>Number</b>                            | <b>Extension</b>                         |
| Home                                     | <input style="width: 95%;" type="text"/> |  |
| Mobile                                   | <input style="width: 95%;" type="text"/> |  |
| Other                                    | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Business                                 | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

**How and when did the Operator become aware of the adverse incident?**

**Describe the location of the adverse incident:**

**Describe the adverse incident identified and the pesticide name for each product applied in the area of the adverse incident:**

**Describe any steps that have been or will be taken to correct, repair, remedy, cleanup, or otherwise address any adverse effects:**

**Date/Time Operator Notified Department of the Adverse Incident**

**Date the Department was Notified**

**Time the Department was Notified**

**Department Contact**

**First Name**

**Last Name**

**Title**

**Instructions Received from the Department (if any):**

**Pesticide Use and Affected Area(s)**

**Name of Pesticide Product**

**Pesticide Application Rate**

**Intended Use Site (e.g. banks, above waters, or directly to waters)**

**Method of Application**

**Species Targeted**

**Other Information**

**Location of incident, including the names of any waters affected and the appearance of those waters (sheen, color, clarity, etc.):**

**Describe the circumstances of the adverse incident including species affected, estimated number of individuals and approximate size of dead or distressed organisms:**

**Describe the magnitude and scope of the affected area (e.g. aquatic acres or total stream distance affected):**

**Describe the habitat and the circumstances under which the adverse incident occurred. Include any available ambient water data for pesticide applied:**

**If laboratory tests were performed, indicate which tests were performed, when they were performed, and provide a summary of the test results within 5 days of them becoming available:**

**Describe the action(s) to be taken to prevent a recurrence of adverse incidents:**

# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)

## NPDES PESTICIDE ADVERSE INCIDENT REPORT

Instructions: Please complete all questions. Respond with "N/A" as appropriate. Forms with 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 ink. **Mail complete form to:** ADEM-Water Division, Stormwater Management Branch, PO Box 301463, Montgomery, AL 36130-1463

### I. REPORTABLE ADVERSE INCIDENT

**Is the adverse incident reportable?**

- Yes. You must complete this report and submit it to the appropriate EPA Regional office and to the state lead agency for pesticide regulation.
- No. STOP. You are not required to complete this report. However, you may consider using this form to document the incident and your rationale for why reporting of the adverse incident is not required. This information may be useful to support your rationale should you be questioned about the incident.

Pursuant to Part VI.D.1 of the permit, the reporting of adverse incidents is not required under the PGP in the following situations: (1) The Operator is aware of facts that clearly establish that the adverse incident was not related to toxic effects or exposure from the pesticide application; (2) The Operator has been notified by the Department that the reporting requirement has been waived for this incident or category of incidents; (3) The Operator receives information of an adverse incident but that information is clearly erroneous; or (4) An adverse incident occurs to pests that are similar in kind to pests identified on the FIFRA label.

### II. INFORMATION FROM THE 24-HOUR ADVERSE INCIDENT NOTIFICATION

Pursuant to Part VI.D.2(a) of the permit, Operators that observe or are otherwise made aware of an adverse incident must include in this report the information provided to the Department in the 24-hour adverse incident notification (Part VI.D.1). Attach additional information if necessary.

|  |   |
|--|---|
| <b>Caller's Name</b>   | <b>Caller's Phone Number</b>                                  |
| <b>Operator Name</b>   | <b>Operator Mailing Address</b>                               |
| <b>NPDES Permit Number</b><br>ALG87  | <b>Operator City, State, Zip Code</b>                         |
| <b>Contact Person (if different from Caller)</b>   | <b>Contact Person Phone Number (if different from Caller)</b> |
| <b>How and when did the Operator become aware of the adverse incident?</b>   |   |
| <b>Describe the location of the adverse incident:</b>  |   |
| <b>Describe the adverse incident identified and the pesticide name for each product applied in the area of the adverse incident.</b>     |   |
| <b>Describe any steps that have been or will be taken to correct, repair, remedy, cleanup, or otherwise address any adverse effects.</b> |   |

### III. DATE/TIME OPERATOR NOTIFIED DEPARTMENT OF THE ADVERSE INCIDENT

|   |   |
|---|---|
| <b>Date the Department was Notified</b>   | <b>Time the Department was Notified</b> |
| <b>Name and/or Title of the Person the Operator Contacted at the Department</b> |   |
| <b>Instructions Received from the Department (if any)</b>                       |   |

#### IV. OTHER INFORMATION

|   |
|---|
| Location of incident, including the names of any waters affected and the appearance of those waters (sheen, color, clarity, etc.)   |
| Describe the circumstances of the adverse incident including species affected, estimated number of individuals and approximate size of dead or distressed organisms.  |
| Describe the magnitude and scope of the affected area (e.g. aquatic acres or total stream distance affected).   |
| Provide the following information for each pesticide used in the affected area(s):<br><b>Pesticide Application Rate:</b> _____<br><b>Intended Use Site (e.g. banks, above waters, or directly to waters):</b> _____<br><b>Method of Application:</b> _____<br><b>Name of Pesticide Product:</b> _____<br><b>Species Targeted:</b> _____ |
| Describe the habitat and the circumstances under which the adverse incident occurred. Include any available ambient water data for pesticide applied.   |
| If laboratory tests were performed, indicate which tests were performed, when they were performed, and provide a summary of the test results within 5 days of them becoming available.  |
| Describe the action(s) to be taken to prevent a recurrence of adverse incidents.  |

#### V. CERTIFICATION OF OPERATOR RESPONSIBLE OFFICIAL

|  |                      |
|--|----------------------|
| "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." |                      |
| Name _____   | Official Title _____ |
| Signature _____  | Date Signed: _____   |

## **ADEM Form 030**

### **Notice of Termination – NPDES General Permit Number ALG870000**

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALG870000, Notices of Termination for NPDES General Permit Number ALG870000 (ADEM Form 030) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> is now the only method available for electronic submission of such Notices of Termination. The form package include the electronic version of ADEM Form 030 in a human readable format.

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 030 may not be accepted unless the Department first approves such waiver. **The hardcopy form is also include at the end of this form package.** There may be differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

# Pesticides (ALG870000) - Voluntary Termination (Form 030)

## Pesticides General Permit (PGP)-Voluntary Termination Request

To properly terminate your permit for pesticide application, a Notice of Termination (NOT) is required to be submitted within thirty (30) days of one of the following conditions:

1. A new Operator has taken over responsibility for the pest treatment.
2. Discharges from the application of pesticides for which permit coverage was obtained have ceased, or there is not or will no longer be a pesticide discharge.
3. Permit coverage has been obtained under an individual or alternative general permit for all pesticide discharges requiring NPDES permit coverage.

### Instructions

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

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

#### CONTACT INFORMATION

##### *Main Address*

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

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

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

# Pesticides (ALG870000) - Voluntary Termination (Form 030)

## Form Input

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

### Operator Information

Permit Number

#### Operator Information

Operator Name

Phone Type    Number                      Extension

Home           

Mobile          

Other                                 

Business                             

Address Line 1

Address Line 2

City    State/Area    Postal Code

#### Responsible Official

First Name                      Last Name

Title

Contact Name

Phone Type                      Number                      Extension

Home           

Mobile          

Other                                 

Business                             

Email

Address Line 1

Address Line 2

City    State/Area    Postal Code

### Basis for Termination

Please select an option below: *\*Select One*

A new operator has taken over responsibility for the pest treatment.

Discharges from the application of pesticides for which permit coverage was obtained have ceased, or there is not or will no longer be a pesticide discharge.

Permit coverage has been obtained under an individual or alternative general permit for all pesticide discharges requiring NPDES permit coverage.

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

For this termination request to be granted, the Name, Phone Number, Address and Contact of the succeeding operator must be listed, and the succeeding operator must obtain new or modify existing permit coverage



**Succeeding Operator**

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

|                      |                      |
|----------------------|----------------------|
| <b>First Name</b>    | <b>Last Name</b>     |
| <input type="text"/> | <input type="text"/> |

**Title**

**Proposed Succeeding Operator**

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

**Email**

**Address Line 1**

**Address Line 2**

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

**Please provide the individual or alternative general permit number:**

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

**Duly Authorized Representative (DAR)**

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

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

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

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

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

**Will a duly authorized representative be submitting this Notice of Termination?** \*Select One

Yes  No

**DAR Documentation**

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

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Authorized Rep**

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

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

\*Only one phone number is accepted

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Country**

# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTICE OF TERMINATION – NPDES GENERAL PERMIT NUMBER ALG870000

**Instructions:** This form may be used to submit a Notice of Termination for coverage under NPDES Permit Number ALG870000 **ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6)**. NPDES Permit Number ALG870000 is the general permit authorizing discharges from the application of pesticides. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing.

**Mail to:** Alabama Department of Environmental Management  
 Water Division  
 Post Office Box 301463  
 Montgomery, Alabama 36130-1463

### I. OPERATOR INFORMATION

|  |                                      |  |  |                     |
|--|--------------------------------------|--|--|---------------------|
| Operator/Permittee Name                |                                      | Operator Site Name                                 |  | NPDES Permit Number |
| Operator/Permittee Mailing Address     |                                      |  | Operator Mailing City, State, Zip Code |                     |
| Responsible Official Name              | Responsible Official Title           | Responsible Official E-Mail Address                | Responsible Official Telephone         |                     |
| Responsible Official Organization Name | Responsible Official Mailing Address | Responsible Official Mailing City, State, Zip Code |  |                     |

### II. BASIS FOR TERMINATION

Please check only one:

A new operator has taken over responsibility for the pest treatment. For this termination request to be granted, the Name, Phone Number, Address and Contact of the succeeding operator must be listed, and the succeeding operator must obtain new or modify existing permit coverage:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Discharges from the application of pesticides for which permit coverage was obtained have ceased, or there is not or will no longer be a pesticide discharge.

Permit coverage has been obtained under an individual or alternative general permit for all pesticide discharges requiring NPDES permit coverage. Please provide the individual or alternative general permit number:

\_\_\_\_\_

### III. DULY AUTHORIZED REPRESENTATIVE (DAR)

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

Name (including prefix): \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

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

**IV. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE**

“I certify under penalty of law that I have met at least one of the reasons for terminating permit coverage listed in Section III above. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge pesticides to waters of the State. This document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. 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. Additionally, I understand that the submission of the Notice of Termination does not release a pesticide operator from liability for any violations of ADEM Admin. Code ch. 335-6-6 and the Alabama Water Pollution Control Act.”

Name \_\_\_\_\_ Official Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

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

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

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

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

**ALABAMA DEPARTMENT OF ENVIRONMENT MANAGEMENT (ADEM)  
NPDES/SID/UIC PERMIT TRANSFER AGREEMENT**

**Instructions:** This form should be submitted when a National Pollutant Discharge Elimination System (NPDES), State Indirect Discharge (SID), or Underground Injection Control (UIC) 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. **Do NOT use this form if only a name change has occurred for the facility.**

**Does this transfer agreement apply to more than one facility?**  No  Yes *If Yes, please use the Attachment page to identify the additional facilities.*

**Affected NPDES/SID Permit Number(s):** \_\_\_\_\_

**Facility Name (as it appears on the permit):** \_\_\_\_\_

**Facility Location Address (as it appears on the permit):** \_\_\_\_\_

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 or on the Attachment page of this form 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(s). 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:**

|                           |                        |                        |                      |
|---------------------------|------------------------|------------------------|----------------------|
| _____<br>Contact Name     | _____<br>Contact Title |                        |                      |
| _____<br>Mailing Address  | _____<br>Mailing City  | _____<br>Mailing State | _____<br>Mailing Zip |
| _____<br>Telephone Number | _____<br>Email Address |                        |                      |

**ALABAMA DEPARTMENT OF ENVIRONMENT MANAGEMENT (ADEM)  
NPDES/SID/UIC PERMIT TRANSFER AGREEMENT**

---

List the additional facilities to which this transfer agreement applies below:

|     | <b>Affected NPDES/SID<br/>Permit Number(s)</b> | <b>Facility Name</b> | <b>Facility Location Address</b> |
|-----|--|----------------------|----------------------------------|
| 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. |  |                      |                                  |

## ADEM Form 498

### Notice of Intent – NPDES General Permit Number ALG890000

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

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

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

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

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

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

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

### **Note: The following discharges not covered by General Permit ALG890000**

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

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

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

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

### **Instructions**

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

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

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

#### CONTACT INFORMATION

##### *Main Address*

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

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

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



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

## Form Input

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

### Permittee Information

#### Permittee

Permittee Name

Phone Type    Number                      Extension

Home   

Mobile   

Other       

Business       

**Mailing Address**

Address Line 1

Address Line 2

City    State/Area    Postal Code

#### Responsible Official

Prefix

First Name                      Last Name

Title

Organization Name

Phone Type                      Number                      Extension

Home   

Mobile   

Other       

Business       

Email

**Physical/Delivery Address**

Address Line 1

Address Line 2

City    State/Area    Postal Code

### Additional Permit Contact(s)

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

**Permit Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

**Company Name**

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

**Email**

**Processing Information**

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

**Facility/Site Information**

**Facility/Site Name**

**Permittee Organization Type** \*Select One

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

... (More Options Available)

**Facility/Site Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

**Organization Name**

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

**Email**

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

- Yes
- No

**Facility/Site Address or Location Description**

**Address Line 1**

**Address Line 2**

**Location Description**

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

**Facility/Site County** \*Select One

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

**Detailed Directions to the Facility/Site**

**Facility/Site Front Gate Latitude and Longitude**

**Latitude**

**Longitude**

**Primary SIC Code** \*Select One

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

**Primary NAICS Code** \*Select One

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

**Additional Site Contact(s)**

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

**Facility Contact**

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type** \*Only one phone number is accepted

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Country**

**Project Information**

**Brief Description of activity(s):**

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

Dirt and/or Chert  Sand and/or Gravel

Shale  Common Clay

Other

Total Facility/Site Area (acres)

Total Disturbed Area (acres)

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

Anticipated Commencement Date

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

Anticipated Completion Date

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

Yes  No

Safety Data Sheet (SDS)

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

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

Comment

Confidential (Reason for Confidentiality)

Inspection Status

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

Yes  No

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

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

Discharge Points/Receiving Waters

Feature Type \*Select One

Discharge Point(s)/Receiving Water(s)

Discharge Point - Point where discharge enters the receiving water.

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

Discharge Point Identifier

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

Receiving Water \*Select One

A W Dale Lake  Aaron Branch

Abbie Creek  Abbott Branch

Abeg Creek  Abel Lake

Abercomby Branch  Abes Creek

Abison Branch  Abramson Lake

... (More Options Available)

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

MS4  Un-Named Tributary

Via Storm Sewer

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

**Waterbody Classification** *\*Select All That Apply*

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

**Location of Discharge Point/Receiving Water**

|          |           |
|----------|-----------|
| Latitude | Longitude |
|          |           |

**Outfalls**

**Feature Type** *\*Select One*

- Outfall

**Outfall - Point where the discharge leaves the site.**

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

**Outfall Identifier**

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

**Location of Outfall**

|          |           |
|----------|-----------|
| Latitude | Longitude |
|          |           |

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

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

- Yes    No

**Attach BMP Plan**

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

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

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

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

**Comment**

- Confidential (Reason for Confidentiality)

**Topographic Map Submittal**

**Topographic Map**

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

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

**Comment**

- Confidential (Reason for Confidentiality)

**Qualified Credentialed Professional (QCP) Certification**

**QCP Designation** *\*Select One*

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

**Registration / Certification Number**

**Qualified Credentialed Professional**

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

**Duly Authorized Representative (DAR)**

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

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

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

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

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

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

Yes  No

**DAR Documentation**

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

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

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Authorized Rep**

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

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

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

## Small Mining-Information Update for Permitted Facilities/Sites

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

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

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

### Instructions

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

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

#### CONTACT INFORMATION

##### *Main Address*

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

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

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



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

## Form Input

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

### Processing Information

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

Are you updating Responsible Official Contact information? <sup>\*Select One</sup>

Yes  No

Are you updating Facility/Site Contact information? <sup>\*Select One</sup>

Yes  No

Are you deleting Discharge Points/Receiving Waters? <sup>\*Select One</sup>

Yes  No

Are you deleting Outfall Points (points where stormwater leaves site)? <sup>\*Select One</sup>

Yes  No

Are you adding Outfall Points (points where stormwater leaves site)? <sup>\*Select One</sup>

Yes  No

Will the additional Outfall discharge to a previously permitted Discharge Point/Receiving Water? <sup>\*Select One</sup>

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

Yes  No

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

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

Are you decreasing Facility/Site acreage and/or Total Disturbed acreage? <sup>\*Select One</sup>

Yes  No

Are you adding or changing Flocculants? <sup>\*Select One</sup>

Yes  No

Are you requesting a Suspension of Monitoring? <sup>\*Select One</sup>

Yes  No

Are you updating QCP Contact information? <sup>\*Select One</sup>

Yes  No

### Form Submission Reason

Minor Modification

### Permit Information

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

#### Permit Number

##### Permittee

Permittee Name

Phone Type    Number                      Extension

Home           

Mobile           

Other                                 

Business                                 

##### Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

**Responsible Official**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

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

**Email**

**Physical/Delivery Address**  
**Address Line 1**

**Address Line 2**

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

**Additional Permit Contact(s)**

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

**Permit Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Company Name**

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

**Email**

**Facility/Site Information**

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

**Facility/Site Name**

**Facility/Site Contact**

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

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

**Facility/Site Address or Location Description**

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

**Facility/Site County** \*Select One

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

**Detailed Directions to the Facility/Site**

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

**Facility/Site Front Gate Latitude and Longitude**

|                      |                      |
|----------------------|----------------------|
| <b>Latitude</b>      | <b>Longitude</b>     |
| <input type="text"/> | <input type="text"/> |

**Additional Site Contact(s)**

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

**Facility Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

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

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

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

**Country**

**Acreage**

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

## NOTE

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

**Total Facility/Site Area (acres)**

**Total Disturbed Area (acres)**

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

**Discharge Points/Receiving Waters**

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

**Feature Type** \*Select One

Discharge Point(s)/Receiving Water(s)

**Discharge Point - Point where discharge enters the receiving water.**

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

**Discharge Point Identifier**

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

**Receiving Water** \*Select One

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

... (More Options Available)

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

MS4       Un-Named Tributary

Via Storm Sewer

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

**Waterbody Classification** *\*Select All That Apply*

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

**Location of Discharge Point/Receiving Water**

Latitude

Longitude

**Outfalls***\*This section is conditionally displayed based on answers provided in other parts of the form***Feature Type** *\*Select One*

- 
- Outfall

**Outfall - Point where the discharge leaves the site.**

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

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

Latitude

Longitude

**Project Information***\*This section is conditionally displayed based on answers provided in other parts of the form***Anticipated Commencement Date** **\*\*Commencement date MUST BE ON OR BEFORE Completion Date\*\*****Anticipated Completion Date****Flocculants or other chemical stabilization products used on site will be added or changed.** *\*Select One*

- 
- Yes

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

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

**Comment** Confidential (Reason for Confidentiality)**Suspension of Monitoring***\*This section is conditionally displayed based on answers provided in other parts of the form***Suspension Request**

Please attach the written request for suspension.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.7z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.htm,\*.html,\*.htm,\*.HTML,\*.html,\*.Html,\*.htm,\*.html,\*.Html,\*.JPG,\*.jpg,\*.Jpg,\*.JPEG,\*.jpeg,\*.Jpeg,\*.PNG,\*.png,\*.Png,\*.PDF,\*.pdf,\*.Pdf,\*.TXT,\*.txt,\*.Txt,\*.ZIP,\*.zip,\*.Zip

**Comment** Confidential (Reason for Confidentiality)

**Inspection Report**

Please attach the most recent Inspection Report.

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Qualified Credentialed Professional (QCP) Certification**

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

**QCP Designation** \*Select One

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

**Registration / Certification Number**

**Qualified Credentialed Professional**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

| Phone Type | Number   | Extension  |
|------------|--|--|
| Home       | <input style="width: 120px; height: 18px;" type="text"/> | <input style="width: 120px; height: 18px;" type="text"/> |
| Mobile     | <input style="width: 120px; height: 18px;" type="text"/> | <input style="width: 120px; height: 18px;" type="text"/> |
| Other      | <input style="width: 120px; height: 18px;" type="text"/> | <input style="width: 120px; height: 18px;" type="text"/> |
| Business   | <input style="width: 120px; height: 18px;" type="text"/> | <input style="width: 120px; height: 18px;" type="text"/> |

**Email**

**Address Line 1**

**Address Line 2**

| City   | State/Area   | Postal Code  |
|--|--|--|
| <input style="width: 253px; height: 18px;" type="text"/> | <input style="width: 300px; height: 18px;" type="text"/> | <input style="width: 120px; height: 18px;" type="text"/> |

**Country**

**Duly Authorized Representative (DAR)**

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

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

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

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

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

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

Yes  No

**DAR Documentation**

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

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

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Authorized Rep**

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

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

\*Only one phone number is accepted

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Country**

**Topographic Map Submittal**

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

**Topographic Map**

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Additional Document Submittals**

**Additional Documents (Optional)**

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

**Comment**

Confidential (Reason for Confidentiality)



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

## Small Mining-Modification and/or Transfer of Permit Coverage

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

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

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

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

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

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

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

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

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

### Instructions

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

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

#### CONTACT INFORMATION

##### *Main Address*

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

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

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

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

## Form Input

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

### Processing Information

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

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

- Modification       Modification with Transfer of Ownership  
 Transfer of Ownership Only

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

Please download, print, and sign the following:

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

Attach Transfer Agreement (Form 466)

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

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

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

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

Comment

Confidential (Reason for Confidentiality)

Are you adding a Co-Permittee? \*Select One

- Yes    No

This is the current Facility/Site Name:

*Calculated*

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

- Yes    No

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

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

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

- Yes    No

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

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

- Yes    No

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

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

- Yes    No

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

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

- Yes    No

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

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

- Yes    No

Form Submission Reason

*Calculated*

### Permit Information

Permit Number

**Permittee**

**Permittee Name**

**Phone Type    Number                      Extension**

Home

Mobile

Other

Business

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City    State/Area    Postal Code**

**Co-Permittee**

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

**Co-Permittee Name**

**Phone Type    Number                      Extension**

Home

Mobile

Other

Business

**Address Line 1**

**Address Line 2**

**City    State/Area    Postal Code**

**Responsible Official**

**Prefix**

**First Name                      Last Name**

**Title**

**Organization Name**

**Phone Type                      Number                      Extension**

Home

Mobile

Other

Business

**Email**

**Physical/Delivery Address**

**Address Line 1**

**Address Line 2**

**City    State/Area    Postal Code**

**Additional Permit Contact(s)**

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

**Permit Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

**Company Name**

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

**Email**

**Facility/Site Information**

**Facility/Site Name**

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

**Permittee Organization Type** \*Select One

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

... (More Options Available)

**Facility/Site Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

**Organization Name**

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

**Email**

**Facility/Site Address or Location Description**

**Address Line 1**

**Address Line 2**

**Location Description**

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

**Facility/Site County** \*Select One

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

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

|  |  |
|--|--|
|  |  |
|--|--|

**Primary SIC Code** \*Select One

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

**Primary NAICS Code** \*Select One

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

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

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

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

**Brief Description of activity(s):**

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

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

**Total Facility/Site Area (acres)**

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

**Total Disturbed Area (acres)**

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

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

**Anticipated Commencement Date**

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

**Anticipated Completion Date**

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

- Yes    No

**Safety Data Sheet (SDS)**

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

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Discharge Points/Receiving Waters**

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

**Feature Type** \*Select One

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

**Discharge Point - Point where discharge enters the receiving water.**

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

**Discharge Point Identifier**

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

**Receiving Water** \*Select One

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

... (More Options Available)

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

- MS4    Un-Named Tributary  
 Via Storm Sewer

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

**Waterbody Classification** \*Select All That Apply

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

**Location of Discharge Point/Receiving Water**

| Latitude | Longitude |
|----------|-----------|
|          |           |

**Outfalls**

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

**Feature Type** \*Select One

- Outfall

**Outfall - Point where the discharge leaves the site.**

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

**Outfall Identifier**

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

**Location of Outfall**

| Latitude | Longitude |
|----------|-----------|
|          |           |

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

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

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

- Yes     No

**Attach BMP Plan**

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

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Topographic Map Submittal**

**Topographic Map**

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

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

**Comment**

Confidential (Reason for Confidentiality)

**Qualified Credentialed Professional (QCP) Certification**

**QCP Designation** \*Select One

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

**Registration / Certification Number**

**Qualified Credentialed Professional**

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

**Duly Authorized Representative (DAR)**

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

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

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

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

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

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

Yes  No

**DAR Documentation**

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

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

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

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

**Comment**

Confidential (Reason for Confidentiality)



**Authorized Rep**

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

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

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

## Small Mining – Reissuance (Form 498)

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

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

Reissuance/Modifications include one or more of the following:

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

### Instructions

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

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

#### CONTACT INFORMATION

##### *Main Address*

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

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

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

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

## Form Input

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

### Processing Information

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

Yes  No

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

Please download, print, and sign the following:

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

Attach Transfer Agreement (Form 466)

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

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

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

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

Comment

Confidential (Reason for Confidentiality)

Are you adding a Co-Permittee? <sup>\*Select One</sup>

Yes  No

This is the current Facility/Site Name:

Calculated

Are you changing the Facility/Site Name? <sup>\*Select One</sup>

Yes  No

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

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

Do you have additional contacts associated with this site? <sup>\*Select One</sup>

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

Form Submission Reason

Reissuance

### Permit Information

Permit Number

**Permittee**

**Permittee Name**

**Phone Type    Number                      Extension**

Home                         

Mobile                         

Other                         

Business                         

**Mailing Address**

**Address Line 1**

**Address Line 2**

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

**Co-Permittee**

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

**Co-Permittee Name**

**Phone Type    Number                      Extension**

Home                         

Mobile                         

Other                         

Business                         

**Address Line 1**

**Address Line 2**

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

**Responsible Official**

**Prefix**

**First Name                      Last Name**

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

**Title**

**Organization Name**

**Phone Type                      Number                      Extension**

Home                         

Mobile                         

Other                         

Business                         

**Email**

**Physical/Delivery Address**

**Address Line 1**

**Address Line 2**

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

**Additional Permit Contact(s)**

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

**Permit Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Company Name**

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

**Email**

**Facility/Site Information**

**Facility/Site Name**

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

**Permittee Organization Type** \*Select One

- Corporation
- Federal
- LLP
- Partnership
- Sole Proprietorship (i.e. Owned by Individual)
- County Government/Commission
- LLC
- Municipality (City or Town)
- School District or Board
- State

... (More Options Available)

**Facility/Site Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

| Phone Type | Number               | Extension            |
|------------|----------------------|----------------------|
| Home       | <input type="text"/> |                      |
| Mobile     | <input type="text"/> |                      |
| Other      | <input type="text"/> | <input type="text"/> |
| Business   | <input type="text"/> | <input type="text"/> |

**Email**

**Facility/Site Address or Location Description**

**Address Line 1**

**Address Line 2**

**Location Description**

| City                 | State/Area           | Postal Code          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Facility/Site County** \*Select One

- Autauga     Baldwin
- Barbour     Bibb
- Blount     Bullock
- Butler     Calhoun
- Chambers     Cherokee
- ... (More Options Available)

**Detailed Directions to the Facility/Site**

**Facility/Site Front Gate Latitude and Longitude**

**Latitude**

**Longitude**

**Primary SIC Code** \*Select One

- 1411-Dimension Stone                       1422-Crushed and Broken Limestone
- 1423-Crushed and Broken Granite         1429-Crushed and Broken Stone, Not Elsewhere Classified
- 1442-Construction Sand and Gravel         1446-Industrial Sand
- 1455-Kaolin and Ball Clay                     1459-Clay, Ceramic, and Refractory Minerals, Not Elsewhere Classified
- 1474-Potash, Soda, and Borate Minerals     1475-Phosphate Rock
- ... (More Options Available)

**Primary NAICS Code** \*Select One

- 212311-Dimension Stone Mining and Quarrying                       212312-Crushed and Broken Limestone Mining and Quarrying
- 212313-Crushed and Broken Granite Mining and Quarrying         212319-Other Crushed and Broken Stone Mining and Quarrying
- 212321-Construction Sand and Gravel Mining                         212322-Industrial Sand Mining
- 212324-Kaolin and Ball Clay Mining                                       212325-Clay and Ceramic and Refractory Minerals Mining
- 212391-Potash, Soda, and Borate Mineral Mining                       212392-Phosphate Rock Mining
- ... (More Options Available)

**Additional Site Contact(s)**

\*This section is conditionally displayed based on answers provided in other parts of the form

**Facility Contact**

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type** \*Only one phone number is accepted

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Country**

**Project Information**

**Brief Description of activity(s):**

Please Specify Material to be Mined: \*Select All That Apply

- Dirt and/or Chert     Sand and/or Gravel  
 Shale                 Common Clay  
 Other

**Total Facility/Site Area (acres)**

\*This control is conditionally displayed based on answers provided in other parts of the form

**Total Disturbed Area (acres)**

\*This control is conditionally displayed based on answers provided in other parts of the form

**\*\*Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area\*\***

**Anticipated Commencement Date**

**\*\*Commencement date MUST BE ON OR BEFORE Completion Date\*\***

**Anticipated Completion Date**

**Will flocculants or other chemical stabilization products be used on site?** \*Select One

- Yes     No

**Safety Data Sheet (SDS)**

\*This control is conditionally displayed based on answers provided in other parts of the form

Please attach an SDS sheet for "each" flocculant used.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.gif,\*.jpeg,\*.jpg,\*.pdf,\*.png

**Comment**

Confidential (Reason for Confidentiality)

**Discharge Points/Receiving Waters**

**Feature Type** \*Select One

- Discharge Point(s)/Receiving Water(s)

**Discharge Point - Point where discharge enters the receiving water.**

Discharge Point Identifier should have a prefix of 'SW' (i.e. SW001, SW002)

**Discharge Point Identifier**

**Topo Map Identifier-Provide the point label from the topo map that correlates to the Discharge Point above.**

**Receiving Water** \*Select One

- A W Dale Lake     Aaron Branch  
 Abbie Creek       Abbott Branch  
 Abeg Creek        Abel Lake  
 Abercomby Branch     Abes Creek  
 Abison Branch       Abramson Lake

... (More Options Available)

**Does the discharge enter the named receiving water via an unnamed tributary and/or a storm sewer system? Please also indicate if the storm sewer system is under an MS4 permit.** \*Select All That Apply

- MS4                     Un-Named Tributary  
 Via Storm Sewer

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. If the segment of the receiving water to which the facility discharges has not been assigned a use classifications, select  Fish and Wildlife . Please select ALL that apply.

**Waterbody Classification** \*Select All That Apply

- Agricultural and Industrial Water Supply (A&I)     Fish and Wildlife (F&W)  
 Limited Warmwater Fishery (LWF)                     Outstanding Alabama Water (OAW)  
 Outstanding National Resource Water (ONRW)     Public Water Supply (PWS)  
 Shellfish Harvesting (SH)                             Swimming and Other Whole Body Water-Contact Sports (S)

**Location of Discharge Point/Receiving Water**

**Latitude**

**Longitude**

## Outfalls

Feature Type \*Select One

Outfall

Outfall - Point where the discharge leaves the site.

Outfall Identifier should have a prefix of 'OF' (i.e. OF001, OF002)

Outfall Identifier

Topo Map Identifier-Provide the point label from the topo map that correlates to the Outfall Point above.

Location of Outfall

Latitude

Longitude

## Impaired, Total Maximum Daily Load (TMDL), and High Quality Waters

If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III.D of the permit. \*Select One

Yes  No

Attach BMP Plan

\*This control is conditionally displayed based on answers provided in other parts of the form

Please attach a copy of the BMP Plan that meets the requirements of Part III D. of the permit.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

Comment

Confidential (Reason for Confidentiality)

## Topographic Map Submittal

Topographic Map

File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.gif\*.jpeg\*.pdf\*.png

Comment

Confidential (Reason for Confidentiality)

## Qualified Credentialed Professional (QCP) Certification

QCP Designation \*Select One

- AL National Resources Conservation Service Professional certified by the State Conservationist  Certified Professional in Erosion and Sediment Control (CPESC)
- Certified Professional Soil Scientist (CPSS)  Professional Engineer (PE)
- Professional Geologist (PG)  Registered Environmental Manager (REM)
- Registered Forester  Registered Land Surveyor (LS)
- Registered Landscape Architect

Registration / Certification Number



**Qualified Credentialed Professional**

|                          |                      |                      |
|--------------------------|----------------------|----------------------|
| <b>Prefix</b>            |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>First Name</b>        | <b>Last Name</b>     |                      |
| <input type="text"/>     | <input type="text"/> |                      |
| <b>Title</b>             |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Organization Name</b> |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Phone Type</b>        | <b>Number</b>        | <b>Extension</b>     |
| Home                     | <input type="text"/> |                      |
| Mobile                   | <input type="text"/> |                      |
| Other                    | <input type="text"/> | <input type="text"/> |
| Business                 | <input type="text"/> | <input type="text"/> |
| <b>Email</b>             |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Address Line 1</b>    |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Address Line 2</b>    |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>City</b>              | <b>State/Area</b>    | <b>Postal Code</b>   |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> |

**Duly Authorized Representative (DAR)**

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
- (b) In the case of a partnership, by a general partner;
- (c) In the case of a sole proprietorship, by the proprietor; or
- (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

**Will a duly authorized representative be submitting this NOI?** \*Select One

Yes  No

**DAR Documentation**

\*This control is conditionally displayed based on answers provided in other parts of the form

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.

**Comment**

Confidential (Reason for Confidentiality)

**Authorized Rep**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

|  |                      |                      |
|--|----------------------|----------------------|
| <b>Prefix</b>  |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>First Name</b>  | <b>Last Name</b>     |                      |
| <input type="text"/>                                     | <input type="text"/> |                      |
| <b>Title</b>   |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>Organization Name</b>                                 |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>Phone Type</b>  | <b>Number</b>        | <b>Extension</b>     |
| <small><i>*Only one phone number is accepted</i></small> |                      |                      |
| Home   | <input type="text"/> |                      |
| Mobile   | <input type="text"/> |                      |
| Other  | <input type="text"/> | <input type="text"/> |
| Business   | <input type="text"/> | <input type="text"/> |
| <b>Email</b>   |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>Mailing Address</b>                                   |                      |                      |
| <b>Address Line 1</b>                                    |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>Address Line 2</b>                                    |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>City</b>  | <b>State/Area</b>    | <b>Postal Code</b>   |
| <input type="text"/>                                     | <input type="text"/> | <input type="text"/> |
| <b>Country</b>   |                      |                      |
| <input type="text"/>                                     |                      |                      |

# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG890000

**Instructions:** This form may be used to submit a Notice of Intent for coverage under NPDES Permit Number ALG890000 **ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6).** NPDES Permit Number ALG890000 is the general permit authorizing discharges from small noncoal/nonmetallic mining and dry processing and areas associated with these activities. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing. Attach BMP plan and/or other information as needed. Commencement of activities applied for in this Notice of Intent (NOI) are not authorized until permit coverage has been issued by the Department.

### DISCHARGES NOT COVERED BY GENERAL PERMIT No. ALG890000

If the facility will have any of the following discharges, please contact the Mining and Natural Resources Section of ADEM before proceeding:

1. Discharges from wet processing of mined materials;
2. Discharge(s) from any mining operation that at any time has a total area of land disturbance that equals or exceeds five (5) acres in size; or
3. Discharge(s) from any mining operations where the planned or proposed area of total land disturbance currently equals or exceeds, or will equal or exceed five (5) acres in size.

#### PURPOSE OF THIS NOI

- |   |   |
|---|---|
| <input type="checkbox"/> Initial NOI for New Facility<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 (Legal Name)  |                            | Responsible Official Phone Number (Provide at least one) |                                    |
| Responsible Owner/Operator or Official Name  | Responsible Official Title |  | Responsible Official Email Address |
| Responsible Official (RO) Mailing Address  |                            | Mailing City, State, and Zip Code                        |                                    |
| Responsible Official (RO) Location Street/Physical Address   |                            | Location City, State, and Zip Code                       |                                    |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Other _____ |                            |  |                                    |

#### II. FACILITY INFORMATION

|  |          |           |  |                             |
|--|----------|-----------|--|-----------------------------|
| Facility/Site Name   |          |           | Facility/Site Contact Name   | Facility/Site Contact Title |
| Facility/Site Street Address or Location Description                   |          |           | Facility/Site Contact Company Name   |                             |
| City   | Zip Code | County(s) | Facility/Site Contact Phone Number (Provide at least one)<br>Office: _____ Cell: _____ |                             |
| Facility Front Gate Latitude and Longitude (Decimal or Deg. Min. Sec.) |          |           | Facility/Site Contact Email Address  |                             |
| Detailed Directions to Facility/Site                                   |          |           |  |                             |

#### III. ACTIVITY DESCRIPTION

|   |                     |
|---|---------------------|
| Please Specify Material to be Mined   |                     |
| <input type="checkbox"/> Dirt and/or Chert <input type="checkbox"/> Sand and/or Gravel <input type="checkbox"/> Shale <input type="checkbox"/> Common Clay <input type="checkbox"/> Other _____ |                     |
| Narrative Description of Activity   |                     |
| Primary SIC Code:   | Primary NAICS Code: |

#### IV. PROPOSED SCHEDULE

|   |                                 |                                      |
|---|---------------------------------|--------------------------------------|
| <b>Anticipated Activity Schedule:</b>   | Commencement Date: _____        | Completion Date: _____               |
| <b>Area of Permitted Facility/Site:</b> | Total Site Area in Acres: _____ | Total Disturbed Area in Acres: _____ |

**V. TOPOGRAPHIC MAP SUBMITTAL**

Attach a portion or copy of a recent U.S. Geological Survey map at an appropriate contour interval, including perennial, intermittent, and ephemeral streams, lakes/springs/wells/wetlands. Several maps/pages may be necessary depending on the size and scope of your project.

The map(s) at a minimum must include the following, and be clearly labeled:

- (1) Location of the Facility/Site;
- (2) Site boundaries, to include property boundaries and proposed permit boundaries;
- (3) Area of disturbance;
- (4) 1 mile radius;
- (5) Entrance(s)/Exit(s), to include proposed/existing roads;
- (6) Outfall(s) - point where stormwater in a discernible, confined and discrete conveyance, leaves the Facility/Site, and;
- (7) Discharge point(s)/receiving water(s) - point where the stormwater discharge from the Facility/Site enters the receiving water;
- (8) Provide a key for symbols and a scale.

**VI. DISCHARGE POINTS/RECEIVING WATERS**

List discharge point number as identified on the topo map, name of receiving water(s), latitude & longitude (Decimal degrees or Degrees Minutes Seconds) of location(s) that run-off enters the receiving water, and the waterbody classification. Please also indicate if the discharges enter an unnamed tributary to the receiving water. In addition, indicate enters a storm sewer prior to the receiving water, and if the storm sewer is under the jurisdictions of an MS4. Please refer to ADEM Admin. Code 335-6-11 for a detailed list of water use classifications. (Attach a separate list if necessary)

| Top Map ID | Latitude/Longitude | Receiving Water | UT                       | Storm Sewer              | MS4                      | Waterbody Classification (At least one must be selected) |                          |                          |                          |                          |                          |
|------------|--------------------|-----------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|            |                    |                 |                          |                          |                          | A&Γ  | F&W                      | LWF                      | PWS                      | SH                       | S                        |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**VII. OUTFALLS**

List the locations of all outfalls (points where discharges leave the site) including the label for each outfall from the topo map. (Attach a separate list if necessary)

| Topo Map Identifier | Latitude | Longitude |
|---------------------|----------|-----------|
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |
|                     |          |           |

**VIII. IMPAIRED, TOTAL MAXIMUM DAILY LOAD (TMDL), AND HIGH QUALITY WATERS**

Does the mining site discharge to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for a pollutant of concern, a waterbody for which a TMDL has been approved or established by EPA for a pollutant of concern, a waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-.09, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-.10?

- Yes  No If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III.D of the permit.

**IX. GENERAL INFORMATION**

Will flocculants or other chemical stabilization products be used on site?  Yes  No

If Yes, attach a Safety Data Sheet (SDS) for each flocculant used.

**X. QUALIFIED CREDENTIALLED PROFESSIONAL (QCP) CERTIFICATION**

“I certify under penalty of law that the technical information and data contained in this NOI, and a comprehensive Best Management Practices Plan (BMP Plan) for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this facility and associated regulated areas/activities. The BMP Plan meets the requirements of this permit and if properly implemented and maintained by the permittee, discharges of pollutants in stormwater runoff can reasonably be expected to be effectively minimized to the maximum extent practicable according to the requirements of ADEM Administrative Code Chapter 335-6-6-.23 and this Permit. The permittee has been advised that appropriate best management practices, pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices as detailed in the BMP Plan must be fully implemented and regularly maintained as needed at the facility in accordance with sound sediment, erosion, and other pollution control practices, permit requirements, and other ADEM requirements to ensure protection of groundwater and surface water quality.”

QCP Designation/Description: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Registration/Certification # \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

**XI. DULY AUTHORIZED REPRESENTATIVE (DAR)**

If a Duly Authorized Representative will be signing this NOI, the DAR must provide the following information and attach the appropriate documentation meeting the requirements **below** for a duly authorized representative. The document must be dated within the last 12 months

Name (including prefix): \_\_\_\_\_ Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

**XI. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE**

“I certify under penalty of law that this form, the BMP Plan, and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the qualified credentialed professional (QCP) and other person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, correct, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I further certify that the proposed discharges described in this NOI have been evaluated for the presence of any non-stormwater discharges and/or coal/mineral stormwater, or process wastewaters have been fully identified.”

Name \_\_\_\_\_ Official Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
- (b) In the case of a partnership, by a general partner;
- (c) In the case of a sole proprietorship, by the proprietor; or
- (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

## **ADEM Form 499**

### **Notice of Termination – NPDES General Permit Number ALG890000**

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALG890000, Notices of Termination for NPDES General Permit Number ALG890000 (ADEM Form 499) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> is now the only method available for electronic submission of such Notices of Termination. The form package include the electronic version of ADEM Form 499 in a human readable format.

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 499 may not be accepted unless the Department first approves such waiver. **The hardcopy form is also include at the end of this form package.** There may be differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

# Small Mining (ALG890000) - Voluntary Termination (Form 499)

## Small Mining-Voluntary Termination Request

NPDES Permit ALG890000 is a general permit authorizing discharges associated with noncoal/nonmetallic mining and dry processing, and areas associated with these activities, where such activities will result in a cumulative land disturbance of less than five (5) acres of land at any one time over the life of the mining activity.

To properly terminate your permit for construction, a Notice of Termination (NOT) is required to be submitted within thirty (30) days of one of the following conditions:

1. All regulated activity authorized by this Permit at this facility has been completed. All disturbed areas have been fully reclaimed, permanently stabilized, and/or perennial vegetative cover has been established.
2. Permittee has lost operational control of the facility.
3. Permittee has lost legal responsibility for the facility.

## Instructions

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

**\*\*\*No Fee Required\*\*\***

### CONTACT INFORMATION

#### *Main Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

### ADDITIONAL LINKS

[Please click here for area assignments and contact information for Special Services staff.](#)

# Small Mining (ALG890000) - Voluntary Termination (Form 499)

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### Termination Requirements

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.)

