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.)

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division Stormwater Management Branch

Post Office Box 301463 Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact</u> <u>information for Construction Stormwater Permit staff.</u>

- (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

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

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			d? (i.e. construction/industrial effects removed; solid waste/debris properly disposed; all disturbed areas established; and stormwater discharges do not represent an adverse impact to water quality.)
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I 4 D	ee lost legal responsibility fo		
o Yes o No	e lost legal responsibility it	or the facility/site?	
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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:	Water Division Stormwater Manager	t of Environmental Mana ment Branch l63 Montgomery, Alabam				
Item I.						
Permittee Na	me		Facility/Site Name			
NPDES Perm	nit Number	Facility Street Addre	ress or Location Description			
County(s)			City, State, and Zip Code			
Item II.			L			
Termination	Requirements (answer each	question with a Yes or No)		Yes	No	
waste/debris	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.)					
2. Has the Pe	2. Has the Permittee lost operational control of the facility/site?					
3. Has the Pe	3. Has the Permittee lost legal responsibility for the facility/site?					
			request to be granted, the Name, Phone Number, and Address ible operator must obtain coverage:	of the succession	mg	
Certification	1					
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Date Signed:

Signature

Duly Authorized Representative (DAR) Signature (if applicable)

If a Duly Authorized Representative will be signing this NOT, the DAR must prethe requirements below for a duly authorized representative. The document must	ovide the following information and attach the appropriate documentation meeting 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

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Construction Stormwater Permit staff.</u>

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

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Additional Permit Contact(s)

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

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Facility/Site County *Select C	One				
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○ Barbour ○ Bibb					
○ Blount ○ Bullock					
○ Butler ○ Calhoun					
○ Chambers ○ Cherokee					
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Detailed Directions to the	Facility/Site				
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Facility/Site Front Gate La Latitude	titude and Longitude		Longitude		
Is this a linear project? *Se	lect One				
C Yes C No					
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☐Multi-Family Residential	Other				
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_ongle-ranny residence	- Gupport Activity (i.e. Bollow area)				
Primary SIC Code *Select On					
○ 1521-General Contractor			Contractors-Residential Buildings, Other Than Single-Family		
	rs-Industrial Buildings and Warehouses		ral Contractors-Nonresidential Buildings, Other than Industrial Buildings and Warehouses		
	t Construction, Except Elevated Highways	_	unnel, and Elevated Highway Construction		
C 1623-Water, Sewer, Pipe	eline, and Communications and Power Line Constru	uction © 1629-Heavy Co	onstruction		
Primary NAICS Code *Select	t One				
c 236115-New Single-Fam	nily Housing Construction (except For-Sale Builders	s) © 236116-New Multifa	mily Housing Construction (except For-Sale Builders)		
C 236117-New Housing Fo	or-Sale Builders	C 236210-Industrial B	uilding Construction		
	I Institutional Building Construction	○ 237110-Water and	Sewer Line and Related Structures Construction		
	eline and Related Structures Construction	○ 237130-Power and	Communication Line and Related Structures Construction		
C 237310-Highway, Street,	and Bridge Construction	© 237990-Other Heav	y 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	t			1	
First Name		Last Name		1	
Title				1	
Organization	Name				
J					
Phone Type	*Only one phone number is	Number	Extension		
Home	accepted				
Mobile					
Other				1	
Business					
Email				1	
Mailing Addr	225				
Address Line					
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0.1			0		D 440.4
City			State/Area		Postal Code
Country					
Project Infor):			
Total Facility/Si	to Aroa (aaroa	1			
Total Lacility/5	te Alea (acies	<i>)</i>			
Fotal Disturbed	l Area (aarea)				
i otai Disturbed	Area (acres)				
• **T-t-! Dist		T DE LEGO TUAN OD FOU	. TO T-1-1 F: 111 /Oit- A	**	
Anticipated Cor		T BE LESS THAN OR EQUA	AL TO Total Facility/Site Are	a	
Commence	ement date MUS	ST BE ON OR BEFORE Con	npletion Date		
Anticipated Cor	mpletion Date				
Will flocculants	or other chen	nical stabilization products	be used on site? *Select Or.	e e	
Safety Data She	ditionally displayed	l based on answers provided in other	parts of the form		
		for *each* flocculant used.			
Comment	ments are not a	allowed. Please be aware tha	titles exceeding 500 MB in	size are not allowed. The following file types a	are accepted: ^.gir,^.jpeg,^.jpg,^.pdf,^.png
Comment					
☐Confidential	I (Reason for C	onfidentiality)			

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

○Yes ○No

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?

*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

□Confidential (Reason for Confidentiality)

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.

O 165 O 166										
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 attachm	ents are not allowe	d. Please be awar	e that files exceedin	ng 500 MB in size a	are not allowed. Th	e following file types	s are accepted: *.g	if,*.jpeg,*.jpg,*.pdf,	*.png	
Comment										
☐Confidential (Reason for Confide	entiality)								
J										
Outfalls										
Feature Type *Sele	ect One									
○ Outfall										
Outfall - Point wh	ere the discharge	e leaves the site.								
Outfall Identifier sh	ould have a prefix of	of 'OF' (i.e. OF001,	OF002)							
Outfall Identifier										
Topo Map Identif	ier-Provide the po	oint label from the	topo map that co	rrelates to the O	utfall Point above).				
Location of Outfa	ill				Longiti	udo				
Lautude					Longia	uue				
,										
Receiving Wa	ter(s)									
RECEIVING WAT			1			 				
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	Topographic Map Submittal									
Topographic Maj File types are lin	onited to: .gif, .jpeg,	.jpg, .pdf, or .png								
·	ents are not allowe	d. Please be awar	e that files exceedin	ng 500 MB in size a	are not allowed. Th	e following file type:	s are accepted: *.g	if,*.jpeg,*.jpg,*.pdf,	*.png	
Comment										

Qualified Credentialed Professional (QCP) Certification

CAL National Resource	es Conservation Service Professi	onal certified by the State Conservation	onist Certified Professional in Eros	ion and Sediment Control (CPESC)
C Certified Professiona	al Soil Scientist (CPSS)		© Professional Engineer (PE)	
○ Professional Geologi	ist (PG)		○ Registered Environmental Ma	nager (REM)
○ Registered Forester			○ Registered Land Surveyor (LS	8)
○ Registered Landscap	oe Architect			
Registration / Certifica	ation Number			
Qualified Credentialed	l Professional			
Prefix				
First Name	Last Name			
Title				
Organization Name				
Phone Type	Number	Extension		
Home				
Mobile				
Other	,			
Other				
Business				
Email				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
Duly Authorized F	Representative (DAR)			
Pursuant to ADEM Adm	inistrative Code Rule 335-6-609	(1), this NOI must be signed by a resp	oonsible official, as indicated below:	
(a) In the case of a corpo	oration, by a principal executive of	ficer of at least the level of vice preside	ent. or a manager assigned or delega	ted in accordance with corporate procedures, with such delegation
				orized to make management decisions which govern the operation of the
(b) In the case of a partn	ership, by a general partner;	_		
	proprietorship, by the proprietor; c cipal, state, federal, or other publi	or entity by either a principal executive or	officer, or ranking elected official.	
ADEM Administrative C	ode Rule 335-609(2):			
All reports required by p	ermits and other information requ	ested by the Department shall be signe	ed by a person described in paragrap	h 335-6-609(1) or by a duly authorized representative of that person. A
person is a duly authoriz	red representative only if:	ibed in paragraph 335-6-609(1);		
(b) The authorization spe		sition having responsibility for the over	all operation of the regulated facility or	r activity and;
, ,	•			
Will a duly autnorized ○Yes ○No	representative be submitting t	nis noi? Gered One		
DAR Documentation *This control is conditionally	displayed based on answers provided in d	other parts of the form		
Please attach approp	riate documentation meeting the i	requirements above for a duly authorize	ed representative. The document mus	t be dated within the last 12 months.
		that files exceeding 500 MB in size are sv.*.Csv.*.DAT.*.dat.*.Dat.*.DOC.*.doc		are accepted: b,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GlF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM
Comment				
Confidential (Reason	on for Confidentiality)			
Confidential (Reaso	ornor connuctituality)			

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

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

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Construction Stormwater Permit staff.</u>

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

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

FOM 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 informatio ○Yes ○No	n? "Select One					
Are you updating Facility/Site Contact information? $^{\circ}$ Select G $^{\circ}$ C Yes $^{\circ}$ No	One					
Are you deleting Receiving Waters that the site discharge $_{\rm C}{\rm Yes}~\cap{\rm No}$	is to? "Select One					
Please provide a list of receiving waters that the permittee *This control is conditionally displayed based on answers provided in other pa						
Are you deleting Outfall Points (points where stormwater $_{\mbox{\scriptsize CYes}}$ $_{\mbox{\scriptsize CNo}}$	leaves site)? "Select One					
Are you adding Outfall Points (points where stormwater le $_{\rm C}$ Yes $_{\rm C}$ No	eaves site) associated with CURRENTLY permitted receiving wat	ers? *Select One				
Will the additional Outfall discharge to a previously permit "This control is conditionally displayed based on answers provided in other pe C Yes C No						
*This control is conditionally displayed based on answers provided in other pr Additional outfalls may be added only if the discharge will be ro add additional receiving waters, please STOP HERE. A modifi	uted to an existing permitted receiving water. New receiving waters may	y not be added through the information update process. If you need to				
Are you decreasing Facility/Site acreage and/or Total Dist	turbed acreage? *Select One					
Are you adding or changing Flocculants? 'Select One O Yes O No						
Are you requesting a Suspension of Monitoring? 'Select One One One One One One One						
Are you updating QCP Contact information? *Select One C Yes C No						
Form Submission Reason Minor Modification						
Permit Information *This section is conditionally displayed based on answers provided in other p.	arts 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 Contact(s) *This section is conditionally displayed based on answers provided in other parts of the form

esponsible Official Prefix		
irst Name	Last Name	
itle		
ganization Name		
hone Type	Number	Extension
lome		
obile		
Other		
Business		'
Email		
Physical/Delivery A	<u>ddress</u>	
ddress Line 1		
Address Line 2		
City		State/Area
Country		
dated and Day 18	044/->	
dditional Permit	•	
	ntact information for any	person needing notifications rega
ermit Contact Prefix		
IA		

First Name	Last Name	
le		
ompany Name		
hone Type	Number	Extension
ome		
bbile		
ther		
usiness		
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Facility/Site Name