Yes  No

#### Additional Document(s)

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach any documents that support your assertion that all regulated activity is complete.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*

#### Comment

Confidential (Reason for Confidentiality)

Was the Permittee required to have ADOL bond coverage for this mining activity? *\*Select One*

Yes  No

Has the ADOL bond been released? *\*Select One*

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Yes  No

#### ADOL Bond Release Paperwork

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach ADOL bond release paperwork.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*

#### Comment

Confidential (Reason for Confidentiality)

Has the Permittee lost operational control of the facility/site? *\*Select One*

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Yes  No

Has the Permittee lost legal responsibility for the facility/site? *\*Select One*

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Yes  No



**Proposed Succeeding Permittee/Responsible Official**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

| First Name           | Last Name            |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

**Title**

**Proposed Succeeding Permittee Name/Company Name**

| Phone Type | Number               | Extension            |
|------------|----------------------|----------------------|
| Home       | <input type="text"/> |                      |
| Mobile     | <input type="text"/> |                      |
| Other      | <input type="text"/> | <input type="text"/> |
| Business   | <input type="text"/> | <input type="text"/> |

**Email**

**Address Line 1**

**Address Line 2**

| City                 | State/Area           | Postal Code          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Permit Information**

**Permit Number**

**Permittee**

**Permittee Name**

| Phone Type | Number               | Extension            |
|------------|----------------------|----------------------|
| Home       | <input type="text"/> |                      |
| Mobile     | <input type="text"/> |                      |
| Other      | <input type="text"/> | <input type="text"/> |
| Business   | <input type="text"/> | <input type="text"/> |

**Address Line 1**

**Address Line 2**

| City                 | State/Area           | Postal Code          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

phone number is accepted

**Responsible Official**

|                      |                      |
|----------------------|----------------------|
| <b>First Name</b>    | <b>Last Name</b>     |
| <input type="text"/> | <input type="text"/> |

**Title**

| Phone Type | Number               | Extension            |
|------------|----------------------|----------------------|
| Home       | <input type="text"/> |                      |
| Mobile     | <input type="text"/> |                      |
| Other      | <input type="text"/> | <input type="text"/> |
| Business   | <input type="text"/> | <input type="text"/> |

**Email**

**Address Line 1**

**Address Line 2**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>City</b>          | <b>State/Area</b>    | <b>Postal Code</b>   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Facility Information**

**Facility Name**

**Facility County** \*Select One

- Autauga
- Baldwin
- Barbour
- Bibb
- Blount
- Bullock
- Butler
- Calhoun
- Chambers
- Cherokee
- ... (More Options Available)

**Facility Address**

**Address Line 1**

**Address Line 2**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>City</b>          | <b>State/Area</b>    | <b>Postal Code</b>   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Facility Location**

|                      |                      |
|----------------------|----------------------|
| <b>Latitude</b>      | <b>Longitude</b>     |
| <input type="text"/> | <input type="text"/> |

**Qualified Credentialed Professional (QCP) Information**

**QCP Designation** \*Select One

- AL National Resources Conservation Service Professional certified by the State Conservationist
- Certified Professional in Erosion and Sediment Control (CPESC)
- Certified Professional Soil Scientist (CPSS)
- Professional Engineer (PE)
- Professional Geologist (PG)
- Registered Environmental Manager (REM)
- Registered Forester
- Registered Land Surveyor (LS)
- Registered Landscape Architect

**Registration / Certification Number**

**Qualified Credentialed Professional**

|                          |                      |                      |
|--------------------------|----------------------|----------------------|
| <b>Prefix</b>            |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>First Name</b>        | <b>Last Name</b>     |                      |
| <input type="text"/>     | <input type="text"/> |                      |
| <b>Title</b>             |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Organization Name</b> |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Phone Type</b>        | <b>Number</b>        | <b>Extension</b>     |
| Home                     | <input type="text"/> |                      |
| Mobile                   | <input type="text"/> |                      |
| Other                    | <input type="text"/> | <input type="text"/> |
| Business                 | <input type="text"/> | <input type="text"/> |
| <b>Email</b>             |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Address Line 1</b>    |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Address Line 2</b>    |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>City</b>              | <b>State/Area</b>    | <b>Postal Code</b>   |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> |

**Duly Authorized Representative (DAR)**

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
- (b) In the case of a partnership, by a general partner;
- (c) In the case of a sole proprietorship, by the proprietor; or
- (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

**Will a duly authorized representative be submitting this Notice of Termination?** \*Select One

Yes  No

**DAR Documentation**

\*This control is conditionally displayed based on answers provided in other parts of the form

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*,

**Comment**

Confidential (Reason for Confidentiality)

**Authorized Rep**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

|  |                      |                      |
|--|----------------------|----------------------|
| <b>Prefix</b>  |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>First Name</b>  | <b>Last Name</b>     |                      |
| <input type="text"/>                                     | <input type="text"/> |                      |
| <b>Title</b>   |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>Organization Name</b>                                 |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>Phone Type</b>  | <b>Number</b>        | <b>Extension</b>     |
| <small><i>*Only one phone number is accepted</i></small> |                      |                      |
| Home   | <input type="text"/> |                      |
| Mobile   | <input type="text"/> |                      |
| Other  | <input type="text"/> | <input type="text"/> |
| Business   | <input type="text"/> | <input type="text"/> |
| <b>Email</b>   |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>Mailing Address</b>                                   |                      |                      |
| <b>Address Line 1</b>                                    |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>Address Line 2</b>                                    |                      |                      |
| <input type="text"/>                                     |                      |                      |
| <b>City</b>  | <b>State/Area</b>    | <b>Postal Code</b>   |
| <input type="text"/>                                     | <input type="text"/> | <input type="text"/> |
| <b>Country</b>   |                      |                      |
| <input type="text"/>                                     |                      |                      |

# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)

## NOTICE OF TERMINATION – NPDES GENERAL PERMIT NUMBER ALG890000

**Instructions:** This form may be used to request termination of coverage under NPDES General Permit Number ALG890000 **ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6).** NPDES General Permit Number ALG890000 is the general permit authorizing discharges from small noncoal/nonmetallic mining and dry processing and areas associated with these activities. Please complete all questions. 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. Mail completed form to:

**ADEM-Water Division  
Stormwater Management Branch  
PO Box 301463  
Montgomery, Alabama 36130-1463**

### Item I. Permittee/Facility Information

|                              |  |   |  |
|------------------------------|--|---|--|
| Permittee Name               |  | Facility/Site Name                              |  |
| NPDES Permit Number<br>ALG89 |  | Facility Street Address or Location Description |  |
| County(s)                    |  | Facility City, State, Zip                       |  |

### Item II. Termination Requirements

|    |   |   |
|----|---|---|
| 1. | <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <b>Please attach any documents that support your assertion that all regulated activity is complete.</b> |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If applicable, has the Permittee been released from the ADOL bond? If yes, attach a copy of the ADOL bond release paperwork.  |
| 3. | <input type="checkbox"/> Yes <input type="checkbox"/> No                              | Has the Permittee lost operational control of the facility/site?  |
| 4. | <input type="checkbox"/> Yes <input type="checkbox"/> 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:

### Certification

"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."

### Qualified Credentialed Professional (QCP) Signature

|                                    |                    |                                    |
|------------------------------------|--------------------|------------------------------------|
| QCP Designation/Description: _____ |                    |                                    |
| Name: _____                        | Title: _____       | Registration/Certification # _____ |
| Address: _____                     |                    |                                    |
| Phone Number: _____                | Email: _____       |                                    |
| Signature _____                    | Date Signed: _____ |                                    |

**Duly Authorized Representative (DAR) Signature (if applicable)**

If a Duly Authorized Representative will be signing this NOT, the DAR must provide the following information and attach the appropriate documentation meeting the requirements **below** for a duly authorized representative. The document must be dated within the last 12 months

|                                |                    |
|--------------------------------|--------------------|
| Name (including prefix): _____ | Title: _____       |
| Organization Name: _____       |                    |
| Mailing Address: _____         |                    |
| Phone Number: _____            | Email: _____       |
| Signature _____                | Date Signed: _____ |

**Operator/Responsible Official Signature**

|                                |                    |
|--------------------------------|--------------------|
| Name (including prefix): _____ | Title: _____       |
| Organization Name: _____       |                    |
| Mailing Address: _____         |                    |
| Phone Number: _____            | Email: _____       |
| Signature _____                | Date Signed: _____ |

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
- (b) In the case of a partnership, by a general partner;
- (c) In the case of a sole proprietorship, by the proprietor; or
- (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

**ADEM Form 501**  
**NPDES Small Mining**  
**Noncompliance Notification Report**

The Department's preferred method of submittal of the NPDES Small Mining Noncompliance Notification Report is electronically via ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> .This form package includes both the AEPACS electronic version in a human readable format and the hardcopy version. Since AEPACS allows for dynamic smart forms to be developed, there are differences between the forms due to the availability of conditionality and the ability to prefill data fields in the electronic version of the form.

# Small Mining Noncompliance Notification Report (Form 501)

Respond with "n/a" as appropriate. Forms with incomplete or incorrect answers will be returned and may result in appropriate compliance action by the department.

## CONTACT INFORMATION

### *Main Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

## CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

## ADDITIONAL LINKS

[Please click here for area assignments and contact information for Special Services staff.](#)



# Small Mining Noncompliance Notification Report (Form 501)

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### Permittee Information

#### Permittee Name

Permittee Name

Phone Type                  Number                  Extension

Home

Mobile

Other

Business

Email

Fax

Address Line 1

Address Line 2

Location Description

City

State/Area

Postal Code

County

### Facility/Site Information

#### Facility/Site Name

#### Facility/Site Address

Address Line 1

Address Line 2

Location Description

City

State/Area

Postal Code

#### County \*Select One

- Autauga     Baldwin
- Barbour     Bibb
- Blount     Bullock
- Butler     Calhoun
- Chambers     Cherokee
- ... (More Options Available)

**Facility Contact**

|                      |                      |
|----------------------|----------------------|
| <b>First Name</b>    | <b>Last Name</b>     |
| <input type="text"/> | <input type="text"/> |

**Title**

| <b>Phone Type</b> <small><i>Only one phone number is accepted</i></small> | <b>Number</b>        | <b>Extension</b>     |
|---|----------------------|----------------------|
| Home  | <input type="text"/> |                      |
| Mobile  | <input type="text"/> |                      |
| Other   | <input type="text"/> | <input type="text"/> |
| Business  | <input type="text"/> | <input type="text"/> |

**Email**

**Address Line 1**

**Address Line 2**

**Location Description**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>City</b>          | <b>State/Area</b>    | <b>Postal Code</b>   |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**County**

**Description of Noncompliant Event**

**Details**

**Cause and Location of Noncompliant Event**

**Details**

**Period of Noncompliance**

**Noncompliance Start Date**

**Noncompliance Start Time**

**Noncompliance End Date**

**Noncompliance End Time**

**Details**

**Proposed Compliance Schedule**

**Details**

**Attachments**

**Details**

**Inspection/BMP Reports**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.htm,\*.html

**Comment**

Confidential (Reason for Confidentiality)

**Photographs**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.htm,\*.html

**Comment**

Confidential (Reason for Confidentiality)

**Sampling Results**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.htm,\*.html

**Comment**

Confidential (Reason for Confidentiality)

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NPDES SMALL MINING NONCOMPLIANCE NOTIFICATION REPORT**

**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-Water Division, Stormwater Management Branch, PO Box 301463, Montgomery, AL 36130-1463.

**Item I.**

|  |                             |                                 |                        |
|--|-----------------------------|---------------------------------|------------------------|
| Permittee Name   |                             | Facility/Site Name              |                        |
| NPDES Permit Number<br>ALG89 _____                     | County                      | Facility Contact Name           | Facility Contact Title |
| Facility Street Address <u>or</u> Location Description |                             | City, State, Zip                |                        |
| Facility Contact Phone Number                          | Facility Contact Fax Number | Facility Contact E-Mail Address |                        |

**Item II.**

|                                    |
|------------------------------------|
| Description of Noncompliant Event: |
|------------------------------------|

**Item III.**

|   |
|---|
| Cause (if known), and Location of Noncompliant Event: |
|---|

**Item IV.**

|  |
|--|
| Period of Noncompliance: (Include exact date(s) and time(s) or, if not corrected, the anticipated time the noncompliance is expected to continue): |
|--|

**Item V.**

|   |
|---|
| Description of steps taken and/or being taken (proposed compliance schedule) to reduce and/or eliminate the noncomplying discharge, repair/replace/upgrade BMPS, and to prevent its recurrence: |
|---|

**Item VI.**

|   |
|---|
| Inspection and BMP certification report(s), any photographs, and any sampling results <u>are attached</u> . If not, please explain: |
|---|

"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 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 am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

|                              |                               |           |      |
|------------------------------|-------------------------------|-----------|------|
| Name of QCP                  | Designation of QCP            | Signature | Date |
| Name of Responsible Official | Title of Responsible Official | Signature | Date |

## **ADEM Form 028**

### **Notice of Intent – NPDES General Permit Number ALR040000**

#### **(MS4 Phase II General Permit)**

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALR040000, Notices of Intent for NPDES General Permit Number ALR040000 (ADEM Form 503) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> is now the only method available for electronic submission of such Notices of Intent.

AEPACS allows for dynamic smart forms to be developed. Therefore, ADEM Form 503 has been transformed into multiple variations suited for the specific purpose of the Notice of Intent. This form package includes the following variations of this form in human readable format:

1. MS4 Phase II General Permit (ALR040000) - NOI - New (Form 028)
2. MS4 Phase II General Permit (ALR040000) - NOI - Modification/  
Transfer/Reissuance  
(Form 028)

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 503 may not be accepted unless the Department first approves such waiver. **The hardcopy form is also include at the end of this form package.** There are differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

# MS4 Phase II GP (ALR040000) - NOI - New (Form 503)

NPDES permit number ALR040000 is a general permit for MS4 Phase II.

Please complete all questions. Incomplete or incorrect answers will delay processing. Attach other information as needed.

## CONTACT INFORMATION

### *Main Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

### *Billing Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

## CONTACTS

Phone : 334-271-7836

# MS4 Phase II GP (ALR040000) - NOI - New (Form 503)

## Form Input

\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form

### General Information

#### Permittee Name

Permittee Name

Address Line 1

Address Line 2

City

State/Area

Postal Code

#### 335-6-6-.09 Signatories to Permit Applications and Reports.

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.

#### Responsible Official

First Name

Last Name

Title

Organization Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Address Line 1

Address Line 2

City

State/Area

Postal Code

Do you have a Duly Authorized Representative (DAR)? Select One

Yes  No

**Designated Storm Water Contact**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| First Name           | Last Name            |                      |
| <input type="text"/> | <input type="text"/> |                      |
| Title                |                      |                      |
| <input type="text"/> |                      |                      |
| Phone Type           | Number               | Extension            |
| Home                 | <input type="text"/> |                      |
| Mobile               | <input type="text"/> |                      |
| Other                | <input type="text"/> | <input type="text"/> |
| Business             | <input type="text"/> | <input type="text"/> |
| Email                |                      |                      |
| <input type="text"/> |                      |                      |

Address Line 1

Address Line 2

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| City                 | State/Area           | Postal Code          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Are there additional contacts associated with this MS4? \*Select One  
 Yes  No

**Duly Authorized Representative**

\*This section is conditionally displayed based on answers provided in other parts of the form

**Authorized Rep**

**Duly Authorized Representative**

Prefix

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| First Name           | Last Name            |                      |
| <input type="text"/> | <input type="text"/> |                      |
| Title                |                      |                      |
| <input type="text"/> |                      |                      |
| Phone Type           | Number               | Extension            |
| Home                 | <input type="text"/> |                      |
| Mobile               | <input type="text"/> |                      |
| Other                | <input type="text"/> | <input type="text"/> |
| Business             | <input type="text"/> | <input type="text"/> |
| Email                |                      |                      |
| <input type="text"/> |                      |                      |

**Mailing Address**

Address Line 1

Address Line 2

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| City                 | State/Area           | Postal Code          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Country

**Duly Authorized Representative (DAR) Documentation**

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
 \*.7z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment**

Confidential (Reason for Confidentiality)



**Additional Contact(s)**

*\*This section is conditionally displayed based on answers provided in other parts of the form*

**Contact Type** \*Select One

- Contact                       Consultant
- Contractor                       City Planner
- Director of Public Works    Engineer
- Environmental Contact       Facility Contact
- Local Official

**Contact**

**Prefix**

**First Name**                      **Last Name**

**Title**

**Phone Type**                      **Number**                      **Extension**

Home                     

Mobile                     

Other                     

Business                     

Business                     

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**                      **State/Area**                      **Postal Code**

**Country**

**Location/Boundaries**

**MS Entity Type** \*Select One

- County Government/Commission    Corporation
- Federal                       Municipality (City or Town)
- School District or Board               State
- Water/Sewer/Utility District or Board

**Site Name**

**Site Location Address**

**Address Line 1**

**Address Line 2**

**Location Description**

**City**                      **State/Area**                      **Postal Code**

**County where the MS4 is located:** \*Select One

- Autauga     Baldwin
- Barbour    Bibb
- Blount     Bullock
- Butler     Calhoun
- Chambers    Cherokee

... (More Options Available)

**The latitude and longitude to the seconds of the approximate center of your MS4:**

**Latitude**                      **Longitude**

**Primary SIC Code**

9511-Air and Water Resource and Solid Waste Management

**Primary NAICS Code**

924110-Administration of Air and Water Resource and Solid Waste Management Programs

**Counties must include a map showing county boundaries, unincorporated area boundaries within the county, and urbanized (UA) boundaries.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach map.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment**

Confidential (Reason for Confidentiality)

**Entities must include a location map showing city, town, or district boundaries, and urbanized area (UA) boundaries, if part(s) of the MS4 is within a UA.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach map.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment**

Confidential (Reason for Confidentiality)

**Control Measures**

**Has another entity agreed to implement control measures on your behalf?** \*Select One

Yes  No

**Sharing Responsibility**

*\*This section is conditionally displayed based on answers provided in other parts of the form*

**Entity Name(s) and Control Measure(s) or Component(s) of Control Measure(s) to be implemented by entity on your behalf:**

**It is mandatory that you submit a copy of a written agreement between your MS4 and the other entity demonstrating written acceptance of responsibility:**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment**

Confidential (Reason for Confidentiality)

**Supplemental MS4 Information**

**Has your county been granted Home Rule by the State Legislature?** \*Select One

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Yes  No

**Please provide the estimated MS4 acreage covered.**

**Please provide the estimated MS4 population served.**





**Please attach your list of MS4 outfalls.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

The list must include outfall identifier number, latitude/longitude coordinates and receiving water.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.doc, \*.docx, \*.jpeg, \*.jpg, \*.pdf, \*.xls, \*.xlsx

**Comment**

Confidential (Reason for Confidentiality)

**OUTFALL IDENTIFICATION LIST**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

| Outfall ID# | Latitude (Format ##.#####) | Longitude (Format -##.#####) | Major Receiving Water |
|-------------|----------------------------|------------------------------|-----------------------|
|             |                            |                              |                       |

**Please provide additional details on the development process of the mapping.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide the estimated completion date of the mapping.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4? <sup>\*Select One</sup>**

In Effect  Under Development

**Indicate which method you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4. <sup>\*Select One</sup>**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

URL and/or Citation  Attach a copy

**Please provide a URL and/or a citation reference for the ordinance or other regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide a copy of the ordinance or regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.doc, \*.docx, \*.pdf

**Comment**

Confidential (Reason for Confidentiality)

**Please provide additional details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Does this Entity have a Dry Weather Screening Program? <sup>\*Select One</sup>**

Yes  No

**Is the individual responsible for the Dry Weather Screening Program the same as the Designated Stormwater Contact? <sup>\*Select One</sup>**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Yes  No

**Environmental Contact**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>First Name</b>    | <b>Last Name</b>     |                      |
| <input type="text"/> | <input type="text"/> |                      |
| <b>Title</b>         |                      |                      |
| <input type="text"/> |                      |                      |
| <b>Phone Type</b>    | <b>Number</b>        | <b>Extension</b>     |
| Home                 | <input type="text"/> |                      |
| Mobile               | <input type="text"/> |                      |
| Other                | <input type="text"/> | <input type="text"/> |
| Business             | <input type="text"/> | <input type="text"/> |
| <b>Email</b>         |                      |                      |
| <input type="text"/> |                      |                      |

**Construction Site Stormwater Runoff Control**

**What is the status of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance?** \*Select One

- In Effect
- Under Development

**Indicate which method you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance.** \*Select One

*\*This control is conditionally displayed based on answers provided in other parts of the form*

- URL and/or Citation
- Attach a copy

**Please provide a URL and/or a citation reference for the ordinance or other regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide a copy of the ordinance or regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
\*.7z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*,

**Comment**

Confidential (Reason for Confidentiality)

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Review and Approve Proposed Site Plans for Appropriate Erosion and Sediment Control Prior to the Start of Construction?** \*Select One

- In Effect
- Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Inspect Construction Sites and Take Enforcement Actions to Correct Noncompliance?** \*Select One

- In Effect
- Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*



**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Additional Attachment(s)**

**If there is additional supporting documentation relevant to this submittal, please include here.**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.doc,\*.docx,\*.pdf

**Comment**

Confidential (Reason for Confidentiality)

**NOI Preparer**

**NOI Preparer**

**Prefix**

**First Name                      Last Name**

**Title**

**Organization Name**

**Phone Type                      Number                      Extension**

|      |                      |                      |
|------|----------------------|----------------------|
| Home | <input type="text"/> | <input type="text"/> |
|------|----------------------|----------------------|

|        |                      |                      |
|--------|----------------------|----------------------|
| Mobile | <input type="text"/> | <input type="text"/> |
|--------|----------------------|----------------------|

|       |                      |                      |
|-------|----------------------|----------------------|
| Other | <input type="text"/> | <input type="text"/> |
|-------|----------------------|----------------------|

|          |                      |                      |
|----------|----------------------|----------------------|
| Business | <input type="text"/> | <input type="text"/> |
|----------|----------------------|----------------------|

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City                                      State/Area                                      Postal Code**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

**Country**



# MS4 Phase II GP (ALR040000) - NOI - Mod/Transfer/Reissuance (Form 503)

NPDES permit number ALR040000 is a general permit for MS4 Phase II.  
Please complete all questions. Attach other information as needed.

## CONTACT INFORMATION

### *Main Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

### *Billing Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

## CONTACTS

Phone : 334-271-7836

# MS4 Phase II GP (ALR040000) - NOI - Mod/Transfer/Reissuance (Form 503)

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### Processing Information

#### Form Submission Reason \*Select One

- Modification  Transfer  
 Reissuance

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please download, print, and sign the following:

[Transfer Agreement \(Form 466\)](#)

#### Attach Transfer Agreement (Form 466)

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach the signed Transfer Agreement (Form 466) here.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.

#### Comment

Confidential (Reason for Confidentiality)

Please provide a summary of proposed modifications being applied for with this submission.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

### Permit Information

#### Permit Number

#### Permittee Name

##### Small MS4 Name

##### Mailing Address

##### Address Line 1

##### Address Line 2

##### City

##### State/Area

##### Postal Code

##### Country

Name of the small MS4 if different from the permittee name above.

**Responsible Official**

**Prefix**

**First Name**  **Last Name**

**Title**

**MS4 Entity Name**

| Phone Type | Number               | Extension            |
|------------|----------------------|----------------------|
| Home       | <input type="text"/> | <input type="text"/> |
| Mobile     | <input type="text"/> | <input type="text"/> |
| Other      | <input type="text"/> | <input type="text"/> |
| Business   | <input type="text"/> | <input type="text"/> |

**Email**

**Address Line 1**

**Address Line 2**

| City                 | State/Area           | Postal Code          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Country**

**Do you have a Duly Authorized Representative (DAR)?** \*Select One

Yes  No

**Designated Storm Water Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

| Phone Type | Number               | Extension            |
|------------|----------------------|----------------------|
| Home       | <input type="text"/> | <input type="text"/> |
| Mobile     | <input type="text"/> | <input type="text"/> |
| Other      | <input type="text"/> | <input type="text"/> |
| Business   | <input type="text"/> | <input type="text"/> |

**Email**

**Address Line 1**

**Address Line 2**

| City                 | State/Area           | Postal Code          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Country**

**Are there additional contacts associated with this MS4?** \*Select One

Yes  No

**Duly Authorized Representative**

\*This section is conditionally displayed based on answers provided in other parts of the form

**Authorized Rep**

**Duly Authorized Representative**

**Prefix**

**First Name**  **Last Name**

**Title**

| Phone Type | Number               | Extension            |
|------------|----------------------|----------------------|
| Home       | <input type="text"/> |                      |
| Mobile     | <input type="text"/> |                      |
| Other      | <input type="text"/> | <input type="text"/> |
| Business   | <input type="text"/> | <input type="text"/> |

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

| City                 | State/Area           | Postal Code          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Country**

**Duly Authorized Representative (DAR) Documentation**

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment**

Confidential (Reason for Confidentiality)

**Additional Contact(s)**

*\*This section is conditionally displayed based on answers provided in other parts of the form*

**Contact Type** \*Select One

- Contact
- Consultant
- Contractor
- City Planner
- Director of Public Works
- Engineer
- Environmental Contact
- Facility Contact
- Local Official

**Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

| Phone Type | Number               | Extension            |
|------------|----------------------|----------------------|
| Home       | <input type="text"/> |                      |
| Mobile     | <input type="text"/> |                      |
| Other      | <input type="text"/> | <input type="text"/> |
| Business   | <input type="text"/> | <input type="text"/> |

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

| City                 | State/Area           | Postal Code          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Country**

**Location/Boundaries**

**MS4 Entity Type** \*Select One

County Government/Commission     Corporation  
 Federal     Municipality (City or Town)  
 School District or Board     State  
 Water/Sewer/Utility District or Board

**Site Name**

**Site Location Address**

**Address Line 1**

**Address Line 2**

| City                 | State/Area           | Postal Code          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**County where the MS4 is located:** \*Select One

Autauga     Baldwin  
 Barbour     Bibb  
 Blount     Bullock  
 Butler     Calhoun  
 Chambers     Cherokee  
... (More Options Available)

**The latitude and longitude to the seconds of the approximate center of your MS4:**

| Latitude             | Longitude            |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

**Primary SIC Code**  
9511-Air and Water Resource and Solid Waste Management

**Primary NAICS Code**  
924110-Administration of Air and Water Resource and Solid Waste Management Programs

**Counties must include a map showing county boundaries, unincorporated area boundaries within the county, and urbanized (UA) boundaries.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*  
Please attach map.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment**

Confidential (Reason for Confidentiality)

**Entities must include a location map showing city, town, or district boundaries, and urbanized area (UA) boundaries, if part(s) of the MS4 is within a UA.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*  
Please attach map.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment**

Confidential (Reason for Confidentiality)

**Control Measures**

**Has another entity agreed to implement control measures on your behalf?** *\*Select One*

Yes  No

**Sharing Responsibility**

*\*This section is conditionally displayed based on answers provided in other parts of the form*

**Entity Name(s) and Control Measure(s) or Component(s) of Control Measure(s) to be implemented by entity on your behalf:**

**It is mandatory that you submit a copy of a written agreement between your MS4 and the other entity demonstrating written acceptance of responsibility:**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment**

Confidential (Reason for Confidentiality)

**Supplemental MS4 Information**

**Has your county been granted Home Rule by the State Legislature?** *\*Select One*

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Yes  No

**Please provide the estimated MS4 acreage covered.**

**Please provide the estimated MS4 population served.**

**Does the MS4 obtain project source funding from any of the following:** *\*Select All That Apply*

- Grant(s)                       Loan(s)
- Local Taxes                       Stormwater Utility
- Stormwater Fee(s)               Utility Surcharge
- Other                               No funding is collected

Please provide the MS4 Type: \*Select One

- County
- Educational Institution (e.g. college, university)
- Military Installation/Base
- Park
- Other
- Transportation System/DOT
- Hospital
- Municipality (e.g. City, Town)
- Prison

### Receiving Water List and Known or Suspected Water Quality Problems, If Applicable

[ADEM Water Quality Information such as 303\(d\) lists, TMDLs, and impaired water information can be accessed here.](#)

Please list all major receiving waters to which the MS4 discharges and identify whether the receiving water is impaired [included on the latest 303(d) list or an EPA approved total maximum daily load (TMDL)]. If impaired, please provide a brief summary of any known or suspected water quality concerns within your jurisdictional area (e.g. stream siltation, habitat degradation, elevated levels of pollutants, etc.).

| Major Receiving Water Name | 303(d)/TMDL Applicability | Known or Suspected Water Quality Concern Details |
|----------------------------|---------------------------|--|
| <input type="text"/>       | <input type="text"/>      | <input type="text"/>                             |

Are any of the major receiving water(s) listed above classified as an Outstanding National Resource Water [335-6-10-.10(1)], Outstanding Alabama Water [335-6-10-.03(1)] or an Treasured Alabama Lake [335-6-10-.10(2)]?

- Yes  No

Please list the names of those receiving waters:

\*This control is conditionally displayed based on answers provided in other parts of the form

### Storm Water Management Program Plan (SWMPP)

#### SWMP

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
\*.7z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*

Comment

Confidential (Reason for Confidentiality)

### Public Education and Outreach

Please provide the method of performing the Public Education and Outreach (Select One). \*Select One

- Website
- Contests
- Local Public Service Announcements
- Newspaper Articles/Press Releases
- Special Events/Fairs
- Brochures/Pamphlets
- Displays/Posters/Kiosks
- Meetings
- School Programs
- Videos

... (More Options Available)

For the delivery method specified above, please select ALL subjects that are addressed by this method. \*Select All That Apply

- Construction Sites
- Household Hazardous Waste Disposal
- Infrastructure Maintenance
- Storm Drain Marking
- Pesticide and Fertilizer Application
- General Stormwater Management Information
- Illicit Discharge Detection and Elimination
- Smart Growth
- Green Infrastructure/Better Site Design/Low Impact Development
- Pet Waste Management

... (More Options Available)

For the method and subject noted above, please select ALL in the target audience. \*Select All That Apply

- Public Employees
- Businesses
- Contractors
- Public
- Agricultural
- Residential
- Restaurants
- Developers
- Industries
- School Groups

... (More Options Available)

### Public Involvement and Participation

Please provide the method of performing Public Involvement and Participation (Select One). *\*Select One*

- Public Workshop
- Government Meeting (e.g. Public Hearing, Council Meeting)
- Involvement in Development of MS4 Program Report
- Involvement in Designing of Ordinance Controlling Discharges to MS4
- No Specific Delivery Method Specified in Permit Requirement
- Citizen Committee Meetings
- Volunteer Event
- Involvement in Development of Stormwater Management Plan (SWMP)
- Other

For the delivery method specified above, please select ALL subjects that are addressed by this method. *\*Select All That Apply*

- Construction Sites
  - Household Hazardous Waste Disposal
  - Infrastructure Maintenance
  - Storm Drain Marking
  - Pesticide and Fertilizer Application
  - General Stormwater Management Information
  - Illicit Discharge Detection and Elimination
  - Smart Growth
  - Green Infrastructure/Better Site Design/Low Impact Development
  - Pet Waste Management
- ... (More Options Available)

For the method and subject noted above, please select ALL in the target audience. *\*Select All That Apply*

- Public Employees
  - Businesses
  - Contractors
  - Public
  - Agricultural
  - Residential
  - Restaurants
  - Developers
  - Industries
  - Other
- ... (More Options Available)

### Illicit Discharge Detection and Elimination

Please provide the status of MS4 outfall mapping? *\*Select One*

- MS4 System Map is Current
- Under Development
- No Mapping of MS4 Outfalls

Please provide the date of the most recent mapping of MS4 outfalls.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach a site map that may include the coordinates of all known outfalls, identifies the receiving waters and structural BMPs owned, operated or maintained by the Permittee.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
 \*.7z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

Comment

Confidential (Reason for Confidentiality)

Please provide the total number of MS4 outfalls in the MS4 system.

A list of MS4 outfalls should be provided either as an attachment (to include Outfall Number or ID, coordinates and receiving water) or individually listed in the table provided. *\*Select One*

- I will attach a list of the MS4 outfalls.
- I will enter each MS4 outfall individually.

Please attach your list of MS4 outfalls.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

The list must include outfall identifier number, latitude/longitude coordinates and receiving water.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.doc\*.docx\*.jpeg\*.jpg\*.pdf\*.xls\*.xlsx

Comment

Confidential (Reason for Confidentiality)

### OUTFALL IDENTIFICATION LIST

*\*This control is conditionally displayed based on answers provided in other parts of the form*

| Outfall ID# | Latitude (Format ##.#####) | Longitude (Format -##.#####) | Major Receiving Water |
|-------------|----------------------------|------------------------------|-----------------------|
|             |                            |                              |                       |



Please provide additional details on the development process of the mapping.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Provide the estimated completion date of the mapping.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

What is the status of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4? <sup>\*Select One</sup>

- In Effect  Under Development

Indicate which method you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4 <sup>\*Select One</sup>

*\*This control is conditionally displayed based on answers provided in other parts of the form*

- URL and/or Citation  Attach a copy

Please provide a URL and/or a citation reference for the ordinance or other regulatory mechanism.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Provide a copy of the ordinance or regulatory mechanism.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

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Comment

Confidential (Reason for Confidentiality)

Please provide additional details on the development process.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Provide estimated completion date.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Does this Entity have a Dry Weather Screening Program? <sup>\*Select One</sup>

- Yes  No

Is the individual responsible for the Dry Weather Screening Program the same as the Designated Stormwater Contact? <sup>\*Select One</sup>

*\*This control is conditionally displayed based on answers provided in other parts of the form*

- Yes  No

Environmental Contact

*\*This control is conditionally displayed based on answers provided in other parts of the form*

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>First Name</b>    | <b>Last Name</b>     |                      |
| <input type="text"/> | <input type="text"/> |                      |
| <b>Title</b>         |                      |                      |
| <input type="text"/> |                      |                      |
| <b>Phone Type</b>    | <b>Number</b>        | <b>Extension</b>     |
| Home                 | <input type="text"/> |                      |
| Mobile               | <input type="text"/> |                      |
| Other                | <input type="text"/> | <input type="text"/> |
| Business             | <input type="text"/> | <input type="text"/> |
| <b>Email</b>         |                      |                      |
| <input type="text"/> |                      |                      |

**Construction Site Stormwater Runoff Control**

What is the status of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance? <sup>\*Select One</sup>

- In Effect  Under Development

Indicate which method you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance. <sup>\*Select One</sup>

*\*This control is conditionally displayed based on answers provided in other parts of the form*

- URL and/or Citation  Attach a copy

**Please provide a URL and/or a citation reference for the ordinance or other regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide a copy of the ordinance or regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.

**Comment**

Confidential (Reason for Confidentiality)

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Review and Approve Proposed Site Plans for Appropriate Erosion and Sediment Control Prior to the Start of Construction?** <sup>\*Select One</sup>

In Effect  Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Inspect Construction Sites and Take Enforcement Actions to Correct Noncompliance?** <sup>\*Select One</sup>

In Effect  Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

## **Post-Construction Stormwater Management in New Development and Redevelopment**

**What is the status of the Ordinance or Other Regulatory Mechanism to Post-Construction Runoff from New Development and Redevelopment Projects?** <sup>\*Select One</sup>

In Effect  Under Development

**Indicate which method you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Post-Construction Runoff from New Development and Redevelopment Projects.** <sup>\*Select One</sup>

*\*This control is conditionally displayed based on answers provided in other parts of the form*

URL and/or Citation  Attach a copy

**Please provide a URL and/or citation reference for the ordinance or other regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide a copy of the ordinance or regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
\*.7z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment**

Confidential (Reason for Confidentiality)

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Address Stormwater Runoff from New Development and Redevelopment Projects that Disturb a Minimum of Greater than or Equal to One Acre?**

In Effect  Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Ensure Adequate Long-Term Operation and Maintenance of BMPs for Controlling Runoff from New Development and Redevelopment Projects.**

In Effect  Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Pollution Prevention/Good Housekeeping**

**Does the Storm Water Management Plan (SWMP) contain information on Pollution Prevention and Good Housekeeping Measures. \*Select One**

Yes  No

**Please provide additional details on the development process of the Pollution Prevention and Good Housekeeping information.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Additional Attachment(s)**

If there is additional supporting documentation relevant to this submittal, please include here.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.doc,\*.docx,\*.pdf

**Comment**

Confidential (Reason for Confidentiality)

**NOI Preparer**

**Notice of Intent (NOI) Preparer**

|                          |                      |                      |
|--------------------------|----------------------|----------------------|
| <b>Prefix</b>            |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>First Name</b>        | <b>Last Name</b>     |                      |
| <input type="text"/>     | <input type="text"/> |                      |
| <b>Title</b>             |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Organization Name</b> |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Phone Type</b>        | <b>Number</b>        | <b>Extension</b>     |
| Home                     | <input type="text"/> |                      |
| Mobile                   | <input type="text"/> |                      |
| Other                    | <input type="text"/> | <input type="text"/> |
| Business                 | <input type="text"/> | <input type="text"/> |
| <b>Email</b>             |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Mailing Address</b>   |                      |                      |
| <b>Address Line 1</b>    |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>Address Line 2</b>    |                      |                      |
| <input type="text"/>     |                      |                      |
| <b>City</b>              | <b>State/Area</b>    | <b>Postal Code</b>   |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> |
| <b>Country</b>           |                      |                      |
| <input type="text"/>     |                      |                      |

# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALR040000 (MS4 PHASE II)

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALR040000 **ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6).** NPDES General Permit Number ALR040000 is the general permit authorizing stormwater discharges from regulated small Municipal Separate Storm Sewer Systems (MS4). **Mail completed form to:** ADEM-Water Division, Stormwater Management Branch, PO Box 301463, Montgomery, AL 36130-1463.

### PURPOSE OF THIS NOI

- |   |   |
|---|---|
| <input type="checkbox"/> Initial NOI for New Coverage                 | <input type="checkbox"/> Reissuance of General Permit ALR _____ |
| <input type="checkbox"/> Modification of General Permit No. ALR _____ | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> Transfer of General Permit No. ALR _____     |   |

### I. PERMITTEE INFORMATION

#### A. Permittee

|  |   |  |                                      |
|--|---|--|--------------------------------------|
| Permittee Name (Legal Name)                          |   | Responsible Official Phone Number (Provide at least one)       |                                      |
| Mailing Address                                      |   | Mailing City, State, and Zip Code                              |                                      |
| <b>MS4 Entity Type (please select only one)</b>      |   |  |                                      |
| <input type="checkbox"/> Municipality (City or Town) | <input type="checkbox"/> County Government/Commission | <input type="checkbox"/> Water/Sewer/Utility District or Board |                                      |
| <input type="checkbox"/> School District or Board    | <input type="checkbox"/> State                        | <input type="checkbox"/> Federal                               | <input type="checkbox"/> Corporation |

#### B. Responsible Official

|                 |                                   |
|-----------------|-----------------------------------|
| Name            | Title                             |
| Phone Number    | Email Address                     |
| Mailing Address | Mailing City, State, and Zip Code |

#### C. Designated Storm Water Contact

|                 |                                   |
|-----------------|-----------------------------------|
| Name            | Title                             |
| Phone Number    | Email Address                     |
| Mailing Address | Mailing City, State, and Zip Code |

### II. Site Information

|   |                                    |
|---|------------------------------------|
| Site Name   | County where the MS4 is located    |
| Location Address  | Location City, State, and Zip Code |
| Latitude/Longitude, to the seconds, of the approximate center of your MS4 |                                    |

### III. Site Maps

|  |   |
|--|---|
| <b>Please indicate which of the applicable required maps are attached to this application:</b> |   |
| <input type="checkbox"/>   | The MS4 Entity Type is a County Government/Commission. A map showing county boundaries, unincorporated area boundaries within the county, and urbanized (UA) boundaries is attached.                        |
| <input type="checkbox"/>   | The MS4 Entity Type is NOT a County Government/Commission. A location map showing city, town, or district boundaries, and urbanized area (UA) boundaries, if part(s) of the MS4 is within a UA is attached. |

### IV. Supplemental MS4 Information

|   |  |   |  |
|---|--|---|--|
| <b>If the MS4 Entity Type is County Government/Commission, has your county been granted Home Rule by the State Legislature?</b> |  |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |  |   |  |
| Estimated MS4 acreage covered   |  | Estimated MS4 population served             |  |
| _____   |  | _____                                       |  |
| <b>Does the MS4 obtain project source funding from any of the following:</b>  |  |   |  |
| <input type="checkbox"/> Grants   | <input type="checkbox"/> Loans             | <input type="checkbox"/> Local Taxes        | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Stormwater Fee(s)  | <input type="checkbox"/> Utility Surcharge | <input type="checkbox"/> Stormwater Utility | <input type="checkbox"/> No funding is collected |

|   |   |                                      |
|---|---|--------------------------------------|
| If <b>Other</b> was selected, please describe:                              |   |                                      |
| <b>Please provide the MS4 Type:</b>   |   |                                      |
| <input type="checkbox"/> County   | <input type="checkbox"/> Hospital                       | <input type="checkbox"/> Park        |
| <input type="checkbox"/> Transportation System/DOT                          | <input type="checkbox"/> Military Installation/Base     | <input type="checkbox"/> Prison      |
| <input type="checkbox"/> Educational Institution (e.g. college, university) | <input type="checkbox"/> Municipality (e.g. City, Town) | <input type="checkbox"/> Other _____ |

**V. Receiving Water List and Known or Suspected Water Quality Problems, If Applicable**

ADEM Water Quality Information such as 303(d) lists, TMDLs, and impaired water information can be accessed at the following webpage: <http://www.adem.alabama.gov/programs/water/waterquality.cnt>

| Please list all major receiving waters to which the MS4 discharges and identify whether the receiving water is impaired [included on the latest 303(d) list or an EPA approved total maximum daily load (TMDL)]. If impaired, please provide a brief summary of any known or suspected water quality concerns within your jurisdictional area (e.g. stream siltation, habitat degradation, elevated levels of pollutants, etc.). Also, please indicate if any of the major receiving waters above classified as an Outstanding National Resource Water (ONRW) [335-6-10-.10(1)], Outstanding Alabama Water (OAW) [335-6-10-.03(1)] or a Treasured Alabama Lake (TAL) [335-6-10-.10(2)]. Attach additional pages if necessary |                           |  |   |
|--|---------------------------|--|---|
| Major Receiving Water Name   | 303(d)/TMDL Applicability | Known or Suspected Water Quality Concern Details | Indicate which of these classifications apply   |
|  |                           |  | <input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None |
|  |                           |  | <input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None |
|  |                           |  | <input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None |
|  |                           |  | <input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None |
|  |                           |  | <input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None |
|  |                           |  | <input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None |

**VI. Sharing Responsibility**

|   |
|---|
| Has another entity agreed to implement control measures on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No                |
| If Yes, please attach the following:  |
| 1. A listing of each entity's name and the Control Measure(s) or Component(s) of Control Measure(s) to be implemented by entity on your behalf. |
| 2. A copy of a written agreement between your MS4 and the other entity demonstrating written acceptance of responsibility                       |

**VII. Storm Water Management Program Plan (SWMP)**

|   |
|---|
| A description of your Storm Water Management Program Plan (SWMP) that includes a) management practices b) control techniques and c) system, design, and engineering methods to reduce pollutants in storm water run-off to the maximum extent practicable (MEP) for the following six minimum control measures <u>must</u> be attached:                                     |
| <ol style="list-style-type: none"> <li>Public Education and Outreach</li> <li>Public Involvement/Participation</li> <li>Illicit Discharge Detection and Elimination</li> <li>Construction Site Storm Water Runoff Control</li> <li>Post-construction Storm Water Management in New Development and Redevelopment</li> <li>Pollution Prevention/Good Housekeeping</li> </ol> |

**VIII. Public Education and Outreach**

In the table indicated, provide a summary of the permit requirements associated with the MS4 public education and outreach program, including any educational materials the permittee is required to distribute or equivalent outreach activities the permittee must implement to inform the target audience about the impacts of stormwater discharges and the steps the public can take to reduce stormwater pollutants.

This section will identify:

- How the public education and outreach will be delivered;
- The subject of the public education and outreach program; and
- The target audience.

**IX. Public Involvement and Participation**

In the table indicated, provide a summary of the permit requirements associated with the MS4 public involvement and participation program requirements, which must involve the public and comply with State, Tribal, and local public notice requirements.

This section will identify:

- The mechanism for public involvement and participation;
- The subject of the public involvement program; and
- The public involvement participants.

**PLEASE DUPLICATE FOLLOWING TWO PAGES AS MANY TIMES AS NECESSARY TO COVER ALL OF THE PUBLIC EDUCATION AND OUTREACH METHODS AND PUBLIC INVOLVEMENT AND PARTICIPATION METHODS TO BE USED. PLEASE USE ONE PAGE PER METHOD**

**VIII. Public Education and Outreach**

| 1. Choose one Public Education and Outreach Method (Only one method per page, duplicate page as many times as needed) |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Website  | <input type="checkbox"/> School Programs  | <input type="checkbox"/> Publication of MS4 Program Report  |  |  |
| <input type="checkbox"/> Brochures/Pamphlets  | <input type="checkbox"/> Special Events/Fairs   | <input type="checkbox"/> Publication of Stormwater Management Plan (SWMP)   |  |  |
| <input type="checkbox"/> Contests   | <input type="checkbox"/> Videos   | <input type="checkbox"/> Publication of Ordinance Controlling Discharges to MS4   |  |  |
| <input type="checkbox"/> Displays/Posters/Kiosks  | <input type="checkbox"/> Tours  | <input type="checkbox"/> Targeted Group Training  |  |  |
| <input type="checkbox"/> Local Public Service Announcements   | <input type="checkbox"/> Government Events  | <input type="checkbox"/> Signage  |  |  |
| <input type="checkbox"/> Meetings   | <input type="checkbox"/> Workshops  | <input type="checkbox"/> Other _____  |  |  |
| <input type="checkbox"/> Newspaper Articles/Press Releases  | <input type="checkbox"/> Social Media   | <input type="checkbox"/> No Specific Delivery Method Specified in Permit Requirement                                      |  |  |
| 2. For the method specified above, please select ALL subjects that are addressed below:                               |   | 3. For each subject selected, please select ALL of the target audiences below:  |  |  |
| <input type="checkbox"/> Construction Sites   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> General Stormwater Management Information  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Household Hazardous Waste Disposal   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Illicit Discharge Detection and Elimination  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Infrastructure Maintenance   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Smart Growth   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Storm Drain Marking  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Green Infrastructure/Better Site Design/Low Impact Development                               | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Pesticide and Fertilizer Application   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Pet Waste Management   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Recycling  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Riparian Corridor Protection/Restoration   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Trash Management   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Vehicle Washing  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Water Conservation   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Wetland Protection   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Residential Yard Waste Management (e.g. onsite reuse of leaves and grass clippings)          | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Transportation/Commuting (e.g. commuter reduction, carpooling, leaky cars)                   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |
| <input type="checkbox"/> No Specific Subject Specified in Permit Requirement  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries | <input type="checkbox"/> School Groups<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |

**IX. Public Involvement and Participation**

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>1. Choose one Public Involvement and Participation Method (Only one method per page, duplicate page as many times as needed)</b>   |   |   |   |  |  |
| <input type="checkbox"/> Involvement in Development of MS4 Program Report<br><input type="checkbox"/> Involvement in Development of Stormwater Management Plan (SWMP)<br><input type="checkbox"/> Involvement in Designing of Ordinance Controlling Discharges to MS4<br><input type="checkbox"/> Government Meeting (e.g. Public Hearing, Council Meeting) |   |   | <input type="checkbox"/> Public Workshop<br><input type="checkbox"/> Citizen Committee Meetings<br><input type="checkbox"/> Volunteer Event<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Delivery Method Specified in Permit Requirement |  |  |
| <b>2. For the delivery method specified above, please select ALL subjects that are addressed by this method:</b>  |   | <b>3. For each subject selected, please select ALL of the target audiences below:</b>                                     |   |  |  |
| <input type="checkbox"/> Construction Sites   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> General Stormwater Management Information  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Household Hazardous Waste Disposal   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Illicit Discharge Detection and Elimination  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Infrastructure Maintenance   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Smart Growth   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Storm Drain Marking  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Green Infrastructure/Better Site Design/Low Impact Development   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Pesticide and Fertilizer Application   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Pet Waste Management   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Recycling  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Riparian Corridor Protection/Restoration   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Trash Management   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Vehicle Washing  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Water Conservation   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Wetland Protection   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Residential Yard Waste Management (e.g. onsite reuse of leaves and grass clippings)  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Transportation/Commuting (e.g. commuter reduction, carpooling, leaky cars)   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Citizen Stream Monitoring  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Cleanup Events   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Planting Community Rain Garden   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Group BMP Installation   | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |
| <input type="checkbox"/> No Specific Subject Specified in Permit Requirement  | <input type="checkbox"/> Public<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Restaurants | <input type="checkbox"/> Businesses<br><input type="checkbox"/> Agricultural<br><input type="checkbox"/> Public Employees | <input type="checkbox"/> Contractors<br><input type="checkbox"/> Developers<br><input type="checkbox"/> Industries  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement |  |



**X. Illicit Discharge Detection and Elimination**

This section provides a summary of the permit requirements associated with the Illicit Discharge Detection and Elimination requirements, including (at a minimum): (1) the date of most recent mapping of MS4 outfalls (including the receiving waterbody for each MS4 outfall); (2) the status of the ordinance or other regulatory mechanism to prohibit non-stormwater discharges into the permittee’s MS4; (3) the procedures and actions the permittee is required to take to enforce the prohibition of non-stormwater discharges to the permittee’s MS4; (4) the procedures and actions the permittee must take to detect and address non-stormwater discharges, including illegal dumping, to the permittee’s MS4; and (5) the procedures and actions the permittee must take to inform public employees, businesses and the public of hazards associated with illegal discharges and improper disposal of waste.

**A. MS4 Outfalls**

**1. Please provide the status of MS4 outfall mapping:**

MS4 System Map is Current

If selected:

1. Provide the date of the most recent mapping of MS4 outfalls \_\_\_\_\_
2. Attach a site map that may include the coordinates of all known outfalls, identifies the receiving waters and structural BMPs owned, operated or maintained by the Permittee

Under Development

If selected:

1. Provide the estimated date of the most mapping of MS4 outfalls \_\_\_\_\_
2. Please provide additional details on the development process of the mapping:

No Mapping of MS4 Outfalls

**2. What is the total number of MS4 outfalls in the MS4 system? \_\_\_\_\_**

**3. Attach a list of MS4 outfalls to include Outfall Number or ID, geographic coordinates, and major receiving waters.**

**B. Prohibition of Non-Stormwater Discharges**

**What is the status of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4?**

In Effect

If selected, please indicate the method by which you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4:

The URL and/or a citation reference for the ordinance or other regulatory mechanism if provided below:

A copy of the ordinance or other regulatory mechanism is attached

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the ordinance or other regulatory mechanism:

**C. Dry Weather Screening Program**

**Does this Entity have a Dry Weather Screening Program?**  Yes  No

If Yes, is the individual responsible for the Dry Weather Screening Program the same as the Designated Stormwater Contact?  Yes  No

If No, provide the contact information for person responsible for the Dry Weather Screening Program

|                     |                      |
|---------------------|----------------------|
| <b>Name</b>         | <b>Title</b>         |
| <b>Phone Number</b> | <b>Email Address</b> |
|                     |                      |

**XI. Construction Site Stormwater Runoff Control**

This section provides a summary of the permit requirements associated with the Construction Site Runoff Control requirements, including (at a minimum): (1) status of the ordinance or other regulatory mechanism to require erosion and sediment controls, including sanctions to ensure compliance; (2) requirements for construction site operators to implement appropriate erosion and sediment control BMPs and control waste at the construction site that may cause adverse impacts to water quality; (3) procedures for site plan review that incorporate consideration of potential water quality impacts; (4) procedures for receipt and consideration of information submitted by the public; and (5) procedures for site inspection and enforcement of control measures.

**A. What is the status of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance?**

In Effect

If selected, please indicate the method by which you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance:

The URL and/or a citation reference for the ordinance or other regulatory mechanism if provided below:

A copy of the ordinance or other regulatory mechanism is attached

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the ordinance or other regulatory mechanism:

**B. What is the status of the Entity's Program to Review and Approve Proposed Site Plans for Appropriate Erosion and Sediment Control Prior to the Start of Construction?**

In Effect

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the entity's program to review and approve proposed site plans for appropriate erosion and sediment control prior to the start of construction:

**C. What is the status of the Entity's Program to Inspect Construction Sites and Take Enforcement Actions to Correct Noncompliance?**

In Effect

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the entity's program to inspect construction sites and take enforcement actions to correct noncompliance:

**XII. Post-Construction Stormwater Management in New Development and Redevelopment**

**A. What is the status of the Ordinance or Other Regulatory Mechanism to Post-Construction Runoff from New Development and Redevelopment Projects?**

In Effect

If selected, please indicate the method by which you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Post-Construction Runoff from New Development and Redevelopment Projects:

The URL and/or a citation reference for the ordinance or other regulatory mechanism if provided below:

A copy of the ordinance or other regulatory mechanism is attached

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the ordinance or other regulatory mechanism:

**B. What is the status of the Entity's Program to Address Stormwater Runoff from New Development and Redevelopment Projects that Disturb a Minimum of Greater than or Equal to One Acre?**

In Effect

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the entity's program to address stormwater runoff from new development and redevelopment projects that disturb a minimum of greater than or equal to one acre:

**C. What is the status of the Entity's Program to Ensure Adequate Long-Term Operation and Maintenance of BMPs for Controlling Runoff from New Development and Redevelopment Projects?**

In Effect

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the entity's program to ensure adequate long-term operation and maintenance of bmps for controlling runoff from new development and redevelopment projects:

**XIII. Pollution Prevention/Good Housekeeping**

**Does the Storm Water Management Plan (SWMP) contain information on Pollution Prevention and Good Housekeeping Measures?**

Yes

No,

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the pollution prevention and good housekeeping measures:

**XIV. NOI Preparer**

|                        |              |  |
|------------------------|--------------|--|
| <b>Name</b>            | <b>Title</b> | <b>Organization Name</b>                 |
| <b>Email Address</b>   |              | <b>Phone Number</b>                      |
| <b>Mailing Address</b> |              | <b>Mailing City, State, and Zip Code</b> |



This form is now available for electronic submittal using the Alabama Environmental Permitting and Compliance System or AEPACS.

*[Note: The program will no longer accept paper form submittals.]*

Please click the link below to submit this form electronically using AEPACS.

<https://aepacs.adem.alabama.gov/nviro/ncore/external/home>



# Alabama Recycling Fund Grant Application

## **Applicant Information**

|   |                 |                                      |                |
|---|-----------------|--------------------------------------|----------------|
| Lead Applicant Name(Entity, Group, or Organization) |                 | Regional Planning Commission Area(s) |                |
| STAARS Mailing Address                              | City/State/Area | County                               | Country        |
| Email Address                                       | Email           | Cell Phone                           | Business Phone |

## **Project Contact Information**

|   |                  |                                   |  |
|---|------------------|-----------------------------------|--|
| Contact Person (Prefix/First/Last Name) |                  | Email Address                     |  |
| Governmental Body or Agency Name        |                  | Federal Employer ID Number (FEIN) |  |
| Mailing Address                         | City, State/Area | Zip Code                          |  |
| Cell Phone                              | Business Phone   | Country                           |  |

## **Project Costs**

|                                       |                              |
|---------------------------------------|------------------------------|
| Total Estimated Cost of Project<br>\$ | Grant Amount Requested<br>\$ |
|---------------------------------------|------------------------------|

## **General Project Information**

|   |  |
|---|--|
| Estimated quantity of material to be recycled or reused                 |  |
| Estimate of how much of this amount will be from out-of-state           |  |
| What types of materials will be recycled?                               |  |
| When will the proposed project be fully implemented?                    |  |
| How many households are in the area covered by this project?            |  |
| When was your local Solid Waste Management Plan (SWMP) approved?        |  |
| Is the proposed project consistent with the approved SWMP?              |  |
| What existing recycling efforts exist in your solid waste jurisdiction? |  |
| What is the estimated participation rate in recycling in the area?      |  |
| What types of materials are currently recycled in your area?            |  |
| Does the proposal include public education/outreach activities?         |  |
| Does the project require advance funds?                                 |  |
| Does the project area have solid waste collection service?              |  |
| If so, how many households are served?                                  |  |
| Is this application a regional project with more than one applicant?    |  |
| If so, who is/are the other jurisdiction(s)?                            |  |

**Project Location**

|                    |        |                  |
|--------------------|--------|------------------|
| Project Site Name: |        |                  |
| Address:           |        | City, State/Area |
| Zip:               | County | Country          |

Prepare and include a project description (Include project costs, revenues, list of and markets for anticipated recycled materials, any public education and outreach efforts, and any interaction with existing solid waste management and/or recycling infrastructure.)

Other information to prepare may include but is not limited to the following (proposed contracts, requests for proposal, agreements, local SWMP revisions, recycling business plans, equipment drawings, outreach materials, or other documents related to the proposed recycling/waste minimizations project or program)

**Signature/Certification**

This application is made for the activities described herein. I certify that I am familiar with the information contained in the application, have authority to enter into agreements on behalf of the applicant(s), and, do hereby certify to the best of my knowledge and belief, this information is true, complete, and accurate.

|   |                            |             |
|---|----------------------------|-------------|
| _____                                     | _____                      | _____       |
| Responsible Official Signature            | Title                      | Date Signed |
| _____                                     | _____                      |             |
| Responsible Official Name (Printed/Typed) | Lead Applicant Name/Entity |             |
| _____                                     |                            |             |
| Responsible Official Mailing Address      |                            |             |

\_\_\_\_\_

Responsible Official Phone Number (Business/Cell)

Submit three copies of this application, with original signatures, and all attachments to:  
Materials Management Section  
Solid Waste Branch  
Land Division  
Alabama Department of Environmental Management  
P O Box 301463  
Montgomery, AL 36130-1463

**SOLID WASTE DISPOSAL FACILITY  
PERMIT APPLICATION PACKAGE**



January 16, 2018

**MEMORANDUM**

TO: Applicants Seeking a Permit for Solid Waste Facilities

FROM: Stephen A. Cobb, Chief  
Land Division  
Alabama Department of Environmental Management

RE: Processing Solid Waste Permits by ADEM

Any permit issued by ADEM must be in accordance with §22-27-48 and §22-27-48.1 Code of Alabama. This section indicates that ADEM may not consider an application for a new or modified permit unless such application has received approval by the affected unit of local government having an approved plan. ADEM, therefore, will require the following before it can process a new or modified permit application:

1. The local government having jurisdiction must approve the permit application in accordance with §22-27-48 and §22-27-48.1 Code of Alabama.
2. Local governments should follow the procedures outlined in §22-27-48 and §22-27-48.1 Code of Alabama and the siting standards included in the local approved plan in considering approval of a facility.

This procedure applies to applications for new or modified permits. ADEM cannot review an application unless it includes approval from the affected local government. This procedure shall not apply to exempted industrial landfills receiving waste generated on site only by the permittee.

Please contact the Solid Waste Branch of ADEM at (334) 274-4201 if there are any questions.

SAC/sss/abj

# SOLID WASTE APPLICATION

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PERMIT APPLICATION  
SOLID WASTE DISPOSAL FACILITY  
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
(Submit in Triplicate)

1. Facility type: \_\_\_\_\_ Municipal Solid Waste Landfill (MSWLF)  
\_\_\_\_\_ Industrial Landfill (ILF)  
\_\_\_\_\_ Construction and Demolition Landfill (C/DLF)  
\_\_\_\_\_ CCR Landfill (CCRLF)  
\_\_\_\_\_ CCR Surface Impoundment (CCRSI)  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

2. Facility Name \_\_\_\_\_

3. Applicant/Permittee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

If applicant/permittee is a Corporation, please list officers:

\_\_\_\_\_  
\_\_\_\_\_

4. Location: (include county highway map or USGS map)

Township \_\_\_\_\_ Range \_\_\_\_\_  
Section \_\_\_\_\_ County \_\_\_\_\_

5. Land Owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

(Attach copy of agreement from landowner if applicable.)

6. Contact Person:

Name \_\_\_\_\_

Position or  
Affiliation \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

7. Size of Facility:

\_\_\_\_\_ Acres

Size of Disposal Area(s):

\_\_\_\_\_ Acres

8. Identify proposed service area or specific industry that waste will be received from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Proposed maximum average daily volume to be received at landfill (choose one):

\_\_\_\_\_ Tons/Day    \_\_\_\_\_ Cubic Yards/Day

10. List all waste streams to be accepted at the facility (i.e., household solid waste, wood boiler ash, tires, trees, limbs, stumps, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE (Responsible official of permit applicant):

\_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

(please print or type name)

## ADDITIONAL REQUIRED INFORMATION

Applicants seeking to obtain a permit to construct and/or continue to operate a municipal solid waste (MSW) landfill, industrial landfill, construction and demolition (C/D) landfill, coal combustion residuals (CCR) landfill, or CCR surface impoundment are required to submit additional information as part of the Solid Waste Disposal Facility Permit Application. These additional information requirements vary depending on the facility type.

For new and existing landfill units, refer to ADEM Admin Code 335-13-5-.02 for a list of additional information to be submitted in the permit application. Some requirements apply only to MSW landfills and CCR landfills, while other requirements apply to industrial landfills and C/D landfills. You need only to address the requirements that pertain to your type landfill. For new and existing CCR surface impoundments, refer to ADEM Admin Code 335-13-15-.09 for additional information to be submitted in the permit application.

Each rule that is applicable to your type landfill or surface impoundment must be addressed in detail in the operational narrative and/or engineering drawings before the review process can be completed. All operational narratives, engineering drawings, survey maps and legal descriptions are to be prepared by licensed engineers or surveyors registered in the State of Alabama and with their stamp or seal on each drawing/map and cover of the narrative.

Act No. 89-824 Section 9(a) states "The department may not consider an application for a new or modified permit for a facility unless such application has received approval by the affected unit of local government having an approved plan." This document must be received by the Department prior to processing the application.

The referenced rules are covered in greater detail in ADEM's Administrative Code, Division 13. Clarification can be obtained by reviewing the regulations. Copies of the ADEM Administrative Code, Division 13 regulations, can be obtained for a fee by contacting ADEM's Permits and Services Division. If the Department can answer any questions, please contact the Solid Waste Branch at (334) 274-4201.



This form is now available for electronic submittal using the Alabama Environmental Permitting and Compliance System or AEPACS.

*[Note: The program prefers not to accept a paper form submittal.]*

Please click the link below to submit this form electronically using AEPACS.

<https://aepacs.adem.alabama.gov/nviro/ncore/external/home>

**PROCESSING AND RECYCLING GENERAL INFORMATION  
RECYCLING REGISTRATION FORM 3\_\_\_ -**

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
LAND DIVISION – SOLID WASTE BRANCH  
POST OFFICE BOX 301463  
MONTGOMERY, ALABAMA 36130-1463

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**INSTRUCTIONS:** APPLICATIONS SHOULD BE TYPED OR PRINTED IN INK AND THE ORIGINAL AND ONE COPY SUBMITTED TO THE DEPARTMENT IN DUPLICATE. PLEASE CONTINUE ON AN ATTACHED SHEET OF PAPER IF INSUFFICIENT SPACE IS AVAILABLE TO ADDRESS ANY ITEM BELOW. PLEASE MARK N/A IN THE APPROPRIATE BOX WHEN AN ITEM IS NON-APPLICABLE TO THE APPLICANT.

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**FACILITY TYPE**

\_\_\_ INITIAL REGISTRATION FOR FACILITY

\_\_\_ MODIFICATION OF EXISTING REGISTRATION

If a new facility, estimated date for beginning of operation: \_\_\_\_\_

List total acreage of entire property on which the facility is located: \_\_\_\_\_

List total acreage used or to be used in connection with operation of the facility (including area for building and storage): \_\_\_\_\_

---

Is the facility adjacent to or will it include, any other type of solid waste management activity (landfill, incinerator, water-to-energy plant, etc)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please explain:

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**MATERIALS COLLECTED**

| ESTIMATED QUANTITY<br>(TONS/MONTH)       | ESTIMATED QUANTITY<br>(TONS/MONTH)            | ESTIMATED QUANTITY<br>(TONS/MONTH)         |
|--|---|--|
| <input type="checkbox"/> PLASTIC _____   | <input type="checkbox"/> MIXED PAPER _____    | <input type="checkbox"/> ELECTRONICS _____ |
| <input type="checkbox"/> GLASS _____     | <input type="checkbox"/> FERROUS METALS _____ | <input type="checkbox"/> BATTERIES _____   |
| <input type="checkbox"/> NEWSPAPER _____ | <input type="checkbox"/> OTHER METALS _____   | <input type="checkbox"/> (OTHER) _____     |
| <input type="checkbox"/> ALUMINUM _____  | <input type="checkbox"/> KITCHEN GREASE _____ | <input type="checkbox"/> (OTHER) _____     |
| <input type="checkbox"/> CARDBOARD _____ | <input type="checkbox"/> YARD WASTE _____     | <input type="checkbox"/> (OTHER) _____     |

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**Site Information:** \_\_\_\_\_

Address: \_\_\_\_\_  
(physical) \_\_\_\_\_  
City: \_\_\_\_\_ State/Area/Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Country: \_\_\_\_\_

**Registrant Information/Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
(mailing) \_\_\_\_\_  
City: \_\_\_\_\_ State/Area/Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

RESPONSIBLE OFFICIAL (The responsible official will also be responsible for the submittal of semi-annual reports as required by Solid Waste Regulations, Processing and Recycling Chapter 335-13-3-.05(4))

Prefix/Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Area/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

FACILITY CONTACT

Prefix/Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Area/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Location where Records will be maintained:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Area/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

RECORD CONTACT

Prefix/Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Area/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

MAILING CONTACT

Prefix/Name/Title \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Area/Zip \_\_\_\_\_ Country \_\_\_\_\_

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**PROCESSING & RECYCLING FACILITY**

CERTIFICATION

A responsible official or representative as defined in Rule 335-13-3-.02(5) must provide their signature to verify the statement 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 (Responsible official of applicant):

\_\_\_\_\_ Title: \_\_\_\_\_

(print or type name)

Date:

**SUPPLEMENTAL INFORMATION**

In addition to this form the following information must be submitted.

- A Description of how the facility will be designed and operated in accordance with Solid Waste Regulations, Processing and Recycling r. 335-13-3-.03.
- A Description of how the facility will comply with storage and accumulation limitations in accordance with Solid Waste Regulations, Processing and Recycling r. 335-13-3-.04.
- How the facility will comply with requirements for Records and Reports in accordance with Solid Waste Regulations, Processing and Recycling r. 335-13-3-.05.

OPERATING RECORD

The following records must be kept and maintained in accordance with ADEM Admin. Code r. 335-13-3 Solid Waste Regulations, Processing and Recycling.

- Copies of material receipts received at the facility for use by ADEM staff, the person delivering the materials, and the receiving recycling facility.
- Semi-annual reports that include reports of all materials received, stored, processed, or transferred.
- All recycling facilities exempt from registration in accordance to ADEM Admin. Code r. 335-13-3-.02(3) (Solid Waste Regulations, Processing and Recycling ) must submit a semi-annual report as outlined in ADEM Admin Code r. 335-13-3-.05(4).
- Any information submitted to ADEM may be considered confidential if requested in writing by the facility in accordance with ADEM Admin. Code rs. 335-13-3-.02(a)(2) and 33-1-1-.06(2).
- Records are to be kept and maintained for three years and made available for inspection by ADEM personnel upon request.

For additional information or questions concerning the completion of this form please contact ADEM Recycling staff at 334-274-4201 or via email at [Recycling@adem.alabama.gov](mailto:Recycling@adem.alabama.gov).



## ADEM ANNUAL WALKTHROUGH INSPECTION CHECKLIST LOG FOR YEAR \_\_\_\_\_

|                                   |                            |
|-----------------------------------|----------------------------|
| Site Name:                        | Owner:                     |
| Address:                          | Address:                   |
| City, County, State Zip, Country: | City, State, Zip, Country: |
| Facility I.D. #:                  | Phone #:                   |
| Tester Name:                      | Tester Phone #:            |
| Tester Company:                   | Inspection Date:           |

- |  |   |
|--|---|
| <b>Tester Certification &amp; Expiration Date:</b> | <b>Instructions</b>   |
|  | <ol style="list-style-type: none"> <li>1. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.</li> <li>2. Complete portion of form pertaining to type of equipment inspected for each tank.</li> <li>3. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-900, or equivalent), manufacturer's instructions, or ADEM requirements.</li> <li>4. Sites with safe suction piping are not required to complete the containment sump inspection portion of this form. For sites with safe suction piping and no hand held release detection equipment, completion of this form is not required.</li> <li>5. Keep a copy of this inspection for 1 year. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.</li> </ol> |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>ADEM Unique Tank # or Dispenser #</b>                         |  |  |  |  |  |
| <b>Product Stored</b>  |  |  |  |  |  |
| <b>Is the Site Using Interstitial Leak Detection for Piping?</b> | <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 |

| Visual Containment Sump Inspection   |  |  |  |  |  |
|--|--|--|--|--|--|
| Type of containment sump inspected   | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser |
| Is the sump an earthen sump?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Is the visible piping in good condition?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Is there evidence of a release? (If release found, report it to ADEM)                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Is the Sump free of damage?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         |
| Is the Sump free of water, fuel, and/or debris?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         |
| Water, fuel and/or debris removed and disposed of properly?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         |
| Are penetrations (boots, conduits, etc.) into sump in good condition?                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         |
| Is primary piping interstitial space open, or test boots positioned, to allow product to enter sump? | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         |
| Are the sensors properly positioned near bottom of sump?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         |
| If double walled sump, is interstitial space free of liquid?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no <input type="checkbox"/> n/a                         |
| <b>Results of sump inspection</b>  | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   |

| Hand Held Release Detection Equipment Inspection |  |  |  |  |  |
|--|--|--|--|--|--|
| Type of hand held release detection equipment    | <input type="checkbox"/> gauge stick<br><input type="checkbox"/> groundwater bailer<br><input type="checkbox"/> other (specify): | <input type="checkbox"/> gauge stick<br><input type="checkbox"/> groundwater bailer<br><input type="checkbox"/> other (specify): | <input type="checkbox"/> gauge stick<br><input type="checkbox"/> groundwater bailer<br><input type="checkbox"/> other (specify): | <input type="checkbox"/> gauge stick<br><input type="checkbox"/> groundwater bailer<br><input type="checkbox"/> other (specify): | <input type="checkbox"/> gauge stick<br><input type="checkbox"/> groundwater bailer<br><input type="checkbox"/> other (specify): |
| <b>Results of equipment inspection</b>           | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   |

| Repairs Needed | Date of Repair | Description of any Repairs |
|----------------|----------------|----------------------------|
|                |                |                            |
|                |                |                            |
|                |                |                            |

**Inspector's Signature:** \_\_\_\_\_

## ADEM 3 YEAR SPILL PREVENTION EQUIPMENT (SPILL BUCKET) INTEGRITY TEST REPORT (HYDROSTATIC AND VACUUM METHOD)

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

|                                    |                   |
|------------------------------------|-------------------|
| Site Name:                         | Owner:            |
| Address:                           | Address:          |
| City, County, State, Zip, Country: | City, State, Zip: |
| Facility I.D. #:                   | Phone #:          |
| Tester Name:                       | Tester Phone #:   |
| Tester Company:                    |                   |

### Instructions

1. Submit a completed copy of this form within 30 days of performing the test to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631 or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
2. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number and test method remain the same.
3. Double walled spill prevention equipment does not require testing.
4. Single and double walled spill prevention equipment must also be checked every 30 days in accordance with the Walkthrough Inspection requirements. See *ADEM 30 day Walkthrough Inspection Checklist Log* which can be found on the ADEM website at [www.adem.alabama.gov/programs/water/groundwater.cnt](http://www.adem.alabama.gov/programs/water/groundwater.cnt).
5. Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
6. Keep a record copy of this testing for 3 years.

Code of Practice or Manufacturer's Instructions used:

| ADEM Unique Tank #  |  |  |  |  |  |
|---|--|--|--|--|--|
| Product Stored  |  |  |  |  |  |
| Test method used  | <input type="checkbox"/> vacuum<br><input type="checkbox"/> pressure<br><input type="checkbox"/> hydrostatic<br><input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum<br><input type="checkbox"/> pressure<br><input type="checkbox"/> hydrostatic<br><input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum<br><input type="checkbox"/> pressure<br><input type="checkbox"/> hydrostatic<br><input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum<br><input type="checkbox"/> pressure<br><input type="checkbox"/> hydrostatic<br><input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum<br><input type="checkbox"/> pressure<br><input type="checkbox"/> hydrostatic<br><input type="checkbox"/> manufacturer's instructions |
| Basin free of cracks or holes?<br>(if no, it fails without testing)   | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Water, fuel, trash & debris removed from basin prior to test?<br>(dispose of properly)  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  |
| Drain valve operational and seals properly?<br>(where applicable)   | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  |
| Water, fuel, trash & debris removed from basin prior to test?<br>(dispose of properly)  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Fill pipe cap seals properly?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  |
| Was enough water added to completely fill the basin?<br>(Hydrostatic test only)   | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Test start time<br>Test end time<br>(hydrostatic test - minimum 1 hour)   | ____:____<br>____:____   | ____:____<br>____:____   | ____:____<br>____:____   | ____:____<br>____:____   | ____:____<br>____:____   |
| Measured water level drop in inches accurate to 1/16 inch<br>(Hydrostatic test)<br>Vacuum drop in inches water column<br>(vacuum test)  |  |  |  |  |  |
| <b>Results of test</b><br>(Hydrostatic test fails if level drops 1/8 inch or more.) (Vacuum test fails if cannot maintain 30 inches water column or if vacuum drops more than 4 inches water column.) | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive  | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive  | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive  | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive  | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive  |
| Tester's initials and date tested   | / /  | / /  | / /  | / /  | / /  |
| <b>Repairs Needed</b>   | <b>Date of Repair</b>  | <b>Description of any Repairs</b>  |  |  |  |
|   |  |  |  |  |  |

Site Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

# 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

|               |  |
|---------------|--|
| Site Name:    |  |
| Site Address: |  |

## I.3 Owner Information:

|                |  |
|----------------|--|
| Owner Name:    |  |
| Owner Email:   |  |
| Owner Address: |  |

Employer Tax Number (IRS):

|  |  |
|--|--|
| <b>I.4 Response Action Contractor Information:</b> |  |
| Approved Response Action Contractor Name:          |  |
| Approved Response Action Contractor                |  |
| Address:   |  |
| Email:   |  |
| 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:

|   |
|---|
|   |
| Site Stabilization/Initial Abatement                              |
| Preliminary Investigation   |
| Secondary Investigation / Additional Well Installation            |
| Alabama Risk Based Corrective Action (ARBCA)                      |
| Groundwater Sampling  |
| Free Product Removal/Mobile Enhanced Multiphase Extraction (MEME) |
| Corrective Action Plan Evaluation                                 |
| Develop Corrective Action Plan                                    |
| Corrective Action   |
| Stockpile Sampling / Management / Disposal                        |
| Provision of Alternate Water Supply                               |
| Pilot Test  |
| Monitoring/Recovery/Injection Well Abandonment                    |
| System Decommissioning/Removal                                    |

**Activities/Other/Brief Summary of Activities:**

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:  |  | Personnel       |  |
|   |  | Field Equipment |  |
| Owners Required Contribution for UST Release(\$5,000): <i>Applicable for CP#1 Only</i>  |  | Mileage         |  |
|   |  | Per Diem        |  |
|   |  | Drilling        |  |
|   |  | Analytical      |  |
| Owners Required Contribution for AST Release(\$10,000): <i>Applicable for CP#1 Only</i> |  | Other           |  |
|   |  |                 |  |
| <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   | \$1,988        | /job         |                 |                    |
| Adder amount for every field day over 2 days(not to exceed 14 days) | \$337          | /day         |                 |                    |
| Initial Abatement Free Product Recovery Report                      | \$476          | /job         |                 |                    |
| Preliminary Investigation Report                                    | \$4,889        | /site        |                 |                    |
| Secondary Plan (on and offsite)(once per site)                      | \$841          | /site        |                 |                    |
| Secondary Report (up to 12 wells)                                   | \$5,634        | /site        |                 |                    |
| Adder per Wells installed over 8                                    | \$150          | /well        |                 |                    |
| Off-site access-Residential   | \$182          | /property    |                 |                    |
| Off-site access - Commercial  | \$260          | /property    |                 |                    |
| Off-site access - ALDOT   | \$1,480        | /property    |                 |                    |
| Additional Well Installation Plan (investigation 1-4 wells)         | \$476          | /plan        |                 |                    |
| Additional Well Installation Plan (investigation >4 wells)          | \$817          | /plan        |                 |                    |
| Additional Well Installation Report (1-4 wells)(as an adder)        | \$1,163        | /report      |                 |                    |
| Additional Well Installation Report (>4wells)(as an adder)          | \$1,417        | /report      |                 |                    |
| High Resolution Characterization Plan/Report (stand alone)          | \$1,942        | /pln/rprt    |                 |                    |
| Groundwater Monitoring Plan (GWM)                                   | \$500          | /site        |                 |                    |
| NAMR/GWM-Report   |                |              |                 |                    |
| 1-12 wells, BTEX/MTBE/Naphthalene                                   | \$1,180        | /report      |                 |                    |
| 1-12 wells, BTEX/MTBE+PAH   | \$1,417        | /report      |                 |                    |
| NAMR/GWM adder >12 wells, BTEX/MTBE/Naphthalene                     | \$37.50        | /well        |                 |                    |
| NAMR/GWM adder >12 wells, BTEX/MTBE + PAH                           | \$52.50        | /well        |                 |                    |
| FPR Plan -All free product recovery                                 | \$788          | /plan        |                 |                    |
| FPR Report -all free product reports (except MEME)                  | \$977          | /report      |                 |                    |
| FPR Report-MEME   | \$1,064        | /report      |                 |                    |
| MEME/Injection Events (adder to report)                             | \$754          | /report      |                 |                    |
| Adder amount for >3 MEME/Injection Events (per approved period)     | \$295          | /report      |                 |                    |
| ARBCA Report Tier I/RM 1  |                |              |                 |                    |
| 1-12 wells, BTEX/MTBE/Naphthalene                                   | \$3,973        | /evaluation  |                 |                    |
| 1-12 wells, BTEX/MTBE+PAH   | \$4,210        | /evaluation  |                 |                    |
| ARBCA Report Tier II/RM 2   |                |              |                 |                    |
| 1-12 wells, BTEX/MTBE/Naphthalene                                   | \$3,973        | /evaluation  |                 |                    |
| 1-12 wells, BTEX/MTBE+PAH   | \$4,210        | /evaluation  |                 |                    |
| ARBCA GRP Re Assessment(1-4 wells Gas)                              | \$512          | /assessment  |                 |                    |
| ARBCA GRP Re Assessment(1-4 wells Diesel)                           | \$806          | /assessment  |                 |                    |
| ARBCA adder for Gas > number of allocated wells                     | \$37.50        | /well        |                 |                    |
| ARBCA adder for Diesel > number of allocated wells                  | \$45.00        | /well        |                 |                    |
| ARBCA adder for Tier II WITH DECAY                                  | \$2,277        | /evaluation  |                 |                    |
| ARBCA Evaluation with Decay (stand alone evaluation)                | \$3,443        | /evaluation  |                 |                    |
| CAP Development - CA Evaluation (once per site)                     | \$3,405        | /site        |                 |                    |
| CAP Development - RNA   | \$1,578        | /cap         |                 |                    |
| CAP Development - RNA with MEME                                     | \$1,682        | /cap         |                 |                    |
| CAP Development - Excavation  | \$1,646        | /cap         |                 |                    |
| CAP Development - Liquid Injections                                 | \$4,649        | /cap         |                 |                    |
| CAP Development (Class 1)- DPVE, P&T with SVE                       | \$6,956        | /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**

| <u>Scenarios</u>  | <u>Unit \$</u> | <u>Units</u> | <u>Quantity</u> | <u>Requested\$</u> |
|---|----------------|--------------|-----------------|--------------------|
| CAP Development (Class 2) - Ozone/SVE, AS/SVE, Liquid Chemox/Biox | \$6,137        | /cap         |                 |                    |
| CAP Development (Class 3) - Ozone, AS, SVE                        | \$5,657        | /cap         |                 |                    |
| CAP Modification (use Form "F" for input)                         |                | /cap         |                 |                    |
| CAP Implementation Report - Excavation                            | \$2,062        | /report      |                 |                    |
| CAP Implementation Report -Liquid Injections                      | \$2,627        | /report      |                 |                    |
| CA System Installation Report (all Classes same)                  | \$7,552        | /report      |                 |                    |
| SEMR - DPVE, P&T Reports  |                |              |                 |                    |
| 1-12 wells, BTEX/MTBE/Naphthalene                                 | \$4,927        | /report      |                 |                    |
| 1-12 wells, BTEX/MTBE+PAH   | \$5,164        | /report      |                 |                    |
| SEMR - Ozone, AS, SVE, Chemox, Biosparge - Reports                |                |              |                 |                    |
| 1-12 wells, BTEX/MTBE/Naphthalene                                 | \$4,371        | /report      |                 |                    |
| 1-12 wells, BTEX/MTBE+PAH   | \$4,608        | /report      |                 |                    |
| SEMR adder >12 wells, BTEX/MTBE/Naph                              | \$37.50        | /well        |                 |                    |
| SEMR adder >12 wells, BTEX/MTBE+PAH                               | \$45.00        | /well        |                 |                    |
| IDW/Treatment Disposal Plan (stand alone)                         | \$570          | /plan        |                 |                    |
| IDW/Treatment Disposal Report (stand alone)                       | \$914          | /report      |                 |                    |
| DPVE Pilot Test Plan (not for Slug Test)                          | \$1,066        | /plan        |                 |                    |
| DPVE Pilot Test Report  | \$1,675        | /report      |                 |                    |
| AS/SVE or Ozone Pilot Test Plan                                   | \$1,066        | /plan        |                 |                    |
| AS/SVE or Ozone Pilot Test Report                                 | \$1,675        | /report      |                 |                    |
| ISCO or Bioremediation Pilot Test Plan                            | \$1,066        | /plan        |                 |                    |
| ISCO or Bioremediation Pilot Test Report                          | \$1,849        | /report      |                 |                    |
| Specific Capacity Test Plan                                       | \$362          | /plan        |                 |                    |
| Specific Capacity Test Report                                     | \$1,388        | /report      |                 |                    |
| System Purchase Letter  | \$1,311        | /ltr         |                 |                    |
| Monitoring Well Abandonment Plan                                  | \$440          | /plan        |                 |                    |
| Monitoring Well Abandonment Report                                | \$977          | /report      |                 |                    |
| System Decommissioning Plan                                       | \$875          | /plan        |                 |                    |
| System Decommissioning Report                                     | \$1,741        | /report      |                 |                    |
| Alternate Water Supply Plan                                       | \$684          | /plan        |                 |                    |
| Alternate Water Supply Report                                     | \$1,064        | /report      |                 |                    |
| Public Water Line Replacement Plan                                | \$996          | /plan        |                 |                    |
| Public Water Line Replacement Report                              | \$1,480        | /report      |                 |                    |
| Adjacent Property Owner Information (additional effort)           | \$296.50       | /document    |                 |                    |
| UIC Permit Application Preparation                                | \$1,205        | /permit      |                 |                    |
| UIC General Permit Application Preparation                        | \$771          | /permit      |                 |                    |
| General NPDES Application Preparation                             | \$771          | /permit      |                 |                    |
| ADEM Solid Waste Profile Preparation                              | \$216.50       | /profile     |                 |                    |
| Municipal Sewer Application Process (ADEM or Others)              | \$467          | /profile     |                 |                    |
| Environmental Covenant Preparation                                | \$553          | /covenant    |                 |                    |
| Cost Proposal Tier I Addendum Preparation                         | \$104          | /addendum    |                 |                    |
| Cost Proposal Tier II Addendum Preparation                        | \$328          | /addendum    |                 |                    |
| ADEM Approved Amount  |                |              |                 |                    |
| Other Plan/Report (use Form "F" for input)                        |                |              |                 |                    |

**Total Report and Plan Costs**



**Part II- Alabama Tank Trust Fund Itemization Form "B" Cost Proposal**

**Summary of ATTF Field Scenarios**

| <u>Scenarios</u>   | <u>Unit \$ Unit</u> | <u>Quantity</u> | <u>Requested\$</u> |
|--|---------------------|-----------------|--------------------|
| <b>Well Installation Oversight time</b>  |                     |                 |                    |
| Type II Porous Media Drilling  |                     |                 |                    |
| Porous material 0-10 feet  | \$205.50 /well      |                 |                    |
| Porous material 0-30 feet  | \$324 /well         |                 |                    |
| Porous material 0-50 feet  | \$703.50 /well      |                 |                    |
| Porous material 0-70 feet  | \$909 /well         |                 |                    |
| Porous material 0-90 feet  | \$1,114.50 /well    |                 |                    |
| Porous material 0-110 feet   | \$1,320 /well       |                 |                    |
| Type II Bedrock Drilling   |                     |                 |                    |
| Bedrock 0-20' Air Rotary Drilling  | \$324 /well         |                 |                    |
| Bedrock 0-40' Air Rotary Drilling  | \$442.50 /well      |                 |                    |
| Bedrock 0-60' Air Rotary Drilling  | \$648 /well         |                 |                    |
| Bedrock 0-80' Air Rotary Drilling  | \$853.50 /well      |                 |                    |
| Bedrock 0-20' Core Drilling  | \$411 /well         |                 |                    |
| Bedrock 0-40' Core Drilling  | \$703.50 /well      |                 |                    |
| Bedrock 0-60' Core Drilling  | \$822 /well         |                 |                    |
| Bedrock 0-80' Core Drilling  | \$1,027.50 /well    |                 |                    |
| Type III Well Porous (Depth of entire well)                                    |                     |                 |                    |
| Type III Well 0-20' (entire well in porous material)                           | \$367.50 /well      |                 |                    |
| Type III Well 0-40' (entire well in porous material)                           | \$573 /well         |                 |                    |
| Type III Well 0-60' (entire well in porous material)                           | \$779 /well         |                 |                    |
| Type III Well 0-80' (entire well in porous material)                           | \$984 /well         |                 |                    |
| Type III Well 0-100' (entire well in porous material)                          | \$1,189.50 /well    |                 |                    |
| Type III Well Bedrock (Depth of entire well)                                   |                     |                 |                    |
| Type III Well 0-20' (bedrock encountered)                                      | \$411 /well         |                 |                    |
| Type III Well 0-40' (bedrock encountered)                                      | \$616.50 /well      |                 |                    |
| Type III Well 0-60' (bedrock encountered)                                      | \$822 /well         |                 |                    |
| Type III Well 0-80' (bedrock encountered)                                      | \$1,027.50 /well    |                 |                    |
| Type III Well 0-100' (bedrock encountered)                                     | \$1,233 /well       |                 |                    |
| Soil Boring (no well set)/Direct Push oversight                                |                     |                 |                    |
| Soil Boring porous material 0-10 feet  | \$130.50 /well      |                 |                    |
| Soil Boring porous material 0-30 feet  | \$217.50 /well      |                 |                    |
| Soil Boring porous material 0-50 feet  | \$304.50 /well      |                 |                    |
| Soil Boring porous material 0-70 feet  | \$478.50 /well      |                 |                    |
| Direct Push (Geologist Daily Charge or 8 probe points)                         | \$870.00 /day       |                 |                    |
| High Resolution Imaging Field Time and Oversight                               | \$1,230.00 /day     |                 |                    |
| <b>Other Field Activities</b>  |                     |                 |                    |
| Well Re-Development (initial development included in drilling oversight costs) | \$94.50 /well       |                 |                    |
| Slug Tests   | \$300.00 /well      |                 |                    |
| Private/Public Water Well Inventory (up to 5 wells)                            | \$348.00 /5wells    |                 |                    |
| Site Survey during Investigation (not a Licensed Surveyor)                     | \$252.00 /sow       |                 |                    |
| RW Vault Abandonment Oversight   | \$87.00 /vault      |                 |                    |
| MW/RW/IW Abandonment Oversight for Overdrilling                                | \$261.00 /well      |                 |                    |
| MW/RW/IW Abandonment Oversight for Grouting in Casing                          | \$130.50 /well      |                 |                    |
| Monitoring Well Pad/Cover Repair/ Replacement                                  | \$126.00 /well      |                 |                    |
| Groundwater Sampling Set-up (2hrs tech time)                                   | \$126.00 /sow       |                 |                    |
| Purge/Development Water Handling (see Basis)                                   | \$94.50 /sow        |                 |                    |
| Gauging Well (no sampling)   | \$15.75 /well       |                 |                    |
| Groundwater Sampling and Gauging 2" Well                                       | \$63.00 /well       |                 |                    |
| Groundwater Sampling and Gauging 4" Well                                       | \$72.45 /well       |                 |                    |



**Part II- Alabama Tank Trust Fund Itemization Form "B" Cost Proposal**

**Summary of ATTF Field Scenarios**

| <u>Scenarios</u>  | <u>Unit \$ Unit</u> | <u>Quantity</u> | <u>Requested\$</u> |
|---|---------------------|-----------------|--------------------|
| Groundwater Sampling and Gauging 6" Well                      | \$78.75 /well       |                 |                    |
| Sample Public Well  | \$126 /well         |                 |                    |
| Sample Private Well   | \$94.50 /well       |                 |                    |
| Sample Stream (up to 3 samples)                               | \$94.50 /stream     |                 |                    |
| Soil Sampling Setup (1-4 wells)                               | \$174 /sow          |                 |                    |
| Soil Sampling Setup adder (each additional group of 4 wells)  | \$87 /sow           |                 |                    |
| MEME Event/Pilot Test/Injection Event (hourly rate)           | \$63 /hr            |                 |                    |
| DPVE Pilot Test/Aquifer Test (hourly rate)                    | \$150 /hr           |                 |                    |
| SVE/ AS/ Ozone Pilot Test                                     | \$783 /test         |                 |                    |
| Site Visit by PE/PG (CAP Development, etc)                    | \$960 /site         |                 |                    |
| System Installation Oversight (up to 7 days in field)         | \$8,714 /system     |                 |                    |
| System Installation Oversight Adder (per day over 7 doc req.) | \$974 /day          |                 |                    |
| System Startup  | \$1,664 /system     |                 |                    |
| System Decommissioning  | \$1,034 /day        |                 |                    |
| DPVE, Pump and Treat O&M 3 months                             | \$3,856 /quarter    |                 |                    |
| DPVE, Pump and Treat O&M 4 months                             | \$4,864 /triannual  |                 |                    |
| Ozone, biosparge, SVE, biovent and Air Sparge O&M 3 months    | \$1,928 /quarter    |                 |                    |
| Ozone, biosparge, SVE, biovent and Air Sparge O&M 4 months    | \$2,432 /triannual  |                 |                    |
| ADEM Approved Amount  |                     |                 |                    |
| Other Field Work not listed (use Form "F" for input)          |                     |                 |                    |
| Emergency Response (Contact ADEM for approval)                |                     |                 |                    |

**Travel**

|  |                |  |  |
|--|----------------|--|--|
| <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  | \$63 /hr       |  |  |
| Geologist/Engineer-travel time                                   | \$87 /hr       |  |  |
| PG/PE-travel time  | \$120 /hr      |  |  |
| Project Manager-travel time                                      | \$104 /hr      |  |  |
| <b>Per Diem</b>  |                |  |  |
| Per diem (6-12hrs)   | \$12.75 /day   |  |  |
| Per diem (greater than 12hrs)                                    | \$34 /ext. day |  |  |
| Per diem 2 days (overnight)(invoice(s) required)                 | \$85 /day      |  |  |
| Per diem >2 consecutive days (overnight)(invoice(s) required)    | \$100 /day     |  |  |