Facility/Site Information

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

acility/Site Contact				
Prefix				
First Name	Last Name			
Title				
Organization Name	;			
Phone Type	Number E	Extension		
	Number	Extension		
Home				
Mobile				
Other				
Business				
Email				
vou have additiona	al contacts associated with this site	e? *Select One		
Yes ONo				
oility/Site Address o	or Location Description			
Address Line 1	or Location Description			
Address Line 2				
Location Description	on			
City		State/Area		Postal Code
cility/Site County *Se	elect One			
Autauga ⊜Baldwi				
Barbour © Bibb				
Blount C Bullock	k			
Butler Calhou	un			
Chambers Cherol	kee			
(More Options Available)			
tailed Directions to	the Facility/Site			
cility/Site Front Gate	e Latitude and Longitude			
Latitude			Longitude	
this a linear project	? *Select One			
Yes ONo				
aginning Logation of	f Linear Project			
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Latitude			Longitude	
]				
nding Location of Li	near Project			
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Additional Site Contact(s)

*This section 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 number is accepted Home	phone Number	Extension			
Mobile					
Other					
Business					
Email			1		
Mailing Address Address Line 1					
Address Line 2					
Address Line 2					
City		State/Area		Postal Code	
Country					
Country					
Commencement da	ate MUST BE ON OR BEFORE Cor	mpletion Date			
Flocculants or other cl	hemical stabilization products us	sed on site will be added o	or changed, "Select One		
Safety Data Sheet (SD: *This control is conditionally Please attach an SDS	displayed based on answers provided in othe sheet for *each* flocculant used.		n size are not allowed. The following file types ar	e accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png	
☐Confidential (Reaso	on for Confidentiality)				
Acreage *This section is conditionally	r displayed based on answers provided in othe	or narts of the form			
IOTE	EASE* Facility/Site acreage and/or T		ease enter both Facility/Site acreage and Total	Disturbed acreage below.	
otal Pacinty/One Area					
	ea MUST BE LESS THAN OR FOU	AL TO Total Facility (City Ac-	na**		

Outfalls

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

Feature Type *Sel	ect One									
Outfall - Point wh	nere the dischard	ne leaves the site	.							
Outfall Identifier sh										
Outfall Identifier	odia navo a pronx	0. 0. (0. 0.	., 5. 552)							
Tono Man Identi	fier-Provide the n	oint label from t	he topo map that c	orrelates to the (Outfall Point above	.				
Topo map lacina	noi i rovide die p	TOTAL INDEFINITION OF	ne topo map that o	orrelated to the C		<i>.</i>				
Location of Outf	all									
Latitude					Longit	ude				
*This section is cond		ed on answers provide	d in other parts of the form							
RECEIVING WAT										
ID	Receiving	UT	Strm Sewer	MS4	A&I	F&W	LWF	PWS	SH	s
	Water									
		<u> </u>								
Suspension of										
* This section is cond	itionally displayed base	ad on answers provided	d in other parts of the form							
Suspension Rec		for augnopoion								
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			P) Certification d in other parts of the form							
QCP Designation		provide								
•		ation Service Profe	essional certified by t	the State Conserv	ationist Certified	Professional in Fr	rosion and Sedime	ent Control (CPFS)	C)	
	ssional Soil Scient		Josional Cerunea by t	and diale during N		onal Engineer (PE		AR SOIMOI (OF ESC	-,	
		131 (UP33)								
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	ndscape Architect									
Registration / Ce	rtification Numbe	er								

ualified Credentialed	Professional			
Prefix				
First Name	Last Name			
rirst Name	Last Name			
Title				
Organization Name				
Phone Type	Number	Extension		
Home				
Mobile				
Other				
Business				
Email				
Address Line 1				
Address Line 1				
Address Line 2				
Address Ellie E				
City		State/Area		Postal Code
		1		
Country		,		'
ursuant to ADEM Admir i) In the case of a corpor ubmitted in writing if req- gulated facility; i) In the case of a partne i) In the case of a sole pi	ration, by a principal executive office uired by the Department, who is responship, by a general partner; roprietorship, by the proprietor; or	er of at least the level of vice ponsible for manufacturing,		ted in accordance with corporate procedures, with such delegation orized to make management decisions which govern the operation of the
		aty by claici a pinicipal exc	ave officer, or ranking closted official.	
erson is a duly authorize i) The authorization is m i) The authorization spec	rmits and other information requested representative only if: lade in writing by a person describe	d in paragraph 335-6-609		n 335-6-609(1) or by a duly authorized representative of that person. A activity and;
/ill a duly authorized r ⊝Yes ເດNo	epresentative be submitting this	NOI? *Select One		
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			re are not allowed. The following file types a *.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG	are accepted: ,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTN
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Prefix				
First Name	Last Name			
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Phone Type *Only one p	phone Number	Extension		
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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. <u>Click here for an ADEM CBMPP template.</u>

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

APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact</u> 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 C Modification C Modification with Transfer of Ownership C 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: <u>Transfer Agreement (Form 466)</u>
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 C Yes C No
This is the current Facility/Site Name: Calculated
Are you changing the Facility/Site Name? Select One O Yes O 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 C Yes C 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 C Yes C 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 C Yes C 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 C Yes C 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 C Yes C No
Form Submission Reason Calculated
Permit Information

Permit Number

ermittee						
Permittee Nam	пе					
Phone Type	Number		Extension			
Home						
Mobile						
Other						
Business						
Mailing Address Address Line						
Address Line	<u>. </u>					
Address Line 2	2					
City				State/Area		Postal Code
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Additional Responsible Officials

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

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	Title			7	
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rimary NAICS Code *Select C	ne			
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otal Disturbed Area (acres *This control is conditionally display) ed based on answers provided in oth	er parts of the form		
Total Disturbed Area MI	ST BE LESS THAN OR EQU	IAL TO Total Facility	Site Area	
nticipated Commencemen	t Date			

Commencement date MUST BE ON OR BEFORE Completion Date

Anticipated Completion Date

○Yes ○No		•	•							
Safety Data Shee	et (SDS)	d on answers provided in	other parts of the form							
Please attach a	*This control is conditionally displayed based on answers provided in other parts of the form Please attach an SDS sheet for *each* flocculant used.									
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Comment										
☐Confidential (Reason for Confide	entiality)								
Are there any su	rface waters withi	in 25 feet of your p	oroject ⊘ s land di	isturbances? *Sele	ect One					
*This control is condi	tionally displayed based	d on answers provided in	other parts of the form							
Reminder:										
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Attach CBMPP		•	,							
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Outfalls	**************************************	4								
Feature Type *Sel		d on answers provided ir	n other parts of the form							
○ Outfall										
Outfall - Point wh	ere the discharge	e leaves the site.								
Outfall Identifier sh	ould have a prefix of	of 'OF' (i.e. OF001,	OF002)							
Outfall Identifier	•	,	,							
Topo Map Identif	ier-Provide the po	oint label from the	topo map that co	orrelates to the O	utfall Point above).				
Location of Outfa	all									
Latitude					Longit	ude				
Receiving Wa	iter(s)									
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RECEIVING WAT		<u> </u>			T	T				
ID	Receiving Water	UT	Strm Sewer	MS4	A&I	F&W	LWF	PWS	SH	S

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

*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

nampie anaci ii iei ilo ale	not allowed Please has	aware that files exceeding 500 MP in a	size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
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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

DAR Documentation *This control is conditionally displa Please attach appropriate	yed based on answers provided in a documentation meeting the I	other parts of the form requirements above for a duly a	authorized representative. The document must be dated within the last 12 months.
Multiple attachments are no	ot allowed. Please be aware BMP.*.bmp.*.Bmp.*.CSV.*.c	that files exceeding 500 MB in sv.*.Csv.*.DAT.*.dat.*.Dat.*.DC	size are not allowed. The following file types are accepted:)C,*.doc,*.Doc,*.DoCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,
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Additional Attachmen	t(s) for Permit Trans	fers Only	
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Please provide an updated			
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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

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Construction Stormwater Permit staff.</u>

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. <u>Click here for an ADEM CBMPP template.</u>

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

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

Form Input

Processing Information

Does this reissuance include a Permittee name or ownership change? (Requires Transfer Form 466) "Select One *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 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,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.CSv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.DocX,*.docx,*.DoCX,*.docx,*.DoCX,*.docx,*.DwG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*. 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 *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 Are you adding/changing receiving waters? If a priority site, submittal of updated CBMPP may be required. Are you adding/changing outfall coordinates? If a priority site, submittal of updated CBMPP may be required. "Select One Has the total and/or disturbed acreage changed from the previous NOI submitted? *Select One Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? "Select One ○Yes ○No Form Submission Reason Reissuance

Permit Information

Permit Number

ermittee					
Permittee Nam	ne				
Phone Type	Number		Extension		
Home					
Mobile					
Other					
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Additional Responsible Officials

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

Res	ponsible Official				
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☐Commercial	[☐Industrial				
☐Linear - Highway/Road					
☐ Multi-Family Residentia					
_Single-Family Residen	tial Support Activity (i.e. Borrov	v area)			
Primary SIC Code *Select (One				
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	ors-Industrial Buildings and Wareh				ldings, Other than Industrial Buildings and Warehouses
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236117-New Housing For-S			36210-Industrial Building Construction
236220-Commercial and In	stitutional Building Construction	023	37110-Water and Sewer Line and Related Structures Construction
237120-Oil and Gas Pipelii	ne and Related Structures Consti	ruction © 23	37130-Power and Communication Line and Related Structures Construction
237310-Highway, Street, a	nd Bridge Construction	023	37990-Other Heavy and Civil Engineering Construction
. (More Options Available)			
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Padress Line 2			
City		State/Area	Postal Code
City		State/Area	Postal Code
Country			
oject Information			
roject Information	(a):		

I	Brief Description of activity(s):							
l								
I								
I								

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 allo	owed. 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	
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allc *.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DoC,*.doc,*.Doc,	owed. The following file types are accepted: *.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM *.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 C 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	nt above.
Location of Outfall	Longitudo
Latitude	Longitude
Receiving Water(s)	1.

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

nampie anaci ii iei ilo ale	not allowed Please has	aware that files exceeding 500 MP in a	size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
Comment	Tiot allowed. Flease be a	aware that lines exceeding 500 Mib III s	size are not allowed. The following life types are acceptedgir, .jpeg, .jpg, .pdr, .prig
Johnment			
Confidential (Reason t	for Confidentiality)		
ualified Credential	led Professional (C	QCP) Certification	
		<u>· </u>	
P Designation *Select On		ofessional certified by the State Cons	ervationist © Certified Professional in Erosion and Sediment Control (CPESC)
Certified Professional S		olessional certified by the otate cons	© Professional Engineer (PE)
Professional Geologist (© Registered Environmental Manager (REM)
Registered Forester	(1 0)		© Registered Land Surveyor (LS)
Registered Landscape	Architect		Trogosolos Esta Sulfoyer (ES)
togiotorou zanaocapo /	,		
gistration / Certificatio			
alified Credentialed Pr Prefix	rofessional		
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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

Country

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 resentative. The document must be dated within the last 12 months

allowed. Please be aware that	t files exceeding 500 MB in	size are not allowed. The following file types a	re accepted:
1P,*.bmp,*.Bmp,*.CSV,*.csv,*	'.Csv,*.DAT,*.dat,*.Dat,*.DO	C,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,	.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.
onfidentiality)			
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Last Name		r	
Number	Extension		
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	allowed. Please be aware tha IP,*.bmp,*.Bmp,*.CSV,*.csv,* onfidentiality) d based on answers provided in other Last Name	allowed. Please be aware that files exceeding 500 MB in: IP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DO onfidentiality) d based on answers provided in other parts of the form Last Name	d based on answers provided in other parts of the form Last Name

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.

incomplete or in	ncorrect answers, or missing signati	Tres will delay processing	g. Allacii C	BNIPP and our		lation as needed.		
	for New Facility	☐ Reis		General Permit	t ALR			
	on of General Permit No. ALR f General Permit No. ALR							
I. PERMITTEE I	NFORMATION							
Permittee								
Permittee Name	e (Legal Name)		Responsible Official Phone Number (Provide at least one)					
	wner/Operator or Official Name	Responsible Official Titl	le		Responsible Offici	ial Email Address		
Responsible Of	fficial (RO) Mailing Address		Mailing C	ity, State, and Zip	p Code			
Responsible Of	fficial (RO) Location Street/Physical A	ddress	Location C	City, State, and Zi	ip Code			
☐ Corporation	Partnership Sole Proprietorshi	ip LLC LLP	LP Sta	ite County	☐ Municipality	Other		
Co-Permittee (Leave blank if only	y one permittee will hold the permit. If more	e than one Co-Permittee is rec	quested, inclu	de below informatio	on for each on a separa	ate page)		
Permittee Name	e (Legal Name)		Responsible Official Phone Number (Provide at least one)					
Responsible Ov	wner/Operator or Official Name	Responsible Official Title	e		Responsible Offici	ial Email Address		
Responsible Of	fficial (RO) Mailing Address	1	Mailing City, State, and Zip Code					
Responsible Of	fficial (RO) Location Street/Physical A	ddress	Location City, State, and Zip Code					
☐ Corporation	Partnership Sole Proprietorshi	ip LLC LLP	LP Sta	te County	Municipality	Other		
II. FACILITY INI	FORMATION							
Facility/Site Na	ime		Facility/Site	Contact Name	Facility/Si	ite Contact Title		
Facility/Site Str	reet 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 A	Address			
Facility Latitu	de and Longitude (Decimal or Deg. 1	Min. Sec.) [Provide the se	t of coordina	ates below appro	opriate for the proje	ect type, non-linear vs. linear]		
Non-Linear Project	I	Latitude	Front Gate	Coordinates	Longi	itude		
		Point Coordinates			Ending Point			
Linear Projec	ct Latitude	Longitude		La	ititude	Longitude		
Detailed Direct	ions to Facility/Site							

ADEM Form 24 DRAFT m3 Page 1 of 3

Brief Description of Construction / Land	disturbance act	ivity(s):							
(For Modifications Only) Brief description	on of the action/	change that l	nas resulted	in the request	for permit mod	lification:			
Primary SIC Code:				Primary 1	NAICS Code:				
V. Proposed Schedule									
Anticipated Activity Schedule:	Commencer	nent Date:				Completion	Date:		
Area of Permitted Facility/Site:	Total Site Area	in Acres:			Total Dist	turbed Area in .	Acres:		
. PRIORITY CONSTRUCTION SITE									
Is this a Priority Construction Site as defi	ined by Part V o	of the constru	ction storm	water general j	permit?	Yes No			
If yes, attach/submit a copy of the CBMF	P that meets or	exceeds the	requiremen	ts of Parts III	A. and E. of the	construction st	ormwater gene	ral permit.	
/I. TOPOGRAPHIC MAP SUBMITTAL									
(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 (Lin For subdivisions and/or common plans of			e provide a	current plat ma	up of the develo	pment.			
List the locations of all outfalls (points w	here discharges	leave the sit	e) including	the label for 6	each outfall from	m the topo man	(Attach a sena	arate list if nece	essarv)
Topo Map Identifier				atitude				gitude	
/III. RECEIVING WATERS									
Are there any surface waters within 25 fe	eet of your proje	ect's earth dis	sturbances?	☐ Yes	☐ No				
List name of receiving water(s), latitude waterbody classification. Please also indireceiving water, and if the storm sewer is	icate if the disch s under the juris	arges enter a	ın unnamed	tributary to th	e receiving wat	er. In addition,	indicate enters	a storm sewer	and the
	necessary)								prior to the
classifications. (Attach a separate list if a Receiving Water	necessary) UT	Storm	MS4	ART		Classification (
classifications. (Attach a separate list if i	UT	Sewer		Α&Γ	F&W	LWF	PWS	SH	S
classifications. (Attach a separate list if i	T		MS4	A&Γ					
classifications. (Attach a separate list if i	UT	Sewer			F&W	LWF	PWS	SH 🗆	s □
classifications. (Attach a separate list if i	UT	Sewer			F&W	LWF	PWS	SH	s □

ADEM Form 24 DRAFT m3 Page 2 of 3

IX. GENERAL INFORMATION		
Will flocculants or other chemical stabil If Yes , attach a Safety Data Sheet (-	Yes No
X. QUALIFIED CREDENTIALED PROF	ESSIONAL (QCP) CERTIFICATION	
pollution in stormwater and authorized areas/activities. The CBMPP meets the runoff can reasonably be expected to b Chapter 335-6-623 and this Permit. The company of the	related process wastewater runoff har requirements of this permit and if prope be effectively minimized to the maxim the CBMPP describes the erosion and s	gement Practices Plan (CBMPP) for the prevention and minimization of all sources of as been prepared under my supervision for this site/activity, and associated regulated erly implemented and maintained by the operator, discharges of pollutants in stormwater num extent practicable according to the requirements of ADEM Administrative Code sediment control measures that must be fully implemented and regularly maintained as ontrol practices to ensure the protection of water quality."
QCP Designation/Description:		
Name:	Title:	Registration/Certification #
Address:		
Phone Number:		Email:
Signature		Date Signed:
If a Duly Authorized Representative wil requirements below for a duly authorized	ll be signing this NOI, the DAR must p	provide the following information and attach the appropriate documentation meeting the be dated within the last 12 months
Name (including prefix):		Title:
Organization Name:		
Mailing Address:		
Phone Number:		Email:
Signature		Date Signed:
XII. OPERATOR/RESPONSIBLE OFFIC	CIAL SIGNATURE	
to assure that qualified personnel proper and other person or persons who manag my knowledge and belief, true, accurate, of fine or imprisonment for knowing v	rly gathered and evaluated the informa ge the system or those persons directly correct, and complete. I am aware tha iolations. I certify that this form has I further certify that the proposed disc	were prepared under my direction or supervision in accordance with a system designed ation submitted. Based on my inquiry of the qualified credentialed professional (QCP) responsible for gathering the information, the information submitted is, to the best of at there are significant penalties for submitting false information including the possibility not been altered, and if copied or reproduced, is consistent in format and identical in charges described in this registration have been evaluated for the presence of any non-ave been fully identified."

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;

Official Title

Date Signed:

- (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):

Name

Signature

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.

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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)

... (More Options Available)

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 Numb	oer			
Permittee Na	ame			
Permittee				
Phone Ty	ре	Number	Extension	
Home				
Mobile				
Other				
Business				
Email				
Fax				
Address L	_ine 1			
Address L	ine 2			
Location I	Description			
City			State/Area	Postal Code
Facility/Sit	te Informatio	<u>1</u>		
Facility/Site I	Name			
Facility/Site				
Address L				
Address L	ine 2			
Location I	Description			
	<u> </u>			
City			State/Area	Postal Code
			1	
J				
County *Select	t One			
County				
	○ Baldwin			
○ Autauga	○ Baldwin ○ Bibb			
○ Autauga○ Barbour				
	○ Bibb			

First Name Priore Type Control	Thorac Type Supervisor Number State	cility Contact				
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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,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.CSv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.GiF,*.GiF,*.GpX,*.gpx,*.Gpx,*.HTM,*. $\ \ \Box$ 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 Item I.	form, attach additional inform	ation as	necessary, and send report to ADEM.	
Permittee Name		Facility	/Site Name	
NPDES ALR10	County	Facility	Contact and Title	
Facility Street Address or Location Des	cription	City	State	Zip
Phone Number	Fax Number		E-Mail Address	
Item II.				
DESCRIPTION OF NONCOMPLIANO	CE OR NONCOMPLIANT DISCI	HARGE:		
Item III.				
	TION REPORT(S), ANY PHOTO	OGRAPH	S, AND ANY SAMPLING RESULTS <u>ARE</u>	ATTACHED. IF
Item IV.				
CAUSE OF NONCOMPLIANCE:				
Item V.				
	clude exact date(s) and time(s) or,	if not co	rrected, the anticipated time the noncomplian	nce is expected to
Item VI.				
			MPLIANCE SCHEDULE) TO REDUCE AI AND TO PREVENT ITS RECURRENCE:	ND/OR ELIMINATE
with a system designed to assure that of the person or persons who manag submitted is, to the best of my know copied or reproduced, is consistent is significant penalties for submitting for	t qualified personnel properly e the system, or those persons ledge and belief, true, accurate n format and identical in conte	gather ar directly a e, and con ent to the	prepared under my direction or supervised evaluate the information submitted. For esponsible for gathering the information mplete. I certify that this form has not be ADEM approved form. I am aware that ity of fines and imprisonment for knowing	Based on my inquiry n, the information een altered, and if t there are ng violations."
Name & Designation of QCP			Signature	Date

ADEM Form 025 DRAFT m1 Page 1 of 1

Signature

Date

Name & Title of Permittee Responsible Official

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.

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch

Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact</u> information for Special Services staff.

Permit Part I.C.2.