**Equipment and Equipment Kits**

|  |             |  |  |
|--|-------------|--|--|
| 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**

| <u>Scenarios</u>   | <u>Unit \$ Unit</u>  | <u>Quantity</u>      | <u>Requested\$</u>   |
|--|----------------------|----------------------|----------------------|
| Postage / Shipping and Copying (plans reports, ADEM and owner) | \$85 /sow            | <input type="text"/> | <input type="text"/> |
| Postage / Shipping (Sample Shipping)                           | \$50 /samples        | <input type="text"/> | <input type="text"/> |
| Postage / Shipping (documentation required)                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Analytical Samples**

| <u>Method</u>                        | <u>Unit \$</u> | <u>Unit</u> | <u>Pass Through</u>  | <u>Sample #</u>      |
|--------------------------------------|----------------|-------------|----------------------|----------------------|
| BTEX/MTBE/Naph (water)               |                | /sample     | <input type="text"/> | <input type="text"/> |
| BTEX/MTBE/Naph (soil)                |                | /sample     | <input type="text"/> | <input type="text"/> |
| PAH (water)                          |                | /sample     | <input type="text"/> | <input type="text"/> |
| PAH (soil)                           |                | /sample     | <input type="text"/> | <input type="text"/> |
| Lead (water)                         |                | /sample     | <input type="text"/> | <input type="text"/> |
| Lead (soil)                          |                | /sample     | <input type="text"/> | <input type="text"/> |
| TPH                                  |                | /sample     | <input type="text"/> | <input type="text"/> |
| PAH Water Supply                     |                | /sample     | <input type="text"/> | <input type="text"/> |
| VOC Water Supply                     |                | /sample     | <input type="text"/> | <input type="text"/> |
| Dibromoethane1,2, EDB                |                | /sample     | <input type="text"/> | <input type="text"/> |
| Dichloroethane1,2 EDC                |                | /sample     | <input type="text"/> | <input type="text"/> |
| tert-Butyl alcohol                   |                | /sample     | <input type="text"/> | <input type="text"/> |
| Ethanol                              |                | /sample     | <input type="text"/> | <input type="text"/> |
| Oil & Grease                         | \$50           | /sample     | <input type="text"/> | <input type="text"/> |
| Air Samples (System Influent)        | \$100          | /sample     | <input type="text"/> | <input type="text"/> |
| Dry Bulk Density                     | \$20           | /sample     | <input type="text"/> | <input type="text"/> |
| Grain Size Analysis                  | \$40           | /sample     | <input type="text"/> | <input type="text"/> |
| Specific Gravity                     | \$20           | /sample     | <input type="text"/> | <input type="text"/> |
| Moisture Content                     | \$15           | /sample     | <input type="text"/> | <input type="text"/> |
| Nitrate                              | \$20           | /sample     | <input type="text"/> | <input type="text"/> |
| Sulfate                              | \$20           | /sample     | <input type="text"/> | <input type="text"/> |
| Iron                                 | \$20           | /sample     | <input type="text"/> | <input type="text"/> |
| FOM (ASTM 2947)                      | \$40           | /sample     | <input type="text"/> | <input type="text"/> |
| Total Organic Carbon (Walkley Black) |                | /sample     | <input type="text"/> | <input type="text"/> |
| Chloride                             |                | /sample     | <input type="text"/> | <input type="text"/> |
| Foaming Agents                       |                | /sample     | <input type="text"/> | <input type="text"/> |
| Total Dissolved Solids               |                | /sample     | <input type="text"/> | <input type="text"/> |
| Other                                |                | /sample     | <input type="text"/> | <input type="text"/> |
| Other                                |                | /sample     | <input type="text"/> | <input type="text"/> |
| Other                                |                | /sample     | <input type="text"/> | <input type="text"/> |

**Total Field Costs**



| 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) (ONE WAY mileage up to 450 miles) <sup>1</sup>  |          | /mile  |                      |
| Number of Mobilizations (includes \$200 mob/demob amount)   |          |        |                      |
| Mileage (drilling device "hauled" to the site)(ONE WAY mileage up to 450 miles) <sup>1</sup><br>(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<br>(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)  |          | /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 below or on "Form D"

**Total Drilling Costs**

| 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><br>Use "Quote Details" tab for guidance |  |                 |                              |
| Sub Contractors/ Vendors/ Utilities  |  |                 |                              |
|  |  | Pass<br>Through | Quoted Amount<br>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><br>Use "Quote Details" tab for guidance |                 |               |             |
| Sub Contractors/ Vendors/ Utilities  |                 |               |             |
|  | Pass<br>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)  |                 |               |             |
| 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:              |  | \$104.00 | <input type="text"/> |
| PE/PG:                        |  | \$120.00 | <input type="text"/> |
| Staff Geologist/<br>Engineer: |  | \$87.00  | <input type="text"/> |
| Staff Scientist:              |  | \$81.00  | <input type="text"/> |
| Draftsman:                    |  | \$63.00  | <input type="text"/> |
| Clerical:                     |  | \$51.00  | <input type="text"/> |

Other Plan Report

**Other Field Tasks NOT Listed**  
 Description of Activities

|                               |  |          |                      |
|-------------------------------|--|----------|----------------------|
| Project Manager:              |  | \$104.00 | <input type="text"/> |
| PE/PG:                        |  | \$120.00 | <input type="text"/> |
| Staff Geologist/<br>Engineer: |  | \$87.00  | <input type="text"/> |
| Staff Scientist:              |  | \$81.00  | <input type="text"/> |
| Technician:                   |  | \$63.00  | <input type="text"/> |

Other Field Task



**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

**CAP Modification**  
 Description of Activities

|                                       |  |          |                      |
|---------------------------------------|--|----------|----------------------|
| <b>Project Manager:</b>               |  | \$104.00 | <input type="text"/> |
| <b>PE/PG:</b>                         |  | \$120.00 | <input type="text"/> |
| <b>Staff Geologist/<br/>Engineer:</b> |  | \$87.00  | <input type="text"/> |
| <b>Staff Scientist:</b>               |  | \$81.00  | <input type="text"/> |
| <b>Draftsman:</b>                     |  | \$63.00  | <input type="text"/> |
| <b>Clerical:</b>                      |  | \$51.00  | <input type="text"/> |

CAP Modification



**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

**Emergency Response (written ADEM approval is required, up to 3 field days)**

**Description of Activities**

|                                       |  |                               |
|---------------------------------------|--|-------------------------------|
| <b>Project Manager:</b>               |  | \$156.00 <input type="text"/> |
| <b>PE/PG:</b>                         |  | \$180.00 <input type="text"/> |
| <b>Staff Geologist/<br/>Engineer:</b> |  | \$130.50 <input type="text"/> |
| <b>Technician:</b>                    |  | \$94.50 <input type="text"/>  |

Emergency Response

## 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 Maximum Allowable Rates

7/2018

## Personnel Rates

|                          |          |
|--------------------------|----------|
| Project Manager          | \$104.00 |
| PE/PG                    | \$120.00 |
| Staff Geologist/Engineer | \$87.00  |
| Scientist                | \$81.00  |
| Technician               | \$63.00  |
| Draftsman                | \$63.00  |
| Clerical                 | \$51.00  |

\*Rates can be adjusted down

|                              |          |
|------------------------------|----------|
| Per Diem Daily               | \$12.75  |
| Per Diem Extended            | \$34.00  |
| Per Diem Overnight (2 days)  | \$85.00  |
| Per Diem Overnight (>2 days) | \$100.00 |

|   |          |          |
|---|----------|----------|
| Disposable Bailers                        | \$7.00   | /ea      |
| 55 Gallon Drums                           | \$50.00  | /ea      |
| Expendables*                              | \$50.00  | /sow     |
| Air Compressor                            | \$25.00  | /day     |
| Combustible Gas Indicator/PID/FID         | \$50.00  | /day     |
| Conductivity Meter                        | \$10.00  | /day     |
| Digital Manometer                         | \$10.00  | /day     |
| Dissolved Oxygen Meter                    | \$10.00  | /day     |
| Gloves                                    | \$5.00   | /day     |
| Generator (5K)                            | \$25.00  | /day     |
| Submersible Pump                          | \$30.00  | /day     |
| Pressure Transducer/data logger           | \$100.00 | /day     |
| Interface Probe/Water Level               | \$10.00  | /day     |
| Flow Meter (anemometer)                   | \$10.00  | /day     |
| Metal Detector                            | \$10.00  | /day     |
| Ozone Meter/Sensor                        | \$10.00  | /day     |
| Pump-Peristaltic or Purging (inc. tubing) | \$50.00  | /day     |
| pH/Temperature Meter                      | \$10.00  | /day     |
| Pressure Washer                           | \$25.00  | /day     |
| Redox/ORP Meter                           | \$10.00  | /day     |
| Multimeter                                | \$100.00 | /day     |
| Thermal Anemometer                        | \$10.00  | /day     |
| Turbidity Meter                           | \$10.00  | /day     |
| Concrete Saw                              | \$25.00  | /sow     |
| Encore Samplers                           | \$9.00   | /sampler |
| O&M Expendables**                         | \$25.00  | /day     |
| Skidsteer (750max/week)                   | \$250.00 | day      |
| Well Development Expendables              | \$15.00  | /day     |
| Emergency Response Multiplier             | 1.5      | times    |
|   |          |          |
|   |          |          |
|   |          |          |
|   |          |          |

## Analytical with Methods

|                          |                 | water    | soil     |
|--------------------------|-----------------|----------|----------|
| BTEX/MTBE/Naph           | 8260; 8021; 602 | \$65.00  | \$65.00  |
|                          |                 |          |          |
| PAH                      | 610             | \$130.00 |          |
|                          | 8310;8270       | \$130.00 | \$130.00 |
| PAH Water Supply         | 525.1           | \$275.00 |          |
| VOC Water Supply         | 524.2           | \$150.00 |          |
|                          | 8260            | \$65.00  |          |
| 1,2 Dibromoethane (EDB)  | 504.1           | \$65.00  |          |
|                          | 524.2           | \$150.00 |          |
|                          | 8011            | \$65.00  |          |
| 1,2 Dichloroethane (EDC) | 8260            | \$65.00  | \$65.00  |
|                          | 504.1           | \$65.00  |          |
|                          | 524.2           | \$150.00 |          |
| Lead                     | 239.2; 7421     | \$25.00  | \$25.00  |
|                          | 6020            | \$15.00  | \$15.00  |
| TPH                      | 5520            |          | \$60.00  |
|                          | 418.1/9071      |          | \$50.00  |
|                          | 8015 GRO        |          | \$80.00  |
|                          | 8015 DRO        |          | \$95.00  |
| Oil & Grease             | 9071;5520       | \$50.00  |          |
| Dry Bulk Density         | ASTM 2473       | \$20.00  |          |
| Grain Size Analysis      |                 | \$40.00  |          |
| FOM                      | ASTM 2974       | \$40.00  |          |
| Moisture Content         | ASTM 2216       | \$15.00  |          |
| Specific Gravity         | ASTM D854       | \$20.00  |          |
| Nitrate                  |                 | \$20.00  |          |
| Sulfate                  |                 | \$20.00  |          |
| Iron                     |                 | \$20.00  |          |
| Air Samples              | 8260            | \$100.00 |          |
| TCLP                     |                 | \$100.00 |          |
| Ethanol                  | 8015D;8260      | \$65.00  |          |
| Methanol                 |                 | \$65.00  |          |
| Chloride                 |                 |          |          |
| Foaming Agent            |                 |          |          |
| Total Organic Carbon     |                 |          |          |
| Total Dissolved Solids   |                 |          |          |

## Postage

|                  |         |
|------------------|---------|
| Postage Class I  | \$85.00 |
| Postage Class II | \$50.00 |

## Pass Through Amount

|                                     |        |
|-------------------------------------|--------|
| Other than System Purchase/ Install | 10.00% |
| System Purchase/ Install            | 5.00%  |



# Alabama Tank Trust Fund Maximum Allowable Rates

7/2018

| Drilling                                    |            |
|---|------------|
| Mob/Demob amount                            | \$200.00   |
| Mileage rate per mile (current State rate)  |            |
| Well Completion MW 8" cover                 | \$150.00   |
| Well Completion MW 12" cover                | \$200.00   |
| RW/EW vault abandonment (removal)           | \$400.00   |
| RW/EW vault abandonment (fill in place)     | \$165.00   |
| 2" Monitoring Well (HAS) per foot           | \$43.00    |
| 4" Monitoring Well (HAS) per foot           | \$45.00    |
| Soil Boring (HAS) per foot                  | \$22.00    |
| Temp Wells                                  | \$28.00    |
| Rock Drilling 2" Well                       | \$55.00    |
| Rock Drilling 4" Well                       | \$60.00    |
| Rock Coring                                 | \$38.00    |
| Type III Well                               | \$95.00    |
| Direct Push Technologies                    | \$1,800.00 |
| Direct Push Well Materials                  | \$5.00     |
| MW/RW Pad removal                           | \$75.00    |
| 2" MW/RW Abandonment per foot overdrill     | \$25.00    |
| MW/RW Abandonment remove top of casing      | \$10.00    |
| 4" MW/RW Abandonment per foot overdrill     | \$30.00    |
| Shelby Tubes                                | \$50.00    |
| Rolloff dumpster                            |            |
| Drilling Device Driven (4 x's mileage rate) |            |
| Drilling Device Hauled (2 x's mileage rate) |            |

\* for scope of work (i.e. Preliminary is one scope)

\*\* includes influent and effluent sampling

| Permit Application             |  |
|--------------------------------|--|
| NPDES General Permit           |  |
| UIC Permit                     |  |
| Solid Waste Profile (form 300) |  |

# 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**

|               |  |
|---------------|--|
| Site Name:    |  |
| Site Address: |  |

**I.3 Owner Information:**

|                             |  |
|-----------------------------|--|
| Owner Name:<br>Owner Email: |  |
| 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 & Phone #:                                    |                        | Email:      |                   |
| ADEM<br>USE ONLY                                      | Contract/Owner Number: | Invoice No: | Approved Payment: |

**I.6 Activity Information:**

Indicate below the activities for which the Payment Request is submitted:

|   |
|---|
|   |
| Site Stabilization/Initial Abatement                              |
| Preliminary Investigation   |
| Secondary Investigation / Additional Well Installation            |
| Alabama Risk Based Corrective Action (ARBCA)                      |
| Groundwater Sampling  |
| Free Product Removal/Mobile Enhanced Multiphase Extraction (MEME) |
| Corrective Action Plan Evaluation                                 |
| Develop Corrective Action Plan                                    |
| Corrective Action   |
| Stockpile Sampling / Management / Disposal                        |
| Provision of Alternate Water Supply                               |
| Pilot Test  |
| Monitoring Well Abandonment                                       |
| 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:

|  |
|--|
|  |
|--|

**I.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>   |   |
|--|---|
| <input type="radio"/>  | <i>1. I certify that all costs incurred under this payment request have been paid to the contractor.</i>            |
| Check to<br>owner  | <b>The above certification will result in a check written to the owner or operator.</b>                             |
| <input type="radio"/>  | <i>2. I certify that all costs incurred under this payment request have <u>NOT</u> been paid to the contractor.</i> |
| Check to<br>Contractor   | <b>The above certification will result in a check written to the contractor.</b>                                    |
| 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:   |

**Sections I.8 and I.9 must be signed by appropriate person for Request to be processed**

**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:**

|   | Proposed | For ADEM Use Only |          |
|---|----------|-------------------|----------|
|   |          | 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   | \$1,988        |           |           |                  |
| Adder amount for every field day over 2 days(not to exceed 14 days) | \$337          |           |           |                  |
| Initial Abatement Free Product Recovery Report                      | \$476          |           |           |                  |
| Preliminary Investigation Report                                    | \$4,889        |           |           |                  |
| Secondary Plan (on and offsite)                                     | \$841          |           |           |                  |
| Secondary Report (up to 12 wells)                                   | \$5,634        |           |           |                  |
| Adder per Wells over 8  | \$150          |           |           |                  |
| Off-site access-Residential   | \$182          |           |           |                  |
| Off-site access - Commercial  | \$260          |           |           |                  |
| Off-site access - ALDOT   | \$1,480        |           |           |                  |
| Additional Well Installation Plan (investigation 1-4 wells)         | \$476          |           |           |                  |
| Additional Well Installation Plan (investigation >4 wells)          | \$817          |           |           |                  |
| Additional Well Installation Report (1-4 wells)(as an adder)        | \$1,163        |           |           |                  |
| Additional Well Installation Report (>4 wells)(as an adder)         | \$1,417        |           |           |                  |
| High Resolution Characterization Report (stand alone)               | \$1,942        |           |           |                  |
| Groundwater Monitoring Plan (GWM)                                   | \$500          |           |           |                  |
| NAMR/GWM-Report   |                |           |           |                  |
| 1-12 wells, BTEX/MTBE/Naphthalene                                   | \$1,180        |           |           |                  |
| 1-12 wells, BTEX/MTBE+PAH   | \$1,417        |           |           |                  |
| NAMR/GWM adder >12 wells, BTEX/MTBE/Naphthalene                     | \$37.50        |           |           |                  |
| NAMR/GWM adder >12 wells, BTEX/MTBE + PAH                           | \$52.50        |           |           |                  |
| FPR Plan -All free product recovery                                 | \$788          |           |           |                  |
| FPR Report -all free product reports (except MEME)                  | \$977          |           |           |                  |
| FPR Report-MEME   | \$1,064        |           |           |                  |
| MEME/Injection Events (adder to report)                             | \$754          |           |           |                  |
| Adder amount for >3MEME/Injection Events (per approved period)      | \$295          |           |           |                  |
| ARBCA Report Tier 1/RM 1  |                |           |           |                  |
| 1-12 wells, BTEX/MTBE/Naphthalene                                   | \$3,973        |           |           |                  |
| 1-12 wells, BTEX/MTBE+PAH   | \$4,210        |           |           |                  |
| ARBCA Report Tier II/ RM 2  |                |           |           |                  |
| 1-12 wells, BTEX/MTBE/Naphthalene                                   | \$3,973        |           |           |                  |
| 1-12 wells, BTEX/MTBE+PAH   | \$4,210        |           |           |                  |
| ARBCA GRP Re Assessment (1-4 wells Gas)                             | \$512          |           |           |                  |
| ARBCA GRP Re Assessment (1-4 wells Diesel)                          | \$806          |           |           |                  |
| ARBCA adder for Gas > number of allocated wells                     | \$37.50        |           |           |                  |
| ARBCA adder for Diesel > number of allocated wells                  | \$45.00        |           |           |                  |
| ARBCA adder for Tier II WITH DECAY                                  | \$2,277        |           |           |                  |
| ARBCA Evaluation with Decay (stand alone evaluation)                | \$3,443        |           |           |                  |
| CAP Development - CA Evaluation (once per site)                     | \$3,405        |           |           |                  |
| CAP Development - RNA   | \$1,578        |           |           |                  |
| CAP Development - RNA with MEME                                     | \$1,682        |           |           |                  |
| CAP Development - Excavation  | \$1,646        |           |           |                  |
| CAP Development - Surfactant Injection                              | \$4,649        |           |           |                  |
| CAP Development (Class 1)- DPVE, P&T, SVE                           | \$6,956        |           |           |                  |

**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 | \$6,137 |  |  |
| CAP Development (Class 3) - Ozone, AS, SVE                        | \$5,657 |  |  |
| CAP Modification (requires detailed attachment)                   |         |  |  |
| CAP Implementation Report - Excavation                            | \$2,062 |  |  |
| CAP Implementation Report - Liquid Injections                     | \$2,627 |  |  |
| CA System Installation Report (all Classes same)                  | \$7,552 |  |  |
| SEMR Qtrly DPVE, P&T Reports                                      |         |  |  |
| 1-12 wells, BTEX/MTBE/Naphthalene                                 | \$4,927 |  |  |
| 1-12 wells, BTEX/MTBE+PAH   | \$5,164 |  |  |
| SEMR Qtrly Ozone, AS, SVE, Chemox, Biosparge - Reports            |         |  |  |
| 1-12 wells, BTEX/MTBE/Naphthalene                                 | \$4,371 |  |  |
| 1-12 wells, BTEX/MTBE+PAH   | \$4,608 |  |  |
| SEMR adder >12 wells, BTEX/MTBE/Naph                              | \$37.50 |  |  |
| SEMR adder >12 wells, BTEX/MTBE+PAH                               | \$45.00 |  |  |
| IDW/Treatment Disposal Plan (stand alone)                         | \$570   |  |  |
| IDW/Treatment Disposal Report (stand alone)                       | \$914   |  |  |
| DPVE Pilot Test Plan (not for Slug Test)                          | \$1,066 |  |  |
| DPVE Pilot Test Report  | \$1,675 |  |  |
| AS/SVE or Ozone Pilot Test Plan                                   | \$1,066 |  |  |
| AS/SVE or Ozone Pilot Test Report                                 | \$1,675 |  |  |
| ISCO or Bioremediation Pilot Test Plan                            | \$1,066 |  |  |
| ISCO or Bioremediation Pilot Test Report                          | \$1,849 |  |  |
| Specific Capacity Test Plan                                       | \$362   |  |  |
| Specific Capacity Test Report                                     | \$1,388 |  |  |
| System Purchase Letter  | \$1,311 |  |  |
| Monitoring Well Abandonment Plan                                  | \$440   |  |  |
| Monitoring Well Abandonment Report                                | \$977   |  |  |
| System Decommissioning Plan                                       | \$875   |  |  |
| System Decommissioning Report                                     | \$1,741 |  |  |
| Alternate Water Supply Plan                                       | \$684   |  |  |
| Alternate Water Supply Report                                     | \$1,064 |  |  |
| Public Water Line Replacement Plan                                | \$996   |  |  |
| Public Water Line Replacement Report                              | \$1,480 |  |  |
| Adjacent Property Owner Information (additional effort)           | \$297   |  |  |
| UIC Permit Application Preparation                                | \$1,205 |  |  |
| UIC General Permit Application Preparation                        | \$771   |  |  |
| NPDES General Permit Application Preparation                      | \$771   |  |  |
| ADEM Solid Waste Profile Preparation                              | \$217   |  |  |
| Municipal Sewer Application Process (ADEM or Others)              | \$467   |  |  |
| Environmental Covenant preparation                                | \$553   |  |  |
| CP Preparation (CP requested by ADEM but not implemented)         | \$206   |  |  |
| Cost Proposal Tier I Addendum Preparation                         | \$104   |  |  |
| Cost Proposal Tier II Addendum Preparation                        | \$328   |  |  |
| ADEM Approved Amount  |         |  |  |
| Other Plan/Report (hours and documentation required)              |         |  |  |

Total CP Approved Amount

Total Report and Plan Costs



| <b>Part II- Alabama Tank Trust Fund Itemization Form "B" Payment Request</b>   |                |           |           |                  |
|--|----------------|-----------|-----------|------------------|
| <b>Summary of ATTF Field Scenarios</b>   |                |           |           |                  |
| <u>Scenarios</u>   | <u>Unit \$</u> | <u>CP</u> | <u>PR</u> | <u>Requested</u> |
| <b>Well Installation Oversight time</b>  |                |           |           |                  |
| <b>Type II Porous Media Drilling</b>   |                |           |           |                  |
| Porous material 0-10 feet  | \$206          |           |           |                  |
| Porous material 0-30 feet  | \$324          |           |           |                  |
| Porous material 0-50 feet  | \$704          |           |           |                  |
| Porous material 0-70 feet  | \$909          |           |           |                  |
| Porous material 0-90 feet  | \$1,115        |           |           |                  |
| Porous material 0-110 feet   | \$1,320        |           |           |                  |
| <b>Type II Bedrock Drilling</b>  |                |           |           |                  |
| Bedrock 0-20' Air Rotary Drilling  | \$324          |           |           |                  |
| Bedrock 0-40' Air Rotary Drilling  | \$443          |           |           |                  |
| Bedrock 0-60' Air Rotary Drilling  | \$648          |           |           |                  |
| Bedrock 0-80' Air Rotary Drilling  | \$854          |           |           |                  |
| Bedrock 0-20' Core Drilling  | \$411          |           |           |                  |
| Bedrock 0-40' Core Drilling  | \$704          |           |           |                  |
| Bedrock 0-60' Core Drilling  | \$822          |           |           |                  |
| Bedrock 0-80' Core Drilling  | \$1,028        |           |           |                  |
| <b>Type III Well Porous (Depth of entire well)</b>                             |                |           |           |                  |
| Type III Well 0-20' (entire well in porous material)                           | \$368          |           |           |                  |
| Type III Well 0-40' (entire well in porous material)                           | \$573          |           |           |                  |
| Type III Well 0-60' (entire well in porous material)                           | \$779          |           |           |                  |
| Type III Well 0-80' (entire well in porous material)                           | \$984          |           |           |                  |
| Type III Well 0-100' (entire well in porous material)                          | \$1,190        |           |           |                  |
| <b>Type III Well Bedrock (Depth of entire well)</b>                            |                |           |           |                  |
| Type III Well 0-20' (bedrock encountered)                                      | \$411          |           |           |                  |
| Type III Well 0-40' (bedrock encountered)                                      | \$617          |           |           |                  |
| Type III Well 0-60' (bedrock encountered)                                      | \$822          |           |           |                  |
| Type III Well 0-80' (bedrock encountered)                                      | \$1,028        |           |           |                  |
| Type III Well 0-100' (bedrock encountered)                                     | \$1,233        |           |           |                  |
| <b>Soil Boring Only (no well installed)/Direct Push Oversight</b>              |                |           |           |                  |
| Soil Boring porous material 0-10 feet  | \$131          |           |           |                  |
| Soil Boring porous material 0-30 feet  | \$218          |           |           |                  |
| Soil Boring porous material 0-50 feet  | \$305          |           |           |                  |
| Soil Boring porous material 0-70 feet  | \$479          |           |           |                  |
| Direct Push (Geologist Daily Charge or 8 probe points)                         | \$870          |           |           |                  |
| High Resolution Imaging Field Time and Oversight                               | \$1,230        |           |           |                  |
| <b>Other Field Activities</b>  |                |           |           |                  |
| Well Re-Development (initial development included in drilling oversight costs) | \$95           |           |           |                  |
| Slug Tests   | \$300          |           |           |                  |
| Private/Public Water Well Inventory (up to 5 wells)                            | \$348          |           |           |                  |
| Site Survey during Investigation (not a Licensed Surveyor)                     | \$252          |           |           |                  |
| RW Vault Abandonment Oversight   | \$87           |           |           |                  |
| MW/RW/IW Abandonment Oversight for Overdrilling                                | \$261          |           |           |                  |
| MW/RW/IW Abandonment Oversight for Grouting in Casing                          | \$131          |           |           |                  |
| Monitoring Well Pad/Cover Repair/Replacement                                   | \$126          |           |           |                  |
| Groundwater Sampling Set-up  | \$126          |           |           |                  |
| Purge/Development Water Handling (see Basis)                                   | \$95           |           |           |                  |
| Gauging Well (no sampling)   | \$16           |           |           |                  |
| Groundwater Sampling and Gauging 2" Well                                       | \$63           |           |           |                  |
| Groundwater Sampling and Gauging 4" Well                                       | \$72           |           |           |                  |

| 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                              | \$79           |    |    |           |
| Sample Public Well  | \$126          |    |    |           |
| Sample Private Well   | \$95           |    |    |           |
| Sample Stream (up to 3 samples)                                       | \$95           |    |    |           |
| Soil Sampling Setup (1-4 wells)                                       | \$174          |    |    |           |
| Soil Sampling Setup adder (each additional group of 4 wells)          | \$87           |    |    |           |
| MEME Event/Pilot Test/Injection Event (hourly rate)                   | \$63           |    |    |           |
| DPVE Pilot Test/Aquifer Test (hourly rate)                            | \$150          |    |    |           |
| SVE/ AS/ Ozone Pilot Test   | \$783          |    |    |           |
| Site Visit by PE/PG (CAP Development,etc)                             | \$960          |    |    |           |
| System Installation Oversight (up to 7 days)                          | \$8,714        |    |    |           |
| System Installation Oversight Adder (per day over 7 doc req.)         | \$974          |    |    |           |
| System Start up   | \$1,664        |    |    |           |
| System Decommissioning  | \$1,034        |    |    |           |
| DPVE, Pump and Treat O&M 3 months                                     | \$3,856        |    |    |           |
| DPVE, Pump and Treat O&M 4 months                                     | \$4,864        |    |    |           |
| Ozone, biosparge, SVE, biovent and Air Sparge O&M 3 months            | \$1,928        |    |    |           |
| Ozone, biosparge, SVE, biovent and Air Sparge O&M 4 months            | \$2,432        |    |    |           |
| ADEM Approved Amount  |                |    |    |           |
| Other Field Work not listed (hours and documentation required)        |                |    |    |           |
| Emergency Response  |                |    |    |           |
| Travel  |                |    |    |           |
| <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  | \$63 /hr       |    |    |           |
| Geologist/Engineer-travel time  | \$87 /hr       |    |    |           |
| PG/PE-travel time   | \$120 /hr      |    |    |           |
| Project Manager-travel time   | \$104 /hr      |    |    |           |
| <b>Per Diem</b>   |                |    |    |           |
| Per diem (6-12hrs)  | \$12.75 /day   |    |    |           |
| Per diem (greater than 12hrs)   | \$34 /ext. day |    |    |           |
| Per diem 2 days (overnight)(invoice required)                         | \$85 /day      |    |    |           |
| Per diem >2 consecutive days (overnight)(invoice required)            | \$100 /day     |    |    |           |
| Equipment and Equipment Kits  |                |    |    |           |
| 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**

| <u>Scenarios</u>   | <u>Unit \$</u> | <u>CP</u> | <u>PR</u> | <u>Requested</u> |
|--|----------------|-----------|-----------|------------------|
| Postage / Shipping and Copying (plans reports, ADEM and owner) | \$85 /sow      |           |           |                  |
| Postage / Shipping (Sample Shipping)                           | \$50           |           |           |                  |
| 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                                |                            |                        |                        |                          |              |

|                                 |                          |
|---------------------------------|--------------------------|
| <b>Total CP Approved Amount</b> | <b>Total Field Costs</b> |
|---------------------------------|--------------------------|

**Part II- Alabama Tank Trust Fund Itemization Form "C" Payment Request**

**Drilling**

| <u>Scenarios</u>  | <u>Unit \$</u> | <u>Unit</u> | <u>CP</u> | <u>PR</u> | <u>Requested</u> |
|---|----------------|-------------|-----------|-----------|------------------|
| Mileage Rate (Current Federal Rate)   |                |             |           |           |                  |
| Mileage (drilling device driven or ATV) (up to 450 <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 450 <b>one way</b> miles) <sup>1</sup><br>(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<br>(Quote and Invoices Required) <sup>4</sup> |       |       |  |  |  |

**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<br>(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)  |       | /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 below or on "Form D"

|                          |                             |
|--------------------------|-----------------------------|
| Total CP Approved Amount | <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)   |                 |                          |              |           |

| 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<br>Approved<br>Amount | Enter Actual<br>Amount Here         | Pass<br>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)   |                                     |                                     |                 |           |
| <b>Total CP Approved Amount</b>   |                                     | <b>Total Subs/Vendors/Utilities</b> |                 |           |





**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

**Other Plan /Report NOT Listed**

**Description of Activities**

|                               |  |          |                      |
|-------------------------------|--|----------|----------------------|
| Project Manager:              |  | \$104.00 | <input type="text"/> |
| PE/PG:                        |  | \$120.00 | <input type="text"/> |
| Staff Geologist/<br>Engineer: |  | \$87.00  | <input type="text"/> |
| Staff Scientist:              |  | \$81.00  | <input type="text"/> |
| Draftsman:                    |  | \$63.00  | <input type="text"/> |
| Clerical:                     |  | \$51.00  | <input type="text"/> |

Other Plan/ Report time not already listed

**Other Field Tasks NOT Listed**

**Description of Activities**

|                              |  |          |                      |
|------------------------------|--|----------|----------------------|
| Project Manager:             |  | \$104.00 | <input type="text"/> |
| PE/PG:                       |  | \$120.00 | <input type="text"/> |
| Staff Geologist:<br>Engineer |  | \$87.00  | <input type="text"/> |
| Staff Scientist:             |  | \$81.00  | <input type="text"/> |
| Technician:                  |  | \$63.00  | <input 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, **NOT FOR ADDING HOURS TO UNITS**

Detailed description of activities must be entered where hours are claimed

**CAP Modification**

**Description of Activities**

|                                       |  |                               |
|---------------------------------------|--|-------------------------------|
| <b>Project Manager:</b>               |  | \$104.00 <input type="text"/> |
| <b>PE/PG:</b>                         |  | \$120.00 <input type="text"/> |
| <b>Staff Geologist/<br/>Engineer:</b> |  | \$87.00 <input type="text"/>  |
| <b>Staff Scientist:</b>               |  | \$81.00 <input type="text"/>  |
| <b>Draftsman:</b>                     |  | \$63.00 <input type="text"/>  |
| <b>Clerical:</b>                      |  | \$51.00 <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, up to 3 field days)

|                               |  |                               |
|-------------------------------|--|-------------------------------|
| Project Manager:              |  | \$156.00 <input type="text"/> |
| PE/PG:                        |  | \$180.00 <input type="text"/> |
| Staff Geologist/<br>Engineer: |  | \$130.50 <input type="text"/> |
| Technician:                   |  | \$94.50 <input type="text"/>  |

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             |                      |
|   |                      | 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 Maximum Allowable Rates

7/2018

| Personnel Rates          |          |
|--------------------------|----------|
| Project Manager          | \$104.00 |
| PE/PG                    | \$120.00 |
| Staff Geologist/Engineer | \$87.00  |
| Scientist                | \$81.00  |
| Technician               | \$63.00  |
| Draftsman                | \$63.00  |
| Clerical                 | \$51.00  |

\*Rates can be adjusted down

|                              |          |
|------------------------------|----------|
| Per Diem Daily               | \$12.75  |
| Per Diem Extended            | \$34.00  |
| Per Diem Overnight (2 days)  | \$85.00  |
| Per Diem Overnight (>2 days) | \$100.00 |

|   |          |          |
|---|----------|----------|
| Disposable Bailers                        | \$7.00   | /ea      |
| 55 Gallon Drums                           | \$50.00  | /ea      |
| Expendables*                              | \$50.00  | /sow     |
| Air Compressor                            | \$25.00  | /day     |
| Combustible Gas Indicator/PID/FID         | \$50.00  | /day     |
| Conductivity Meter                        | \$10.00  | /day     |
| Digital Manometer                         | \$10.00  | /day     |
| Dissolved Oxygen Meter                    | \$10.00  | /day     |
| Gloves                                    | \$5.00   | /day     |
| Generator (5K)                            | \$25.00  | /day     |
| Submersible Pump                          | \$30.00  | /day     |
| Pressure Transducer/data logger           | \$100.00 | /day     |
| Interface Probe/Water Level               | \$10.00  | /day     |
| Flow Meter (anemometer)                   | \$10.00  | /day     |
| Metal Detector                            | \$10.00  | /day     |
| Ozone Meter/Sensor                        | \$10.00  | /day     |
| Pump-Peristaltic or Purging (inc. tubing) | \$50.00  | /day     |
| pH/Temperature Meter                      | \$10.00  | /day     |
| Pressure Washer                           | \$25.00  | /day     |
| Redox/ORP Meter                           | \$10.00  | /day     |
| Multimeter                                | \$100.00 | /day     |
| Thermal Anemometer                        | \$10.00  | /day     |
| Turbidity Meter                           | \$10.00  | /day     |
| Concrete Saw                              | \$25.00  | /sow     |
| Encore Samplers                           | \$9.00   | /sampler |
| O&M Expendables**                         | \$25.00  | /day     |
| Skidsteer (750max/week)                   | \$250.00 | day      |
| Well Development Expendables              | \$15.00  | /day     |
| Emergency Response Multiplier             | 1.5      | times    |
|   |          |          |
|   |          |          |
|   |          |          |
|   |          |          |

| Postage          |         |
|------------------|---------|
| Postage Class I  | \$85.00 |
| Postage Class II | \$50.00 |

| Analytical with Methods  |                 |          |          |
|--------------------------|-----------------|----------|----------|
|                          |                 | water    | soil     |
| BTEX/MTBE/Naph           | 8260; 8021; 602 | \$65.00  | \$65.00  |
|                          |                 |          |          |
| PAH                      | 610             | \$130.00 |          |
|                          | 8310;8270       | \$130.00 | \$130.00 |
| PAH Water Supply         | 525.1           | \$275.00 |          |
| VOC Water Supply         | 524.2           | \$150.00 |          |
|                          | 8260            | \$65.00  |          |
| 1,2 Dibromoethane (EDB)  | 504.1           | \$65.00  |          |
|                          | 524.2           | \$150.00 |          |
|                          | 8011            | \$65.00  |          |
| 1,2 Dichloroethane (EDC) | 8260            | \$65.00  | \$65.00  |
|                          | 504.1           | \$65.00  |          |
|                          | 524.2           | \$150.00 |          |
| Lead                     | 239.2; 7421     | \$25.00  | \$25.00  |
|                          | 6020            | \$15.00  | \$15.00  |
| TPH                      | 5520            |          | \$60.00  |
|                          | 418.1/9071      |          | \$50.00  |
|                          | 8015 GRO        |          | \$80.00  |
|                          | 8015 DRO        |          | \$95.00  |
| Oil & Grease             | 9071;5520       | \$50.00  |          |
| Dry Bulk Density         | ASTM 2473       | \$20.00  |          |
| Grain Size Analysis      |                 | \$40.00  |          |
| FOM                      | ASTM 2974       | \$40.00  |          |
| Moisture Content         | ASTM 2216       | \$15.00  |          |
| Specific Gravity         | ASTM D854       | \$20.00  |          |
| Nitrate                  |                 | \$20.00  |          |
| Sulfate                  |                 | \$20.00  |          |
| Iron                     |                 | \$20.00  |          |
| Air Samples              | 8260            | \$100.00 |          |
| TCLP                     |                 | \$100.00 |          |
| Ethanol                  | 8015D;8260      | \$65.00  |          |
| Methanol                 |                 | \$65.00  |          |
|                          |                 |          |          |
| Chloride                 |                 |          |          |
| Foaming Agent            |                 |          |          |
| Total Organic Carbon     |                 |          |          |
| Total Dissolved Solids   |                 |          |          |

| Pass Through Amount                 |        |
|-------------------------------------|--------|
| Other than System Purchase/ Install | 10.00% |
| System Purchase/ Install            | 5.00%  |



# Alabama Tank Trust Fund Maximum Allowable Rates

7/2018

| Drilling                                    |            |
|---|------------|
| Mob/Demob amount                            | \$200.00   |
| Mileage rate per mile (current State rate)  |            |
| Well Completion MW 8" cover                 | \$150.00   |
| Well Completion MW 12" cover                | \$200.00   |
| RW/EW vault abandonment (removal)           | \$400.00   |
| RW/EW vault abandonment (fill in place)     | \$165.00   |
| 2" Monitoring Well (HAS) per foot           | \$43.00    |
| 4" Monitoring Well (HAS) per foot           | \$45.00    |
| Soil Boring (HAS) per foot                  | \$22.00    |
| Temp Wells                                  | \$28.00    |
| Rock Drilling 2" Well                       | \$55.00    |
| Rock Drilling 4" Well                       | \$60.00    |
| Rock Coring                                 | \$38.00    |
| Type III Well                               | \$95.00    |
| Direct Push Technologies                    | \$1,800.00 |
| Direct Push Well Materials                  | \$5.00     |
| MW/RW Pad removal                           | \$75.00    |
| 2" MW/RW Abandonment per foot overdrill     | \$25.00    |
| MW/RW Abandonment remove top of casing      | \$10.00    |
| 4" MW/RW Abandonment per foot overdrill     | \$30.00    |
| Shelby Tubes                                | \$50.00    |
| Rolloff dumpster                            |            |
| Drilling Device Driven (4 x's mileage rate) |            |
| Drilling Device Hauled (2 x's mileage rate) |            |

\* for scope of work (i.e. Preliminary is one scope)

\*\* includes influent and effluent sampling

| Permit Application             |  |
|--------------------------------|--|
| NPDES General Permit           |  |
| UIC Permit                     |  |
| Solid Waste Profile (form 300) |  |

# ADEM Notification for Underground Storage Tanks

**Alabama Dept. of Environmental Management**  
**Groundwater Branch/Land Division**  
**P. O. Box 301463**  
**Montgomery, AL 36130-1463**

**Phone # (334) 270-5655**  
**Fax # (334) 270-5631**  
**E-mail: ustcompliance@adem.alabama.gov**  
**Web Site: adem.alabama.gov**

**STATE USE ONLY**

Fac # \_\_\_\_\_ NOTIFI \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS**

Please type or print all items except "signature" in Section XII. **This form must be completed for each location containing underground 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.

**I. OWNERSHIP OF TANK(S)**

**II. LOCATION OF TANK(S)**

Owner Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_  
 E-mail \_\_\_\_\_

Facility I. D. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Unless new location)  
 Facility Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (Nearest)  
 Country \_\_\_\_\_ Contact \_\_\_\_\_  
 Lessee \_\_\_\_\_ Consultant \_\_\_\_\_ Owner \_\_\_\_\_  
 Site Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**III. OPERATOR OF TANKS**

**IV. FUEL DELIVERY COMPANY**

Operator means any person in control of, or having responsibility for, the daily operation of the UST system.

Operator Name \_\_\_\_\_  
 (If same as section I, mark box here )  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ Contact \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_

Company Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ Contact \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 E-mail \_\_\_\_\_

**V. TYPE OF NOTIFICATION**

If this is a new notification for this location, mark box here:  If this is an amended or subsequent notification for this location, mark box here:   
 Indicate number of tanks at this location:  Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands:

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)**

(Manifolded tanks and Compartmented tanks are considered one tank)

| Tank Identification #<br>Arbitrarily Assigned Sequential Number (e.g. 1u, 2u, 3u)                                 | Tank #<br>u | Tank #<br>u | Tank #<br>u | Tank #<br>u | Tank #<br>u |
|---|-------------|-------------|-------------|-------------|-------------|
| <b>A. Tank Status</b>   |             |             |             |             |             |
| 1. Currently in use   |             |             |             |             |             |
| 2. Temporarily closed   |             |             |             |             |             |
| a. Estimated date last used (month/year)  | /           | /           | /           | /           | /           |
| <b>B. Tank Location (Mark all that apply)</b>   |             |             |             |             |             |
| 1. Within 300 feet of a private well  |             |             |             |             |             |
| 2. Within 1000 feet of a public water supply well   |             |             |             |             |             |
| 3. Within a well head protection area   |             |             |             |             |             |
| <b>C. Tank History</b>  |             |             |             |             |             |
| 1. Date installed (month/day/year)  | / /         | / /         | / /         | / /         | / /         |
| 2. Date brought into operation by this owner (month/day/year)   | / /         | / /         | / /         | / /         | / /         |
| <b>D. Tank Estimated Total Capacity</b>   |             |             |             |             |             |
| 1. Number of compartments if compartmented tank   |             |             |             |             |             |
| 2. Number of manifolded tanks   |             |             |             |             |             |
| 3. Tank volume (gallons) (manifolded tank capacity is sum of volume of all tanks manifolded together as one tank) |             |             |             |             |             |

**CONTINUE ON NEXT PAGE**



**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Cont'd)**

| Tank Identification #<br>Arbitrarily Assigned Sequential Number (e.g. 1u, 2u, 3u) | Tank #<br>u | Tank #<br>u | Tank #<br>u | Tank #<br>u | Tank #<br>u |
|---|-------------|-------------|-------------|-------------|-------------|
| <b>E. Substance Currently Stored</b> (Mark all that apply)                        |             |             |             |             |             |
| 1. Petroleum  |             |             |             |             |             |
| a. Unleaded gasoline  |             |             |             |             |             |
| b. Mid-grade gasoline   |             |             |             |             |             |
| c. Premium gasoline   |             |             |             |             |             |
| d. Ethanol free gasoline  |             |             |             |             |             |
| e. Gasoline containing greater than 10% ethanol (please specify)                  |             |             |             |             |             |
| f. 100% ethanol ( <b>Not Regulated</b> )  |             |             |             |             |             |
| g. Ultra low sulfur gasoline  |             |             |             |             |             |
| h. On road diesel   |             |             |             |             |             |
| i. Off road diesel  |             |             |             |             |             |
| j. Diesel containing less than or equal to 20% biodiesel                          |             |             |             |             |             |
| k. Diesel containing greater than 20% biodiesel (please specify)                  |             |             |             |             |             |
| l. 100% biodiesel ( <b>Not Regulated</b> )  |             |             |             |             |             |
| m. Kerosene   |             |             |             |             |             |
| n. Aviation fuel (JP-4, etc.)   |             |             |             |             |             |
| o. Used oil   |             |             |             |             |             |
| p. Virgin oil   |             |             |             |             |             |
| q. Other (please specify)   |             |             |             |             |             |
| 2. Hazardous Substance  |             |             |             |             |             |
| a. Please indicate name of principal CERCLA substance or                          |             |             |             |             |             |
| b. Chemical Abstract Service (CAS) No.  |             |             |             |             |             |
| <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 tank less than 1,100 gal ( <b>Not Regulated</b> )             |             |             |             |             |             |
| 8. Heating oil ( <b>Not Regulated</b> )   |             |             |             |             |             |
| 9. Airport hydrant system or field constructed tank                               |             |             |             |             |             |

**VIII. CONSTRUCTION AND CORROSION PROTECTION**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>G. Tank Construction Material</b> (Mark all that apply)                     |  |  |  |  |  |
| 1. Single wall   |  |  |  |  |  |
| 2. Double wall   |  |  |  |  |  |
| 3. Steel   |  |  |  |  |  |
| 4. Fiberglass reinforced plastic   |  |  |  |  |  |
| 5. Fiberglass coated steel   |  |  |  |  |  |
| <b>H. Steel Tank Corrosion Protection</b> (Mark all that apply)                |  |  |  |  |  |
| 1. Coated & cathodic protection (sti-P3)                                       |  |  |  |  |  |
| 2. Field installed cathodic protection   |  |  |  |  |  |
| 3. Interior lined (not allowed as a standalone method of corrosion protection) |  |  |  |  |  |
| 4. Other (please specify)  |  |  |  |  |  |
| <b>I. Pipe Construction Material</b> (Mark all that apply)                     |  |  |  |  |  |
| 1. Single wall   |  |  |  |  |  |
| 2. Double wall   |  |  |  |  |  |
| 3. Steel   |  |  |  |  |  |
| 4. Fiberglass reinforced plastic   |  |  |  |  |  |
| 5. Flexible  |  |  |  |  |  |
| <b>J. Steel Piping Corrosion Protection</b> (Mark all that apply)              |  |  |  |  |  |
| 1. Field installed cathodic protection   |  |  |  |  |  |
| 2. Other (please specify)  |  |  |  |  |  |

**IX. SPILL/OVERFILL PREVENTION**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>K. Tank Spill Prevention Equipment</b> (Mark all that apply)   |  |  |  |  |  |
| 1. Single walled catchment basin  |  |  |  |  |  |
| 2. Double walled catchment basin  |  |  |  |  |  |
| <b>L. Tank Overfill Prevention Equipment</b> (Mark all that apply)  |  |  |  |  |  |
| 1. Flow restrictor at 90% full (e.g., ball float vent valve, not allowed if installed or replaced after December 8, 2017) |  |  |  |  |  |
| 2. Automatic shutoff device At 95% full   |  |  |  |  |  |
| 3. Audible high level alarm At 90% full   |  |  |  |  |  |

CONTINUE ON NEXT PAGE

**X. RELEASE DETECTION**

| Tank Identification #<br>Arbitrarily Assigned Sequential Number (e.g. 1u, 2u, 3u)   | Tank #<br>u | Tank #<br>u | Tank #<br>u | Tank #<br>u | Tank #<br>u |
|---|-------------|-------------|-------------|-------------|-------------|
| <b>M. Tank Method of Release Detection</b> (Mark all that apply)  |             |             |             |             |             |
| 1. Automatic tank gauge   |             |             |             |             |             |
| 2. Continuous automatic tank gauge  |             |             |             |             |             |
| 3. Interstitial monitoring within secondary containment (e.g., double walled tank)  |             |             |             |             |             |
| 4. Vapor monitoring   |             |             |             |             |             |
| 5. Groundwater monitoring   |             |             |             |             |             |
| 6. Manual tank gauging (only tanks 1000 gal. or less and 48" or 64" in diameter)  |             |             |             |             |             |
| 7. Statistical inventory reconciliation (SIR)   |             |             |             |             |             |
| 8. Other (please specify)   |             |             |             |             |             |
| <b>N. Secondary Containment and Pressurized Piping Method of Release Detection (At least one item from BOTH Group I and Group II must be marked.)</b> |             |             |             |             |             |
| <b>1. Please Indicate Method(s) of Secondary Containment</b> (Mark all that apply)  |             |             |             |             |             |
| a. Single walled under dispenser containment  |             |             |             |             |             |
| b. Double walled under dispenser containment  |             |             |             |             |             |
| c. Single walled submersible pump containment sump  |             |             |             |             |             |
| d. Double walled submersible pump containment sump  |             |             |             |             |             |
| e. Direct bury submersible pump   |             |             |             |             |             |
| <b>2. Group I</b> (Mark one of the following)   |             |             |             |             |             |
| a. Automatic flow restrictor (MLLD)   |             |             |             |             |             |
| b. Automatic shutoff device (AELLD)   |             |             |             |             |             |
| c. Sump sensor relayed to automatically shut off submersible pump   |             |             |             |             |             |
| d. Other (please specify)   |             |             |             |             |             |
| <b>3. Group II</b> (Mark one of the following)  |             |             |             |             |             |
| a. Annual line testing  |             |             |             |             |             |
| b. Automatic electronic line leak detector (AELLD)  |             |             |             |             |             |
| c. Vapor monitoring   |             |             |             |             |             |
| d. Groundwater monitoring   |             |             |             |             |             |
| e. Statistical inventory reconciliation (SIR)   |             |             |             |             |             |
| f. Interstitial monitoring within secondary containment (e.g., double walled piping with sump sensor or with monthly inspection)                      |             |             |             |             |             |
| g. Other (please specify)   |             |             |             |             |             |
| <b>O. Suction Piping Method of Release Detection</b> (Mark one of the following)  |             |             |             |             |             |
| 1. Line tightness testing every 3 years   |             |             |             |             |             |
| 2. Interstitial monitoring within secondary containment (e.g., double walled piping with sump sensor or with monthly inspection)                      |             |             |             |             |             |
| 3. Vapor monitoring   |             |             |             |             |             |
| 4. Groundwater monitoring   |             |             |             |             |             |
| 5. Only one visible check valve immediately beneath pump and piping slopes towards tank   |             |             |             |             |             |
| 6. Statistical inventory reconciliation (SIR)   |             |             |             |             |             |
| 7. Other (please specify)   |             |             |             |             |             |
| <b>P. Gravity Piping (No leak Detection Required)</b>   |             |             |             |             |             |

**CONTINUE ON NEXT PAGE**

**XI. CERTIFICATION OF COMPLIANCE (For Tanks Installed On and After 7/16/12)**

**Q. UST systems must be installed by an individual certified in accordance with ADEM Administrative Code Rule 335-6-15-47.**

Subparagraph (e) of this rule requires these individuals to:

1. Exercise supervisory control during installation,
2. Be present at the job site during critical junctures.

**R. I have financial responsibility in accordance with Rule 335-6-15.43 and .44. (Mark all that apply)**

**1. MOTOR FUEL TANKS ONLY Compliance with eligibility requirements of the Alabama Tank Trust Fund AND ONE OF THE FOLLOWING:**

a. Net worth of \$25,000 OR

b. Insurance, surety bond or guarantee for \$5,000 per incident.