Table 1. Annual Treatment Area Thresholds				
Pesticide Use	Annual Threshold			
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

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 LB.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

Operator/Permittee Information

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

pplicant			
Operator/Permittee Na	ame		
Email			
Address Line 1			
Address Line 2			
City		State/Area	Postal Code
,		· ·	
lailing 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				
First Name	Last Name			
Title				
Organization Name				
Phone Type	Number	Extension		
Home				
NA-1-11-				
Mobile				
Other				
Business				
Email				
Email				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
Additional Permit Co	ntact(s)			
Please provide the contac	rt information for any person r	eeding notifications rega	rding this Notice of Intent (NOI).	
	or information for any person i	lecting notinoutions regu	and troude of ment (troi).	
Permit Contact				
Prefix				
First Name	Last Name			
Title				
Company Name				
Phone Type	Number	Extension		
Home				
Mobile				
Other				
Business				
Email		J.		
Operator Physical A	ddress/Information played based on answers provided in othe	r parts of the form		
		parts of the form		
Organization Type *Select Or ○ Corporation		Government/Commission		
© Federal	OLLC	over inche continues on		
OLLP		ulity (City or Town)		
⊙ Partnership		District or Board		
	Owned by Individual) © State			
(More Options Available)	ou by marvioudly Collete			
Operator Site Name				
Operator Physical Addres	ss			
A 1 1				
Address Line 1				
Address Line 1 Address Line 2				
Address Line 2				
		State/Area		Postal Code

Physical Address Cou	nty *Select One			
○ Autauga ○ Baldwir				
○ Barbour ○ Bibb				
○ Blount ○ Bullock				
○ Butler ○ Calhou	n			
Chambers Cherok				
(More Options Available)				
County (ies) of Applica	*Select All That Apply			
☐ALL ☐Autauga	uon			
□Baldwin □Barbour				
☐Bibb ☐Blount				
☐Bullock ☐Butler				
□Calhoun □Chamber	9			
(More Options Available)				
Primary SIC Code *Select C 0111-Wheat	⊙0112-Rice			
	○ 0116-Soybeans			
© 0119-Cash Grains				
		ugar Pooto		
	© 0133-Sugarcane and Su			
(More Options Available)	○ 0139-Field Crops, Exce	pi Casii Giairis		
Primary NAICS Code	Select One			
C 111110-Soybean Fan	ming	○ 111120-Oilseed (except Soybe	an) Farming	
C 111130-Dry Pea and	Bean Farming	○111140-Wheat Farming		
C 111150-Corn Farming	9	○ 111160-Rice Farming		
C 111191-Oilseed and	Grain Combination Farmir	ng C 111199-All Other Grain Farmin	9	
○ 111211-Potato Farmi	ng	C 111219-Other Vegetable (exce	pt Potato) and Melon Farming	
(More Options Available)				
NPDES Records S *This section is conditionally	torage displayed based on answers pro	vided in other parts of the form		
Records Contact				
First Name	Last Name			
First Name	Last Name		1	
Title			1	
Organization Name			-	
Phone Type	Number	Extension		
Home				
	,			
Mobile				
Other				
	1			
Business				
Email			-	
Address Line 1				
Address Line 2				
. Marcoo Erro E				
City		State/Area		Postal Code
Oity		Jiaic/Alea		i ostai oote

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

Pesticide Use Patterns

*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 S Waters section below)	State within the areas identified on the location map (complete Receiving	© Coverage requested for all waters of the State within the areas identified on the location map
Coverage requested for all waters of the State w	within the areas identified on the location map, except the following:	·
Receiving Waters Exception List		
*This control is conditionally displayed based on answers prov	rided in other parts of the form Rec Water	
Receiving Waters - Mosquito and Oth *This section is conditionally displayed based on answers pro		
Receiving Water "Select One		
C A W Dale Lake C Aaron Branch		
C Abbie Creek C Abbott Branch		
○ Abeg Creek ○ Abel Lake		
C Abercomby Branch C Abes Creek		
○ Abison Branch		
(More Options Available)		
-	one or more of the following before it enters the named receiving wa	rater above: "Select All That Apply
☐MS4 ☐Un-Named Tributary		
□Via Storm Sewer		
For a detailed list of water use classifications, pleasare available on the ADEM website at: http://adem.alabama.gov/programs/water/waterqua		ed in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters
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)	
Waters section below) C Coverage requested for all waters of the State w		© Coverage requested for all waters of the State within the areas identified on the location map
Receiving Waters Exception List *This control is conditionally displayed based on answers prov	vided in other parts of the form	
	Rec Water	
Receiving Waters - Weed and Algae F *This section is conditionally displayed based on answers prof Receiving Water *Soled One		
CAW Dale Lake CAaron Branch		
C Abbie Creek C Abbott Branch		
⊂ Abeg Creek		
C Abercomby Branch C Abes Creek		
(More Options Available)		
	one or more of the following before it enters the named receiving wa	rater above: "Select All That Apply
☐MS4 ☐Un-Named Tributary ☐Via Storm Sewer		
For a detailed list of water use classifications, pleas are available on the ADEM website at: http://adem.alabama.gov/programs/water/waterqua		ed in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters
Waterbody Classification *Select All That Apply		
☐ Agricultural and Industrial Water Supply (A&I)	□Fish and Wildlife (F&W)	
☐Limited Warmwater Fishery (LWF)	Coutstanding Alabama Water (OAW)	
☐Outstanding National Resource Water (ONRW)	□Public Water Supply (PWS)	

 $\ \ \, \square \, \text{Swimming and Other Whole Body Water-Contact Sports (S)}$

☐Shellfish Harvesting (SH)

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		
	state within the areas identified on the location map (complete Receiving	© Coverage requested for all waters of the State within the areas identified on the location map
Coverage requested for all waters of the State w	vithin the areas identified on the location map, except the following:	
Receiving Waters Exception List		
*This control is conditionally displayed based on answers prov	ided in other parts of the form Rec Water	
l		
Receiving Waters - Animal Pest Control *This section is conditionally displayed based on answers pro		
Receiving Water *Select One		
C A W Dale Lake C Aaron Branch		
C Abbie Creek C Abbott Branch		
C Abeg Creek C Abel Lake		
○ Abercomby Branch ○ Abes Creek		
C Abison Branch C Abramson Lake		
(More Options Available)		
	one or more of the following before it enters the named receiving w	ater above: *Select All That Apply
☐MS4 ☐Un-Named Tributary		
□Via Storm Sewer		
For a detailed list of water use classifications, pleasare available on the ADEM website at: http://adem.alabama.gov/programs/water/waterqua		ed in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL water
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)	
Coutstanding National Resource Water (ONRW)	□Public Water Supply (PWS)	
Shellfish Harvesting (SH)	☐Swimming and Other Whole Body Water-Contact Sports (S)	
*This section is conditionally displayed based on answers prov Receiving Waters (check one) "Select One C Coverage requested for specific waters of the S Waters section below)	or Other Area-Wide Pest Control Details wided in other parts of the form State within the areas identified on the location map (complete Receiving within the areas identified on the location map, except the following:	© Coverage requested for all waters of the State within the areas identified on the location map
*This control is conditionally displayed based on answers prov	vided in other parts of the form	
	Nec water	
Receiving Waters - Forest Canopy or *This section is conditionally displayed based on answers prof Receiving Water *Select One		
© A W Dale Lake © Aaron Branch		
C Abbie Creek C Abbott Branch		
C Abeg Creek C Abel Lake		
○ Abercomby Branch ○ Abes Creek		
C Abison Branch C Abramson Lake		
(More Options Available)		
Please indicate below if the discharge enters of MS4 Un-Named Tributary	one or more of the following before it enters the named receiving w	ater above: *Select All That Apply
<u></u> □Via Storm Sewer		
For a detailed list of water use classifications, pleas are available on the ADEM website at: http://adem.alabama.gov/programs/water/waterqua		ed in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL water
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

		esticide Application Treatmallowed. Please be aware that		size are not allowed. The following file types a	re accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
	□Confidential (Reason for C	onfidentiality)			
	anned Pesticide Use A	Active Ingredient(s) d based on answers provided in other	parts of the form		
Ple	ease provide a list of the ac	ctive ingredients for any pla	nned pesticide use.		
	uly Authorized Repres	sentative (DAR) d based on answers provided in other	parts of the form		
(a) sub reg (b)	In the case of a corporation,	by a principal executive officer by the Department, who is resp by a general partner;	r of at least the level of vice		ed in accordance with corporate procedures, with such delegation rized to make management decisions which govern the operation of the
(d)	In the case of a municipal, st EM Administrative Code Rul	ate, federal, or other public en le 335-609(2):		cutive officer, or ranking elected official.	
pe (a) (b)	rson is a duly authorized repre The authorization is made in	esentative only if: writing by a person described either an individual or a positio	in paragraph 335-6-609(335-6-609(1) or by a duly authorized representative of that person. A activity and;
Wi		entative be submitting this I	NOI? *Select One		
. *	thorized Rep This control is conditionally displayed Prefix	d based on answers provided in other _l	parts of the form		
	Circ4 Norma	14 M			
	First Name	Last Name			
	Title	,			
	Organization Name				
	Phone Type *Only one phone number is	Number I	Extension		
	Home				
	Mobile				
	Other				
	Business				
	Email				
	Mailing Address Address Line 1				
	Address Line 2				
	City		State/Area		Postal Code
	,		1		,

Country

*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,*.DwG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GiF,*.gif,*.GiF,*.GgPX,*.gpx,*.HTM,*. Comment Confidential (Reason for Confidentiality)

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

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

Please click here for area assignments and contact

information for Special Services staff.

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

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

*This form may		ctions or controls that are conditionally displ	layed based on answers provided in other parts of the form	
Processing	g Information			
Brief descrip	tion of the action/	change that has resulted in the	request for permit modification(s):	
Operator F	Physical Addre	ess/Information		
Operator Site	Name			
Operator Phy Address L	rsical Address ine 1			
Address L	ine 2			
City		State/Area	Postal Code	
Discolari Add		* Ono		
Autauga	lress County *Select ☐ Baldwin	a One		
© Barbour	© Bibb			
© Blount	© Bullock			
© Butler	© Calhoun			
© Chambers				
(More Option				

Permit & Operator Mailing Address/Information

Permit Number

oerator Mailing	g Information				
Phone Type	Number	Extension	n		
Home					
Mobile					
Other					
Business					
Email					
Address Line	<u>1</u>				
Address Line	2				
City		State/Area		Postal Code	
Organization	Name				
Phone Type	Numb	er	Extension		
Home					
Mobile					
Other					
Business					
Email	,		,		
Address Line	1				
Address Line	2				
, adi 033 Lille					
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).

First Name	Last Name	
Title Title		
Company Name		
Phone Type	Number	Extension
	Number	Extension
Home	Number	Extension
Phone Type Home Mobile Other	Number	Extension

NPDES Records Storage

ecords Contact				
First Name	Last Name			
Title				
Organization Name				
Phone Type	Number	Extension		
Home				
Mobile				
Other				
Business				
Email	٢	,		
Address Line 1				
Address Line 2				
City	State/Area		Postal Code	
eceiving Waters				
eceiving Waters List				
	Use Pattern		Receiving Water	

Additional Document Submittals

Additional Documents (Optional)

	s are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file *.bmp,*.jpeg,*.jpg,*.pdf,*.png,*.tif,*.tiff
Comment	
☐Confidential (Rea	son 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

ADDITIONAL LINKS

<u>Please click here for area assignments and contact</u> information for Special Services staff.

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

Form Input

Processing Information

Pursuant to Part LB.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)?