**2. NON-MOTOR FUEL TANKS ONLY**

a. Private insurance

Insurer and policy number:

b. Guarantee or surety bond

c. Self-Insurance

**S. OATH: I certify that the information concerning installation provided in Items G through P are true to the best of my belief and knowledge.**

Certified Installer Name:

Certification Expiration Date:

Installer Signature:

Date Signed:

Company Name:

Phone #:

Address:

**XII. CERTIFICATION (Read and sign after completing Sections I. Through XII.)**

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 operator or authorized representative

Date Signed

Signature

Name & official title of owner or authorized representative

Date Signed

Signature

**Requirements for Trust Fund Eligibility**

In order to achieve and maintain eligibility under the Alabama Underground and Aboveground Storage Tank Trust Fund, owners and/or operators must: register all tanks storing motor fuels with the Department; timely pay the annual UST regulatory fee; meet financial responsibility requirements of \$5,000 per occurrence for USTs; and maintain substantial compliance with all UST regulations. These include:

1. Properly maintain spill prevention,
2. Properly maintain overfill prevention,
3. Properly maintain release detection and prevention,
4. Properly maintain corrosion protection on metal components of UST systems that are in contact with the ground and routinely contain product,
5. Perform required testing, inspecting, and recordkeeping, and
6. Investigate and report suspected releases.

Additionally, owners and/or operators must report all third party claims to the Department.

# ADEM Notification for Aboveground Storage Tanks

|   |  |   |
|---|--|---|
| <b>Alabama Dept. of Environmental Management</b><br>Groundwater Branch/Land Division<br>P. O. Box 301463<br>Montgomery, AL 36130-1463 | Phone # (334) 270-5655<br>Fax # (334) 270-5631<br>E-mail: <a href="mailto:ustcompliance@adem.alabama.gov">ustcompliance@adem.alabama.gov</a><br>Web Site: <a href="http://adem.alabama.gov">adem.alabama.gov</a> | <b>STATE USE ONLY</b><br>_____<br>Fac #                      NOTIFI                      Date |
|---|--|---|

## 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.

| I. OWNERSHIP OF TANK(S)  | II. LOCATION OF TANK(S)   |
|--|---|
| Owner Name _____<br>Mailing Address _____<br>City _____ State _____ Zip _____<br>Country _____ Contact _____<br>Phone # _____<br>Fax # _____<br>E-mail _____ | Facility I. D. # _____ - _____ - _____<br>(Unless new location)<br>Facility Name _____<br>Street Address _____<br>Country _____ County _____<br>City _____ State _____ Zip _____<br>(Nearest)<br>Contact _____ Facility Phone# _____<br>Owner _____ Lessee _____ Consultant/Contractor _____<br>Site Latitude _____ Longitude _____ |

| III. OPERATOR OF TANKS   | IV. FUEL DELIVERY COMPANY   |
|--|---|
| Operator means any person in control of, or having responsibility for, the daily operation of the UST system.<br>Operator Name _____<br>(If same as section I, mark box here <input type="checkbox"/> )<br>Mailing Address _____<br>City _____ State _____ Zip _____<br>Country _____ Contact _____<br>Phone# _____ Email _____<br>Is Operator Training complete? _____ (attach certification) | Company Name _____<br>Mailing Address _____<br>City _____ State _____ Zip _____<br>Country _____ Contact _____<br>Phone # _____ Fax # _____<br>E-mail _____ |

## V. TYPE OF NOTIFICATION

If this is a new notification for this location, mark box here:       If this is an amended or subsequent notification for this location, mark box here:

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands:

Indicate number of **aboveground** storage tanks at this location:       Indicate number of **underground** storage tanks at this location:

## VII. DESCRIPTION OF ABOVEGROUND STORAGE TANKS (Complete for each tank at this location)

| Tank Identification #<br>Arbitrarily Assigned Sequential Number (e.g. 1a, 2a, 3a)  | Tank #<br>a | Tank #<br>a | Tank #<br>a | Tank #<br>a | Tank #<br>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>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.<br>(Notification Not Required) |             |             |             |             |             |
| <b>C. Tank History</b>   |             |             |             |             |             |
| 1. Date installed (month/day/year)   | / /         | / /         | / /         | / /         | / /         |
| 2. Date brought into operation by this owner (month/day/year)  | / /         | / /         | / /         | / /         | / /         |
| <b>D. Tank Estimated Total Capacity (gallons)</b>  |             |             |             |             |             |

**CONTINUE ON NEXT PAGE**

**VII. DESCRIPTION OF ABOVEGROUND STORAGE TANKS (Complete for each tank at this location)**

| Tank Identification #<br>Arbitrarily Assigned Sequential Number (e.g. 1a, 2a, 3a)   | Tank #<br>a | Tank #<br>a | Tank #<br>a | Tank #<br>a | Tank #<br>a |
|---|-------------|-------------|-------------|-------------|-------------|
| <b>E. Substance Currently Stored</b> (Mark all that apply)  |             |             |             |             |             |
| 1. Petroleum  |             |             |             |             |             |
| a. Unleaded gasoline  |             |             |             |             |             |
| b. Mid-grade gasoline   |             |             |             |             |             |
| c. Premium gasoline   |             |             |             |             |             |
| d. Ethanol free gasoline  |             |             |             |             |             |
| e. Gasoline containing greater than 10% ethanol (please specify)  |             |             |             |             |             |
| f. 100% ethanol ( <b>Notification Not Required</b> )  |             |             |             |             |             |
| g. Ultra low sulfur gasoline  |             |             |             |             |             |
| h. On road diesel   |             |             |             |             |             |
| i. Off road diesel  |             |             |             |             |             |
| j. Diesel containing less than or equal to 20% biodiesel  |             |             |             |             |             |
| k. Diesel containing greater than 20% biodiesel (please specify)  |             |             |             |             |             |
| l. 100% biodiesel ( <b>Notification Not Required</b> )  |             |             |             |             |             |
| m. Kerosene   |             |             |             |             |             |
| n. Aviation fuel (JP-4, etc.)   |             |             |             |             |             |
| o. Used oil   |             |             |             |             |             |
| p. Virgin oil   |             |             |             |             |             |
| q. E-85   |             |             |             |             |             |
| r. B-20 biodiesel   |             |             |             |             |             |
| s. 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 tank less than 1,100 gal ( <b>Notification Not Required</b> )   |             |             |             |             |             |
| 8. Pipeline terminal tank, refinery terminal tank, rail and barge terminal tank, heating oil ( <b>Notification Not Required</b> ) |             |             |             |             |             |

**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  |             |

**Requirements for Trust Fund Eligibility**

**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 224-270-5655**

**The tank must be in substantial compliance with the applicable requirements below at the time of the discovery of the release with the following (For information call ADEM at (334) 274-4203).**

Spill Prevention Control & Countermeasure (SPCC) plan prepared by a registered professional engineer. NPDES or SID stormwater permit.

**The release must have occurred after August 1, 1993.**

**The tank cannot be owned by the state or federal government.**

## Notice of Temporary Closure

Submit this form to ADEM within 30 days of beginning temporary closure.

**Owners must meet the following requirements:**

- The tank must be emptied (less than 1 inch of residue)
- Product may be left in the tank, but only if release detection systems continue to be operated.
- Vent lines must remain open and functioning
- All other lines, pumps, manways, and ancillary equipment must be capped and secured
- Continue to operate and maintain **corrosion protection systems**

Return to:  
ADEM  
Groundwater Branch  
Post Office Box 301463  
Montgomery, Alabama 36130  
Fax: 334-270-5631  
E-mail: ustcompliance@adem.alabama.gov

| I. OWNERSHIP OF TANK(S)   | II. LOCATION OF TANK(S)   |
|---|---|
| <p>Owner Name (Corporation, Individual, Public Agency, or Other Entity)</p> <hr/> <p>Mailing Address</p> <hr/> <p>City <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip Code</span></p> <hr/> <p>Country <span style="margin-left: 100px;">Contact</span> <span style="margin-left: 100px;">Owner/Lessee/Consultant</span></p> <hr/> <p>_ Area Code <span style="margin-left: 80px;">Phone Number</span> <span style="margin-left: 100px;">Email</span></p> | <p>Facility I. D. Number</p> <hr/> <p>Facility Name or Company Site Identifier, as applicable <span style="float: right;">Contact</span></p> <hr/> <p>Street, County Road, Highway, or State Road, as applicable</p> <hr/> <p>County <span style="margin-left: 250px;">Country</span></p> <hr/> <p>City(Nearest) <span style="margin-left: 200px;">State</span> <span style="margin-left: 100px;">Zip Code</span></p> |

### III. TANK(S) TEMPORARILY CLOSED

|     | Unique Tank # (if registered) | Date last used | Tank Size | Grade | Amount Remaining in Tank (inches) |
|-----|-------------------------------|----------------|-----------|-------|-----------------------------------|
| 1.  |                               |                |           |       |                                   |
| 2.  |                               |                |           |       |                                   |
| 3.  |                               |                |           |       |                                   |
| 4.  |                               |                |           |       |                                   |
| 5.  |                               |                |           |       |                                   |
| 6.  |                               |                |           |       |                                   |
| 7.  |                               |                |           |       |                                   |
| 8.  |                               |                |           |       |                                   |
| 9.  |                               |                |           |       |                                   |
| 10. |                               |                |           |       |                                   |

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ADEM ANNUAL STATISTICAL INVENTORY RECONCILIATION (SIR) 30 DAY RESULTS SUMMARY REPORT FOR YEAR \_\_\_\_\_

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

|                                 |                                 |
|---------------------------------|---------------------------------|
| Site Name:                      | Owner:                          |
| Address:                        | Address:                        |
| City, State, Zip Code, Country: | City, State, Zip Code, Country: |
| Facility I.D. #: _____          | Is tester same as owner? _____  |
| SIR Vendor: _____               | Tester Company: _____           |
| SIR Vendor Contact: _____       | SIR Vendor Phone # _____        |
|                                 | SIR Version: _____              |

- Site Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Instructions**
- Submit a completed copy of this form for all tanks using the SIR method by **January 31st** of each year to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
  - This form allows you to record up to 3 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
  - For 'Leak Threshold', 'Minimum Detectable Leak Rate', and 'Estimated Leak Rate', values must be in gallons per hour (gph).

### Annual Summary of 30 Day SIR Vendor Results

| M<br>O<br>N<br>T<br>H | ADEM Unique Tank # _____ Product: _____ |                     |                           |                  |                  |                       | ADEM Unique Tank # _____ Product: _____ |                     |                           |                  |                  |                       | ADEM Unique Tank # _____ Product: _____ |                     |                           |                  |                  |                       |
|-----------------------|---|---------------------|---------------------------|------------------|------------------|-----------------------|---|---------------------|---------------------------|------------------|------------------|-----------------------|---|---------------------|---------------------------|------------------|------------------|-----------------------|
|                       | Min. Detectable Leak Rate (MDL)         | Leak Threshold (LT) | Estimated Leak Rate (ELR) | P<br>a<br>s<br>s | F<br>a<br>i<br>l | I<br>n<br>c<br>o<br>n | Min. Detectable Leak Rate (MDL)         | Leak Threshold (LT) | Estimated Leak Rate (ELR) | P<br>a<br>s<br>s | F<br>a<br>i<br>l | I<br>n<br>c<br>o<br>n | Min. Detectable Leak Rate (MDL)         | Leak Threshold (LT) | Estimated Leak Rate (ELR) | P<br>a<br>s<br>s | F<br>a<br>i<br>l | I<br>n<br>c<br>o<br>n |
| 1                     |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |
| 2                     |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |
| 3                     |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |
| 4                     |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |
| 5                     |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |
| 6                     |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |
| 7                     |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |
| 8                     |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |
| 9                     |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |
| 10                    |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |
| 11                    |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |
| 12                    |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |   |                     |                           |                  |                  |                       |

### Reporting and Recordkeeping Requirements

- If any 30 Day SIR Vendor Results indicate a "fail" or "inconclusive" for any tank system, you are required to:
  - Perform an investigation of all tank systems that SIR Vendor indicates a "fail" or "inconclusive" within 7 days after receipt of the 30 Day SIR Vendor Results.
- If above investigation indicates that a suspected release caused the tank system(s) "fail" or "inconclusive", you are also required to:
  - Report a suspected release to ADEM at 334/270-5655 within 24 hours after completion of investigation;
  - Perform a tightness test on tank system(s) with a suspected release within 7 days after receipt of 30 Day SIR Vendor Results;
  - Submit system tightness test results, results of investigation and completed ADEM 30 Day SIR Log to ADEM within 10 days after receipt of 30 Day SIR Vendor Results.
- If above investigation indicates that factors other than a suspected release caused the tank system(s) "fail" or "inconclusive", you are only required to:
  - Submit results of investigation and completed ADEM 30 Day SIR Log to ADEM within 10 days after receipt of 30 Day SIR Vendor Results.
- If above investigation indicates that factors other than a suspected release caused the tank system(s) "fail" or "inconclusive", and a second consecutive 30 Day SIR Vendor Results indicates that the same tank system did not "pass" ("fail" or "inconclusive"), you are required to:
  - Report a suspected release to ADEM at 334/270-5655 within 24 hours of receipt of the second 30 Day SIR Vendor Results;
  - Perform a tightness test on the tank system(s), where 30 Day SIR Vendor Results indicated the same tank system(s) did not "pass", within 7 days after receipt of the second 30 Day SIR Vendor Results;
  - Submit system tightness test results and completed ADEM 30 Day SIR Log to ADEM within 10 days after receipt of the second 30 Day SIR Vendor Results that indicated the same tank system(s) did not "pass".
- A record copy of the Leak Threshold (LT), Minimum Detectable Leak Rate (MDL), and Estimated Leak Rate (ELR) must be kept on file for each tank until the next 30 day SIR Vendor Results are received. If the 30 day SIR Vendor Results are not on record, the tank system(s) is not in compliance with leak detection requirements for that 30 day period.

Reason for Not Test: \_\_\_\_\_ Repairs Needed: \_\_\_\_\_

### Certification

I certify under penalty of law that I am familiar with the information submitted on this form, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Signature of owner/operator: \_\_\_\_\_ Date: \_\_\_\_\_

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
CATHODIC PROTECTION MONITORING FORM FOR *IMPRESSED CURRENT SYSTEMS***

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

1. Impressed Current cathodic protection systems must be tested:
  - a. In accordance with the latest edition code of practice established by the National Association of Corrosion Engineers (TM0101),
  - b. By a qualified cathodic protection tester within 1 month of installation and repair of any portion of the UST system, and every 3 years.
2. Please use photocopies of the appropriate pages if you have more than 4 tanks at any one location.
3. Please remove all pages that do not apply to the site.
4. Submit a completed form for all tanks and piping using cathodic protection within 30 days of completing the test by fax to (334) 270-5631, by e-mail to david.batchelor@adem.alabama.gov, or by mail to: *Alabama Department of Environmental Management, Groundwater Branch/UST Compliance Section, Post Office Box 301463, Montgomery, AL 36130-1463.*
5. The UST owner is required to keep a record of these tests for 3 years from the date of the test on a form acceptable to the Department.

| Facility Information                        | Reason Testing Was Conducted (mark only one)                         |
|---|--|
| Site Name:                                  | <input type="checkbox"/> Routine test within 1 month of installation |
| Address: City, County, State, Zip, Country: | <input type="checkbox"/> Routine 3-year test                         |
| Site Latitude Longitude                     | <input type="checkbox"/> Test within 1 month of repair               |
| Owner Information                           | General Information  |
| Owner:                                      | Date of Testing:   |
| Address:                                    | Temperature:   |
| City, State, Zip Code, Country:             | Weather Conditions:  |
| Phone Number: Fax: Email:                   | Tank Backfill Material:  |

**Underground Storage Tank Facility Site Drawing**

1. In the space below, sketch the important parts of the facility such as tanks, manways, fill pipes, tank monitor, vapor recovery connections, piping, vents, drilled test ports, anodes, rectifier box, anode shunt box, pump islands, and buildings.
2. Indicate reference cell locations using location code "R" and sequential numbers (e.g. R1, R2) and structure contact points using the location code "S" and sequential numbers (e.g. S1, S2) as used in the tables on the following pages.
3. For each tank, include ADEM unique tank number and/or product stored. Use the letter and number designations from the tables on the following pages to indicate reference cell locations and structure contact locations used for each measurement.



| Facility I.D.# _____ - _____ - _____   |   | CPTEST                                      |   |   |
|--|---|---|---|---|
| Underground Storage Tanks Continuity Test Results (Impressed Current Systems)  |   |   |   |   |
| 1. The "Location Code" must be used to locate the reference cell and structure contact points on the drawing of the facility as discussed on page 1.<br>2. Record continuity test measurements using the "Fixed Cell, Moving Ground Technique", or the structure-to-structure "Potential Difference Technique".<br>3. When using the "Fixed Cell, Moving Ground Technique":<br>a. The reference cell must be placed in the soil at a location remote from the UST system (not within potential gradient of anodes or shielded by other tanks or structures) and left undisturbed until continuity testing is completed.<br>b. Only "Instant-Off Potential" measurements should be used to determine continuity.<br>4. When using the structure-to-structure "Potential Difference Technique", power to the rectifier should be turned off.<br>5. If a continuity method fails to conclusively show continuity, another method may be used. If another method indicates continuity, the system passes.<br>6. Metallic structures are <u>continuous</u> when the "Instant-Off Potential" or "Off Potential" difference between two structures is 10 mv or less, <u>isolated</u> when greater than 10 mv.<br>7. All single and double wall metal tanks and piping, and all other metallic tank system structures which routinely contain product, <b>must be continuous with each other in order to pass the continuity test.</b> |   |   |   |   |
| Location Code  | Reference Cell Location and Structure Contact Points (Check all available points) | On or Off Potential ❶ (negative millivolts) | Instant-Off Potential ❷ (negative millivolts) | Results/Comments (Mark the one that does NOT apply) |
| R 1  | _____*  |   |   |   |
| Tank (# _____), ADEM Unique Tank # and/or Grade of Product Stored _____, Size in Gallons _____   |   |   |   |   |
| S _____  | (Tank bottom)(test lead)(_____)**   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Submersible pump  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Fill pipe   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Tank monitor  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Vapor recovery connection   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Vent line   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Rectifier Negative  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv  | - mv  | (continuous) (isolated)                             |
| Tank (# _____), ADEM Unique Tank # and/or Grade of Product Stored _____, Size in Gallons _____   |   |   |   |   |
| S _____  | (Tank bottom)(test lead)(_____)**   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Submersible pump  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Fill pipe   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Tank monitor  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Vapor recovery connection   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Vent line   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Rectifier Negative  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv  | - mv  | (continuous) (isolated)                             |
| Tank (# _____), ADEM Unique Tank # and/or Grade of Product Stored _____, Size in Gallons _____   |   |   |   |   |
| S _____  | (Tank bottom)(test lead)(_____)**   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Submersible pump  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Fill pipe   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Tank monitor  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Vapor recovery connection   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Vent line   | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Rectifier Negative  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv  | - mv  | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv  | - mv  | (continuous) (isolated)                             |

❶ Record "On Potential" when using "Applied Current Technique" and "Off Potential" when using structure-to-structure "Potential Difference Technique".  
 ❷ The lowest reading observed during a 2.5 or 3 second power interruption. Not required for structure-to-structure "Potential Difference Technique".  
 \*Describe reference cell location for "Fixed Cell, Moving Ground Technique". N/A for structure-to-structure "Potential Difference Technique".  
 \*\*Indicate base structure contact point. Mark all that do NOT apply. Make sure tank is not internally lined before using tank bottom.  
 \*\*\*Describe location of any other contact points measured.

**Facility I.D.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CPTTEST**

**Underground Storage Tanks Structure-to-Soil Test Results (Impressed Current Systems)**

1. The "Location Code" must be used to locate the reference cell and structure contact points on the drawing of the facility as discussed on page 1.
2. For tanks, a minimum of 3 voltage measurements must be taken; one while the reference cell is placed in the soil as close to the middle of the tank as possible and the others while the reference cell is placed in the soil as close as possible to each end of the tank (but not directly over anodes).
3. **All single and double wall metal tanks and piping, and all metallic tank system structures which routinely contain product, must have "Instant-Off Voltage" measurements equal to or more negative than -850 mv, or have "Voltage Change" differences of at least 100 mv to be protected from corrosion and pass the structure-to-soil test.**

| Location Code | Structure Contact Point and Reference Cell Locations | On Voltage (negative millivolts) | Instant-Off Voltage <sup>①</sup> (negative millivolts) | Ending Voltage <sup>②</sup> or Native Voltage <sup>③</sup> (negative millivolts) | Voltage Change <sup>④</sup> (millivolts) | Results (Mark the one that does NOT apply) |
|---------------|--|----------------------------------|--|--|--|--|
|---------------|--|----------------------------------|--|--|--|--|

Tank (# \_\_\_\_\_)

|         |                                   |      |      |      |      |               |
|---------|-----------------------------------|------|------|------|------|---------------|
| S _____ | (Tank bottom)(test lead)(_____)*  |      |      |      |      |               |
| R _____ | Soil near submersible pump manway | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near tank monitor manway     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near vapor recovery manway   | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near vent riser              | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |

Tank (# \_\_\_\_\_)

|         |                                   |      |      |      |      |               |
|---------|-----------------------------------|------|------|------|------|---------------|
| S _____ | (Tank bottom)(test lead)(_____)*  |      |      |      |      |               |
| R _____ | Soil near submersible pump manway | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near tank monitor manway     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near vapor recovery manway   | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near vent riser              | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |

Tank (# \_\_\_\_\_)

|         |                                   |      |      |      |      |               |
|---------|-----------------------------------|------|------|------|------|---------------|
| S _____ | (Tank bottom)(test lead)(_____)*  |      |      |      |      |               |
| R _____ | Soil near submersible pump manway | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near tank monitor manway     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near vapor recovery manway   | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near vent riser              | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |

Tank (# \_\_\_\_\_)

|         |                                   |      |      |      |      |               |
|---------|-----------------------------------|------|------|------|------|---------------|
| S _____ | (Tank bottom)(test lead)(_____)*  |      |      |      |      |               |
| R _____ | Soil near submersible pump manway | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near tank monitor manway     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near vapor recovery manway   | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Soil near vent riser              | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |
| R _____ | Other _____**                     | - mv | - mv | - mv | + mv | (pass) (fail) |

① The lowest reading observed during a 2.5 or 3 second power interruption.  
 ② After power interruption, the first reading that is at least 100 mv lower than the "Instant-Off Voltage" measurement.  
 ③ The structure-to-soil potential prior to cathodic protection being applied. This may only be used to determine the "Voltage Change" at startup of the corrosion protection system.  
 ④ The difference between the "Instant-Off Voltage" and the "Ending Voltage" or "Native Voltage".  
 \*Indicate base structure contact point. Mark all that do NOT apply. *Make sure tank is not internally lined before using tank bottom.*  
 \*\*Describe location of any other reference cell locations used.

| Facility I.D.# _____ - _____ - _____   |   | CPTST  |  |   |            |
|--|---|--|--|---|------------|
| Underground Metal Product Piping Continuity Test Results (Impressed Current Systems)   |   |  |  |   |            |
| 1. The "Location Code" must be used to locate the reference cell and structure contact points on the drawing of the facility as discussed on page 1.<br>2. Record continuity test measurements using the "Fixed Cell, Moving Ground Technique", or the structure-to-structure "Potential Difference Technique".<br>3. When using the "Fixed Cell, Moving Ground Technique":<br>a. The reference cell must be placed in the soil at a location remote from the UST system (not within potential gradient of anodes or shielded by other tanks or structures) and left undisturbed until continuity testing is completed.<br>b. Only "Instant-Off Potential" measurements should be used to determine continuity.<br>4. When using the structure-to-structure "Potential Difference Technique", power to the rectifier should be turned off.<br>5. If a continuity method fails to conclusively show continuity, another method may be used. If another method indicates continuity, the system passes.<br>6. Metallic structures are <u>continuous</u> when the "Instant-Off Potential" or "Off Potential" difference between two structures is 10 mv or less, <u>isolated</u> when greater than 10 mv.<br>7. All single and double wall metal tanks and piping, and all other metallic tank system structures which routinely contain product, <u>must be continuous with each other in order to pass the continuity test.</u> |   |  |  |   |            |
| Location Code  | Reference Cell Location and Structure Contact Points (Check all available points) | On or Off Potential <sup>1</sup> (negative millivolts) | Instant-Off Potential <sup>2</sup> (negative millivolts) | Results/Comments (Mark the one that does NOT apply) |            |
| R 1  | _____*  |  |  |   |            |
| Tank (# _____), Metal Piping, Type of Metal (steel) (copper)( _____ ) Approximate Length of Piping in Feet _____   |   |  |  |   |            |
| S _____  | (Tank bottom)(test lead)( _____)**  | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | Other _____***  | - mv   | - mv   | (continuous)  | (isolated) |
| Tank (# _____), Metal Piping, Type of Metal (steel) (copper)( _____ ) Approximate Length of Piping in Feet _____   |   |  |  |   |            |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | Other _____***  | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | Other _____***  | - mv   | - mv   | (continuous)  | (isolated) |
| Tank (# _____), Metal Piping, Type of Metal (steel) (copper)( _____ ) Approximate Length of Piping in Feet _____   |   |  |  |   |            |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | Other _____***  | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | Other _____***  | - mv   | - mv   | (continuous)  | (isolated) |
| Tank (# _____), Metal Piping, Type of Metal (steel) (copper)( _____ ) Approximate Length of Piping in Feet _____   |   |  |  |   |            |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | Other _____***  | - mv   | - mv   | (continuous)  | (isolated) |
| S _____  | Other _____***  | - mv   | - mv   | (continuous)  | (isolated) |

<sup>1</sup> Record "On Potential" when using "Applied Current Technique" and "Off Potential" when using structure-to-structure "Potential Difference Technique".  
<sup>2</sup> The lowest reading observed during a 2.5 or 3 second power interruption. Not required for structure-to-structure "Potential Difference Technique".  
 \*Describe reference cell location for "Fixed Cell, Moving Ground Technique". N/A for structure-to-structure "Potential Difference Technique".  
 \*\*Indicate piping and/or flex connector. Mark any that do NOT apply.  
 \*\*\*Describe location of any other contact points measured.

Facility I.D.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CPTTEST

**Underground Metal Product Piping Structure-to-Soil Test Results (Impressed Current Systems)**

1. The "Location Code" must be used to locate the reference cell and structure contact points on the drawing of the facility as discussed on page 1.
2. Piping voltage measurements should be taken with the reference cell in the soil at both ends of the piping run (but not directly over anodes), and if the run is longer than 100 feet, in the soil as close as possible to the middle of the piping run (but not directly over anodes).
3. All single and double wall metal tanks and piping, and all metallic tank system structures which routinely contain product, must have "Instant-Off Voltage" measurements equal to or more negative than -850 mv, or have "Voltage Change" differences of at least 100 mv to be protected from corrosion and pass the structure-to-soil test.

| Location Code                      | Structure Contact Point and Reference Cell Locations | On Voltage (negative millivolts) | Instant-Off Voltage <sup>①</sup> (negative millivolts) | Ending Voltage <sup>②</sup> or Native Voltage <sup>③</sup> (negative millivolts) | Voltage Change <sup>④</sup> (millivolts) | Results (Mark the one that does NOT apply) |
|------------------------------------|--|----------------------------------|--|--|--|--|
| <b>Tank (# _____) Metal Piping</b> |  |                                  |  |  |  |  |
| S _____                            | (Tank bottom)(test lead)(_____)*                     |                                  |  |  |  |  |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil at middle of piping run                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Other _____**  | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| <b>Tank (# _____) Metal Piping</b> |  |                                  |  |  |  |  |
| S _____                            | (Tank bottom)(test lead)(_____)*                     |                                  |  |  |  |  |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil at middle of piping run                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Other _____**  | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| <b>Tank (# _____) Metal Piping</b> |  |                                  |  |  |  |  |
| S _____                            | (Tank bottom)(test lead)(_____)*                     |                                  |  |  |  |  |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil at middle of piping run                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Other _____**  | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| <b>Tank (# _____) Metal Piping</b> |  |                                  |  |  |  |  |
| S _____                            | (Tank bottom)(test lead)(_____)*                     |                                  |  |  |  |  |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil under dispenser # _____                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Soil at middle of piping run                         | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |
| R _____                            | Other _____**  | - mv                             | - mv   | - mv   | + mv                                     | (pass) (fail)                              |

① The lowest reading observed during a 2.5 or 3 second power interruption.  
 ② After power interruption, the first reading that is at least 100 mv lower than the "Instant-Off Voltage" measurement.  
 ③ The structure-to-soil potential prior to cathodic protection being applied. This may only be used to determine the "Voltage Change" at startup of the corrosion protection system.  
 ④ The difference between the "Instant-Off Voltage" and the "Ending Voltage" or "Native Voltage".  
 \*Indicate base structure contact point. Mark all that do NOT apply. Make sure tank is not internally lined before using tank bottom.  
 \*\*Describe location of any other reference cell location used.





**ADEM**  
**IMPRESSED CURRENT CATHODIC PROTECTION SYSTEM**  
**60-DAY INSPECTION LOG FOR YEAR \_\_\_\_\_**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

**Owner Information**

|   |   |
|---|---|
| Site Name:                              | Owner:  |
| Address:                                | Address:  |
| City, County, Zip Code, State, Country: | City, State, Zip Code, Country:                         |
| Facility I.D. Number:                   | Phone Number: <span style="float: right;">Email:</span> |
| Site Latitude _____ Longitude _____     | <b>Rectifier Information</b>                            |

|                                    |                                 |
|------------------------------------|---------------------------------|
| Location of Rectifier at Facility: | Rectifier Design Output (Amps): |
|------------------------------------|---------------------------------|

**INSPECTION LOG**

Inspections are required at least every 60 days.

**PLEASE NOTE: If the rectifier is turned on and the volt and/or amp reading recorded below is zero, immediately contact a cathodic protection tester or expert to repair the cathodic protection system.**

| 60 Day Inspection | Date Inspected | Inspector Initials | Rectifier Turned On? | Rectifier DC Output |      | Rectifier Clock Reading (Hours) |
|-------------------|----------------|--------------------|----------------------|---------------------|------|---------------------------------|
|                   |                |                    |                      | Volts               | Amps |                                 |
| January           |                |                    |                      |                     |      |                                 |
| February          |                |                    |                      |                     |      |                                 |
| March             |                |                    |                      |                     |      |                                 |
| April             |                |                    |                      |                     |      |                                 |
| May               |                |                    |                      |                     |      |                                 |
| June              |                |                    |                      |                     |      |                                 |
| July              |                |                    |                      |                     |      |                                 |
| August            |                |                    |                      |                     |      |                                 |
| September         |                |                    |                      |                     |      |                                 |
| October           |                |                    |                      |                     |      |                                 |
| November          |                |                    |                      |                     |      |                                 |
| December          |                |                    |                      |                     |      |                                 |

| Date of any Repairs | Description of any Repairs |
|---------------------|----------------------------|
|                     |                            |
|                     |                            |
|                     |                            |
|                     |                            |
|                     |                            |
|                     |                            |
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**Comments**

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**ADEM  
MANUAL INTERSTITIAL MONITORING  
MONTHLY LOG FOR YEAR \_\_\_\_\_**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

**Owner Information**

|                             |   |
|-----------------------------|---|
| Site Name:                  | Owner:                                    |
| Address:                    | Address:                                  |
| City, County, Zip, Country: | City, State, Zip:                         |
| Facility I.D. Number:       | Phone Number:                      Email: |

**Tank System Information**

|  |   |
|--|---|
| Unique Tank Number:  | Type of Product in Tank:  |
| Tank Size:   | Double Wall Piping, check one: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Tank Material, check one: <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass | Piping Material, check one: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass |

**INTERSTITIAL MONITORING LOG**

- For Sumps and Tank Interstitial Space (if applicable): Designate "P" for product, "W" for water, "P" and "W" for both, and "D" for dry.
- If "P" or "W" or both are indicated, include depth of each in inches.

| Month     | Date Monitored | Monitor's Initials | Tank Interstitial Space | Piping Sump #1 | Piping Sump #2 (if applicable) | Dispenser Sump (if applicable) |
|-----------|----------------|--------------------|-------------------------|----------------|--------------------------------|--------------------------------|
| January   |                |                    |                         |                |                                |                                |
| February  |                |                    |                         |                |                                |                                |
| March     |                |                    |                         |                |                                |                                |
| April     |                |                    |                         |                |                                |                                |
| May       |                |                    |                         |                |                                |                                |
| June      |                |                    |                         |                |                                |                                |
| July      |                |                    |                         |                |                                |                                |
| August    |                |                    |                         |                |                                |                                |
| September |                |                    |                         |                |                                |                                |
| October   |                |                    |                         |                |                                |                                |
| November  |                |                    |                         |                |                                |                                |
| December  |                |                    |                         |                |                                |                                |

| Date of any Repairs or Tightness Tests | Description of any Repairs or Tightness Tests |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |
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|  |   |
|  |   |

**Comments  
(Include information on liquid removal and disposal from sumps, if applicable.)**

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**ADEM  
30 DAY STATISTICAL INVENTORY RECONCILIATION (SIR) LOG  
FOR THE PERIOD FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

|                             |   |
|-----------------------------|---|
| Site Name:                  | Owner:  |
| Address:                    | Address:  |
| City, County, Zip, Country: | City, State, Zip, Country:                                    |
| Facility I.D. #:            | Phone #: <span style="float:right">Latitude/Longitude:</span> |
| SIR Vendor:                 | SIR Vendor Phone #:   |
| SIR Vendor Contact:         | SIR Version:  |

**Instructions**

1. When required by the **Reporting and Recordkeeping Requirements** section below, submit a completed copy of this form to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
2. This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
3. The SIR method used must be approved by ADEM. Visit the NWGLDE website at [www.nwglde.org](http://www.nwglde.org) to view a list of release/leak detection equipment/methods that ADEM approves for use in Alabama. Each SIR method listing includes the third-party certified leak rate\* and threshold\*.
4. If, for any reason, the test is neither "pass" nor "fail", the "inconclusive" column must be checked under the "30 Day SIR Vendor Results" below.
5. For "Leak Threshold", "Minimum Detectable Leak Rate", and "Estimated Leak Rate", values must be in gallons per hour (gph).
6. Keep a record copy of 30 Day SIR Vendor Results until the next 30 Day SIR Vendor Results are received.

**30 Day SIR Vendor Results**

| Tank               |               |                         | This 30 Day Period         |  |                         |                               |                         |                         |                              | Last 30 Day Period      |                         |                              |
|--------------------|---------------|-------------------------|----------------------------|--|-------------------------|-------------------------------|-------------------------|-------------------------|------------------------------|-------------------------|-------------------------|------------------------------|
| ADEM Unique Tank # | Tank Contents | Tank Capacity (gallons) | No. Days of Inventory Data | Minimum Detectable Leak Rate (MDL) (1) | Leak Threshold (LT) (2) | Estimated Leak Rate (ELR) (3) | P<br>a<br>s<br>s<br>(4) | F<br>a<br>i<br>l<br>(5) | I<br>n<br>c<br>o<br>n<br>(6) | P<br>a<br>s<br>s<br>(4) | F<br>a<br>i<br>l<br>(5) | I<br>n<br>c<br>o<br>n<br>(6) |
|                    |               |                         |                            |  |                         |                               |                         |                         |                              |                         |                         |                              |
|                    |               |                         |                            |  |                         |                               |                         |                         |                              |                         |                         |                              |
|                    |               |                         |                            |  |                         |                               |                         |                         |                              |                         |                         |                              |
|                    |               |                         |                            |  |                         |                               |                         |                         |                              |                         |                         |                              |
|                    |               |                         |                            |  |                         |                               |                         |                         |                              |                         |                         |                              |

- (1) The Minimum Detectable Leak Rate (MDL) is the smallest leak rate the SIR vendor can determine which meets the required minimum probability of detection of 95% using 30 days of inventory data provided to the SIR vendor.
- (2) The Leak Threshold (LT) is one-half the Minimum Detectable Leak Rate (MDL).
- (3) The Estimated Leak Rate (ELR) is the amount the tank appears to be losing that is calculated by the SIR vendor using 30 days of inventory data provided to the SIR vendor.
- (4) A "pass" occurs when the ELR is less than the LT and the MDL is less than or equal to the third-party certified leak rate.
- (5) An "inconclusive" occurs when the MDL is greater than the third-party certified leak rate.
- (6) A "fail" occurs when the ELR is greater than or equal to the LT and the MDL is less than or equal to the third-party certified leak rate.

**Reporting and Recordkeeping Requirements**

1. If any 30 Day SIR Vendor Results indicate a "fail" or "inconclusive" for any tank system, you are required to:
  - (a) Perform an investigation of all tank systems that SIR Vendor indicates a "fail" or "inconclusive" within 7 days after receipt of the 30 Day SIR Vendor Results.
2. If above investigation indicates that a suspected release caused the tank system(s) "fail" or "inconclusive", you are also required to:
  - (a) Report a suspected release to ADEM at 334/270-5655 within 24 hours after completion of investigation;
  - (b) Perform a tightness test on tank system(s) with a suspected release within 7 days after receipt of 30 Day SIR Vendor Results;
  - (c) Submit system tightness test results, results of investigation and completed ADEM 30 Day SIR Log to ADEM within 10 days after receipt of 30 Day SIR Vendor Results.
3. If above investigation indicates that factors other than a suspected release caused the tank system(s) "fail" or "inconclusive", you are only required to:
  - (a) Submit results of investigation and completed ADEM 30 Day SIR Log to ADEM within 10 days after receipt of 30 Day SIR Vendor Results.
4. If above investigation indicates that factors other than a suspected release caused the tank system(s) "fail" or "inconclusive", and a second consecutive 30 Day SIR Vendor Results indicates that the same tank system did not "pass" ("fail" or "inconclusive"), you are required to:
  - (a) Report a suspected release to ADEM at 334/270-5655 within 24 hours of receipt of the second 30 Day SIR Vendor Results;
  - (b) Perform a tightness test on the tank system(s), where 30 Day SIR Vendor Results indicated the same tank system(s) did not "pass", within 7 days after receipt of the second 30 Day SIR Vendor Results;
  - (c) Submit system tightness test results and completed ADEM 30 Day SIR Log to ADEM within 10 days after receipt of the second 30 Day SIR Vendor Results that indicated the same tank system(s) did not "pass".
5. A record copy of the Leak Threshold (LT), Minimum Detectable Leak Rate (MDL), and Estimated Leak Rate (ELR) must be kept on file for each tank until the next 30 day SIR Vendor Results are received. If the 30 day SIR Vendor Results are not on record, the tank system(s) is not in compliance with leak detection requirements for that 30 day period.

**Certification**

I certify under penalty of law that I am familiar with the information submitted on this form and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the information is true, accurate, and complete.

Signature of owner/operator: \_\_\_\_\_ Date: \_\_\_\_\_

# Notice of Intent to Permanently Close Underground Storage Tanks or Piping

Submit this form 30 days in advance when notifying ADEM of intent to permanently close UST's.

Return to:

ADEM  
Groundwater Branch  
Post Office Box 301463  
Montgomery, Alabama 36130

Or send by email to:  
USTCompliance@adem.alabama.gov

- For closures of tanks and/ or piping a closure site assessment (ADEM Form 474) is required within 45 days
- If replacing piping only, submittal of ADEM Form 423 is required prior to new piping installation
- Discovery of new releases must be reported to ADEM within 24 hours (334) 270-5655

Date of Notice:

- Tank(s) & Piping     Piping Only  
 Tank(s) only

Scheduled Date of closure:

## I. OWNERSHIP OF TANK(S)

## II. LOCATION OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Facility I. D. Number

Mailing Address

Facility Name or Company Site Identifier, as applicable

City State Country Zip  
Code

Street, County Road, Highway, or State Road, as applicable

Contact Email

County

Area Code Phone Number Fax

City(Nearest) State Country Zip Code  
Site Latitude Longitude

## III. CERTIFIED CONTRACTOR

Certified Closure Contractor Name

Certification Expiration Date

Company Name

## IV. TANK(S) TO BE CLOSED

|    | Unique Tank # (if registered) | Tank Size | Tank Contents |
|----|-------------------------------|-----------|---------------|
| 1. |                               |           |               |
| 2. |                               |           |               |
| 3. |                               |           |               |
| 4. |                               |           |               |
| 5. |                               |           |               |
| 6. |                               |           |               |
| 7. |                               |           |               |
| 8. |                               |           |               |

Owner signature

(Please type or use black ink)

## ADEM NOTICE OF PROPOSED UNDERGROUND STORAGE TANK (UST) SYSTEM NEW INSTALLATION OR MODIFICATION

(Use a separate form for each separate place of operation)

Date of this Notice: \_\_\_\_\_

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.

### PART I. GENERAL INFORMATION

Facility I. D. # \_\_\_\_\_

(Indicate as unregistered if new place of operation)

Facility County and Country: \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

GPS Lat: \_\_\_\_\_ Long: \_\_\_\_\_ or  Map Attached

Scheduled Installation Date: \_\_\_\_\_

**(30 DAYS ADVANCE NOTICE REQUIRED)**

UST Owner: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City/State/Area/Zip \_\_\_\_\_ Country \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**IMPORTANT!: The Department requires double walled USTs and underground piping with interstitial monitoring as a leak detection method to prevent leaks from all UST systems installed on or after August 6, 2007. UST systems installed without meeting these requirements and not approved by the Department will be required to be permanently closed.**

**THE INSTALLATION OF ANY OF THE FOLLOWING REQUIRES SUBMITTAL OF PLANS AND SPECIFICATIONS COVERING THE APPROPRIATE ITEM(S) LISTED BELOW. THE PLANS AND SPECIFICATIONS MUST BEAR THE SEAL OR NUMBER OF A REGISTERED PROFESSIONAL ENGINEER, OR A CORROSION EXPERT (NACE CERTIFIED CORROSION SPECIALIST) IN THE CASE OF FIELD INSTALLED CATHODIC PROTECTION.**

Specifications must include the Manufacturer, Model and Version of any proposed anchorage system and/or liquid or vapor sensor release detection equipment.

**PLEASE INDICATE IF ANY OF THE ITEMS BELOW APPLY AT THIS SITE.**

- Field Installed Cathodic Protection System will be installed.
- Groundwater Monitoring System will be installed.
- Vapor Monitoring System will be installed.
- UST(s) will be installed in such a way that the UST(s) will be wholly or partially submerged during any part of the year. **UST anchoring plans and specifications are required UNLESS** the manufacturer's standard design was submitted by a Registered Professional Engineer and pre-approved by the Department.
- DESIGN PLANS AND SPECIFICATIONS ATTACHED**
- MANUFACTURER'S DESIGN WAS PRE-APPROVED BY ADEM**
- Name of UST manufacturer: \_\_\_\_\_
- Number of brochure which includes standard design: \_\_\_\_\_
- Date of Brochure: \_\_\_\_\_

#### AIR DIVISION REQUIREMENTS

ADEM Air Division requires Stage I vapor recovery on all new installations of gasoline tank systems greater than or equal to 3000 gallons that were installed or upgraded after October 1, 1990. Stage I vapor recovery is NOT required for diesel tank systems. As of January 10, 2008, the coaxial vapor balance system is **no longer approved** on new installations of gasoline tank systems at gasoline dispensing facilities subject to 40 CFR Part 63, Subpart CCCCC.

All inquiries concerning this requirement should be directed to ADEM Air Division at (334)271-7861, except for facilities in Jefferson County (205-930-1247) and the city of Huntsville (256-427-5740).

- This is a new installation or upgrade that includes Stage I equipment.
- An ADEM Air Permit Application has been completed.**

## PART II. UST AND/OR UNDERGROUND PIPING INSTALLATION

### A. TANKS

1. Number of double walled tank system(s) to be installed: \_\_\_\_\_
2. Size of Tank(s): \_\_\_\_\_ gallons
3. Proposed use of Tank(s):
  - Petroleum products
  - Gasoline containing greater than 10% ethanol
  - Diesel containing greater than 20% biodiesel

**NOTE: Please complete and submit ADEM Form #562 for all UST systems storing greater than E10 or B20**

  - Waste oil
  - Virgin oil
  - Emergency power
  - Hazardous materials
  - Heating oil

**NOTE: Heating oil UST(s) are NOT regulated. Completion of this form is not required for heating oil UST(s).**

- Check if this is a new installation of UST release/leak detection equipment.

### B. UNDERGROUND PIPING

*Indicate all that apply:*

- Installation of double walled pressurized piping  
**NOTE: All pressurized piping installed on or after August 6, 2007 is required to use interstitial monitoring.**  
**NOTE: A repair of 5 feet of piping or more requires replacing the entire piping run with double walled piping and interstitial monitoring.**
- Installation of suction piping
- Installation of piping release and/or leak detection equipment
- Check if this is a new installation of piping that replaces existing piping.  
**NOTE: All piping replacements require submittal of the piping closure assessment portion of ADEM Form #474.**

## RELEASE/LEAK DETECTION

**ONLY RELEASE/LEAK DETECTION EQUIPMENT THAT HAS BEEN DETERMINED BY THE DEPARTMENT TO MEET MINIMUM RELEASE/LEAK DETECTION PERFORMANCE REQUIREMENTS MAY BE USED IN THE STATE OF ALABAMA.**

**Visit the NWGLDE website at [www.nwglde.org](http://www.nwglde.org) to view a list of release/leak detection equipment/methods that ADEM approves for use in Alabama.**

## TANKS

### **Leak detection equipment for USTs installed on or after August 6, 2007:**

- Monthly interstitial monitoring equipment: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

### **Release detection equipment/methods for USTs installed before August 6, 2007:**

- Automatic tank gauge (0.2 gph monthly static test)  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Probe Model: \_\_\_\_\_
- Continuous automatic tank gauge  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Probe Model: \_\_\_\_\_
- Monthly statistical inventory reconciliation (SIR) (0.2 gph)  
 SIR vendor: \_\_\_\_\_ Program: \_\_\_\_\_ Version: \_\_\_\_\_
- Monthly groundwater monitoring system (Plans and specifications required – see page 1)
- Monthly vapor monitoring system (Plans and specifications required – see page 1)

### **Additional release/leak detection equipment/method(s) used for USTs, but not required by ADEM regulations:**

- Equipment/method: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

### UNDERGROUND PRESSURIZED PIPING

Check one from **Each** of the following two groups

**Group I: Release detection equipment for all pressurized piping:**

- Mechanical line leak detector  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Automatic electronic like leak detector shutoff device  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Sump sensor relayed to automatically shut off the submersible pump  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

**Group II: Leak detection equipment for pressurized piping installed on or after August 6, 2007, interstitial monitoring is required:**

- Monthly interstitial monitoring equipment: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

**Group II: Release detection equipment/methods for pressurized piping installed before August 6, 2007:**

- Annual line testing (0.1 gph)
- Automatic electronic line leak detector testing (0.2 gph monthly or 0.1 gph annual test)  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Monthly groundwater monitoring system (Plans and specifications required – see page 1)
- Monthly vapor monitoring system (Plans and specifications required – see page 1)
- Monthly statistical inventory reconciliation (SIR) (0.2 gph)  
 SIR vendor: \_\_\_\_\_ Program: \_\_\_\_\_ Version: \_\_\_\_\_

**Additional release/leak detection equipment/method(s) used for Group I or Group II, but not required by ADEM regulations:**

- Equipment/Method: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

### UNDERGROUND SUCTION PIPING

**Suction piping installed as safe suction piping:**

- Safe suction piping

Only an option when the piping slopes towards the tank, there is only one check valve in each line and the check valve is directly below the pump. The check valve must be visible for inspection.

**NOTE: ADEM regulations allow piping installed as safe suction piping to be single walled.**

**Leak detection equipment for suction piping not installed as safe suction piping on or after August 6, 2007:**

- Interstitial monitoring equipment: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

**Release detection equipment for suction piping not installed as safe suction piping before August 6, 2007:**

- Line testing (0.1 gph) every 3 years
- Monthly groundwater monitoring (Plans and specifications required – see page 1)
- Monthly vapor monitoring (Plans and specifications required – see page 1)
- Monthly statistical inventory reconciliation (SIR) (0.2 gph)  
 SIR vendor: \_\_\_\_\_ Program: \_\_\_\_\_ Version: \_\_\_\_\_

### **UNDERGROUND SUCTION PIPING (cont'd)**

**Additional release/leak detection equipment/method(s) used, but not required by ADEM regulations:**

- Equipment/Method: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

### **UNDERGROUND GRAVITY FEED PIPING**

*No release/leak detection requirements*

### **MATERIALS OF CONSTRUCTION**

#### **USTS**

*Inspect interstice or check vacuum or liquid level in interstice in accordance with manufacturer's instructions after all construction has been completed, including paving, prior to bringing system into service.*

- Steel, factory coated with galvanic cathodic protection (*double walled*)  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Fiberglass (*double walled*)  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Steel, clad or jacketed with fiberglass (*double walled*)  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Steel, clad or jacketed with polyurethane in accordance with Steel Tank Institute (STI) ACT-100-U or equivalent standard (*double walled*)  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

### **UNDERGROUND PIPING**

*All new nonmetallic piping must meet the latest UL standard 971*

- Fiberglass (*double walled or single walled for safe suction*)  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Flexible underground piping (*double walled or single walled for safe suction*)  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Steel with secondary containment which provides an air filled annular space

### **UNDERGROUND FLEX CONNECTOR**

- Flexible connector  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Flexible underground piping (used as a flex connector)  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Other (please specify)  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

### **CORROSION PROTECTION**

**ALL METAL UST COMPONENTS WHICH ARE IN CONTACT WITH THE GROUND AND ROUTINELY CONTAIN PRODUCT MUST BE PROTECTED FROM CORROSION**

#### **TANKS**

- Factory coated with galvanic cathodic protection (e.g. STI P3 tank with sacrificial anodes)  
 Field installed cathodic protection (Plans and specifications required – see page 1)

#### **UNDERGROUND PIPING**

- Galvanic cathodic protection (e.g. sacrificial anodes)  
 Field installed cathodic protection (Plans and specifications required – see page 1)

### **SPILL PREVENTION**

- Single wall spill prevention equipment (spill bucket)  
 Double wall spill prevention equipment (spill bucket)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

### **OVERFILL PREVENTION**

- Automatic shutoff device (*flapper valve*)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

- High level alarm (*must alert fuel deliverer*)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Ball float vent valve (Beginning December 8, 2017, ball float vent valves may no longer be installed.)

### **UNDER DISPENSER CONTAINMENT**

*All dispensers installed on or after August 6, 2007 are required to have under dispenser containment that is accessible for annual inspections.*

- Under dispenser containment equipment

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

### **SUBMERSIBLE PUMP CONTAINMENT**

*All UST systems installed on or after August 6, 2007 are required to have secondary containment sumps that are accessible for annual inspections.*

- Single walled STP sump  
 Double walled STP sump

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_



### PART III. CERTIFIED CONTRACTOR

UST SYSTEMS MUST BE INSTALLED BY AN INDIVIDUAL CERTIFIED IN ACCORDANCE WITH ADEM ADMINISTRATIVE CODE RULE 335-6-15-.47. SUBPARAGRAPH (e) OF THIS RULE REQUIRES THESE INDIVIDUALS TO:

1. EXERCISE SUPERVISORY CONTROL DURING INSTALLATION,
2. BE PRESENT AT THE JOB SITE DURING CRITICAL JUNCTURES,
3. ENSURE THIS FORM IS SUBMITTED TO THE DEPARTMENT 30 DAYS PRIOR TO INSTALLATION/MODIFICATION.

**Visit the ALPEC Website at [www.alpec.net](http://www.alpec.net) or call ALPEC at 334 288-4103 to obtain a list of Alabama certified contractors.**

Certified Installer Name: \_\_\_\_\_

Certification Expiration Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Person Completing This Form: \_\_\_\_\_

Date: \_\_\_\_\_

### PART IV. OWNER SIGNATURE

A LETTER INDICATING DEPARTMENT APPROVAL OF THIS FORM AND ALL APPLICABLE DESIGN PLANS AND SPECIFICATIONS MUST BE RECEIVED BY THE UST OWNER PRIOR TO INITIATING CONSTRUCTION. IF THE TANK SYSTEM(S) ARE NOT INSTALLED OR MODIFIED WITHIN 6 MONTHS OF THIS NOTIFICATION, RE-NOTIFICATION IS REQUESTED. ALSO, RE-NOTIFICATION IS REQUIRED IF ANY DESIGN CHANGES ARE MADE AFTER RECEIVING DEPARTMENT APPROVAL.

WITHIN THIRTY (30) DAYS OF BRINGING THE NEW OR MODIFIED UST SYSTEM INTO SERVICE, A NEW OR AMENDED UST NOTIFICATION FORM #279 SHOULD BE COMPLETED AND SUBMITTED TO THE DEPARTMENT.

*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 Owner: \_\_\_\_\_

Date: \_\_\_\_\_

**AFTER THIS FORM IS COMPLETED AND SIGNED,  
MAIL A COPY OF THIS FORM TO:**

Groundwater Branch  
PO Box 30146  
Montgomery, AL 36130-1463

**OR FAX TO:**

(334) 270-5631

**OR EMAIL TO:**

**[USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov)**



Notification of Election of Coverage under  
The Alabama Drycleaning Environmental Response Trust Fund Act  
(Please fill out the form completely; type or print neatly)

Name of Legal Entity or Potentially Eligible Party \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
FEIN/SS Number \_\_\_\_\_  
Number of sites to be included under this account number \_\_\_\_\_

Site Name (submit one form per site)

\_\_\_\_\_ Physical Address, City, County

---

Site Type: (See Definitions ADERTF 287-1-1-.01)

\_\_\_\_\_ Active Drycleaning Facility  
\_\_\_\_\_ Abandoned Drycleaning Facility  
\_\_\_\_\_ Wholesale Distributor

Potentially Eligible Party: (See Definitions ADERTF 287-1-1-.01)

\_\_\_\_\_ Active Dry Cleaner Facility Owner or Operator,  
\_\_\_\_\_ Abandoned Drycleaning Facility Facility Owner or Operator,  
\_\_\_\_\_ Wholesale Distributor Facility or Operator,  
\_\_\_\_\_ Property Owner (Impacted Third Party) **Active Drycleaner must participate in the Trust Fund;**

Name of Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email address \_\_\_\_\_

I elect to be covered by the Act \_\_\_\_\_. I elect not to be covered by the Act \_\_\_\_\_.  
(mark if yes) (mark if yes)

I hereby certify that I am aware that I am making the above election pursuant to the provisions of the Alabama Drycleaning Environmental Response Trust Fund Act.

By: \_\_\_\_\_ (typed or printed name)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(typed or neatly printed)

Send to:

Land Division, Chief  
Alabama Department of Environmental Management  
Post Office Box 301463  
Montgomery, Alabama 36130-1463  
Attn: ADEM ADERTF Contact Ashley Powell

**ADEM**  
**STATISTICAL INVENTORY RECONCILIATION (SIR)**  
**7 DAY RELEASE INVESTIGATION REPORT**  
**FOR THE PERIOD FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

|                        |          |                        |          |
|------------------------|----------|------------------------|----------|
| Facility Name:         |          | Owner/Site Contact:    |          |
| Address:               |          | Address:               |          |
| City, State, Zip Code: | Country: | City, State, Zip Code: | Country: |
| Facility I.D. #:       | Phone #: | Email:                 |          |

**Instructions**

1. Complete this form when an investigation of the tank system is required by the ADEM Monthly and/or Annual SIR Form "Reporting Requirements".
2. Submit a completed copy of this form within 10 days of performing SIR to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).

|                     |                          |                |
|---------------------|--------------------------|----------------|
| ADEM Unique Tank #: | Tank Capacity (gallons): | Tank Contents: |
|---------------------|--------------------------|----------------|

**Explanation of Why the Above Tank System Did Not "Pass"**  
**("Fail" or "Inconclusive")**

- Miscalibrated meter
- Using wrong tank chart
- Tilted tank
- Incorrect stick or meter readings
- Readings not taken in a consistent manner
- Theft
- Faulty measurement practices
- Disbursement while measurements were being taken
- Data entry errors
- Faulty equipment
- Unable to determine – system tightness test scheduled for (date) \_\_\_\_\_
- Other: (please explain) \_\_\_\_\_

**PLEASE NOTE: IF THIS INVESTIGATION REVEALS THAT A SUSPECTED RELEASE HAS OCCURRED, REPORT THE SUSPECTED RELEASE TO THE ADEM GROUNDWATER BRANCH BY PHONE AT (334) 270-5655 OR FAX A COPY OF THIS FORM TO (334) 270-5631 WITHIN 24 HOURS OF COMPLETING THIS INVESTIGATION.**

**Certification**

I certify under penalty of law that I am familiar with the information submitted on this form, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Signature of owner/operator: \_\_\_\_\_ Date: \_\_\_\_\_

**TANK TRUST FUND ELIGIBILITY / INELIGIBILITY DETERMINATION FORM**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

Facility Name: \_\_\_\_\_ Facility I.D. Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Facility Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Number of Tanks: \_\_\_\_\_ Tank Sizes (gallons): \_\_\_\_\_ Installation dates: \_\_\_\_\_

**Leak Detection** (check all that apply)

- Tank:  Tank Tightness Testing with inventory control, *submit last tightness test and last 3 months of inventory reconciliation*
- Manual Tank Gauging (only for tanks 550 gallons or less), *submit last 6 months of test results*
- Tank Tightness Testing with manual tank gauging (only for tanks 2000 gallons or less), *submit last tightness test and last 3 months of manual tank gauging records*
- Automatic Tank Gauge with inventory control, *submit last 6 months of test results*
- Continuous Automatic Tank Gauge, *submit last 6 months of test results*
- Monthly or Continuous Vapor Monitoring, *submit last 6 months of test results*
- Monthly or Continuous Groundwater Monitoring, *submit last 6 months of test results*
- Interstitial Monitoring with Secondary Containment, *submit last 6 months of test results*
- Interstitial Monitoring with Secondary Barrier, *submit last 6 months of test results*
- Statistical Inventory Reconciliation, *submit last 6 months of test results*
- None

Piping:  Pressurized  Suction

**Group 1**

*Submit most recent annual equipment test results and/or the past 6 months of test records*

- Automatic Flow Restrictor
- Automatic Shutoff Device
- Continuous Alarm
- None

- Safe suction (single check valve located directly under the dispenser with piping sloped toward tanks)
- Line tightness testing every 3 years, *submit last test*  
Monthly or Continuous Monitoring, *submit last 6 months of test results*

**Group 2**

*Annual line tightness testing, submit last annual test*  
Monthly or Continuous Monitoring, *submit last 6 months of test results*

- Electronic line leak detector monthly 0.2 gph test
- Monthly or Continuous Vapor Monitoring
- Monthly or Continuous Groundwater Monitoring
- Statistical Inventory Reconciliation
- Continuous Interstitial Monitoring (ex: sump sensors)
- Monthly Manual Interstitial Monitoring
- None

- Monthly or Continuous Vapor Monitoring
- Monthly or Continuous Groundwater Monitoring
- Statistical Inventory Reconciliation
- Monthly Manual or Continuous Interstitial Monitoring
- None

This form should be completed and returned to the Department with the appropriate records attached within fifteen (15) days of receipt to:  
Alabama Department of Environmental Management  
Groundwater Branch  
P.O. Box 301463  
Montgomery, Alabama 36130-1463

**Corrosion Protection** (check all that apply) *Submit supporting documentation such as last corrosion protection monitoring test or last interior lining inspection results*

- Tanks:  Coated and Factory Cathodically Protected Steel  Steel with Field Installed Cathodic Protection
- Fiberglass  Fiberglass
- Fiberglass Coated Steel  Flexible
- Polyurethane Coated Steel  Galvanized Steel
- Interior Lined Steel  Other (specify) \_\_\_\_\_
- Steel with Field Installed Cathodic Protection  Single wall
- Galvanized or Painted Steel  Double wall

**Spill and Overfill Prevention** (check all that apply)

- 90% Flow Restrictor (ball-float vent valve)
- 90% High Level Alarm
- 95% Automatic Shutoff Device
- Catchment Basins
- None
- Exempt from spill and overfill prevention requirement

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 I believe that the submitted information is true, accurate, and complete.

Owner Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
ADEM Form # 462 8/02 (XX/22 m1)

**ADEM**  
**UNDERGROUND AND ABOVEGROUND STORAGE TANK**  
**TRANSFER OF OWNERSHIP FORM**

**Alabama Dept. of Environmental Management**  
**Groundwater Branch/Land Division**  
**P. O. Box 301463**  
**Montgomery, AL 36130-1463**

**Phone # (334) 270-5655**  
**Fax # (334) 270-5631**  
**E-mail: ustcompliance@adem.alabama.gov**  
**Web Site: adem.alabama.gov**

**FACILITY INFORMATION**

|                                 |                                   |
|---------------------------------|-----------------------------------|
| Former Name of Facility:        | ADEM Facility I.D. Number: - -    |
| Location (street or highway):   | No. of USTs included in transfer: |
| City, County, Country:          | No. of ASTs included in transfer: |
| Transfer of Ownership Date: / / | Latitude: Longitude:              |

**FORMER OWNER INFORMATION**

|                                 |  |
|---------------------------------|--|
| Owner Name:                     | Owner Phone Number: ( ) -                  |
| Address:                        | Is the new owner an individual or company? |
| City, State, Country, Zip Code: | Email :                                    |

I certify under penalty of law that I am familiar with the above information, and I believe that this information is true, accurate and complete.

Signature of former owner \_\_\_\_\_ Date: \_\_\_\_\_

**NEW OWNER INFORMATION**

|                                 |                             |
|---------------------------------|-----------------------------|
| Owner (Company) Name:           | Contact Name:               |
| Owner Phone Number: ( ) -       | Contact Phone Number: ( ) - |
| Address:                        | Contact Email:              |
| City, State, Country, Zip Code: |                             |
| Company Email:                  | New Name of Facility:       |

I certify under penalty of law that I am familiar with the above information, and I believe that this information is true, accurate and complete.

Signature of new owner: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIREMENTS**

**Any person who sells an underground storage tank (UST) or an aboveground storage tank (AST) system must:**

- Notify the Department of transfer of ownership by fully completing this form and returning it to the Department within 30 days from the date of transfer,
- Provide proof of transfer of ownership of the system by signing this form,

**Any person who receives ownership of an existing underground storage tank (UST) or an aboveground storage tank (AST) system must:**

- Provide proof of transfer of ownership of the system by signing this form

**Please return the completed form within 30 days of transferring ownership to the Department by mail, email or fax.**

Once the completed form is received by the Department, the new owner will receive a letter acknowledging their new ownership. With the letter will be an ADEM "Notification for Underground Storage Tanks" form #279 and/or "Notification for Aboveground Storage Tanks" form #283 that will be partially completed. The new owner should check for accuracy and complete the form, SIGN AND DATE the form, and submit to the Department within 30 days of receipt. Once this process is complete, ADEM will send the new owner a copy of the tank certificate to be displayed at the site.

**Please Note:** If the former owner does not sign this form, you must provide a warranty deed or other approved legal documents for proof of ownership. In addition, if there are any unpaid UST regulatory fees due at the time of this transfer of ownership, the new owner is responsible for submitting payment to the Department.



**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: YES  NO   
 1. Excavation extended 5 feet below base of pit:   
 2. Boring or monitoring well:   
 3. Topographic features (Method must be approved by ADEM prior to use):

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? YES  NO   
 1. One time discharge to sanitary sewer with local approval?   
 2. Hauled to facility capable of treating constituents of petroleum products in water?   
 3. Hauled to local POTW with local approval?   
 4. Treated on-site with NPDES approved discharge?   
 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                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

**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                       |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

d. Is the groundwater more than 5 feet below the bottom of the piping trench?

|                          |                          |
|--------------------------|--------------------------|
| YES                      | NO                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

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                       |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

e. Was there a notable odor found in the piping trench?  
If yes,

|                          |                          |
|--------------------------|--------------------------|
| YES                      | NO                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

(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                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

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 water?

|                          |                          |
|--------------------------|--------------------------|
| YES                      | NO                       |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

ADEM UST CLOSURE SITE ASSESSMENT FORM

- 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?  
 If yes, provide the date: YES  NO  \_\_\_\_\_

**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.

**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.

**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><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.*

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**

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | YES                      | NO                       |
| a. The tank(s) were cleaned in accordance with American Petroleum Institute (API) Bulletin 2015 "Cleaning Petroleum Storage Tanks"? | <input type="checkbox"/> | <input type="checkbox"/> |

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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**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.  |

**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

**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: _____                | FROM: _____            |
| Air Division             | 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 OWNER:           |
| UST ___ - ___ - ___           | _____                |
| FACILITY COUNTY:              | ADDRESS:             |
| _____                         | _____                |
| FACILITY NAME:                | CONTACT NAME:        |
| LOCATION:                     | CONTACT PHONE #:     |
| _____                         | _____                |
| ADDRESS:                      | _____                |
| _____                         | _____                |

Name of Consultant who performed calculations: \_\_\_\_\_  
 Consultant's Phone Number: \_\_\_\_\_

|           | a     | ppm x | b     | cyds x .002 = | c     | lbs. VOC emissions |
|-----------|-------|-------|-------|---------------|-------|--------------------|
| 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**

# GROUNDWATER MONITORING REPORT

SUBMITTAL DATE:

\_\_\_/\_\_\_/\_\_\_

SITE NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

FACILITY I.D. NO.: \_\_\_\_\_

UST OR AST INCIDENT NO.: \_\_\_\_\_

**SITE LATITUDE** \_\_\_\_\_ **LONGITUDE** \_\_\_\_\_

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS REGARDING THIS SITE:**

|  |  |
|--|--|
| <b>Number of monitoring wells (MWs) at the site?</b>               |  |
| <b>Number of MWs containing Free Product?</b>                      |  |
| <b>Number of MWs with dissolved constituents above CALs?</b>       |  |
| <b>Number of MWs with dissolved constituents below CALs?</b>       |  |
| <b>Are free product recovery activities currently in progress?</b> |  |
| <b>If yes, what date did recovery activities commence?</b>         |  |

Are free product recovery reports being submitted to the UST Corrective Action Unit? YES \_\_\_ NO \_\_\_

If yes, please indicate the submittal date of the most recent recovery report. \_\_\_\_\_

If no, please indicate reason (i.e. recently discovered or observed) and complete the following information: \_\_\_\_\_

Monitoring wells containing free product: Identify and indicate well diameter and product thickness (ex. MW-2 /2 inch/ 4.0 inches) for this event:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are assessment activities currently being conducted on the site? If yes, indicate status of assessment activities. \_\_\_\_\_

Is the site currently in remediation (approved CAP)? If yes, indicate status of remediation activities (ex. received approval to implement CAP, evaluating effectiveness of remediation system):

\_\_\_\_\_

Miscellaneous information not directly requested:

**SUBMIT THIS FORM WITH THE FOLLOWING ATTACHMENTS:**

- ξ Scaled site map identifying: all monitoring wells, groundwater elevations, groundwater elevation contours, and primary groundwater flow direction
- ξ Scaled site map identifying: all monitoring wells, free product thickness, and total dissolved BTEX for each monitoring well
- ξ Scaled site map identifying: all monitoring wells, Benzene levels, MTBE levels (if applicable for each monitoring well), or other appropriate constituents detected at this site
- ξ Table containing: historical groundwater elevations, depth to groundwater and depth to top of screen for each of the monitoring wells.
- ξ Table containing: historical free product thickness, Benzene levels, MTBE levels (if applicable), Ethylbenzene, Toluene, Xylenes, total BTEX levels and other appropriate constituents detected at this site for each of the monitoring wells
- ξ Copies of lab analysis sheets for this sampling event for each of the monitoring wells
- ξ Copies of chain of custody documentation for this sampling event
- ξ Brief narrative description of procedures utilized to obtain groundwater sampling data

Signature of Preparer of this Report: \_\_\_\_\_

Type or print Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Owner Name  
Address  
City, State, Zip, Country

ADEM Form #476 8/02 (XX/22 m1)

Site  
contact \_\_\_ Owner \_\_\_ Lessee \_\_\_ Consultant

Name  
Address  
city, State, Zip, Country  
Email:

Inspector Name  
Company  
Phone  
Date

## ADEM LINE TIGHTNESS TEST REPORT

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

|                                     |   |
|-------------------------------------|---|
| Site Name:                          | Owner:  |
| Address:                            | Address:  |
| City, County, Postal Code, Country: | City, State, Postal Code, Country:                        |
| Facility I.D. #:                    | Phone #/ Fax #: <span style="float: right;">Email:</span> |
| Tester Name:                        | Tester Phone #:   |
| Tester Certification:               | Certification Expiration:     /     /                     |
| Tester Company:                     |   |

|   |                     |
|---|---------------------|
| Site Latitude _____ Longitude _____   | <b>Instructions</b> |
| <ol style="list-style-type: none"> <li>1. Complete this form, <b>include all the test data</b>, and submit to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: <a href="mailto:USTcompliance@adem.alabama.gov">USTcompliance@adem.alabama.gov</a>. <b>Test data must include waiting time between delivery and testing, start time, end time, recorded volume changes and times, correction factors and calculations, and calculated leak rate for every test performed or the submittal will not be accepted.</b></li> <li>2. This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number and the test equipment remain the same.</li> <li>3. The tightness test equipment used must be approved by ADEM. Visit the NWGLDE website at <a href="http://www.nwglde.org">www.nwglde.org</a> to view a list of release/leak detection equipment/methods that ADEM approves for use in Alabama.</li> <li>4. Testing must be performed in accordance with the manufacturer's instructions.</li> <li>5. Keep a record copy of this testing for 3 years.</li> </ol> |                     |

Reason for Test - circle all that apply:    (Annual Test)    (New Installation)    (Required by ADEM)    (Response to SIR Problem)

|                                 |                   |
|---------------------------------|-------------------|
| Manufacturer of Test Equipment: | Model or Version: |
|---------------------------------|-------------------|

| ADEM Unique Tank #                |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|
| Product Stored                    |  |  |  |  |  |  |
| Piping material tested            | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel |
| Piping capacity (gallons)         |  |  |  |  |  |  |
| Line pressure during test (psi)   |  |  |  |  |  |  |
| Equipment threshold (gph)         |  |  |  |  |  |  |
| Measured leak rate (gph)          |  |  |  |  |  |  |
| <b>Results of test:</b>           | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    |
| Tester's initials and date tested | /     /  | /     /  | /     /  | /     /  | /     /  | /     /  |

| Repairs Needed | Date of Repair | Description of any Repairs |
|----------------|----------------|----------------------------|
|                |                |                            |
|                |                |                            |
|                |                |                            |
|                |                |                            |
|                |                |                            |
|                |                |                            |
|                |                |                            |
|                |                |                            |

### Certification

I certify under penalty of law that the test was performed in accordance with all regulatory requirements of ADEM administrative code rule 335-6-15 and that the submitted information is true, accurate, and complete.

|                            |             |
|----------------------------|-------------|
| Signature of Tester: _____ | Date: _____ |
|----------------------------|-------------|



UST INCIDENT NO.: \_\_\_\_\_  
 Report Received by: \_\_\_\_\_

## UST RELEASE REPORT

### RELEASE REPORT INFORMATION

RELEASE REPORTED BY: \_\_\_\_\_  
 PHONE NO.: \_\_\_\_\_  
 DATE RELEASE REPORTED: \_\_\_\_\_

### SITE INFORMATION

SITE NAME: \_\_\_\_\_  
 SITE STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 LATITUDE: \_\_\_\_\_ LONGITUDE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
 FACILITY I.D. No.: \_\_\_\_\_

### FACILITY OWNER INFORMATION

OWNER/OPERATOR NAME: \_\_\_\_\_  
 COMPANY NAME: \_\_\_\_\_  
 OWNER/OPERATOR STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 OWNER/OPERATOR PHONE NO.: \_\_\_\_\_  
 LATITUDE: \_\_\_\_\_ LONGITUDE: \_\_\_\_\_

### DESCRIPTION OF RELEASE

DATE OF DISCOVERY OF RELEASE: \_\_\_\_\_

SUBSTANCE RELEASED:  Gasoline  Gasoline with ethanol blend  Diesel  
 Waste Oil  Kerosene  Biodiesel  Other (Specify) \_\_\_\_\_

ESTIMATED AMOUNT OF SUBSTANCE RELEASED: \_\_\_\_\_

HOW WAS RELEASE DISCOVERED?  During closure  Tank Tightness Test  
 Line Tightness Test  Line Leak Detector  Vapor Monitoring  
 Vapors Detected  Environmental Audit  Citizen Complaint  
 Groundwater Monitoring  Inventory Loss/Gain  General Maintenance Visit  
 Cathodic Protection Upgrade  Inside Secondary Containment Sump  
 State Inspector  
 Statistical Reconciliation  Other (Specify) \_\_\_\_\_  
 Unexplained Loss \_\_\_\_\_  
 Inconclusive \_\_\_\_\_

CAUSE OF RELEASE:  Overfill  Spill  Tank Leak  Line Leak  
 Dispenser leak  Leak Detector Leak  Physical or Mechanical Damage  
 Corrosion  Install Problem  
 Other: \_\_\_\_\_  Unknown at this time

SOURCE OF RELEASE:  Tank  Piping  Dispenser  Submersible Turbine Pump  
 Delivery Problem  Other (specify) \_\_\_\_\_

MANUFACTURER OF EQUIPMENT:  
 Tank Manufacturer: \_\_\_\_\_  
 Piping Manufacturer: \_\_\_\_\_  
 Leak Detection Manufacturer: \_\_\_\_\_

TYPE OF PIPING:  Pressurized  Suction  
 PIPING MATERIAL:  Metal  Fiberglass  Thermoplastic (Flexible)

**BRIEF DESCRIPTION OF RELEASE**

Briefly describe the release (including but not limited to: where release was discovered, amount of free product present, location of free product). Provide/attach a sketch of the location of the release (specific or general location).

**MEDIA IMPACTED BY RELEASE**

- Surficial Soil     Subsurface Soil     Groundwater     Drainage Ditch     Creek, stream, river, lake
- Sanitary sewer     Storm sewer     Public water supply well     Domestic water supply well
- Non-potable water supply well     Vapors inside residences     Vapors inside onsite commercial building
- Vapors inside offsite commercial building

**NAMES AND ADDRESSES OF PROPERTY OWNERS**

Provide the names and addresses of the UST site property owner, and the adjacent property owners. If the names and addresses aren't available at the time of the reporting of the release, this information should be submitted within thirty (30) days. Provide a sketch identifying the owners of the adjacent offsite properties.

Name and Address of Onsite Property Owner:

| Name | Address | City | State | Zip |
|------|---------|------|-------|-----|
|      |         |      |       |     |

Name and addresses of Adjacent Property Owners:

| Name | Address | City | State | Zip |
|------|---------|------|-------|-----|
|      |         |      |       |     |
|      |         |      |       |     |
|      |         |      |       |     |
|      |         |      |       |     |
|      |         |      |       |     |
|      |         |      |       |     |

**ATTACH OTHER COMMENTS AS NECESSARY**

**REPORTING OF RELEASES REQUIRED WITHIN 24 HOURS OF DISCOVERY**

REPORT BY PHONE TO ANY UST CORRECTIVE ACTION STAFF MEMBER or (334) 271-7700  
BY EMAIL TO ANY UST CORRECTIVE ACTION STAFF MEMBER

REPORT BY OVERNIGHT MAIL : ADEM GROUNDWATER BRANCH  
1400 COLISEUM BOULEVARD  
MONTGOMERY, ALABAMA 36110

**ADEM UST TRACER TYPE TANK TIGHTNESS TEST REPORT FORM**

**READ THIS PARAGRAPH BEFORE COMPLETING FORM:**

Tightness test data and results for every test performed are required to be submitted to the Department. This form must be completed and included with the test data or the submittal will not be accepted. Test data must include waiting time between delivery and testing, start time, end time, recorded volume changes and times, correction factors and calculations, calculated leak rate, and if applicable, calculated length of test to allow water to contact the water probe. All test data must be submitted on 8 1/2" X 11" paper or the submittal will be returned. Note that you can place up to 6 Unique Tank Numbers on one form, assuming that the Facility ID Number and the test equipment remain the same.

Facility ID: \_\_\_\_\_ Site Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Latitude/Longitude: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Testing Company Name/Phone Number \_\_\_\_\_ / \_\_\_\_\_

Person Performing Test/Certification Number \_\_\_\_\_ / \_\_\_\_\_

Tester Certification Expiration Date \_\_\_\_\_

Manufacturer of Test Equipment/Model or Version \_\_\_\_\_ / \_\_\_\_\_

Note: The equipment used must be listed on the National Work Group List of Leak Detection Evaluations for UST Systems, latest edition.

Reason for Test (circle all that apply):    New Installation; Leak Detection; Required by ADEM; Response to SIR Problem

| Tank:                                | 1 | 2 | 3 | 4 | 5 | 6 |
|--------------------------------------|---|---|---|---|---|---|
| Unique Tank Number:                  |   |   |   |   |   |   |
| Substance Stored:                    |   |   |   |   |   |   |
| Date of Test:                        |   |   |   |   |   |   |
| Tank Size (Gallons):                 |   |   |   |   |   |   |
| Equipment Threshold, GPH:            |   |   |   |   |   |   |
| Measured Leak Rate, GPH:             |   |   |   |   |   |   |
| Pass(P), Fail(F) or Inconclusive(I): |   |   |   |   |   |   |
| Groundwater Level*:                  |   |   |   |   |   |   |

\*Measured above bottom of tank.

I CERTIFY UNDER PENALTY OF LAW THAT THE TEST WAS CONDUCTED ACCORDING TO THE PROTOCOL OF THE TEST METHOD USED AND WAS PERFORMED IN ACCORDANCE WITH ALL REGULATORY REQUIREMENTS OF ADEM ADMINISTRATIVE CODE RULE 335-6-15 AND THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Tester's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Return this completed form with test data and results attached to the following address:

**Alabama Department of Environmental Management  
Groundwater Branch  
P. O. Box 301463  
Montgomery, AL 36130-1463**

**ADEM UST ULLAGE TANK TIGHTNESS TEST REPORT FORM**

**READ THIS PARAGRAPH BEFORE COMPLETING FORM:**

Tightness test data and results for every test performed are required to be submitted to the Department. This form must be completed and included with the test data or the submittal will not be accepted. Test data must include waiting time between delivery and testing, start time, end time, recorded volume changes and times, correction factors and calculations, and calculated leak rate. All test data must be submitted on 8 1/2" X 11" paper or the submittal will be returned. Note that you can place up to 6 Unique Tank Numbers on one form, assuming that the Facility ID Number and the test equipment remain the same.

**NOTE: The corresponding underfilled test must be attached to this form or the ullage test will not be accepted.**

Facility ID: \_\_\_\_\_ Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone #/ Email: \_\_\_\_\_

Inspector Company Name/Phone Number \_\_\_\_\_ / \_\_\_\_\_

Person Performing Test/Certification Number \_\_\_\_\_ / \_\_\_\_\_

Inspector Certification Expiration Date \_\_\_\_\_

Manufacturer of Test Equipment/Model or Version \_\_\_\_\_ / \_\_\_\_\_

Note: The equipment used must be listed on the National Work Group List of Leak Detection Evaluations for UST Systems, latest edition.

Reason for Test (circle all that apply): New Installation; Leak Detection; Required by ADEM; Response to SIR Problem

Site Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

| Tank:                                | 1 | 2 | 3 | 4 | 5 | 6 |
|--------------------------------------|---|---|---|---|---|---|
| Unique Tank Number:                  |   |   |   |   |   |   |
| Substance Stored:                    |   |   |   |   |   |   |
| Date of Test:                        |   |   |   |   |   |   |
| Tank Size (Gallons):                 |   |   |   |   |   |   |
| % Full During Test                   |   |   |   |   |   |   |
| Equipment Threshold,GPH:             |   |   |   |   |   |   |
| Measured Leak Rate, GPH:             |   |   |   |   |   |   |
| Pass(P), Fail(F) or Inconclusive(I): |   |   |   |   |   |   |
| Groundwater Level*:                  |   |   |   |   |   |   |

\*Measured above bottom of tank.

I CERTIFY UNDER PENALTY OF LAW THAT THE TEST WAS CONDUCTED ACCORDING TO THE PROTOCOL OF THE TEST METHOD USED AND WAS PERFORMED IN ACCORDANCE WITH ALL REGULATORY REQUIREMENTS OF ADEM ADMINISTRATIVE CODE RULE 335-6-15 AND THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Tester's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Return this completed form with test data and results attached to the following address:

**Alabama Department of Environmental Management  
Groundwater Branch  
P. O. Box 301463  
Montgomery, AL 36130-1463**

Site contact \_\_\_ Owner \_\_\_ Lessee \_\_\_ Consultant  
Name  
Address  
City, State, Zip Country:  
Phone:

**ADEM**  
**TANK TIGHTNESS TEST (VACUUM) REPORT**  
 Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

|                                      |   |
|--------------------------------------|---|
| Site Name:                           | Owner:  |
| Address:                             | Address:  |
| City, County, , State, Zip, Country: | City, State, Zip, Country:                                |
| Facility I.D. #:                     | Phone #/ Fax #: <span style="float: right;">Email:</span> |
| Inspector Name:                      | Inspector Phone #:  |
| Inspector Certification:             | Certification Expiration: / /                             |
| Inspector Company:                   | Inspection Date;  |

|   |                     |
|---|---------------------|
| Site Latitude _____ Longitude _____   | <b>Instructions</b> |
| <ol style="list-style-type: none"> <li>Complete this form, <b>include all the test data</b>, and submit to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: <a href="mailto:USTcompliance@adem.alabama.gov">USTcompliance@adem.alabama.gov</a>. <b>Test data must include waiting time between delivery and testing, start time, end time, recorded volume changes and times, correction factors and calculations, calculated leak rate, and if applicable, calculated length of test to allow water (or phase separated fluid) to contact the water probe for every test performed or the submittal will not be accepted.</b></li> <li>This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number and the test equipment remain the same.</li> <li>The tightness test equipment used must be approved by ADEM. Visit the NWGLDE website at <a href="http://www.nwglde.org">www.nwglde.org</a> to view a list of release/leak detection equipment/methods that ADEM approves for use in Alabama.</li> <li>Testing must be performed in accordance with the manufacturer's instructions.</li> <li>Keep a record copy of this testing for 3 years.</li> </ol> |                     |

Reason for Test - circle all that apply:    (Annual Test)    (New Installation)    (Required by ADEM)    (Response to SIR Problem)

|                                 |                   |
|---------------------------------|-------------------|
| Manufacturer of Test Equipment: | Model or Version: |
|---------------------------------|-------------------|

| ADEM Unique Tank #   | Product Stored  |   |   |   |   |   |
|--|---|---|---|---|---|---|
| UST material of construction   | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> steel<br><input type="checkbox"/> cladded steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> steel<br><input type="checkbox"/> cladded steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> steel<br><input type="checkbox"/> cladded steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> steel<br><input type="checkbox"/> cladded steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> steel<br><input type="checkbox"/> cladded steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> steel<br><input type="checkbox"/> cladded steel |
| UST capacity (gallons)   |   |   |   |   |   |   |
| Percent full during test   |   |   |   |   |   |   |
| Equipment threshold (gph or rph)                                     |   |   |   |   |   |   |
| Measured leak rate (gph or rph)                                      |   |   |   |   |   |   |
| Water, or phase separated fluid, level above bottom of tank (inches) |   |   |   |   |   |   |
| Type of fluid on bottom of tank                                      | <input type="checkbox"/> water<br><input type="checkbox"/> phase separated fluid                                | <input type="checkbox"/> water<br><input type="checkbox"/> phase separated fluid                                | <input type="checkbox"/> water<br><input type="checkbox"/> phase separated fluid                                | <input type="checkbox"/> water<br><input type="checkbox"/> phase separated fluid                                | <input type="checkbox"/> water<br><input type="checkbox"/> phase separated fluid                                | <input type="checkbox"/> water<br><input type="checkbox"/> phase separated fluid                                |
| Results of test  | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive         | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive         | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive         | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive         | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive         | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive         |
| Tester's initials and date tested                                    | / /   | / /   | / /   | / /   | / /   | / /   |

| Repairs Needed | Date of Repair | Description of any Repairs |
|----------------|----------------|----------------------------|
|                |                |                            |

|              |       |        |            |
|--------------|-------|--------|------------|
| Site Contact | Owner | Lessee | Consultant |
| Name         |       | Email: |            |

|          |                                    |                      |
|----------|------------------------------------|----------------------|
| Phone #: | Address, City, State, Zip, Country | <b>Certification</b> |
|----------|------------------------------------|----------------------|

I certify under penalty of law that the test was performed in accordance with all regulatory requirements of ADEM administrative code rule 335-6-15 and that the submitted information is true, accurate, and complete.

|                            |             |
|----------------------------|-------------|
| Signature of Tester: _____ | Date: _____ |
|----------------------------|-------------|

**ADEM UST VOLUMETRIC OVERFILL TANK TIGHTNESS TEST REPORT FORM**

**READ THIS PARAGRAPH BEFORE COMPLETING FORM:**

Tightness test data and results for every test performed are required to be submitted to the Department. This form must be completed and included with the test data or the submittal will not be accepted. Test data must include waiting time between delivery and testing, start time, end time, recorded volume changes and times, correction factors and calculations, and calculated leak rate. All test data must be submitted on 8 1/2" X 11" paper or the submittal will be returned. Note that you can place up to 6 Unique Tank Numbers on one form, assuming that the Facility ID Number and the test equipment remain the same.

Facility ID: \_\_\_\_\_ Site Name: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Owner Phone #/ Email: \_\_\_\_\_  
 Inspector Company Name/Phone Number \_\_\_\_\_ / \_\_\_\_\_  
 Person Performing Test/Certification Number \_\_\_\_\_ / \_\_\_\_\_  
 Inspector Certification Expiration Date \_\_\_\_\_  
 Manufacturer of Test Equipment/Model or Version \_\_\_\_\_ / \_\_\_\_\_

Note: The equipment used must be listed on the National Work Group List of Leak Detection Evaluations for UST Systems, latest edition.

Reason for Test (circle all that apply): New Installation; Leak Detection; Required by ADEM; Response to SIR Problem  
 Site Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

| Tank:                                | 1 | 2 | 3 | 4 | 5 | 6 |
|--------------------------------------|---|---|---|---|---|---|
| Unique Tank Number:                  |   |   |   |   |   |   |
| Substance Stored:                    |   |   |   |   |   |   |
| Date of Test:                        |   |   |   |   |   |   |
| Tank Size (Gallons):                 |   |   |   |   |   |   |
| % Full During Test                   |   |   |   |   |   |   |
| Equipment Threshold, GPH:            |   |   |   |   |   |   |
| Measured Leak Rate, GPH:             |   |   |   |   |   |   |
| Pass(P), Fail(F) or Inconclusive(I): |   |   |   |   |   |   |
| Groundwater Level*:                  |   |   |   |   |   |   |

\*Measured above bottom of tank.