STOP

ou have indicated his General Permi	d that the intended pesticide a it cannot be granted.			paired by that pesticide or its degradants. Therefore, coverage under
			propriate permitting staff for further information.	
	of the action/change that tionally displayed based on answers		for permit modification(s):	
			And Moderal Con-	
	ring the permit to new own tionally displayed based on answers	nership only? (Requires Transprovided in other parts of the form	Inster Form 466) Serect One	
○Yes ○No				
	tionally displayed based on answers print, and sign the following: nt (Form 466)	s provided in other parts of the form		
Attach Transfer A	Agreement (Form 466)			
*This control is condi	tionally displayed based on answers ne signed Transfer Agreemer			
			g 500 MB in size are not allowed. The following file types a	
	.avi,*.Avi,*.BMP,*.bmp,*.Bmp	o,*.CSV,*.csv,*.Csv,*.DAT,*.da	at,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,	*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GlF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.
Comment				
E0 - mE do milio l	December 0 and death all to			
Confidential (Reason for Confidentiality)			
orm Submissio	n Reason			
Calculated				
Permit & Ope	rator Mailing Address	s/Information		
*This section is cond	itionally displayed based on answers	s provided in other parts of the form		
Permit Number				
Operator Mailing	Information			
Operator Nam	e			
Phone Type	Number	Extension		
Home				
Mobile				
Other			1	
Business				
Address Line	1			
Address Line	2			
0.1		.		D 440.4
City		State/Area		Postal Code

Responsible Official				
First Name	Last Name		1	
Title			1	
Organization Name			1	
Phone Type	Number	Extension		
Home				
Markita.				
Mobile			-	
Other				
Business			1	
Email				
Email				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
Additional Permit Co	ontact(s)			
Nego a musicido tibo contr	ant information for any names of	anding polifications res	rding this Notice of Intent (NOI).	
	act information for any person in	leeding nouncations rega	ruing this Notice of Intent (NOI).	
Permit Contact				
Prefix				
First Name	Last Name		1	
Title			1	
Company Name				
Phone Type	Number	Extension		
Home				
A distribution				
Mobile			_	
Other				
Business			1	
		J.		
Email				
Operator Physical A	Address/Information			
	splayed based on answers provided in other	parts of the form		
Organization Type *Select				
C Corporation		overnment/Commission		
⊙ Federal	CLLC			
OLLP	○ Municipality (City or Town)			
© Partnership		istrict or Board		
	. Owned by Individual) O State			
(More Options Available)				
perator Site Name				
Operator Physical Addre	ess			
Address Line 1				
Address Line 2				
City		State/Area		Postal Code

Physical Address Cou	unty *Select One			
○ Autauga	-			
○ Barbour ○ Bibb				
○ Blount ○ Bulloc	k			
○ Butler ○ Calhor	un			
Chambers Chero	kee			
(More Options Available	a)			
County (ies) of Applic	ation *Select All That Apply			
☐ALL ☐Autauga				
□Baldwin □Barbour				
□Bibb □Blount				
□Bullock □Butler				
□Calhoun □Chambe	ers			
(More Options Available	9)			
Primary SIC Code *Selection	ect One			
○ 0111-Wheat	○ 0112-Rice			
C 0115-Com	○ 0116-Soybeans			
C 0119-Cash Grains				
○ 0132-Tobacco	○ 0133-Sugarcane and Su			
	© 0139-Field Crops, Excep	ot Cash Grains		
(More Options Available				
Primary NAICS Code				
C 111110-Soybean Fa		C 111120-Oilseed (except Soybe	ean) Farming	
© 111130-Dry Pea and		C 111140-Wheat Farming		
© 111150-Corn Farmir		© 111160-Rice Farming	_	
© 111211-Potato Farm		g © 111199-All Other Grain Farmin © 111219-Other Vegetable (exce		
(More Options Available	-	O 111210-Other Vegetable (exce	per otato) and wellorn arming	
NPDES Records S	Storage			
*This section is conditionally	y displayed based on answers prov	ided in other parts of the form		
Records Contact				
First Name	Last Name		7	
Title			-	
Organization Name)		-	
Phone Type	Number	Extension		
Home				
Mobile	,			
Wobile			_	
Other				
Business				
Email				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
1 1				I .

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

Pesticide Use Patterns

*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 S Waters section below)	State within the areas identified on the location map (complete Receiving	© Coverage requested for all waters of the State within the areas identified on the location map
Coverage requested for all waters of the State w	within the areas identified on the location map, except the following:	·
Receiving Waters Exception List		
*This control is conditionally displayed based on answers prov	rided in other parts of the form Rec Water	
Receiving Waters - Mosquito and Oth *This section is conditionally displayed based on answers pro		
Receiving Water "Select One		
C A W Dale Lake C Aaron Branch		
C Abbie Creek C Abbott Branch		
○ Abeg Creek ○ Abel Lake		
C Abercomby Branch C Abes Creek		
○ Abison Branch		
(More Options Available)		
-	one or more of the following before it enters the named receiving wa	rater above: "Select All That Apply
☐MS4 ☐Un-Named Tributary		
□Via Storm Sewer		
For a detailed list of water use classifications, pleasare available on the ADEM website at: http://adem.alabama.gov/programs/water/waterqua		ed in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters
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)	
Waters section below) C Coverage requested for all waters of the State w		© Coverage requested for all waters of the State within the areas identified on the location map
Receiving Waters Exception List *This control is conditionally displayed based on answers prov	vided in other parts of the form	
	Rec Water	
Receiving Waters - Weed and Algae F *This section is conditionally displayed based on answers prof Receiving Water *Soled One		
CAW Dale Lake CAaron Branch		
C Abbie Creek C Abbott Branch		
⊂ Abeg Creek		
C Abercomby Branch C Abes Creek		
(More Options Available)		
	one or more of the following before it enters the named receiving wa	rater above: "Select All That Apply
☐MS4 ☐Un-Named Tributary ☐Via Storm Sewer		
For a detailed list of water use classifications, pleas are available on the ADEM website at: http://adem.alabama.gov/programs/water/waterqua		ed in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters
Waterbody Classification *Select All That Apply		
☐ Agricultural and Industrial Water Supply (A&I)	□Fish and Wildlife (F&W)	
☐Limited Warmwater Fishery (LWF)	Coutstanding Alabama Water (OAW)	
☐Outstanding National Resource Water (ONRW)	□Public Water Supply (PWS)	

 $\ \ \, \square \, \text{Swimming and Other Whole Body Water-Contact Sports (S)}$

☐Shellfish Harvesting (SH)

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		
	state within the areas identified on the location map (complete Receiving	© Coverage requested for all waters of the State within the areas identified on the location map
Coverage requested for all waters of the State w	vithin the areas identified on the location map, except the following:	
Receiving Waters Exception List		
*This control is conditionally displayed based on answers prov	ided in other parts of the form Rec Water	
l		
Receiving Waters - Animal Pest Control *This section is conditionally displayed based on answers pro		
Receiving Water *Select One		
C A W Dale Lake C Aaron Branch		
C Abbie Creek C Abbott Branch		
C Abeg Creek C Abel Lake		
○ Abercomby Branch ○ Abes Creek		
C Abison Branch C Abramson Lake		
(More Options Available)		
	one or more of the following before it enters the named receiving w	ater above: *Select All That Apply
☐MS4 ☐Un-Named Tributary		
□Via Storm Sewer		
For a detailed list of water use classifications, pleasare available on the ADEM website at: http://adem.alabama.gov/programs/water/waterqua		ed in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL water
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)	
Coutstanding National Resource Water (ONRW)	□Public Water Supply (PWS)	
Shellfish Harvesting (SH)	☐Swimming and Other Whole Body Water-Contact Sports (S)	
*This section is conditionally displayed based on answers prov Receiving Waters (check one) "Select One C Coverage requested for specific waters of the S Waters section below)	or Other Area-Wide Pest Control Details wided in other parts of the form State within the areas identified on the location map (complete Receiving within the areas identified on the location map, except the following:	© Coverage requested for all waters of the State within the areas identified on the location map
*This control is conditionally displayed based on answers prov	vided in other parts of the form	
	Nec water	
Receiving Waters - Forest Canopy or *This section is conditionally displayed based on answers prof Receiving Water *Select One		
© A W Dale Lake © Aaron Branch		
C Abbie Creek C Abbott Branch		
C Abeg Creek C Abel Lake		
○ Abercomby Branch ○ Abes Creek		
C Abison Branch C Abramson Lake		
(More Options Available)		
Please indicate below if the discharge enters of MS4 Un-Named Tributary	one or more of the following before it enters the named receiving w	ater above: *Select All That Apply
<u></u> □Via Storm Sewer		
For a detailed list of water use classifications, pleas are available on the ADEM website at: http://adem.alabama.gov/programs/water/waterqua		ed in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL water
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

		esticide Application Treatmallowed. Please be aware that		size are not allowed. The following file types a	re accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
	□Confidential (Reason for C	onfidentiality)			
	anned Pesticide Use A	Active Ingredient(s) d based on answers provided in other	parts of the form		
Ple	ease provide a list of the ac	ctive ingredients for any pla	nned pesticide use.		
	uly Authorized Repres	sentative (DAR) d based on answers provided in other	parts of the form		
(a) sub reg (b)	In the case of a corporation,	by a principal executive officer by the Department, who is resp by a general partner;	r of at least the level of vice		ed in accordance with corporate procedures, with such delegation rized to make management decisions which govern the operation of the
(d)	In the case of a municipal, st EM Administrative Code Rul	ate, federal, or other public en le 335-609(2):		cutive officer, or ranking elected official.	
pe (a) (b)	rson is a duly authorized repre The authorization is made in	esentative only if: writing by a person described either an individual or a positio	in paragraph 335-6-609(335-6-609(1) or by a duly authorized representative of that person. A activity and;
Wi		entative be submitting this I	NOI? *Select One		
. *	thorized Rep This control is conditionally displayed Prefix	d based on answers provided in other p	parts of the form		
	Circ4 Norma	14 M			
	First Name	Last Name			
	Title	,			
	Organization Name				
	Phone Type *Only one phone number is	Number I	Extension		
	Home				
	Mobile				
	Other				
	Business				
	Email				
	Mailing Address Address Line 1				
	Address Line 2				
	City		State/Area		Postal Code
	,		1		,

Country

*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,*.DwG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GiF,*.gif,*.GiF,*.GgPX,*.gpx,*.HTM,*. 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

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

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)?

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: <u>Transfer Agreement (Form 466)</u>

Attach Transfer Agreement (Form 466)

ed on answers provided in other parts of the form Please attach the signed Transfer Agreement (Form 466) here.

.7Z,.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DoCX,*.doc,*.Docx,	*.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

perator Mailing	g Information	
Operator Nan	me	
Phone Type	Number	Extension
Home		
Mobile		
Other		
Business		
Address Line	1	,
Address Line	2	
City		State/Area

Responsible Official				
First Name	Last Name			
Title				
Organization Name				
Phone Type	Number	Extension		
Home				
NA-1-11-				
Mobile				
Other				
Business				
Email				
Email				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
Additional Permit Co	ntact(s)			
Please provide the contac	rt information for any person r	eeding notifications rega	rding this Notice of Intent (NOI).	
	or information for any person i	lecting notinoutions regu	and troube of ment (troi).	
Permit Contact				
Prefix				
First Name	Last Name			
Title				
Company Name				
Phone Type	Number	Extension		
Home				
Mobile				
Other				
Business				
Email		J.		
Operator Physical A	ddress/Information played based on answers provided in othe	r parts of the form		
		parts of the form		
Organization Type *Select Or ○ Corporation		Government/Commission		
© Federal	OLLC	over inche continues on		
OLLP		ulity (City or Town)		
⊙ Partnership		District or Board		
	Owned by Individual) © State			
(More Options Available)	ou by marvioudly Collete			
Operator Site Name				
Operator Physical Addres	ss			
A 1 1				
Address Line 1				
Address Line 1 Address Line 2				
Address Line 2				
		State/Area		Postal Code

Physical Address Cou	unty *Select One			
○ Autauga	-			
○ Barbour ○ Bibb				
○ Blount ○ Bulloc	k			
○ Butler ○ Calhor	un			
Chambers Chero	kee			
(More Options Available	a)			
County (ies) of Applic	ation *Select All That Apply			
☐ALL ☐Autauga				
□Baldwin □Barbour				
□Bibb □Blount				
□Bullock □Butler				
□Calhoun □Chambe	ers			
(More Options Available	9)			
Primary SIC Code *Selection	ect One			
○ 0111-Wheat	○ 0112-Rice			
C 0115-Com	○ 0116-Soybeans			
C 0119-Cash Grains				
○ 0132-Tobacco	○ 0133-Sugarcane and Su			
	© 0139-Field Crops, Excep	ot Cash Grains		
(More Options Available				
Primary NAICS Code				
C 111110-Soybean Fa		C 111120-Oilseed (except Soybe	ean) Farming	
C 111130-Dry Pea and		C 111140-Wheat Farming		
© 111150-Corn Farmir		© 111160-Rice Farming	_	
© 111211-Potato Farm		g © 111199-All Other Grain Farmin © 111219-Other Vegetable (exce		
(More Options Available	-	O 111210-Other Vegetable (exce	per otato) and wellorn arming	
NPDES Records S	Storage			
*This section is conditionally	y displayed based on answers prov	ided in other parts of the form		
Records Contact				
First Name	Last Name		7	
Title			-	
Organization Name)		-	
Phone Type	Number	Extension		
Home				
Mobile	,			
Wobile			_	
Other				
Business				
Email				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
1 1				I .

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

Pesticide Use Patterns

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

Receiving waters (cneck one)		
© Coverage requested for specific waters of the S Waters section below)	State within the areas identified on the location map (complete Receiving	© Coverage requested for all waters of the State within the areas identified on the location map
,	within the areas identified on the location map, except the following:	ule location map
Solvings requestion in an matter of the charte	main are areas as initial or are recast map, except are relicining.	
Receiving Waters Exception List *This control is conditionally displayed based on answers pro	ovided in other parts of the form	
	Rec Water	
,		
Receiving Waters - Mosquito and Otl	her Flying Insect Pest Control	
*This section is conditionally displayed based on answers pro		
Receiving Water *Select One		
○ A W Dale Lake ○ Aaron Branch		
C Abbie Creek C Abbott Branch		
○ Abeg Creek ○ Abel Lake		
○ Abercomby Branch ○ Abes Creek		
C Abison Branch C 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, plea	ase refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identifi	ed in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL waters
are available on the ADEM website at:		ed III ADEM Admin. Gode 1. 555-5-11.02. Guiteficists of 505(d) and Timbe water.
http://adem.alabama.gov/programs/water/waterqua	<u>ality.cnt</u>	
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)		
Shellfish Harvesting (SH)	Swimming and Other Whole Body Water-Contact Sports (S)	
Pesticide Use Pattern Weed and Alga *This section is conditionally displayed based on answers pro		
	orded in outer parts of the form	
Receiving Waters (check one) *Select One	State within the areas identified on the location map (complete Receiving	© Coverage requested for all waters of the State within the areas identified on
Waters section below)	State within the areas identified on the location map (complete necessing	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 pro		
	Rec Water	
Receiving Waters - Weed and Algae	Pest Control	
*This section is conditionally displayed based on answers pro	ovided in other parts of the form	
Receiving Water *Select One		
C A W Dale Lake C Aaron Branch		
C Abbie Creek C Abbott Branch		
○ Abeg Creek ○ Abel Lake		
○ Abercomby Branch ○ Abes Creek		
C Abison Branch C 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, plea	ase refer to ADEM Admin. Code Ch. 335-6-11. ONRW waters are identifi	ed 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/waterqu	anty.cm	
Waterbody Classification *Select All That Apply	F Figh and Middlefe (F 9.14)	
Agricultural and Industrial Water Supply (A&I)	Fish and Wildlife (F&W)	
☐Limited Warmwater Fishery (LWF)	☐Outstanding Alabama Water (OAW)	

☐Shellfish Harvesting (SH)

 $\begin{tabular}{l} \square Outstanding National Resource Water (ONRW) & \square Public Water Supply (PWS) \\ \end{tabular}$

 $\ \ \, \square \, \text{Swimming and Other Whole Body Water-Contact Sports (S)}$

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		
	ne State within the areas identified on the location map (complete Receiving	$\ensuremath{\mathbb{C}}$ Coverage requested for all waters of the State within the areas identified on the location map
Coverage requested for all waters of the Sta	ate within the areas identified on the location map, except the following:	
Receiving Waters Exception List		
*This control is conditionally displayed based on answers	s provided in other parts of the form Rec Water	
J.		
Receiving Waters - Animal Pest Co *This section is conditionally displayed based on answers		
Receiving Water *Select One		
C A W Dale Lake C Aaron Branch		
C Abbie Creek C Abbott Branch		
○ Abeg Creek ○ Abel Lake		
C Abercomby Branch C Abes Creek		
C Abison Branch C Abramson Lake		
(More Options Available)		
Please indicate below if the discharge ente	rs one or more of the following (unnamed tributary, MS4, storm sewer	r) 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, pare available on the ADEM website at: http://adem.alabama.gov/programs/water/water		ed in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL water
Waterbody Classification *Select All That Apply		
☐Agricultural and Industrial Water Supply (A&	l) Fish and Wildlife (F&W)	
Limited Warmwater Fishery (LWF)	☐Outstanding Alabama Water (OAW)	
☐Outstanding National Resource Water (ONF	tW)	
☐Shellfish Harvesting (SH)	☐Swimming and Other Whole Body Water-Contact Sports (S)	
Waters section below) C Coverage requested for all waters of the Sta Receiving Waters Exception List	ne State within the areas identified on the location map (complete Receiving ate within the areas identified on the location map, except the following:	© Coverage requested for all waters of the State within the areas identified on the location map
*This control is conditionally displayed based on answers	s provided in other parts of the form Rec Water	
Receiving Waters - Forest Canopy *This section is conditionally displayed based on answers Receiving Water *Select One		
C A W Dale Lake C Aaron Branch		
C Abbie Creek C Abbott Branch		
○ Abeg Creek ○ Abel Lake		
○ Abercomby Branch ○ Abes Creek		
C Abison Branch C Abramson Lake (More Options Available)		
Please indicate below if the discharge ente	rs one or more of the following (unnamed tributary, MS4, storm sewer	r) 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, pare available on the ADEM website at: http://adem.alabama.gov/programs/water/water		ed in ADEM Admin. Code r. 335-6-11.02. Current lists of 303(d) and TMDL water
Waterbody Classification *Select All That Apply		
☐Agricultural and Industrial Water Supply (A&	l)	
□Limited Warmwater Fishery (LWF)	□Outstanding Alabama Water (OAW)	
Outstanding National Resource Water (ONF	₹W)	

☐Swimming and Other Whole Body Water-Contact Sports (S)

☐Shellfish Harvesting (SH)

Pesticide Application Treatment Area Map

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

		esticide Application Treatmallowed. Please be aware that		size are not allowed. The following file types a	re accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
	□Confidential (Reason for C	onfidentiality)			
	anned Pesticide Use A	Active Ingredient(s) d based on answers provided in other	parts of the form		
Ple	ease provide a list of the ac	ctive ingredients for any pla	nned pesticide use.		
	uly Authorized Repres	sentative (DAR) d based on answers provided in other	parts of the form		
(a) sub reg (b)	In the case of a corporation,	by a principal executive officer by the Department, who is resp by a general partner;	r of at least the level of vice		ed in accordance with corporate procedures, with such delegation rized to make management decisions which govern the operation of the
(d)	In the case of a municipal, st EM Administrative Code Rul	ate, federal, or other public en le 335-609(2):		cutive officer, or ranking elected official.	
pe (a) (b)	rson is a duly authorized repre The authorization is made in	esentative only if: writing by a person described either an individual or a positio	in paragraph 335-6-609(335-6-609(1) or by a duly authorized representative of that person. A activity and;
Wi		entative be submitting this I	NOI? *Select One		
. *	thorized Rep This control is conditionally displayed Prefix	d based on answers provided in other p	parts of the form		
	Circ4 Norma	14 M			
	First Name	Last Name			
	Title	,			
	Organization Name				
	Phone Type *Only one phone number is	Number I	Extension		
	Home				
	Mobile				
	Other				
	Business				
	Email				
	Mailing Address Address Line 1				
	Address Line 2				
	City		State/Area		Postal Code
	,		1		,

Country

*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,*.DwG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GiF,*.gif,*.GiF,*.GgPX,*.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.