I CERTIFY UNDER PENALTY OF LAW THAT THE TEST WAS CONDUCTED ACCORDING TO THE PROTOCOL OF THE TEST METHOD USED AND WAS PERFORMED IN ACCORDANCE WITH ALL REGULATORY REQUIREMENTS OF ADEM ADMINISTRATIVE CODE RULE 335-6-15 AND THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Tester's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Return this completed form with test data and results attached to the following address:

**Alabama Department of Environmental Management  
 Groundwater Branch  
 P. O. Box 301463  
 Montgomery, AL 36130-1463**

**ADEM UST VOLUMETRIC UNDERFILL TANK TIGHTNESS TEST REPORT FORM**

**READ THIS PARAGRAPH BEFORE COMPLETING FORM:**

Tightness test data and results for every test performed are required to be submitted to the Department. This form must be completed and included with the test data or the submittal will not be accepted. Test data must include waiting time between delivery and testing, start time, end time, recorded volume changes and times, correction factors and calculations, and calculated leak rate. All test data must be submitted on 8 1/2" X 11" paper or the submittal will be returned. Note that you can place up to 6 Unique Tank Numbers on one form, assuming that the Facility ID Number and the test equipment remain the same.

**NOTE: An underfill test cannot be used unless the system is equipped with an overfill mechanism which has positive shut-off. Positive shut-off is a device that stops liquid flow mechanically without using the back-pressure of the rising liquid level.**

Facility ID: \_\_\_\_\_ Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone / Email#: \_\_\_\_\_

Inspector Company Name/Phone Number \_\_\_\_\_ / \_\_\_\_\_

Person Performing Test/Certification Number \_\_\_\_\_ / \_\_\_\_\_

Inspector Certification Expiration Date \_\_\_\_\_

Manufacturer of Test Equipment/Model or Version \_\_\_\_\_ / \_\_\_\_\_

Site Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Note: The equipment used must be listed on the National Work Group List of Leak Detection Evaluations for UST Systems, latest edition.

Reason for Test (circle all that apply): New Installation; Leak Detection; Required by ADEM; Response to SIR Problem

| Tank:   | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| Unique Tank Number:                                     |   |   |   |   |   |   |
| Substance Stored:                                       |   |   |   |   |   |   |
| Date of Test:   |   |   |   |   |   |   |
| Tank Size (Gallons):                                    |   |   |   |   |   |   |
| % Full During Test **                                   |   |   |   |   |   |   |
| Equipment Threshold,GPH:                                |   |   |   |   |   |   |
| Measured Leak Rate, GPH:                                |   |   |   |   |   |   |
| Pass(P), Fail(F) or Inconclusive(I):                    |   |   |   |   |   |   |
| Groundwater Level*:                                     |   |   |   |   |   |   |
| Type of Overfill Control; Ball(B); Flapper(F);Alarm(A): |   |   |   |   |   |   |

\*Measured above bottom of tank.

\*\*This percentage cannot be less than 95% unless the ullage portion of the tank is also tested. The ullage test submittal must accompany the underfill test submittal.

I CERTIFY UNDER PENALTY OF LAW THAT THE TEST WAS CONDUCTED ACCORDING TO THE PROTOCOL OF THE TEST METHOD USED AND WAS PERFORMED IN ACCORDANCE WITH ALL REGULATORY REQUIREMENTS OF ADEM ADMINISTRATIVE CODE RULE 335-6-15 AND THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Tester's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Return this completed form with test data and results attached to the following address:

**Alabama Department of Environmental Management  
Groundwater Branch  
P. O. Box 301463  
Montgomery, AL 36130-1463**

Site contact \_\_\_owner\_\_\_Lessee\_\_\_Consultant  
Address  
City, State, Zip, Country

Alabama Department of Environmental Management  
Voluntary Cleanup Program

**Application to Participate**

Any person desiring to participate in the voluntary cleanup program shall submit a completed application and appropriate fees. Applications may be submitted individually or in conjunction with assessment or cleanup plans and reports. Each application shall, as a minimum, include:

A. APPLICANT INFORMATION

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Owner or Responsible Corporate Official:

Name and Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is the Applicant a Responsible Party as defined in ADEM Admin. Code 335-15-1-.02(vv)?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. SITE INFORMATION

Name of Site: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Owner(s) Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_



Location of Site

Latitude (decimal): \_\_\_\_\_ Longitude (decimal): \_\_\_\_\_

Area of the Site: \_\_\_\_\_ acres County: \_\_\_\_\_

Estimated Population within One Mile Radius of the Site: \_\_\_\_\_

Estimation Method: \_\_\_\_\_

Legal description of the Property: \_\_\_\_\_

C. SITE HISTORY

Provide a narrative description, including time frames, of the current and past usage of the property, to the extent known or reasonably ascertainable. Include the date of purchase by the current owner of the site.

D. CURRENT PROPERTY FEATURES

Provide the results of a recent property inspection. Discuss man-made structures, areas of suspected contamination, surface water features and other pertinent site features. Include the name of the person conducting the inspection, their title and business affiliation, and date of the inspection. Please include photos of the site.

E. MAPS

Include one or more legible property maps indicating the locations of all units, structures, features, and potential sources of contamination. The maps shall be to scale and show:

1. Location of all water bodies, ponds, springs, rivers and streams (including subterranean), estuaries, and wetlands;
2. Boundary lines of the Site;
3. Current land use of contiguous properties;
4. Engineered structures such as drainage ways, diversion ditches, drain tiles, manholes, water lines, and sewers;
5. Highways, roads, roadcuts, paved areas, and railroad lines;
6. Geologic features such as outcrops, faults, caves, and sinkholes; and
7. Any other distinguishing structures discovered during the inspection.
8. All maps must include an appropriate scale, a north arrow, and a legend.

Also include a United States Geological Survey 7.5-minute quadrangle map with the site delineated.

F. COMPLIANCE WITH PERMITS, STATUTES OR REGULATIONS

Include a list of all orders, citations, and notices of violation issued to the applicant for any violations or alleged violations of environmental permits, laws and/or regulations. The applicant shall include a brief description of the violation(s) and the terms and status of any required remedial action(s) associated with the violations.

If there are no orders, citations, and notices of violation issued to the applicant for any violations or alleged violations of environmental permits, laws and/or regulations, check below. No further information is required.

\_\_\_\_\_ There are no orders, citations, and notices of violation issued to the applicant.

G. PROPERTY ELIGIBILITY CRITERIA.

To be considered a qualifying property for participation in the voluntary cleanup program, a property shall, unless granted a variance as under ADEM Administrative Code 335-15-2-.03, meet the following criteria:

1. It must not be listed on the National Priorities List pursuant to CERCLA;
2. It must not be currently undergoing response activities required by an order of ADEM;
3. It must not be currently undergoing response activities required by an order of EPA issued pursuant to CERCLA;
4. It must not be a hazardous waste treatment, storage, or disposal facility subject to the permitting requirements of 335-14-8-.01 through 335-14-8-.08.

Is this Site eligible for participation in the voluntary cleanup program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is No, is the applicant including a request for a variance pursuant to 335-15-2-.03?

Yes \_\_\_\_\_ No \_\_\_\_\_

H. OTHER INFORMATION

The Applicant may include any additional information it considers pertinent to the Site that the Applicant wishes ADEM to consider when reviewing the application. ADEM reserves the right to request any additional information it deems necessary for consideration of the application.

I. FEES

The Applicant should contact the Redevelopment Section for details of the applicable fees to be submitted. A fee schedule may be found in ADEM Admin. Code 335-1-6 Fee Schedule H.

J. CERTIFICATION

The Owner or Responsible Corporate official shall sign the application and certify as to the accuracy of the information submitted with the application.

*“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 possible revocation of the limitations of liability and removal from the program.”*

Responsible Corporate Official of Applicant:

\_\_\_\_\_ Title: \_\_\_\_\_  
(signature)

\_\_\_\_\_ Date: \_\_\_\_\_  
(please print or type name)

## **Instructions for ADEM Form 521**

To participate in the Voluntary Cleanup Program pursuant to ADEM Administrative Code 335-15, an Applicant must complete ADEM Form 521 as instructed below.

For each Section, complete the Form as follows:

### **A. Applicant Information.**

Provide the name, mailing address, and email address of the person, company or organization applying to participate in the VCP. This is information for the applicant only. Provide the name of the Responsible Corporate Official if the applicant is not an individual or individuals.

A Responsible Corporate Official is an officer of the company with the title of President, Vice President, Chief Operating Officer, a Mayor of a municipality, or a Chairman of a County Commission.

Indicate if the Applicant is a Responsible Party as defined in ADEM Admin. Code 335-15-1-.02(vv).

### **B. Site Information.**

Provide the name of the site (as described by the applicant) and the physical address of the site. Provide the name, mailing address and email address of the property owner if different from the applicant. Provide information on the location of the site. Latitude and Longitude shall be reported in decimal format. Estimate total population within a one-mile radius of the site entrance to the extent reasonably ascertainable and provide a brief description of the method used to estimate population. When providing a legal description of the site, in addition to the Lot and Block number, please include a Subdivision or Map Book and Page.

### **C. Site History.**

Follow the instructions as provided.

### **D. Current Property Features.**

Follow the instructions as provided.

### **E. Maps.**

Follow the instructions as provided.

### **F. Compliance with Permits, Statutes or Regulations**

Follow the instructions as provided. Check in the designated location if there are no orders, citations, and notices of violation issued to the applicant.

### **G. Property Eligibility Criteria**

Review the eligibility requirements found in ADEM Admin. Code 335-15-2 and check in the designated location if the site is eligible and, if not, is a variance request being submitted?

H. Other Information

The Applicant may submit any additional information it considers pertinent to the site for consideration by ADEM when reviewing the application.

I. Fees

The Applicant should contact the Redevelopment Section for details of the applicable fees to be submitted. All fees are non-refundable. A fee schedule may be found in ADEM Admin. Code 335-1-6 Fee Schedule H. Make all checks payable to the Alabama Department of Environmental Management.

J. Certification statement should be signed and dated by a responsible corporate official.

Please submit a copy of each Application and attachments to:

Alabama Department of Environmental Management

(Mailing Address)

Redevelopment Section  
Industrial Hazardous Waste Branch  
Land Division  
P.O. Box 301463  
Montgomery, AL 36130-1463

(Street Address)

Redevelopment Section  
Industrial Hazardous Waste Branch  
Land Division  
1400 Coliseum Boulevard  
Montgomery, AL 36110-2059

Make all checks payable to the Alabama Department of Environmental Management. Contact the Redevelopment Section via email at [BRVCP@adem.alabama.gov](mailto:BRVCP@adem.alabama.gov) or by phone at (334) 279-3067 if you have questions regarding the program or completion of this form.



This form is now available for electronic submittal using the Alabama Environmental Permitting and Compliance System or AEPACS.

*[Note: The program will no longer accept paper form submittals.]*

Please click the link below to submit this form electronically using AEPACS.

<https://aepacs.adem.alabama.gov/nviro/ncore/external/home>

Alabama Department of Environmental Management  
Scrap Tire Facility Registration and Exemption Application

Application Type: (check one)  New Application  
 Modification for Registration Number \_\_\_\_\_

Facility Type:  Class One Receiver: check one:  Tire Dealer  Retreader  Used Tire Dealer  
 Class Two Receiver  
 Producer of product from ground/crumb rubber purchased from another processor  
 User of scrap tire material as substitute raw material  
 Fuel User; Give Air Pollution Control Agency Permit Number: \_\_\_\_\_

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(mailing) \_\_\_\_\_ (physical) \_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Registrant Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property owner(if different from registrant):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Responsible Official: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Will the receiver transport tires to a landfill or processor? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Will the receiver transport tires between facilities? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Will the receiver transport tires between facilities and customers? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If any of the above questions is answered "yes," each vehicle must have a decal issued by ADEM.

Number of decals requested: \_\_\_\_\_

Operating Record.

Location where Records will be maintained: Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Maximum Amount or Number of Scrap Tires and Processed Tire Materials Accumulated On-Site.

- Class One Receivers may store or accumulate no more than 1500 scrap tires.
- Class Two Receivers may accumulate or store no more than 300 scrap tires.
- Fuel Users, Product Manufacturers, and Substitute Raw Material Users may accumulate or store no more than a 30-day supply.
- All tire materials must be stored in compliance with ADEM Admin. Code 335-4 available at: [adem.alabama.gov/alEnviroRegLaws/default.cnt](http://adem.alabama.gov/alEnviroRegLaws/default.cnt).

Request for Exemption as a Scrap Tire Processor.

These facilities may qualify for an exemption as a scrap tire processor.

- A facility that produces an end-use material or product from ground or crumb rubber derived from scrap tires processed at another facility.
- A facility using the component parts of tire materials as a substitute raw material.
- A fuel user who uses tire-derived fuel in any manner.

To be approved for an exemption, the applicant must submit the following information, as applicable to the facility.

- Type of tire materials to be utilized, and how the tire materials will be stored.
- Maximum daily consumption of tire materials, and the amount of tire materials to be accumulated that provides a 30-day supply. Attach engineering calculations, operating records or other data used to determine 30-day supply needs.
- Products manufactured from the tire materials.
- Raw materials to be replaced by the tire materials.
  - Description of manufacturing or production process utilizing tires as raw material.
  - Place in the process where tire materials will be introduced or used.
- Other environmental permits or approvals required prior to use of tire materials.
- Other information as may be required by ADEM Administrative Code 335-4.

Fees to be submitted. The applicant must include fees required by ADEM Administrative Code 335-1-6 with this application.

Amount of fees included with this application: \_\_\_\_\_

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE (Responsible official of applicant):

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

(print or type name)



Submittal of Application.

The application may be submitted in paper form or electronically to:

ADEM  
Solid Waste Branch  
Materials Management Section

(mailing address)  
PO Box 301463  
Montgomery, AL 36130-1463

(physical address)  
1400 Coliseum Blvd  
Montgomery, AL 36110-2059

An electronic version of this application may be submitted to ADEM at: TireMail@adem.alabama.gov. If submitting the application electronically, all attachments to this application must also be submitted in an electronic version. Contact ADEM at: 334-271-7988 for additional information about this application form.

**FOR ADEM USE ONLY**

**DATE RECEIVED STAMP**

Reviewed By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Fees Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Registration Number: \_\_\_\_\_

## INSTRUCTIONS

### Scrap Tire Facility Registration and Exemption Application

Application Information. Check the type of application being submitted. Provide the legal business name and address of the entity making the application. Check the facility type for this application. Description of facility type includes:

Class One Receiver - include retail tire dealers, retreaders, and used tire dealers.

Class Two Receiver - include all other receivers of scrap tires, other than Class One Receivers, that generate or accumulate a minimum of ten (10) scrap tires in a year, specifically including, among others, a component of government, vehicle fleet maintenance or dismantling, rental or sales operations, or other activity that generates scrap tires, whether or not organized for profit.

Producer of product from ground/crumb rubber - includes manufacturers producing a product from ground or crumb rubber utilizing ground or crumb rubber purchased from another source.

User of scrap tire material as substitute raw material - include those manufacturers who purchase whole tires or processed tire material from another source to use as a substitute for a raw material generally used by the industry and at this location.

Fuel User - includes processors that use tire-derived fuel as a source of energy and have been permitted by ADEM or a local air pollution control agency for the use of tire-derived fuel.

Complete the facility name, the mailing address and the physical address of the particular business location being registered. Names of contacts other than the Responsible Official signing the application may be given. Include e-mail addresses if available.

Property Owner. The persons owning an interest in the land, building or property where a facility or site is located must be reported if different from the applicant. Give the name, title and contact information for the person(s) owning an interest in the land.

Check if the applicant will transport tires. The registrant will be provided decals for all vehicles used to transport tire materials for which a decal is requested; the applicant should indicate the number of decals requested. The applicant will be required to maintain in the Operating Record the vehicle assigned each numbered decal. If new vehicles are added, the receiver must submit a request for additional decals. Decals are not transferable among different vehicles.

Operating Record. Given the location where the operating record for the facility will be maintained.

Receivers and exempt processors are limited in the maximum number of scrap tires and processed tire material that may be accumulated on-site.

For processors seeking an exemption from the permitting requirements, the applicant must submit all information as required. Failure to submit all information will delay and may result in termination of application review.

Fees. An application for an exemption as a processor will not be processed until applicable fees are paid. There are no fees for application for registration as a Class One or Class Two Receiver.

Certification of Compliance. Give the printed name, title and telephone for the responsible corporate official requesting the registration or the exemption. The person signing the permit application must be a responsible corporate official as defined in ADEM Administrative Code 335-4-1-.01.

Submittal. Submit this form and applicable fees as shown.

Regulations in ADEM Admin. Code 335 may be found on the ADEM web site at: [adem.alabama.gov/regulations/regulations.htm](http://adem.alabama.gov/regulations/regulations.htm). Scrap tire regulations are in Division 4. Fee regulations are in Division 1, Chapter 6.



This form is now available for electronic submittal using the Alabama Environmental Permitting and Compliance System or AEPACS.

*[Note: The program will no longer accept paper form submittals.]*

Please click the link below to submit this form electronically using AEPACS.

<https://aepacs.adem.alabama.gov/nviro/ncore/external/home>



Section 6: Certification of Compliance.

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 (Must be signed by a responsible corporate official of permit applicant):

\_\_\_\_\_ TITLE: \_\_\_\_\_  
\_\_\_\_\_ DATE: \_\_\_\_\_  
(print or type name)

Section 7: Submittal:

Submit this form and applicable fees to:

Alabama Department of Environmental Management  
Solid Waste Branch  
Materials Management Section

(mailing address)  
P.O. Box 301463  
Montgomery, AL 36130-1463

(physical address)  
1400 Coliseum Blvd.  
Montgomery, AL 36110-2059

(E-mail)  
TireMail@adem.alabama.gov

INSTRUCTIONS  
Scrap Tire Transporter Permit Application

Section 1: Application Information. Check the type of application being submitted. Complete the site name, address and contact information for the permit applicant. Include the company name, the name of the permittee (if different), the mailing address and the physical address of the company. Names of contacts other than the Responsible Official signing the permit application may be given. Provide e-mail addresses if available.

Section 2: Financial Assurance. Give the type of financial assurance instrument(s) to be used by the transporter. Give the name of company providing the financial assurance instrument, and the mailing address of the provider. Give the expiration date of the financial assurance. Include a contact name and telephone number at the provider of a person familiar with the financial instrument used by the permit applicant. An original copy of the financial assurance instrument must be included with the application. If an electronic submittal of this application is made, the applicant may either obtain a signed electronic version of the instrument or send a signed original by mail. If more than one provider is used, complete separate forms for each provider. A Limited-Use Transporter is not required to have financial assurance.

Section 3: Operating Record. Given the location where the operating record for the permittee will be maintained. A Limited-Use Transporter is not required to maintain an Operating Record, but shall maintain proof of transporting scrap tires to an acceptable location.

Section 4: Fees. An application for a transporter permit will not be processed until applicable fees are paid. See ADEM Admin. Code 335-1-6 for applicable fees.

Section 5: Decal Requests. Provide the total number of decals requested by the applicant. This will be the number of vehicles operated by the applicant to transport tire materials. The applicant will be required to maintain in the Operating Record a list of vehicles used for transport and each corresponding decal. If new vehicles are added, the transporter must submit a request for additional decals. Decals are not transferable among different vehicles.

Section 6: Certification of Compliance. Give the printed name, title and telephone for the responsible corporate official requesting the transporter permit. The person signing the permit application must be a responsible corporate official as defined in 335-4-1-.01.

Section 7: Submittal. Submit the completed form and applicable fees to:

Alabama Department of Environmental Management  
Solid Waste Branch  
Materials Management Section  
P.O. Box 301463 (mailing address)      1400 Coliseum Blvd. (Physical address)  
Montgomery, AL 36130-1463              Montgomery, AL 36110-2059

An electronic version of this application may be submitted to ADEM at [TireMail@adem.alabama.gov](mailto:TireMail@adem.alabama.gov). If submitting application electronically, all attachments to this application must also be submitted in an electronic version. Contact ADEM at 334-274-4201 for additional information about this application form.

Regulations in ADEM Admin. Code 335 may be found on the ADEM web site at: [adem.alabama.gov/alEnviroRegLaws/default.cnt](http://adem.alabama.gov/alEnviroRegLaws/default.cnt). Scrap tire regulations are in Division 4. Fee regulations are in Division 1, Chapter 6.

Alabama Department of Environmental Management  
Scrap Tire Quarterly Report

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Permit or Registration Number: \_\_\_\_\_

Reporting Period (check one): \_\_\_ Jan Feb Mar; \_\_\_ Apr May Jun; \_\_\_ Jul Aug Sep; \_\_\_ Oct Nov Dec; Year \_\_\_\_\_

Summary of Tire Materials Handled:

(check one)  
No.    Tons

a. Receivers

- (1) Number or tons offered for transportation \_\_\_\_\_
- (2) Number or tons transported to a processor \_\_\_\_\_
- (3) Number or tons transported to a SWDF \_\_\_\_\_

b. Transporters

- (1) Number or tons transported to a processor \_\_\_\_\_
- (2) Number or tons transported to a SWDF \_\_\_\_\_

c. Processors receiving tire materials

- (1) Number or tons received from transporters \_\_\_\_\_
- (2) Number or tons received from individuals \_\_\_\_\_
- (3) Number or tons received from nonprofits \_\_\_\_\_

d. Processors shipping tire materials

- (1) Number or tons offered for transportation \_\_\_\_\_
- (2) Number or tons transported to a SWDF \_\_\_\_\_

e. Solid Waste Disposal Facilities

- (1) Number or tons received from transporters \_\_\_\_\_
- (2) Number or tons received from individuals \_\_\_\_\_
- (3) Number or tons received from nonprofits \_\_\_\_\_

Name, Location and Permit or Registration Number of transporters, processors and SWDF to whom tire materials were sent. Complete and attach other copies of this form to report all activities.

| Name  | Location (city/state) | Permit/Reg Number |
|-------|-----------------------|-------------------|
| _____ | _____                 | _____             |
| _____ | _____                 | _____             |
| _____ | _____                 | _____             |
| _____ | _____                 | _____             |
| _____ | _____                 | _____             |
| _____ | _____                 | _____             |
| _____ | _____                 | _____             |

*I hereby certify that this report has been examined by me, and to the best of my knowledge and belief, is a true and complete report for the period stated.*

\_\_\_\_\_ signature \_\_\_\_\_ date signed

\_\_\_\_\_ printed name \_\_\_\_\_ title

Submit form to: ADEM Solid Waste Branch, PO Box 301463, Montgomery, AL 36130-1463 or via e-mail to [TireMail@adem.state.al.us](mailto:TireMail@adem.state.al.us).

INSTRUCTIONS  
Scrap Tire Quarterly Report

Complete the name and address of the facility submitting the quarterly report. Enter the permit number or registration number.

Check the reporting period.

Report the amount of tire materials handled. Check whether the amount is reported as the number of tires or the weight of tire materials. If reporting both for the same category, separate the numbers by the use of a forward slash, "/" and check both units.

Report the name, principal business location (city and state only) and permit or registration number of transporters, processors and SWDF to whom tire materials were sent. Complete and attach other copies of this form to report all activities.

The reporting of a state, county or municipal government delivering tire materials to a processor or SWDF without a manifest shall be reported in either c.(3) or e.(3), as appropriate.

Print the name and title of the responsible official signing the quarterly report, and the date signed.

This report shall be permitted no later than the twenty-eighth day of the next month after the end of the reporting period. Submit this report in paper form or on a compact disk to:

ADEM  
Solid Waste Branch

(mailing address)  
PO Box 301463  
Montgomery, AL 36130-1463

(parcel delivery)  
1400 Coliseum Blvd  
Montgomery, AL 36110-2059

An electronic version of this report may be submitted to ADEM at [TireMail@adem.state.al.us](mailto:TireMail@adem.state.al.us). Contact ADEM at 334-271-7988 for additional information about this report form.

Regulations in ADEM Admin. Code 335 may be found on the ADEM web site at: [www.adem.state.al.us/Regulations](http://www.adem.state.al.us/Regulations). Scrap tire regulations are in Division 4. Fee regulations are in Division 1, Chapter 6.





This form is now available for electronic submittal using the Alabama Environmental Permitting and Compliance System or AEPACS.

*[Note: The program will no longer accept paper form submittals.]*

Please click the link below to submit this form electronically using AEPACS.

<https://aepacs.adem.alabama.gov/nviro/ncore/external/home>

Alabama Department of Environmental Management  
Scrap Tire Processor Permit Application

Section 1: Application Information.

| <u>Type of Application</u>               | <u>Classification of Processor</u> |
|--|------------------------------------|
| ____ New Application                     | ____ Class One Processor           |
| ____ Renewal - Permit Number: _____      | ____ Class Two Processor           |
| ____ Modification - Permit Number: _____ | ____ Class Three Processor         |

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(mailing) \_\_\_\_\_ (physical) \_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_ Permittee: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2: Financial Assurance.

Instrument Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Financial assurance instrument or instruments must be attached.)

Section 3: Property owner.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Responsible Official: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Section 4: Attachments to Permit Application.

For Class One and Class Two Processors, submit the following with the permit application:

1. A general narrative description of the processing that will be conducted at the facility and the products manufactured from tire materials, the maximum 30-day volume of tire materials to be utilized in the process, and other information necessary to explain the facility.
2. Facility design plans including engineering drawings of all buildings, equipment, receiving and storage areas.
3. Operational Plan, to include a narrative of operational procedures including methods of receiving, storing, processing and shipping tire materials.
4. Vector Control Plan.
5. Emergency Response Plan.
6. Location maps.
7. Other plans and attachments as required by ADEM Admin. Code 335-4.

For Class Three Processors, submit the following with the permit application:

1. Operational Plan, to include a narrative of operational procedures including methods of receiving, storing, processing and shipping tire materials.
2. Vector Control Plan.
3. Emergency Response Plan.
4. Other plans and attachments as required by ADEM Admin. Code 335-4.

Storage of tire materials at processors must be in compliance with ADEM Admin. Code 335-4-4-.02.

Section 5: Operating Record.

Physical Location where Records will be maintained:    Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

Section 6: Application Fees.

Permit Application Fees Included: \$\_\_\_\_\_ (See ADEM Admin Code 335-1-6 for applicable fees.)

Section 7: Certification of Compliance

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 Corporate Official of permit applicant:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (print or type name)

Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

## INSTRUCTIONS SCRAP TIRE PROCESSOR PERMIT APPLICATION

**Section 1: Application Information.** Check the type of application being submitted. Check the classification of the processor making this application. Classifications of processors include:

Class One Processors - are processors who shred, size-reduce or alter tires, punch or stamp tire materials to produce an end-product, or produce products from ground or crumb rubber at their facility.

Class Two Processors - are processors who only shred, size reduce or alter tires at their facility.

Class Three Processors - are mobile processors.

Complete the name, address and contact information for the permit applicant. Include the company name, the name of the permittee (if different), the mailing address and the physical address of the company. Names of contacts other than the Responsible Official signing the permit application may be given. Include e-mail addresses if available.

**Section 2: Financial Assurance.** Give the type of financial assurance instrument(s) to be used by the processor. Give the name of company providing the financial assurance instrument, and the mailing address of the provider. Include a contact name and telephone number at the provider of a person familiar with the financial instrument used by the permit applicant. The financial assurance instrument must be included with the application. If an electronic submittal of this application is made, the applicant may either obtain a signed electronic version of the instrument or send a signed original by mail.

**Section 3: Landowner.** The persons owning an interest in the land where a facility or site is located must be reported if different from the applicant. Give the name, title and contact information for the person(s) owning an interest in the land.

**Section 4: Attachments to Permit Application.** The applicant must submit all required attachments with their application.

**Section 5: Operating Record.** Give the location where the operating record for the permittee will be maintained.

**Section 6: Fees.** An application for a processor permit will not be processed until applicable fees are paid. Fees may be found in ADEM Admin. Code 335-1-6.

**Section 7: Certification of Compliance.** Give the printed name, title and telephone for the responsible corporate official requesting the processor permit. The person signing the permit application must be a responsible corporate official as defined in ADEM Admin. Code 335-4-1-.01.

**Submittal:** Submit this form and applicable fees to:

Alabama Department of Environmental Management  
Solid Waste Branch  
Materials Management Section

P.O. Box 301463 (mailing address)  
Montgomery, AL 36130-1463

1400 Coliseum Blvd. (physical address)  
Montgomery, AL 36110-2059

An electronic version of this application may be submitted to ADEM at [TireMail@adem.alabama.gov](mailto:TireMail@adem.alabama.gov). If submitting application electronically, all attachments to this application must also be submitted in an electronic version. Contact ADEM at 334-271-7988 for additional information about this application form.

Regulations in ADEM Admin. Code 335 may be found on the ADEM web site at: [adem.alabama.gov/Regulations/Regulations.htm](http://adem.alabama.gov/Regulations/Regulations.htm). Scrap tire regulations are in Division 4. Fee regulations are in Division 1, Chapter 6.

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
CATHODIC PROTECTION MONITORING FORM FOR GALVANIC SYSTEMS**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

1. Galvanic cathodic protection systems must be tested:
  - a. In accordance with the latest edition code of practice established by the National Association of Corrosion Engineers (TM0101),
  - b. By a qualified cathodic protection tester within 1 month of installation and repair of any portion of the UST system, and every 3 years.
2. Please use photocopies of the appropriate pages if you have more than 4 tanks at any one location.
3. Please remove all pages that do not apply to the site.
4. Submit a completed form for all tanks and piping using cathodic protection within 30 days of completing the test by fax to (334) 270-5631, by e-mail to david.batchelor@adem.alabama.gov or by mail to: *Alabama Department of Environmental Management, Groundwater Branch/UST Compliance Section, Post Office Box 301463, Montgomery, AL 36130-1463.*
5. The UST owner is required to keep a record of these tests for 3 years from the date of the test on a form acceptable to the Department.

| Facility Information                     | Reason Testing Was Conducted (mark only one)                         |
|--|--|
| Site Name:                               | <input type="checkbox"/> Routine test within 1 month of installation |
| Address:                                 | <input type="checkbox"/> Routine 3-year test                         |
| City, County, State, Zip, Country:       | <input type="checkbox"/> Test within 1 month of repair               |
| Owner Information                        | General Information  |
| Owner:                                   | Date of Testing:   |
| Address:                                 | Temperature:   |
| City, State, Zip Code, Country:          | Weather Conditions:  |
| Phone Number:                      Email | Tank Backfill Material:  |

Site Latitude    Longitude                      **Underground Storage Tank Facility Site Drawing**

1. In the space below, sketch the important parts of the facility such as tanks, manways, fill pipes, tank monitor, vapor recovery connections, piping, vents, drilled test ports, anodes, pump islands, and buildings.
2. Indicate reference cell locations using location code "R" and sequential numbers (e.g. R1, R2) and structure contact points using the location code "S" and sequential numbers (e.g. S1, S2) as used in the tables on the following pages.
3. For each tank, include ADEM unique tank number and/or product stored. Use the letter and number designations from the tables on the following pages to indicate reference cell locations and structure contact locations used for each measurement.

| Facility I.D.# _____ - _____ - _____   |   | CPTEST                                  |   |
|--|---|---|---|
| Underground Storage Tanks Continuity Test Results (Galvanic Systems)   |   |   |   |
| 1. The "Location Code" must be used to locate the reference cell and structure contact points on the drawing of the facility as discussed on page 1.<br>2. Record continuity test measurements using "Fixed Cell, Moving Ground Technique", or the structure-to-structure "Potential Difference Technique".<br>3. When using the "Fixed Cell, Moving Ground Technique", the reference cell must be placed in the soil at a location remote from the UST system (not within potential gradient of anodes or shielded by other tanks or structures) and left undisturbed until continuity testing is completed.<br>4. If one continuity method fails to conclusively show proper isolation, the other method may be used to try to show proper isolation.<br>5. Metallic structures are <u>isolated</u> when the "Voltage Potential" difference between two structures is greater than 10 mv, <u>continuous</u> when 10 mv or less.<br>6. All single and double wall metal tanks <u>should be isolated from all other metallic structures</u> to maximize the life of the tank's galvanic cathodic protection system . |   |   |   |
| Location Code  | Reference Cell Location and Structure Contact Points (Check all available points) | Voltage Potential (negative millivolts) | Results/Comments (Mark the one that does NOT apply) |
| R 1  | _____*  |   |   |
| Tank (# _____), ADEM Unique Tank # and/or Grade of Product Stored _____, Size in Gallons _____   |   |   |   |
| S _____  | (Tank bottom)(test lead)(_____)**   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Submersible pump  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Fill pipe   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Tank monitor  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Vapor recovery connection   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Vent line   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| Tank (# _____), ADEM Unique Tank # and/or Grade of Product Stored _____, Size in Gallons _____   |   |   |   |
| S _____  | (Tank bottom)(test lead)(_____)**   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Submersible pump  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Fill pipe   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Tank monitor  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Vapor recovery connection   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Vent line   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| Tank (# _____), ADEM Unique Tank # and/or Grade of Product Stored _____, Size in Gallons _____   |   |   |   |
| S _____  | (Tank bottom)(test lead)(_____)**   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Submersible pump  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Fill pipe   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Tank monitor  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Vapor recovery connection   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Vent line   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| Tank (# _____), ADEM Unique Tank # and/or Grade of Product Stored _____, Size in Gallons _____   |   |   |   |
| S _____  | (Tank bottom)(test lead)(_____)**   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Submersible pump  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Fill pipe   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Tank monitor  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Vapor recovery connection   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Vent line   | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |

\*Describe remote location of reference cell for "Fixed Cell, Moving Ground Technique". N/A for structure-to-structure "Potential Difference Technique".

\*\*Indicate base structure contact point for both techniques. Mark all that do NOT apply. Make sure tank is not internally lined before using tank bottom.

\*\*\*Describe location of any other contact points measured.

| Facility I.D.# _____ - _____ - _____  |  | CPTTEST                       |   |
|---|--|-------------------------------|---|
| Underground Storage Tanks Structure-to-Soil Test Results (Galvanic Systems)   |  |                               |   |
| 1. The "Location Code" must be used to locate the reference cell and structure contact points on the drawing of the facility as discussed on page 1.<br>2. A minimum of 3 tank voltage measurements must be taken; one while the reference cell is placed in the soil as close to the middle of the tank as possible and the others while the reference cell is placed in the soil as close as possible to each end of the tank (but not directly over anodes).<br>3. All single and double wall metal tanks using a galvanic cathodic protection system, must have all voltage measurements equal to or more negative than -850 mv to be protected from corrosion and pass the structure-to-soil test. |  |                               |   |
| Location Code   | Structure Contact Point and Reference Cell Locations | Voltage (negative millivolts) | Results/Comments (Mark the one that does NOT apply) |
| Tank (# _____)  |  |                               |   |
| S _____   | (Tank bottom)(test lead)(_____)*                     |                               |   |
| R _____   | Soil near submersible pump manway                    | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near tank monitor manway                        | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near vapor recovery manway                      | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near vent riser                                 | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| Tank (# _____)  |  |                               |   |
| S _____   | (Tank bottom)(test lead)(_____)*                     |                               |   |
| R _____   | Soil near submersible pump manway                    | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near tank monitor manway                        | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near vapor recovery manway                      | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near vent riser                                 | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| Tank (# _____)  |  |                               |   |
| S _____   | (Tank bottom)(test lead)(_____)*                     |                               |   |
| R _____   | Soil near submersible pump manway                    | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near tank monitor manway                        | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near vapor recovery manway                      | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near vent riser                                 | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| Tank (# _____)  |  |                               |   |
| S _____   | (Tank bottom)(test lead)(_____)*                     |                               |   |
| R _____   | Soil near submersible pump manway                    | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near tank monitor manway                        | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near vapor recovery manway                      | - mv                          | (pass) (fail)                                       |
| R _____   | Soil near vent riser                                 | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**  | - mv                          | (pass) (fail)                                       |

\*Indicate base structure contact point. Mark all that do NOT apply. Make sure tank is not internally lined before using tank bottom.

\*\*Describe location of any other reference cell location used.

| Facility I.D.# _____ - _____ - _____   |   | CPTTEST                                 |   |
|--|---|---|---|
| Underground Metal Product Piping Continuity Test Results (Galvanic Systems)  |   |   |   |
| 1. The "Location Code" must be used to locate the reference cell and structure contact points on the drawing of the facility as discussed on page 1.<br>2. Record continuity test measurements using "Fixed Cell, Moving Ground Technique", or the structure-to-structure "Potential Difference Technique".<br>3. When using the "Fixed Cell, Moving Ground Technique", the reference cell must be placed in the soil at a location remote from the UST system (not within potential gradient of anodes or shielded by other tanks or structures) and left undisturbed until continuity testing is completed.<br>4. If one continuity method fails to conclusively show proper isolation, the other method may be used to try to show proper isolation.<br>5. Metallic structures are isolated when the "Voltage Potential" difference between two structures is greater than 10 mv, continuous when 10 mv or less.<br>6. All single and double wall metal piping should be isolated from all other metallic structures to maximize the life of the piping's galvanic cathodic protection system . |   |   |   |
| Location Code  | Reference Cell Location and Structure Contact Points (Check all available points) | Voltage Potential (negative millivolts) | Results/Comments (Mark the one that does NOT apply) |
| R 1  | _____*  |   |   |
| Tank (# _____) Metal Piping, Type of Metal (steel) (copper)( _____ ) Approximate Length of Piping in Feet _____  |   |   |   |
| S _____  | (Piping)(flex conn.) at submersible pump**  | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| Tank (# _____) Metal Piping, Type of Metal (steel) (copper)( _____ ) Approximate Length of Piping in Feet _____  |   |   |   |
| S _____  | (Piping)(flex conn.) at submersible pump**  | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| Tank (# _____) Metal Piping, Type of Metal (steel) (copper)( _____ ) Approximate Length of Piping in Feet _____  |   |   |   |
| S _____  | (Piping)(flex conn.) at submersible pump**  | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| Tank (# _____) Metal Piping, Type of Metal (steel) (copper)( _____ ) Approximate Length of Piping in Feet _____  |   |   |   |
| S _____  | (Piping)(flex conn.) at submersible pump**  | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | (Piping)(flex conn.) at dispenser # _____**                                       | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |
| S _____  | Other _____***  | - mv                                    | (continuous) (isolated)                             |

\*Describe remote location of reference cell for "Fixed Cell, Moving Ground Technique". N/A for structure-to-structure "Potential Difference Technique".

\*\*Indicate piping and/or flex connector. Mark any that do NOT apply.

\*\*\*Describe location of any other contact points measured.



| Facility I.D.# _____ - _____ - _____  |   | CPTTEST                       |   |
|---|---|-------------------------------|---|
| <b>Underground Metal Product Piping Structure-to-Soil Test Results (Galvanic Systems)</b>   |   |                               |   |
| 1. The "Location Code" must be used to locate the reference cell and structure contact points on the drawing of the facility as discussed on page 1.<br>2. Piping voltage measurements should be taken with the reference cell in the soil at both ends of the piping run (but not directly over anodes), and if the run is longer than 100 feet, in the soil as close as possible to the middle of the piping run (but not directly over anodes).<br>3. All single and double wall metal piping using a galvanic cathodic protection system, must have all voltage measurements equal to or more negative than -850 mv to be protected from corrosion and pass the structure-to-soil test. |   |                               |   |
| Location Code   | Structure Contact Point and Reference Cell Locations        | Voltage (negative millivolts) | Results/Comments (Mark the one that does NOT apply) |
| <i>Tank (# _____) Metal Piping</i>  |   |                               |   |
| S _____   | Product piping at (dispenser # _____) (sub pump) ( _____ )* |                               |   |
| R _____   | Soil at submersible pump                                    | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil at middle of piping run                                | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**   | - mv                          | (pass) (fail)                                       |
| <i>Tank (# _____) Metal Piping</i>  |   |                               |   |
| S _____   | Product piping at (dispenser # _____) (sub pump) ( _____ )* |                               |   |
| R _____   | Soil at submersible pump                                    | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil at middle of piping run                                | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**   | - mv                          | (pass) (fail)                                       |
| <i>Tank (# _____) Metal Piping</i>  |   |                               |   |
| S _____   | Product piping at (dispenser # _____) (sub pump) ( _____ )* |                               |   |
| R _____   | Soil at submersible pump                                    | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil at middle of piping run                                | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**   | - mv                          | (pass) (fail)                                       |
| <i>Tank (# _____) Metal Piping</i>  |   |                               |   |
| S _____   | Product piping at (dispenser # _____) (sub pump) ( _____ )* |                               |   |
| R _____   | Soil at submersible pump                                    | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil under dispenser # _____                                | - mv                          | (pass) (fail)                                       |
| R _____   | Soil at middle of piping run                                | - mv                          | (pass) (fail)                                       |
| R _____   | Other _____**   | - mv                          | (pass) (fail)                                       |

\*Indicate base structure contact point. Mark all that do NOT apply.

\*\*Describe location of any other reference cell location used.



**ADEM**

**AUTOMATIC LINE LEAK DETECTOR (ALLD) TEST REPORT**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

|                                    |   |
|------------------------------------|---|
| Site Name:                         | Owner:  |
| Address:                           | Address:  |
| City, County, Zip, State, Country: | City, State, Zip, State, Country:                         |
| Facility I.D. #:                   | Phone # / Fax #: <span style="float:right;">Email:</span> |
| Tester Name:                       |   |
| Tester Certification:              | Tester Phone #:   |
| Certification Expiration:          | Certification Expiration: / /                             |
| Tester Company:                    | Site Latitude <span style="float:right;">Longitude</span> |

**Instructions**

1. Submit this form, attach all test data for every test performed, and submit a completed copy of this form to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov). This form must be completed and included with the test data or the submittal will not be accepted.
2. This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number and the test equipment remain the same.
3. Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Automatic Line Leak Detectors are designed to be tested in-place. Do not remove and test outside the tank system.
5. Keep a record copy of this testing for 3 years.

|  |
|--|
| Test Method Used - circle: (PEI RP-1200) (Manufacturer) Other (specify) _____                |
| Reason for Test - circle all that apply: (Annual Test) (New Installation) (Required by ADEM) |
| Manufacturer of Test Equipment: <span style="float:right;">Model or Version:</span>          |

| ADEM Unique Tank #                                     | Product Stored   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Piping material tested                                 | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel |
| Approximate length of piping run tested (nearest foot) |  |  |  |  |  |  |
| Type of ALLD   | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                                 | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                                 | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                                 | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                                 | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                                 | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                                 |
| Line pressure during test (psi)                        |  |  |  |  |  |  |
| Measured leak rate (gph)                               |  |  |  |  |  |  |
| Results of test  | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    | <input type="checkbox"/> pass<br><input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive    |
| Tester's initials and date tested                      | / /  | / /  | / /  | / /  | / /  | / /  |

| Repairs Needed | Date of Repair | Description of any Repairs |
|----------------|----------------|----------------------------|
|                |                |                            |
|                |                |                            |
|                |                |                            |
|                |                |                            |
|                |                |                            |

**Certification**

I certify under penalty of law that the test was performed in accordance with all regulatory requirements of ADEM administrative code rule 335-6-15 and that the submitted information is true, accurate, and complete.

|                            |             |
|----------------------------|-------------|
| Signature of Tester: _____ | Date: _____ |
|----------------------------|-------------|

## ADEM

**3 YEAR CONTAINMENT SUMP INTEGRITY TEST REPORT (LOW LEVEL METHOD)**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

|                                    |  |
|------------------------------------|--|
| Site Name:                         | Owner:   |
| Address:                           | Address:   |
| City, County, State, Zip, Country: | City, State, Zip, Country:                         |
| Facility I.D. #:                   | Phone #: <span style="float: right;">Email:</span> |
| Tester Name:                       | Tester Phone #:                                    |
| Tester Company:                    |  |

**Instructions**

1. Submit a completed copy of this form within 30 days of performing the test to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631 or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
2. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
3. Double walled containment sumps do not require testing.
4. Single and double walled containment sumps must also be checked annually in accordance with the Walkthrough Inspection requirements. See *ADEM Annual Walkthrough Inspection Checklist Log* which can be found on the ADEM website at [www.adem.alabama.gov/programs/water/groundwater.cnt](http://www.adem.alabama.gov/programs/water/groundwater.cnt).
5. Testing must be performed in accordance with *ADEM Low Level Hydrostatic Integrity Test Procedure for UST Containment Sumps*. This document can be found on the ADEM website at [www.adem.alabama.gov/programs/water/groundwater.cnt](http://www.adem.alabama.gov/programs/water/groundwater.cnt).
6. Keep a record copy of this testing for 3 years.

| ADEM Unique Tank #<br>or Owner's Dispenser #  |  |  |  |  |  |
|---|--|--|--|--|--|
| Product Stored<br>(N/A for dispenser)   |  |  |  |  |  |
| Type of sump tested   | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser |
| Sump free of cracks, holes, and compromised boots?<br>(if no, it fails without testing)   | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Water, fuel, trash & debris removed from sump prior to test?<br>(dispose of properly)   | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Does sump sensor activation shut off sub pump?<br>(if no, it fails without testing)   | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Is the sensor positioned at the lowest point in the sump?<br>(if no, it fails without testing)                                      | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Level above bottom of sump where sensor activates and shuts pump off in inches?<br>(if sensor does not activate, test fails)        |  |  |  |  |  |
| Starting test level above bottom of sump in inches?<br>(should be no less than 3 inches above the point where the sensor activates) |  |  |  |  |  |
| Level above bottom of sump to lowest penetration in inches?   |  |  |  |  |  |
| Test start time<br>Test end time<br>(minimum 1 hour)  | ____:____<br>____:____   | ____:____<br>____:____   | ____:____<br>____:____   | ____:____<br>____:____   | ____:____<br>____:____   |
| Measured water level drop in inches<br>(accurate to 1/16 inch)  |  |  |  |  |  |
| <b>Result of test</b><br>(Test fails if level drops 1/8 inch or more.)  | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   |
| Tester's initials and date tested   | ____ / ____ / ____   | ____ / ____ / ____   | ____ / ____ / ____   | ____ / ____ / ____   | ____ / ____ / ____   |
| <b>Repairs Needed</b>   | <b>Date of Repair</b>  | <b>Description of any Repairs</b>  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

**ADEM**

**3 YEAR CONTAINMENT SUMP INTEGRITY TEST REPORT (LOW LEVEL METHOD)**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

Contact Type: \_\_\_ Lessee \_\_\_ Consultant

Site Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip, Country: \_\_\_\_\_

Site Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Reason for Not Testing: \_\_\_\_\_

Comment: \_\_\_\_\_

## ADEM

## 3 YEAR CONTAINMENT SUMP INTEGRITY TEST REPORT

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

|   |  |
|---|--|
| Site Name:  | Registered Owner:                                    |
| Address:  | Address:   |
| City, County, Zip, Country:                               | City, State, Zip:                                    |
| Facility I.D. #:                      Latitude/Longitude: | Phone #:                                      Email: |
| Tester Name:  | Tester Phone #:                                      |
| Tester Company:   |  |

## Instructions

1. If a low level test is to be performed, do not use this form. Instead, use ADEM 3 Year Containment Sump Integrity Test Report (Low Level Method) form to document the results which can be found on the ADEM website at [www.adem.alabama.gov/programs/water/groundwater.cnt](http://www.adem.alabama.gov/programs/water/groundwater.cnt).
2. Submit a completed copy of this form within 30 days of performing the test to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631 or by email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
3. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number and the test method remain the same.
4. Double walled containment sumps do not require testing.
5. Single and double walled containment sumps must also be checked annually in accordance with the Walkthrough Inspection requirements. See *ADEM Annual Walkthrough Inspection Checklist Log* which can be found on the ADEM website at [www.adem.alabama.gov/programs/water/groundwater.cnt](http://www.adem.alabama.gov/programs/water/groundwater.cnt).
6. Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
7. Keep a record copy of this testing for 3 years.