Mail to: Alabama Department of Environmental Management Water Division						FOR OFFICE USE ONLY						
	fice Box 301463 mery, Alabama 361	30-1463				NPDES PERMIT NUMBER						
									RECEIPT N	NUMBER	1	
				Puri	POSE OI	F THIS	NOI					
Initial Application Modification of General Permit No. ALG87						Reis Othe			Permit ALG			_
I. OPERATOR/PER	RMITTEE INFORMAT	ION										
Operator/Permit	tee Name				•	Opera	ator Site	Name				
Operator/Permit	tee Mailing Address	;			•	Opera	ator/Perr	nittee Phys	ical Address			
Operator Mailing City, State, Zip Code					(Opera	ator Phys	sical City, C	County, State	, Zip Cod	de	
County(ies) of Application]	Primary SIC Code Primary NAICS Code				S Code			
Operator Contac	t Name	Operator (Contact '	Title	(Operator Contact E-Mail Address Operator Contact Telephone					Contact Telephone	
Operator Contac	et Organization Nan	1e	Opera	tor Contact	 Mailing	ing Address Operator Contact Mailing City, State, Zip Cod				ity, State, Zip Code		
Responsible Offi	cial Name	Responsib	le Officia	al Title		Responsible Official E-Mail Address Responsible Official Telepho					le Official Telephone	
Responsible Offi	cial Organization N	ame	Respon	nsible Officia	al Maili	ailing Address Responsible Official Mailing City, State, Zip Code				City, State, Zip		
				Operator/Pe	ermittee	e Owr	nership T	уре				
☐ Corporation	☐ Partnership	Sole		LLC		LP	☐ LP	State	☐ County	☐ Muni	icipality	Other
	ALABAMA, OF NPE	ES RECORD				ds mı	ust be s	tored with				
Records Contact Name Records Contact Title				Γitle	Records Contact Organization Name					on Name		
Records Contact E-Mail Address					Records Contact Telephone							
Street Address for Records Storage Location						Physical City, State, Zip for Records Storage Location						

ADEM Form 28 DRAFT m2 Page 1 of 3

III. PESTICIDE USE PATTERNS

III. FESTICIDE OSE FATTERNS										
Check all that apply:										
(a) Mosquito and Other Flying Insect Pest	Control	(c)	Animal P	est Control						
(b) Weed and Algae Pest Control		(d) [Forest Ca	nopy or Othe	er Area-Wide	Pest Contro	1			
For each use pattern checked above, provide the	following i	nformati	on (attach a	dditional pag	es if necessa	ry):				
Use Pattern from above:										
Receiving Waters (check one):										
Coverage requested for specific water	rs of the Stat	te within	the areas id	lentified on th	e location m	ap. Comple	te Section IV	. below.		
☐ Coverage requested for all waters of t	he State wit	hin the a	reas identifi	ed on the loc	ation map, or	r				
Coverage requested for all waters of t	he State wit	hin the a	reas identifi	ed on the loc	ation map, ex	xcept the foll	owing:			
(If you checked eithe	er Box (2) or (3)	for Rece	iving Wat	ers box al	bove, skip	Section I	V. below)		
IV. RECEIVING WATERS										
For each use pattern checked above, provide the	following i	nformati	on (attach a	dditional pag	es if necessa	ry):				
Use Pattern from above:	_					-				
List the name of each receiving water for the in tributary to the receiving water. In addition, indi refer to ADEM Admin. Code 335-6-11 for a det	dicated Use	Pattern a	above (attac ewer prior to	th additional in the receiving	pages if nece	essary). Pleas				
Receiving Water U	1 .	torm ewer	MS4	A&I	LWF	SH	F&W	OAW	PWS	S
]										
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ADEM Form 28 DRAFT m2 Page 2 of 3

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? Types Type 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: Date Signed: Signature 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." Official Title Name 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:

- 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;
- In the case of a partnership, by a general partner;
- In the case of a sole proprietorship, by the proprietor; or (c)
- 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):

Signature

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:

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

ADEM Form 28 DRAFT m2 Page 3 of 3

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 <u>not</u> 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

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

Montgomery, Alabama 36130-1463

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Special Services staff.</u>

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

Reportable Adverse Incident

Is this adverse incident reportable? *Select One

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

perator 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

Title Dryanization Name Phone Type Number Extension Home Mobile Dither Business Email Address Line 1 Address Line 2 Location Description City State/Area Postal Code Decrator Physical Address/Information Perator Site Name Address Line 2 Location Description	esponsible Official				
Organization Name Phone Type Number Extension Home Mobile Dither Susiness Email Address Line 1 Address Line 2 Location Description City State/Area Postal Code Decrator Physical Address/Information erator Site Name erator Physical Address Address Line 1 Address Line 1 Address Line 2 Location Description	First Name	Last Name			
Organization Name Phone Type Number Extension Home Mobile Dither Susiness Email Address Line 1 Address Line 2 Location Description City State/Area Postal Code Decrator Physical Address/Information erator Site Name erator Physical Address Address Line 1 Address Line 1 Address Line 2 Location Description					
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Address Line 1 Address Line 2 Location Description					
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Location Description	Address Line 1				
Location Description					
	Address Line 2				
	Location Description	on			
City State/Area Postal Code					
	City	State/Are	a	Postal Code	

Physical Ad	dress County	*Select One		
○ Autauga	○ Baldwin			
○ Barbour	⊖ Bibb			
○ Blount	© Bullock			
○ Butler	○ Calhoun			
C Chambers	s Cherokee			
(More Opti	ons Available)			
24-Hour <i>A</i>	Adverse Inci	dent Notificatio	<u>n</u>	
incident mι	ıst include in t	this report the info	erators that observe or are otherw rmation provided to the Departme information if necessary.	ise made aware of an adverse nt in the 24-hour adverse incident
Caller				
First Nan	пе	Last Name		
Phone Ty	/pe	Number	Extension	
Home				
Mobile				
Other				
Business				
	son (if differen	-		
First Nan	1e	Last Name		
Phone Ty	/pe	Number	Extension —	
Home				
Mobile				
				1
Other				
Business				
		J		
How and wl	hen did the Ope	erator become awa	re of the adverse incident?	
Describe the	e location of th	e adverse incident:		

Describe the adverse incidincident:	dent identified and the pesticide name for each product applied in the area of the adverse
Describe any steps that had describe any steps that had describe adverse effects:	ave been or will be taken to correct, repair, remedy, cleanup, or otherwise address any
Date/Time Operator I	Notified Department of the Adverse Incident
Date the Department was	Notified
Time the Department was	Notified
Department Contact	
First Name	Last Name
Title	
nstructions Received fror	n the Department (if any):
Pesticide Use and Af	forted Area(s)
Name of Pesticide Produc	<u> </u>
Pesticide Application Rate	
Indeed and the court of the cou	
intended Use Site (e.g. bai	nks, 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. <u>Please type or print legibly in ink.</u> **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 Re	gional office and to the state lead agency for pesticide regulation.						
No. STOP. You are not required to complete this report. However, you may reporting of the adverse incident is not required. This information may be us	consider using this form to document the incident and your rationale for why seful to support your rationale should you be questioned about the incident.						
that clearly establish that the adverse incident was not related to toxic effects or	quired under the PGP in the following situations: (1) The Operator is aware of facts exposure from the pesticide application; (2) The Operator has been notified by the egory of incidents; (3) The Operator receives information of an adverse incident but at 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 n provided to the Department in the 24-hour adverse incident notification (Part VI.D.							
Caller's Name	Caller's Phone Number						
Operator Name	Operator Mailing Address						
NPDES Permit Number	Operator City, State, Zip Code						
ALG87							
Contact Person (if different from Caller)	Contact Person Phone Number (if different from Caller)						
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 prod	uct 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.						
III. DATE/TIME OPERATOR NOTIFIED DEPARTMENT OF THE ADVERSE INCI	DENT						
Date the Department was Notified	Time the Department was Notified						
Name and/or Title of the Person the Operator Contacted at the Department							
Instructions Received from the Department (if any)							

ADEM Form 029 DRAFT m1 Page 1 of 2

IV. OTHER INFORMATION

Location of incident, including the names of any waters affected and	I the appearance of those waters (sheen, color, clarity, etc.)
Describe the circumstances of the adverse incident including species organisms.	affected, estimated number of individuals and approximate size of dead or distressed
Describe the magnitude and scope of the affected area (e.g. aquatic a	acres or total stream distance affected).
Provide the following Information for Each Pesticide used in the Aff	fected Area(s):
Pesticide Application Rate:	
Intended Use Site (e.g. banks, above waters, or directly to waters):	
Method of Application:	
Name of Pesticide Product:	
Species Targeted:	
Describe the habitat and the circumstances under which the adverse	e incident occurred. Include any available ambient water data for pesticide applied.
If laboratory tests were performed, indicate which tests were performed days of them becoming available.	med, when they were performed, and provide a summary of the test results within 5
Describe the action(s) to be taken to prevent a recurrence of adverse	incidents.
V. CERTIFICATION OF OPERATOR RESPONSIBLE OFFI	CIAL
that qualified personnel properly gather and evaluate the information s persons directly responsible for gathering the information, the informati	ere prepared under my direction or supervision in accordance with a system designed to assure submitted. Based on my inquiry of the person or persons who manage the system or those ion submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am n including the possibility of fine or imprisonment for knowing violations."
Name	Official Title
Signature	Date Signed:

ADEM Form 029 DRAFT m1 Page 2 of 2

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.

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463 Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Special Services staff.</u>

No Fee Required

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 Info	rmation							
Permit Number								
Operator Informa	ation							
Operator Nam								
Phone Type	Number		Extension					
Home								
Mobile								
Other								
Business								
Address Line	1							
Address Line	2							
City				State/Area		Postal Code		
Responsible Offi	icial							
First Name		Last Name			7			
Title					7			
Contact Name	•				1			
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

- $\ensuremath{\text{C}}\xspace$ A new operator has taken over responsibility for the pest treatment.
- C 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.
- ${\it C}$ 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

	ceeding Operator	d based on answers provided in othe	or parts of the form		
		Last Name	, para or arc rom	_	
1	itle			,	
I.					
F	Proposed Succeeding Op	erator			
L	Phone Type	Number	Extension		
	lome	Number	Exterision		
	ome				
Ν	Mobile				
C	Other				
Е	Business				
E	imail				
,	Address Line 1				
4	Address Line 2				
L					
	City		State/Area		Postal Code
I.					
		l or alternative general per			
·7	his control is conditionally displayed	d based on answers provided in othe	er parts of the form		
Purs (a) I sub	n the case of a corporation,	ve Code Rule 335-6-609 (1 by a principal executive office by the Department, who is res	er of at least the level of vice		ed in accordance with corporate procedures, with such delegation rized to make management decisions which govern the operation of the
		torship, by the proprietor; or tate, federal, or other public e	ntity by either a principal exe	cutive officer, or ranking elected official.	
ADI	EM Administrative Code Ru	le 335-609(2):			
pers (a) (b)	son is a duly authorized repr The authorization is made in The authorization specifies of	esentative only if: writing by a person describe	ed in paragraph 335-6-609(335-6-609(1) or by a duly authorized representative of that person. A activity and;
	a duly authorized repres ∕es ⊙No	entative be submitting this	Notice of Termination? *S	ielect One	
. *T		d based on answers provided in othe ocumentation meeting the req		uthorized representative. The document must l	be dated within the last 12 months.
				size are not allowed. The following file types and c.*.doc.*.Doc.*.DOCX.*.docx.*.Docx.*.DWG.*	re accepted: *.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.
	omment	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , ,	.,,,,,,	
	Confidential (Reason for C	confidentiality)			
L					

thorized Rep This control is conditionally display	ed based on answers provi	ided in other parts of the form		
Prefix			_	
First Name	Last Name			
Title				
Organization Name				
Organization Name				
Phone Type *Only one phone number is	Number	Extension		
Home				
Mobile				
Mobile				
Other				
Business				
Email	<u></u>	,		
Mailing Address				
Address Line 1				
Address Line 2				
Pada 600 En 16 E				
Citv		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.