Code of Practice or Manufacturer's Instructions used:

| ADEM Unique Tank #<br>or Owner's Dispenser #  |  |  |  |  |  |
|---|--|--|--|--|--|
| Product Stored<br>(N/A for dispenser)   |  |  |  |  |  |
| Type of sump tested   | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser   | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser   | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser   | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser   | <input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser   |
| Test method used  | <input type="checkbox"/> vacuum<br><input type="checkbox"/> pressure<br><input type="checkbox"/> hydrostatic<br><input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum<br><input type="checkbox"/> pressure<br><input type="checkbox"/> hydrostatic<br><input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum<br><input type="checkbox"/> pressure<br><input type="checkbox"/> hydrostatic<br><input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum<br><input type="checkbox"/> pressure<br><input type="checkbox"/> hydrostatic<br><input type="checkbox"/> manufacturer's instructions | <input type="checkbox"/> vacuum<br><input type="checkbox"/> pressure<br><input type="checkbox"/> hydrostatic<br><input type="checkbox"/> manufacturer's instructions |
| Sump free of cracks, holes, and compromised boots?<br>(if no, it fails without testing) | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Water, fuel, trash & debris removed from basin prior to test?<br>(dispose of properly)  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Height from bottom of sump to highest penetration in inches?<br>(hydrostatic test only) |  |  |  |  |  |
| Starting test level above bottom of sump in inches?<br>(hydrostatic test only)          |  |  |  |  |  |
| Test start time<br>Test end time<br>(minimum 1 hour)                                    | _____:_____<br>_____:_____   | _____:_____<br>_____:_____   | _____:_____<br>_____:_____   | _____:_____<br>_____:_____   | _____:_____<br>_____:_____   |
| Measured water level drop in inches accurate to 1/16 inch<br>(hydrostatic test only)    |  |  |  |  |  |
| <b>Result of test</b><br>(Hydrostatic test fails if level drops 1/8 inch or more.)      | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   |
| Tester's initials and date tested   | /    /   | /    /   | /    /   | /    /   | /    /   |
| <b>Repairs Needed</b>   | <b>Date of Repair</b>  | <b>Description of any Repairs</b>  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

## ADEM 30 DAY WALKTHROUGH INSPECTION CHECKLIST LOG FOR YEAR \_\_\_\_\_

|                                    |  |
|------------------------------------|--|
| Site Name:                         | Owner:   |
| Address:                           | Address:   |
| City, County, Zip, State, Country: | City, State, Zip, Country:                               |
| Facility I.D. #:                   | Phone #/Fax #: <span style="float: right;">Email:</span> |
| Tester Name:                       | Certification  |
| Tester Company:                    | Certification Expiration:                                |
| Tester Phone #:                    |  |

|  |                     |
|--|---------------------|
| Site Latitude _____ Longitude _____  | <b>Instructions</b> |
| <ol style="list-style-type: none"> <li>1. Spill prevention equipment at UST systems receiving deliveries at intervals greater than every 30 days may only be checked prior to each delivery.</li> <li>2. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-900, or equivalent), manufacturer's instructions, or ADEM requirements.</li> <li>3. Keep a copy of this inspection for 1 year. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.</li> </ol> |                     |

| Month of Inspection | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Day of inspection   |     |     |     |     |     |     |     |     |     |     |     |     |

| Spill Containment Equipment (Spill Bucket) Visual Inspection                   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|
| Evidence of a release from spill bucket? (If release found, report it to ADEM) | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 |
| Spill bucket free of damage?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 |
| Spill bucket free of water, fuel, and/or debris?                               | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 |
| Was water, fuel and/or debris disposed of properly?                            | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a |
| Is the fill pipe free of obstructions?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 |
| Does the fill cap fit securely on fill pipe?                                   | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 |
| If double walled spill bucket, is interstitial space free of liquid?           | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a |
| <b>Results of spill bucket inspection</b>                                      | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              |
| Inspector's initials   |   |   |   |   |   |   |   |   |   |   |   |   |

| Release Detection Equipment Inspection                                      |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Release detection operating with no alarms or unusual operating conditions? | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
| Release detection testing records are passing and current?                  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
| <b>Results of RD equipment inspection</b>                                   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail |
| Inspector's initials  |  |  |  |  |  |  |  |  |  |  |  |  |

| Repairs Needed | Date of Repair | Description of any Repairs |
|----------------|----------------|----------------------------|
|                |                |                            |
|                |                |                            |
|                |                |                            |
|                |                |                            |

## ADEM 3 YEAR OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT

|                                    |  |
|------------------------------------|--|
| Site Name:                         | Owner:   |
| Address:                           | Address:   |
| City, County, Zip, State, Country: | City, State, Zip, Country:                               |
| Facility I.D. #:                   | Phone #/ Fax # <span style="float: right;">Email:</span> |
| Inspector Name:                    | Inspector Phone #:                                       |
| Inspector Company:                 | Inspection Date:   |

|  |                 |                     |
|--|-----------------|---------------------|
| Site Latitude _____  | Longitude _____ | <b>Instructions</b> |
| <ol style="list-style-type: none"> <li>1. Submit a completed copy of this form within 30 days of performing test to: Groundwater Branch, PO Box 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: <a href="mailto:USTcompliance@adem.alabama.gov">USTcompliance@adem.alabama.gov</a>.</li> <li>2. If two or more types of overfill devices are present, only complete portion of form pertaining to the primary overfill device.</li> <li>3. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.</li> <li>4. Keep a copy of this inspection for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.</li> </ol> |                 |                     |

| ADEM Unique Tank #  | Product Stored   |  |  |  |  |
|---|--|--|--|--|--|
| Primary device being used in each tank to prevent overfill (Record only primary device inspection results.) | <input type="checkbox"/> Auto Shutoff<br><input type="checkbox"/> Alarm<br><input type="checkbox"/> Ball Float | <input type="checkbox"/> Auto Shutoff<br><input type="checkbox"/> Alarm<br><input type="checkbox"/> Ball Float | <input type="checkbox"/> Auto Shutoff<br><input type="checkbox"/> Alarm<br><input type="checkbox"/> Ball Float | <input type="checkbox"/> Auto Shutoff<br><input type="checkbox"/> Alarm<br><input type="checkbox"/> Ball Float | <input type="checkbox"/> Auto Shutoff<br><input type="checkbox"/> Alarm<br><input type="checkbox"/> Ball Float |
| Was primary overfill device removed for test?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |

| Automatic Shutoff Device Inspection                        |   |   |   |   |   |
|--|---|---|---|---|---|
| Drop tube and float free of debris?                        | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 |
| Float moves freely and poppet moves into path of flow?     | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 |
| Bypass valve free of blockage? (where applicable)          | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a |
| Flapper adjusted to shut off flow at 95% or less capacity? | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                 |

| High Level Alarm Inspection (Outside Near Tanks, Not Inside at Tank Monitor) |   |   |   |   |   |
|--|---|---|---|---|---|
| Overfill alarm activates in test mode at console?                            | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Alarm can be heard and/or seen from where the tank is filled?                | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| All associated floats move freely?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Alarm activates at 90% or less capacity?                                     | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |

| Ball Float Valve Inspection   |   |   |   |   |   |
|---|---|---|---|---|---|
| Ball float cage free of debris?                                       | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Ball moves freely in cage and is free of damage?                      | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Vent hole in pipe is open and near the top of the tank?               | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Ball float pipe is proper length to activate at 90% or less capacity? | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Tank top fittings are vapor tight and free of leaks?                  | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no |

| Inspection Results for Automatic Shutoff Device or High Level Alarm or Ball Float Valve |  |  |  |  |  |
|---|--|--|--|--|--|
| Results of Inspection:<br>("No" answer to any item indicates fail.)                     | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail |

| Repairs Needed                                   | Date of Repair | Description of any Repairs |
|--|----------------|----------------------------|
|  |                |                            |
| Site Contact ___ Lessee ___ Consultant ___ Owner |                |                            |
| Name, Address, City, State, Zip, Country         | Phone, Email   |                            |

|                           |
|---------------------------|
| Tester's Signature: _____ |
|---------------------------|



## ADEM

## ANNUAL PROBE AND SENSOR TEST REPORT FOR YEAR \_\_\_\_\_

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

|   |                                      |
|---|--------------------------------------|
| Site Name:  | Owner:                               |
| Address:  | Address:                             |
| City, County, Zip., Country                               | City, State, Zip:                    |
| Facility I.D. #:                      Latitude/Longitude: | Phone #:                      Email: |
| Inspector Name:   | Inspector Phone #:                   |
| Inspector Company:  |                                      |

## Instructions

- Submit a completed copy of this form within 30 days of performing test to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
- This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
- Complete portion of form pertaining to type of equipment tested for each tank.
- Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
- Keep a record copy of this testing for 3 years.

| ADEM Unique Tank # or Dispenser #  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|
| Product Stored (N/A for dispenser) |  |  |  |  |  |  |

## Probes

|  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
|--|--|--|--|--|--|--|
| Floats move freely?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
| Shaft inspected and free of damage?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
| Cables free of kinks?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
| Alarm functioning properly?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
| <b>Result of Probe test?</b><br>(Probe must meet all applicable criteria to pass.) | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail |
| Tester's initials and date tested  | / /  | / /  | / /  | / /  | / /  | / /  |

## Sensors

|   | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           |
|---|--|--|--|--|--|--|
| Installed on tank or piping?  | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           | <input type="checkbox"/> tank<br><input type="checkbox"/> piping                           |
| Type of sensor: discriminating (D) or non-discriminating (ND)?  | <input type="checkbox"/> D<br><input type="checkbox"/> ND                                  | <input type="checkbox"/> D<br><input type="checkbox"/> ND                                  | <input type="checkbox"/> D<br><input type="checkbox"/> ND                                  | <input type="checkbox"/> D<br><input type="checkbox"/> ND                                  | <input type="checkbox"/> D<br><input type="checkbox"/> ND                                  | <input type="checkbox"/> D<br><input type="checkbox"/> ND                                  |
| Piping interstitial space open, or test boots positioned, to allow product to enter sump from primary piping? | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> NA | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> NA | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> NA | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> NA | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> NA | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> NA |
| Are sensors positioned vertically near bottom of the sump or tank?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                |
| Alarm functioning properly?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                |
| Is sensor relayed to shut the pump off?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                |
| Did the sensor test shut the pump off?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                | <input type="checkbox"/> yes<br><input type="checkbox"/> no                                |
| <b>Result of Sensor test?</b><br>(Sensor must meet all applicable criteria to pass.)                          | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                             | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                             | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                             | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                             | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                             | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                             |
| Tester's initials and date tested   | / /  | / /  | / /  | / /  | / /  | / /  |

| Repairs Needed | Date of Repair | Description of any Repairs |
|----------------|----------------|----------------------------|
|                |                |                            |
|                |                |                            |
|                |                |                            |
|                |                |                            |

## ADEM ANNUAL RELEASE DETECTION EQUIPMENT OPERATION AND CALIBRATION TESTING LOG FOR YEAR \_\_\_\_\_

|                                    |                            |
|------------------------------------|----------------------------|
| Site Name:                         | Owner:                     |
| Address:                           | Address:                   |
| City, County, Zip, State, Country: | City, State, Zip, Country: |
| Facility I.D. #:                   | Phone #:                   |
| Inspector Name:                    | Inspector Phone #:         |
| Inspector Company:                 | Inspector Date:            |

Site Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**Instructions**

1. This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
2. Complete portion of form pertaining to all types of equipment inspected for each tank.
3. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200, or equivalent), manufacturer's instructions, or ADEM requirements.
4. Keep a copy of this inspection for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.

|                           |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|
| <b>ADEM Unique Tank #</b> |  |  |  |  |  |  |
| <b>Product Stored</b>     |  |  |  |  |  |  |

| Vacuum Pumps and Pressure Gauges  |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| Proper communication with sensors and controller observed?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a |
| Gauges reading properly? (All pressure gauges should show a positive reading and all vacuum gauges should show a negative reading.) | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a |
| <b>Operation and calibration testing results?</b><br>(Must meet all applicable criteria to pass.)                                   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              |

| Hand-Held Electronic Sampling Equipment Associated with Groundwater and Vapor Monitoring          |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| Proper operation and calibration observed?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a |
| <b>Operation and calibration testing results?</b><br>(Must meet all applicable criteria to pass.) | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                              |

| Other Component Tested:   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Proper operation and calibration observed?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
| <b>Operation and calibration testing results?</b><br>(Must meet all applicable criteria to pass.) | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail |

| Other Component Tested:   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Proper operation and calibration observed?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
| <b>Operation and calibration testing results?</b><br>(Must meet all applicable criteria to pass.) | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail |

| Repairs Needed                                | Date of Repair | Description of any Repairs |
|---|----------------|----------------------------|
|   |                |                            |
|   |                |                            |
| Site Contact __ Owner __ Lessee __ Consultant |                |                            |
| Address                                       |                |                            |
| City, State, Zip, Country:                    |                |                            |
|   |                |                            |

**Tester's Signature:** \_\_\_\_\_

**ADEM  
COMPATIBILITY DEMONSTRATION LOG FOR UST SYSTEMS STORING  
A REGULATED SUBSTANCE (PRODUCT) WITH GREATER THAN  
10% ETHANOL OR 20% BIODIESEL**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

|  |  |
|--|--|
| Facility Name:                         | Owner:   |
| Address:                               | Address:   |
| City, County, Zip, Country:            | City, State, Zip:                                  |
| Facility I.D. #:                       | Phone #: <span style="float: right;">Email:</span> |
| Name of Person Completing Form:        |  |
| Phone # of Person Completing Form:     |  |
| Date form completed:        /        / |  |

**Instructions**

1. Complete a separate form for each UST system storing greater than E10 or B20, or other regulated substance identified by the Department.
2. Attach a copy of the manufacturer's affirmative statement, if applicable.
3. Keep a record copy of each log sheet for as long as the UST system is used to store the regulated substance indicated.

|  |           |
|--|-----------|
| ADEM Unique Tank #:  | UST Size: |
| UST Material of Construction: <input type="checkbox"/> fiberglass <input type="checkbox"/> steel <input type="checkbox"/> clad steel <input type="checkbox"/> fiberglass lined steel |           |
| Underground Piping Material of Construction: <input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel                                    |           |
| Product Stored: <input type="checkbox"/> E____ (greater than 10) <input type="checkbox"/> B____ (greater than 20) <input type="checkbox"/> other, (please specify):                  |           |

|   |   |   |
|---|---|---|
| Please indicate the method for demonstrating compatibility for each of the listed equipment or component. | A nationally recognized independent testing laboratory (such as Underwriters Laboratories) has certified or listed that equipment and components are compatible with the biofuel blend stored in this UST system. | The manufacturer of this equipment or component has a written affirmative statement stating that equipment and components are compatible for a range of biofuel blends that covers the biofuel blend stored in this UST system. |
| Underground storage Tank  | <input type="checkbox"/> yes    When applicable, please specify lab:<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   | <input type="checkbox"/> yes    When applicable, please attach statement<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   |
| Underground piping  | <input type="checkbox"/> yes    When applicable, please specify lab:<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   | <input type="checkbox"/> yes    When applicable, please attach statement<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   |
| Submersible pump  | <input type="checkbox"/> yes    When applicable, please specify lab:<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   | <input type="checkbox"/> yes    When applicable, please attach statement<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   |
| Submersible pump containment sump   | <input type="checkbox"/> yes    When applicable, please specify lab:<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   | <input type="checkbox"/> yes    When applicable, please attach statement<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   |
| Under dispenser containment sump  | <input type="checkbox"/> yes    When applicable, please specify lab:<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   | <input type="checkbox"/> yes    When applicable, please attach statement<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   |
| Tank release detection equipment; Please specify:   | <input type="checkbox"/> yes    When applicable, please specify lab:<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   | <input type="checkbox"/> yes    When applicable, please attach statement<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   |
| Piping release detection equipment; Please specify:   | <input type="checkbox"/> yes    When applicable, please specify lab:<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   | <input type="checkbox"/> yes    When applicable, please attach statement<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   |
| Spill prevention equipment  | <input type="checkbox"/> yes    When applicable, please specify lab:<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   | <input type="checkbox"/> yes    When applicable, please attach statement<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   |
| Overfill prevention equipment   | <input type="checkbox"/> yes    When applicable, please specify lab:<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   | <input type="checkbox"/> yes    When applicable, please attach statement<br><input type="checkbox"/> no<br><input type="checkbox"/> N/A   |

**ADEM**

**MANUAL TANK GAUGING MONTHLY LOG**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

|                                    |           |            |                   |  |
|------------------------------------|-----------|------------|-------------------|--|
| Site Name:                         |           |            | Registered Owner: |  |
| Address:                           | Latitude: | Longitude: | Address:          |  |
| City, County, Zip, Country:        |           |            | City, State, Zip: |  |
| Facility I.D. #:                   |           | Phone #:   | Email:            |  |
| Name of Person Completing Form:    |           |            |                   |  |
| Phone # of Person Completing Form: |           |            |                   |  |

**Instructions**

1. Determine your UST tank capacity and diameter. Only UST sizes indicated in the table below may be tested using this method.
2. The test must be performed once per week. The minimum test duration must be as shown in the table below. No product may be added or removed from the UST during the test.
3. The product level must be measured twice at the beginning and twice at the end of the test period. Determine the initial and final product volume using the average of the initial and final product level measurements. Use your tank chart to convert inches to gallons.
4. Compare the weekly test result with the weekly standard shown in the table below for your tank capacity and diameter.
5. Also, at the end of each 4 week period, compare the monthly average of the 4 weekly test results to the monthly standard shown in the table below for your tank capacity and diameter.
6. If any weekly result or monthly average result exceeds the amount shown in the table below, the UST fails the test and a release from the UST may be occurring. Within 24 hours, call the ADEM Groundwater Branch at (334) 270-5655 to report a suspected leak.
7. Keep a record copy of this testing for 1 year.

| UST Capacity and Diameter                       | Minimum Duration Of Test | Weekly Standard (1 test) | Monthly Standard (4-test average) |
|---|--------------------------|--------------------------|-----------------------------------|
| Up to 550 gallons                               | 36 hours                 | 10 gallons               | 5 gallons                         |
| 551-1,000 gallons<br>(when UST diameter is 64") | 44 hours                 | 9 gallons                | 4 gallons                         |
| 551-1,000 gallons<br>(when UST diameter is 48") | 58 hours                 | 12 gallons               | 6 gallons                         |

| ADEM Unique Tank #:   | UST Capacity:   | UST Diameter:  | Product Stored:  |
|---|---|--|--|
| Start Test<br>(month, day, year and time)   | First Initial Stick Reading<br>(inches)                     | Second Initial Stick Reading<br>(inches)                                   | Average Initial Reading<br>(inches)  |
| / / (am)(pm)  |   |  |  |
| / / (am)(pm)  |   |  |  |
| / / (am)(pm)  |   |  |  |
| / / (am)(pm)  |   |  |  |
| End Test<br>(month, day, year and time)   | First End Stick Reading<br>(inches)                         | Second End Stick Reading<br>(inches)                                       | Average End Reading<br>(inches)  |
| / / (am)(pm)  |   |  |  |
| / / (am)(pm)  |   |  |  |
| / / (am)(pm)  |   |  |  |
| / / (am)(pm)  |   |  |  |
| Weekly Standard<br>Change in Product Volume<br>Initial Volume [a] – End Volume [b]<br>(show positive (+) or negative (-) gallons) | <b>UST Weekly Standard Test Result</b>                      | Monthly Check for Water or Phase Separated Water at Bottom of UST (inches) | Monthly Standard Divide the Sum of the 4 Weekly Standards by 4 (show positive (+) or negative (-) gallons) |
|   | <input type="checkbox"/> pass <input type="checkbox"/> fail |  |  |
|   | <input type="checkbox"/> pass <input type="checkbox"/> fail |  |  |
|   | <input type="checkbox"/> pass <input type="checkbox"/> fail |  |  |
|   | <input type="checkbox"/> pass <input type="checkbox"/> fail |  | <input type="checkbox"/> pass <input type="checkbox"/> fail  |
| <b>Repairs Needed</b>   | <b>Date of Repair</b>                                       | <b>Description of any Repairs</b>  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |

## ADEM ANNUAL LIQUID SENSOR INSPECTION AND FUNCTIONALITY TEST FOR YEAR \_\_\_\_\_

|                    |                   |
|--------------------|-------------------|
| Facility Name:     | Owner:            |
| Address:           | Address:          |
| City, County, Zip: | City, State, Zip: |
| Facility I.D. #:   | Phone #:          |
| Tester Name:       | Tester Phone #:   |
| Tester Company:    | Test Date:        |

### Instructions

1. Submit a completed copy of this form within 30 days of performing test to: Groundwater Branch, PO Box 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
2. This form allows you to record up to 6 ADEM Unique Tank Numbers and/or Dispenser Numbers, assuming that the Facility ID Number remains the same.
3. Inspection and Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Keep a copy of this testing for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

| ADEM Unique Tank # or Dispenser #  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Product Stored or Dispensed  |  |  |  |  |  |  |
| Location of sensor   | <input type="checkbox"/> UST<br><input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> UST<br><input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> UST<br><input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> UST<br><input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> UST<br><input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser | <input type="checkbox"/> UST<br><input type="checkbox"/> sub pump<br><input type="checkbox"/> intermediate<br><input type="checkbox"/> dispenser |
| Is sensor installed on tank or piping?   | <input type="checkbox"/> tank<br><input type="checkbox"/> piping   | <input type="checkbox"/> tank<br><input type="checkbox"/> piping   | <input type="checkbox"/> tank<br><input type="checkbox"/> piping   | <input type="checkbox"/> tank<br><input type="checkbox"/> piping   | <input type="checkbox"/> tank<br><input type="checkbox"/> piping   | <input type="checkbox"/> tank<br><input type="checkbox"/> piping   |
| Type of sensor: discriminating (D) or non-discriminating (ND)?                               | <input type="checkbox"/> D<br><input type="checkbox"/> ND  | <input type="checkbox"/> D<br><input type="checkbox"/> ND  | <input type="checkbox"/> D<br><input type="checkbox"/> ND  | <input type="checkbox"/> D<br><input type="checkbox"/> ND  | <input type="checkbox"/> D<br><input type="checkbox"/> ND  | <input type="checkbox"/> D<br><input type="checkbox"/> ND  |
| Is sensor positioned close to bottom at lowest point of the sump or tank?                    | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Does inspection of the sensor indicate sensor is undamaged?                                  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Upon sensor activation, is alarm triggered on the console for the correct sensor?            | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Is sensor relayed to shut off the pump?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| When relayed sensor is activated, does it shut off the pump?                                 | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  | <input type="checkbox"/> yes<br><input type="checkbox"/> no<br><input type="checkbox"/> n/a  |
| Does console test history include test alarms? (Don't forget to clear test alarms)           | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Does site setup agree with configuration shown in console?                                   | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Is battery backup operational?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  | <input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| <b>Result of Sensor Test (with console)?</b><br>(Must meet all applicable criteria to pass.) | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail   |

| Repairs Needed | Date of Repair | Description of any Repairs |
|----------------|----------------|----------------------------|
|                |                |                            |
|                |                |                            |
|                |                |                            |

**Tester's Signature:**

## ADEM ANNUAL TANK GAUGE TEST REPORT FOR YEAR \_\_\_\_\_

|   |                      |
|---|----------------------|
| Site Name:                                      | Registered Owner:    |
| Address:  | Address:             |
| City, County, Zip, Country:                     | City, State, Zip:    |
| Facility I.D. #:      Latitude:      Longitude: | Phone #:      Email: |
| Tester Name:                                    | Tester Phone #:      |
| Tester Company:                                 | Test Date:           |

### Instructions

1. Submit a completed copy of this form within 30 days of performing test to: Groundwater Branch, PO Box 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
2. This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
3. Inspection and Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Keep a copy of this testing for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.
5. If the probe is not used for leak detection but the console is (e.g. double walled tanks using interstitial monitoring), then it does not need to be tested.

|                           |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|
| <b>ADEM Unique Tank #</b> |  |  |  |  |  |  |
| <b>Product Stored</b>     |  |  |  |  |  |  |

### Automatic Tank Gauge Console Test

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Does console test history include test alarms? (Don't forget to clear test alarms) | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
| Does site setup agree with configuration shown in console?                         | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
| Is battery backup operational?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    | <input type="checkbox"/> yes<br><input type="checkbox"/> no    |
| <b>Testing results?</b><br>(Must meet all applicable criteria to pass.)            | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail | <input type="checkbox"/> pass<br><input type="checkbox"/> fail |

### Probe and Float Test

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Is probe free of residual buildup?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              |
| Are cables free of kinks?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              |
| Was shaft inspected and free of damage?                                   | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              |
| Do floats move freely?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              |
| Does measured product and water levels in tank agree with console levels? | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              |
| Does actual product float level agree with console product float level?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              |
| Does Overfill alarm activation level agree with console?                  | <input type="checkbox"/> yes <input type="checkbox"/> n/a<br><input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> n/a<br><input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> n/a<br><input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> n/a<br><input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> n/a<br><input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> n/a<br><input type="checkbox"/> no |
| Does actual water float level agree with console water float level?       | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              |
| Does water alarm activation level agree with console?                     | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              | <input type="checkbox"/> yes<br><input type="checkbox"/> no                              |
| <b>Testing results?</b><br>(Must meet all applicable criteria to pass.)   | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                           | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                           | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                           | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                           | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                           | <input type="checkbox"/> pass<br><input type="checkbox"/> fail                           |

| Repairs Needed | Date of Repair | Description of any Repairs |
|----------------|----------------|----------------------------|
|                |                |                            |
|                |                |                            |
|                |                |                            |

Tester's Signature: \_\_\_\_\_

## ADEM AUTOMATIC LINE LEAK DETECTOR (ALLD) and LINE TIGHTNESS TEST REPORT

|                                    |   |
|------------------------------------|---|
| Site Name:                         | Owner:                                      |
| Address:                           | Address:                                    |
| City, County, Zip, State, Country: | City, Country, State, Zip, Country:         |
| Facility I.D. #:                   | Phone #:                                    |
| Tester Name:                       | Tester Phone #:                             |
| Tester Certification Type:         | Certification Expiration:        /        / |
| Tester Company:                    | Test Date:                                  |

Site Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ **Instructions**

1. Submit this form, attach all test data for every test performed, and submit a completed copy of this form to: Groundwater Branch, PO Box 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov). **This form must be completed and included with the test data or the submittal will not be accepted.**
2. This form allows up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number and test equipment remain the same.
3. Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Line tightness test equipment used must be approved by ADEM. Visit the NWGLDE website at [www.nwglde.org](http://www.nwglde.org) to view a list of release/leak detection equipment/methods that ADEM approves for use in Alabama.
5. Automatic Line Leak Detectors are designed to be tested in-place. Do not remove and test outside of the tank system.
6. Keep a copy of this testing for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655.

Type of Test Performed - check all that apply:       Automatic Line Leak Detector (ALLD)       Line Tightness Test

Reason for Test - check all that apply:       Annual Test       New Installation       Required by ADEM Enforcement Action

Manufacturer of ALLD Test Equipment: \_\_\_\_\_ Model or Version: \_\_\_\_\_

Manufacturer of Line Tightness Test Equipment: \_\_\_\_\_ Model or Version: \_\_\_\_\_

| ADEM Unique Tank #                                 | Product Stored   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Piping material                                    | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel | <input type="checkbox"/> fiberglass<br><input type="checkbox"/> flexible<br><input type="checkbox"/> steel |
| Approx. length of piping run tested (nearest foot) |  |  |  |  |  |  |
| Piping capacity (gallons)                          |  |  |  |  |  |  |

| Automatic Line Leak Detector Test    |  |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|--|
| Type of ALLD                         | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                           | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                           | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                           | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                           | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                           | <input type="checkbox"/> mechanical<br><input type="checkbox"/> electronic                           |
| Line pressure during ALLD test (psi) |  |  |  |  |  |  |
| Measured ALLD leak rate (gph)        |  |  |  |  |  |  |
| Results of ALLD test                 | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive |

| Line Tightness Test                  |  |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|--|
| Line pressure during line test (psi) |  |  |  |  |  |  |
| Measured line leak rate (gph)        |  |  |  |  |  |  |
| Results of line tightness test       | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive | <input type="checkbox"/> pass <input type="checkbox"/> fail<br><input type="checkbox"/> inconclusive |

| Repairs Needed   | Date of Repair | Description of any Repairs                         |
|--|----------------|--|
| Site Contact _____ Lessee _____ Owner _____ Consultant _____ |                | Name _____   |
| Phone _____ Email _____                                      |                | Address, City, Country, State, Zip, Country: _____ |

**Tester's Signature:** \_\_\_\_\_

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 | Other<br>(see instructions) | 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**

|                     |  |  |  |  |  |  |  |  |  |              |  |                 |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|--|--------------|--|-----------------|--|--|--|--|--|--|--|--|
|                     |  |  |  |  |  |  |  |  |  |              |  |                 |  |  |  |  |  |  |  |  |
| <b>City or Town</b> |  |  |  |  |  |  |  |  |  | <b>State</b> |  | <b>Zip Code</b> |  |  |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |  |  |  |              |  |                 |  |  |  |  |  |  |  |  |

**V. Geographic Location** (See Instructions)

|                 |   |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |
|-----------------|---|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|--|--|
| <b>Latitude</b> |   |  |  |  |  |  |  |  |  | <b>Longitude</b> |  |  |  |  |  |  |  |  |  |  |
|                 | 3 |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |
| County Name     |   |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |

**VI. Facility Contact** (Person to be contacted regarding waste activities at site)

|                              |                     |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
|------------------------------|---------------------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|
| <b>Title</b>                 | <b>Name (First)</b> | <b>(Last)</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
|                              |                     |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
| <b>Job Title</b>             |                     |               |  |  |  |  |  |  |  | <b>Phone Number (Area Code and Number)</b> |  |  |  |  |  |  |  |  |  | <b>Ext.</b> |
|                              |                     |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
| <b>Contact Email Address</b> |                     |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |
|                              |                     |               |  |  |  |  |  |  |  | @  |  |  |  |  |  |  |  |  |  |             |

**VII. Mailing Address** (See Instructions)

**Street or P. O. Box**

|                     |  |  |  |  |  |  |  |  |  |              |  |                 |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|--|--------------|--|-----------------|--|--|--|--|--|--|--|--|
|                     |  |  |  |  |  |  |  |  |  |              |  |                 |  |  |  |  |  |  |  |  |
| <b>City or Town</b> |  |  |  |  |  |  |  |  |  | <b>State</b> |  | <b>Zip Code</b> |  |  |  |  |  |  |  |  |
|                     |  |  |  |  |  |  |  |  |  |              |  |                 |  |  |  |  |  |  |  |  |

**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.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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.

|                |          |          |          |          |
|----------------|----------|----------|----------|----------|
| <b>Primary</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|                |          |          |          |          |















**Supplemental**

**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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

ADEM Form 8700-12 M6 XX/2022













# **ADEM Form 8700-12, Notification Form Instructions**

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**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 minuscule 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, Other or Annual Notification **for this site**. If this is your Initial Notification, you are applying for an EPA Identification Number.

**Note:** If you are notifying as an **Episodic Generator** and have a current EPA ID Number, you are only required to submit the Addendum and no fee is required.

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 location of the facility as expressed in Latitude and Longitude. 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.

**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:** 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.

**Note:** If you are submitting the Notification of Episodic Generation and have a current EPA ID Number, you are only required to submit the Addendum and no fee is required.

**CERTIFICATION FEE** - ADEM Admin. Code r. 335-14-3-.01(8) requires the submission of ADEM Form 8700-12, 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 chap. 335-14-2, check the appropriate box for the quantity of *non-acute 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 Very Small Quantity Generator generates 220 lbs (100 kg) per month or less (VSQG)
4. United States Importer of Hazardous Waste – If you import Hazardous Waste from a foreign country into the United States.

II. If you generate *acutely hazardous waste*, please refer to ADEM Admin. Code chap. 335-14-3 or call 334-271-7730 for further information.

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**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 chap. 335-14-4.

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**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.

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**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 or order to perform SWMU corrective action. A permit may be required for this activity. Contact (334) 271-7730 for more information.

|  |
|--|
| <p><b>Note:</b> You must contact ADEM at 334-271-7730 to request <b>Part A of the RCRA Permit Application.</b></p> |
|--|

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 chap. 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 chap. 335-14-5, 335-14-6, and 335-14-8.
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 r. 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.

**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, AND APPROPRIATE FEES.**

**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

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**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) , 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.

**NOTE:** See the final page of these instructions for a rough conversion table for converting measurements to pounds.

**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 AND APPROPRIATE FEES.**

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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 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. Universal Waste Destination Facility:** If you are a destination facility for universal waste, mark an "X" in this box.
  
- C. Large Quantity Handler:** If you are a Large Quantity Handler of universal waste as described by ADEM Admin. Code r. 335-14-11-.03, indicate the estimated yearly volume of the universal waste(s) generated.
  
- D. Small Quantity Handler:** If you are a Small Quantity Handler of universal waste as described by ADEM Admin. Code r. 335-14-11-.02, 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:**

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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 AND APPROPRIATE FEES.**

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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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# 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.

FACILITY IS STILL MANAGING EXCLUDED HSM/RE-NOTIFYING AS REQUIRED.

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), or
  - (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. Facility Code**

Facility codes describe the specific regulation a facility uses to manage its hazardous secondary material (HSM) and the type of activity the facility performs under the regulation (e.g., generator, reclaimer).

Review the groups and pick the appropriate code (see page 15 of the instructions). If more than one facility code applies to you, enter each code on a separate row under Item 2 of the Addendum to ADEM Form 8700-12.

### **B. 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.

### **C. 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.

### **D. 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."

### **E. Land-based unit code**

Determine the 2-digit code that best describes the land-based unit you use or will use to manage the hazardous secondary material. (see page 15 of instructions)

## **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 chap. 335-1-6.

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.

## HAZARDOUS SECONDARY MATERIAL (HSM) FACILITY CODES

Facility codes describe the specific regulation a facility uses to manage its hazardous secondary material (HSM) and the type of activity the facility performs under the regulation (e.g., generator, reclaimer). Review the groups and pick the appropriate code. If more than one facility code applies to you, enter each code on a separate row under Item 2 of the Addendum.

| <b>Under Generator Exclusion</b>                          |   |
|---|---|
| <b>Code</b>   | <b>Facility Code Description</b>  |
| 01  | HSM Generator reclaiming HSM "on-site": This code applies if you generate and reclaim hazardous secondary material at your generating facility.   |
| 02  | HSM Generator transferring HSM to reclaimer within the "same company": This code applies if you generate hazardous secondary material and send the material for reclamation to a different facility that is either controlled by you or controlled by the same person that controls your generating facility.   |
| 03  | Reclaimer receiving HSM from HSM generator within the "same company": This code applies if you receive and reclaim hazardous secondary material from a different facility that either controls you or is controlled by the same person that controls you.   |
| 04  | Tolling Contractor reclaiming HSM pursuant to a tolling contract: This code applies if you are a tolling contractor that reclaims hazardous secondary material pursuant to a written contract with a toll manufacturer.   |
| 05  | Toll Manufacturer managing HSM pursuant to a tolling contract: This code applies if you generate and send hazardous secondary material for reclamation to a tolling contractor pursuant to a written contract.  |
| <b>Transfer-Based Exclusion</b>                           |   |
| <b>Code</b>   | <b>Facility Code Description</b>  |
| 06  | HSM Generator transferring HSM off-site to a domestic reclamation facility: This code applies if you generate and send hazardous secondary material for reclamation to an off-site domestic reclamation facility.   |
| 07  | Reclaimer receiving HSM from off-site to a domestic reclamation facility. This code applies if you reclaim hazardous secondary material received from an off-site hazardous secondary material generator or other facility and you certify that you have financial assurance.   |
| 08  | Intermediate facility receiving HSM from off-site: This code applies if you receive hazardous secondary material from an off-site hazardous secondary material generator or another facility, you store it for more than ten days, and you certify that you have financial assurance. This code does not apply if you generate or reclaim the hazardous secondary material. |
| <b>Imports and Exports</b>                                |   |
| <b>Code</b>   | <b>Facility Code Description</b>  |
| 09  | HSM Generator exporting HSM to a foreign entity for reclamation: This code applies if you generate and plan to send hazardous secondary material for reclamation to a foreign entity for reclamation and will meet the notice and consent procedures in.  |
| 10  | HSM Generator importing HSM from a foreign entity to send to another U.S. facility for reclamation: This code applies if you import hazardous secondary material from a foreign entity and send the material to a different U.S. reclamation facility.  |
| 11  | HSM Generator importing HSM from a foreign entity for reclamation: This code applies if you import hazardous secondary material from a foreign entity and reclaim the material at your facility.  |
| <b>Non-waste Determinations and Solid Waste Variances</b> |   |
| <b>Code</b>   | <b>Facility Code Description</b>  |
| 14  | Variance for Materials that are Accumulated Speculatively: This code applies if you operate under an approved variance from EPA or your State for materials that are accumulated speculatively without sufficient amounts being recycled.   |

|    |  |
|----|--|
| 15 | Variance for Materials that are Reclaimed and then Reused within the Original Production Process: This code applies if you operate under an approved variance from EPA or your State for materials that are reclaimed and then reused as feedstock within the original production process in which the materials were generated. |
| 16 | Variance for Materials that are Partially-Reclaimed: This code applies if you operate under an approved variance from EPA or your State for materials that have been partially-reclaimed but must be reclaimed further before recovery is completed if the partial reclamation has produced a commodity-like material.           |
| 17 | [Reserved]   |
| 18 | [Reserved]   |
| 19 | [Reserved]   |
| 20 | Non-waste determination for HSM reclaimed in a continuous industrial process: This code applies if you operate under an approved non-waste determination from EPA or your State for hazardous secondary material which is reclaimed in a continuous industrial process.  |
| 21 | Non-waste determination for HSM that are indistinguishable from a product or intermediate: This code applies if you operate under an approved non-waste determination from EPA or your State for hazardous secondary materials which is indistinguishable in all relevant aspects from a product or intermediate.                |

#### HAZARDOUS SECONDARY MATERIAL (HSM) LAND-BASED UNIT CODES

Determine the 2-digit code that best describes the land-based unit you use or will use to manage the hazardous secondary material.

| Code | Land-based Unit Code Description   |
|------|--|
| NA   | Do not use land-based units to manage hazardous secondary material.  |
| SI   | Use surface impoundment(s) to manage hazardous secondary material. A surface impoundment is a natural topographic depression, man-made excavation or diked area formed primarily of earthen materials (although it may be lined with man-made materials), which is designed to hold an accumulation of liquid hazardous secondary materials or materials containing free liquids and which is not an injection well. |
| PL   | Use pile(s) to manage hazardous secondary material. Pile means any non-containerized accumulation of solid, non-flowing hazardous secondary material that is used for storage and is not a containment building.   |
| OT   | Use other land-based unit(s) to manage hazardous secondary material.   |

# **Addendum Notification of Episodic Generation**

## **EPISODIC GENERATOR**

An episodic generator is either a VSQG or an SQG who, as a result of a planned or unplanned episodic event, generates a quantity of hazardous waste in a calendar month sufficient to cause the facility to move into a more stringent generator category (i.e., VSQG to either an SQG or an LQG; or an SQG to an LQG). As part of the Hazardous Waste Generator Improvements Final Rule, this new provision allows a VSQG or an SQG to generate additional quantities of hazardous waste—temporarily exceeding its normal generator category limits—and still maintain its existing generator category, provided it complies with the specified conditions identified at ADEM Admin. Code r. 335-14-3-.13. Note: Facilities with no EPA Identification number are required to submit the completed Notification of Regulated Waste Activity Form 8700-12 as well as the Addendum Notification of Episodic Generation. Facilities with existing EPA Identification Numbers may submit the Addendum Notification of Episodic Generation in place of the Notification of Regulated Waste Activity Form 8700-12, when notifying of an episodic event.

The generator may use this provision once per calendar year with the ability to petition for a second event. However, if the first event is planned, the petition must be for a second event that is unplanned, or vice versa. It is recommended you review the regulation at ADEM Admin. Code r. 335-14-3-13(4) to understand what is required of a generator should you choose to take advantage of this petition process.

Although not inclusive, examples of planned episodic events include tank clean outs, short - term construction projects, short - term site remediation, equipment maintenance during plant shutdowns, removal of excess chemical inventories, and site and production process decommissions by a new operator.

Unplanned episodic events, which EPA expects would be less frequent, include production process upsets, product recalls, accidental spills, or “acts of nature,” such as a tornado, hurricane, or flood.

If you are taking advantage of this provision, you must complete the Addendum to the Site Identification Form for Episodic Generation.

## **Item 1-2 - PLANNED/ UNPLANNED EVENT**

Indicate whether the event being conducted is planned or unplanned. Furthermore, indicate the reason for the planned or unplanned event. If none of the reasons listed apply, mark “Other” and describe the event in Item 18 - Comments.

## **ITEM 3-5 - EMERGENCY CONTACT INFORMATION**

Provide an emergency contact phone number, contact name, and email address for the individual who should be contacted regarding the information relating to this episodic event.

## **ITEM 6-7 - BEGINNING AND END DATE**

Provide the estimated start date and end date of the event. The event must be complete within sixty (60) days of the start date.

## **ITEM 8- WASTE**

For each waste stream produced as a result of the episodic event, provide a description of the waste generated, the estimated quantity generated, and the applicable federal and/or state hazardous waste codes. If necessary, attach a separate sheet of paper.

**Fee Note:** There is no fee for submitting only the Addendum.

# Addendum

## LQG Consolidation of VSQG Waste

The Hazardous Waste Generator Improvements Final Rule allows LQGs to receive and consolidate hazardous wastes from VSQGs if the VSQGs are under the control of the same “person” as defined in ADEM Admin. Code r. 335-14-3-.01(7)(f). If you are an LQG taking advantage of the provision found at ADEM Admin. Code r. 335-14-3-.01(7)(f), you must notify (or re-notify) ADEM.

### I. LQG Receiving Hazardous Waste from VSQGs

#### ITEM 1 - EPA ID NUMBER

Provide the EPA Identification Number for the LQG.

#### ITEM 2- FACILITY NAME

Provide the legal name of the LQG.

#### ITEM 3-6- SITE LOCATION

Provide the complete location address for the LQG. Please note that the address must be a physical address, not a post office box or route number.

#### ITEM 7-9- CONTACT INFORMATION

Enter the telephone number, name of the individual who should be contacted for information about the LQG, and their email address.

### II. VSQGs Under the Control of LQG

#### ITEM 1 - EPA ID NUMBER

Provide the EPA Identification Number for the VSQG whose waste you are consolidating, if applicable. A VSQG may have an EPA ID Number either because it's State requires it, or because it may have been an SQG or LQG at one time, or for another reason. If the VSQG does not have an EPA ID Number, leave this blank.

#### ITEM 2- FACILITY NAME

Provide the legal name of the VSQG.

#### ITEM 3-6- SITE LOCATION

Provide the complete location address for the VSQG. Please note that the address must be a physical address, not a post office box or route number.

#### ITEM 7-9- CONTACT INFORMATION

Enter the telephone number, name of the individual who should be contacted for information about the VSQG, and their email address.

**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.

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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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