or missir	ng signatures will delay pro	ocessing.						
Mail to:	to: Alabama Department of Environmental Management Water Division Post Office Box 301463 Montgomery, Alabama 36130-1463							
. Oper	ATOR INFORMATION							
Operator/Permittee Name		Operator Site	Name		NPDES Permit Number			
Operator/Permittee Mailing Address				Operator Mailing Cit	ty, State, Zip Cod	e e		
Respon	sible Official Name	Responsib	ble Official Title	Responsible Official	E-Mail Address	Responsible Official Telephone		
Respon	sible Official Organization	Name	Responsible Official	Responsible Official Mailing Address		e Official Mailing City, State, Zip		
Please co	the succeeding operator must be succeeding on the succeeding operator must be succeeding or must be succeeding on the succeeding operator must be succeeding or must be succeeding o	st be listed, and t	the succeeding operator more than the su	nust obtain new or modify e.	or there is not or w	me, Phone Number, Address and Contact erage: vill no longer be a pesticide discharge. ing NPDES permit coverage. Please		
III. DULY	AUTHORIZED REPRESEN	ITATIVE (DAR)					
If a Dul		will be signing	this NOI, the DAR must p			ne appropriate documentation meeting the		
Name (including prefix):			Title:				
Organiz	zation Name:							
Mailing	g Address:							
Phone 1	Number:			Email:				
Signatu	re			Date Signed:				

ADEM Form 030 DRAFT m1 Page 1 of 2

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 accord ance with a system designed to ensure that qual ified 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 submittal 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.

ADEM Form 030 DRAFT m1 Page 2 of 2

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 th	is transfer agreement apply to more than one facility	? □ No	☐ Yes	If Yes, please us	e the Attachment page to identify th	e additional facilities
Affected	d NPDES/SID Permit Number(s):					
Facility	Name (as it appears on the permit):					
Facility	Location Address (as it appears on the permit):					
This Agr Manage	reement is entered into this date by Company A and Corement NPDES/SID Permit Number(s) referenced above thereunder from Company A to Company B.	mpany B i	n order	to effect a trans	fer of Alabama Department	of Environmenta
3 also d	date such transfer becomes effective, Company B agrees certifies that operational changes that warrant a permit by A agrees to relinquish all rights which it may have under	modificati	on will r			
This ag	reement is entered into by both parties thisda	y of			_; said transfer is to beco	me effective or
	any A (Name): g Address:		•	any B (Name): g Address:		
Ву:			Ву:			
- - -	Signature of Responsible Official			S	gnature of Responsible Offic	ial
	Printed Name of Responsible Official		Printed Name of Responsible Official			
	Title of Responsible Official				Title of Responsible Official	
	Telephone Number		•		Mailing Address	
-	Email Address				Mailing City, State, Zip Code	;
			•		Telephone Number	
			•		Email Address	
	Witness Signature				Witness Signature	<u> </u>
f the p	permit contact person for Company B is differer	nt from t	he Res	ponsible Off	icial, please complete th	ne following:
	Contact Name		Contact Title			
	Mailing Address		Mailing City Mailing State Mailing Zi		Mailing Zip	
	Telephone Number			Emai	Address	

ALABAMA DEPARTMENT OF ENVIRONMENT MANAGEMENT (ADEM) NPDES/SID/UIC PERMIT TRANSFER AGREEMENT

List the additional facilities to which this transfer agreement applies below:

	Affected NPDES/SID Permit Number(s)	Facility Name	Facility Location Address
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
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20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			

ADEM Form 466 DRAFT m3 Attachment

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 <u>less</u> than five (5) acres of land at any one time over the life of the mining activity.

Note: The following discharges not covered by General Permit ALG890000

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

Please click here for the Alabama 303(d) list of Impaired Waters

Please click here for Information on Alabama TMDLs

Please click here for the permit fee schedule

Instructions

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

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

APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Special Services staff.</u>

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 Info	ormation					
Permittee						
Permittee Nar	ne					
Phone Type	Number		Extension			
Home						
Mobile						
Other						
Business						
Mailing Addre	ss		,			
Address Line						
Address Line	2					
City				State/Area	Posta	Code
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Home						
Mobile						
Other						
Business						
Email						
Physical/Deliv	ery Address	i				
Address Line						
Address Line	2					
City				State/Area	Postal	l Code

Additional Permit Contact(s)

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

ermit Contact				
Prefix				
First Name	Last Name			
Title	,			
Commony Name				
Company Name				
Phone Type	Number	Extension		
Home				
Mobile				
Widelic			-	
Other				
Business			1	
Email				
cility/Site Inforn	rdisplayed based on answers provided in	oner parts of the form		
cility/Site Name				
rmittee Organizatior	n Type *Select One			
Corporation		nty Government/Commission		
Federal	CLLC			
LLP	⊜ Muni	cipality (City or Town)		
Partnership		ool District or Board		
	i.e. Owned by Individual) C State			
cility/Site Contact Prefix				
First Name	Last Name		1	
Title				
Organization Name				
Phone Type	Number	Extension		
Home				
Mobile				
Other			1	
Ou IEI				
Business				
Email	J	,		
Yes CNo	al contacts associated with thi	is site? "Select One		
Audress Line 1				
Address Line 2				
į.				
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Facility Contact	ionally displayed based or	ı arıswers provided in othe	n parts or the IOIIII						
Additional Site									
puono Ave									
C 212391-Potash, (More Options Ava	, Soda, and Borate M	lineral Mining	C 212392-Phosphate R	ock Mining					
	and Ball Clay Mining		© 212325-Clay and Cer		ctory Minerals Mining				
C 212321-Constru	uction Sand and Grav	el Mining	○ 212322-Industrial San	nd Mining					
C 212313-Crushed	d and Broken Granite	Mining and Quarryir	ng © 212319-Other Crushe	ed and Broken S	tone Mining and Quarrying				
-	sion Stone Mining and	d Quarrying	○212312-Crushed and	Broken Limesto	one Mining and Quarrying				
Primary NAICS Co	ode *Select One								
(More Options Ava									
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	on Sand and Gravel	© 1446-Industr	rial Sand Ceramic, and Refractory Mir	nerals Not Elso	where Classified				
	and Broken Granite		ed and Broken Stone, Not E	Isewhere Class	ified				
C 1411-Dimension			ed and Broken Limestone						
Primary SIC Code									
Latitude					Longitude				
	Gate Latitude and	Longitude							
Detailed Direction	ns to the Facility/Site	е							
(More Options Ava	ailable)								
Chambers CC	Chambers Cherokee								
	alhoun								
OButler OC									
CBlount CB	ihh								
C Barbour C Bi	aldwin								

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
C Yes C No
0.54.04.4(000)
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
C Yes C 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
C 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
C A W Dale Lake C Aaron Branch
C Abbie Creek C Abbott Branch
C Abeg Creek C Abel Lake
C Abercomby Branch C Abes Creek
C Abison Branch C 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.
_MS4

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.

□Via Storm Sewer

Waterbody Classification *Select All That Apply		
	□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-Contac	t Sports (S)
Location of Discharge Point/Receiving Water		
Latitude		Longitude
Outfalls		
Feature Type *Select One		
O Outfall		
	_	
Outfall - Point where the discharge leaves the si	te.	
Outfall Identifier should have a prefix of 'OF' (i.e. OFC	001, OF002)	
Outfall Identifier		
Topo Map Identifier-Provide the point label from	the topo map that correlates to the Outfall Poi	nt above.
Topo map identalier i Tovide die politicadernen	Tale tope map and correlates to the Gallan of	in aboro.
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 tha	at meets the requirements of Part III.D of the pe	mit. *Select One
C Yes ⊂ No		
AU I DMD DI		
Attach BMP Plan *This control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answers provided in the control is conditionally displayed based on answer and the control is conditionally displayed based on the control is control in the control in the control is control in the control in the control in the control is control in the c		
Please attach a copy of the BMP Plan that meets	the requirements of Part III D. of the permit.	
	aware that files exceeding 500 MB in size are not all	owed. The following file types are accepted: *.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*
	74, 1884, 1884, 1874, 1884, 1884, 1886, 1886, 1886	.500A, .800A, .500A, .5110, .811g, .511g, .511ii, .511i, .511 , .9ii, .61i, .61 A, .9pA, .6pA, .111ii,
Comment		
☐Confidential (Reason for Confidentiality)		
Topographic Map Submittal		
Topograpriic map Submittai		
Topographic Map File types are limited to: .gif, .jpeg, .jpg, .pdf, or .pi		
Multiple attachments are not allowed. Please be a	ware that files exceeding 500 MB in size are not all	owed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
Comment		
☐Confidential (Reason for Confidentiality)		
Qualified Credentialed Professional (C	(CP) Certification	
QCP Designation *Select One		
	ofessional 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

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Qualified Crede	ntialed Professional		
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First Name	Last Name		
Title			
Organization	Name		
Phone Type	Number	Extension	
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Other			
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Business			
Email			
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Address Line	. 1		
Address Line	92		
City		State/Area	Postal Code
Pursuant to ADE (a) In the case of submitted in writing regulated facility, (b) In the case of (c) In the case of	a corporation, by a principal executive off ng if required by the Department, who is r a partnership, by a general partner; a sole proprietorship, by the proprietor; o	ficer of at least the level of vice responsible for manufacturing,	by a responsible official, as indicated below: e president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation, production, or operating facilities and is authorized to make management decisions which govern the operation of the
(d) In the case of	a municipal, state, federal, or other public		ecutive officer, or ranking elected official.
ADEM Administr	ative Code Rule 335-609(2):		
person is a duly a (a) The authoriza (b) The authoriza	authorized representative only if: tion is made in writing by a person descri	bed in paragraph 335-6-609(sition having responsibility for t	be signed by a person described in paragraph 335-6-609(1) or by a duly authorized representative of that person. A 9(1); the overall operation of the regulated facility or activity and;
Will a duly auth ⊜Yes ⊜No	orized representative be submitting th	nis NOI? "Select One	
	ditionally displayed based on answers provided in o		authorized representative. The document must be dated within the last 12 months.
		•	n size are not allowed. The following file types are accepted:
	.avi,.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.cs	sv,*.Csv,*.DAT,*.dat,*.Dat,*.DC	OC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,
Comment			
_Confidentia	(Reason for Confidentiality)		

uthorized Rep *This control is conditionally display		ided in all or and a filler from
Prefix	ed based on answers pro	videa in otner parts of the form
First Name	Last Name	
Title		
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Organization Name		
N T *Only one phone		
Phone Type *Only one phone number is accepted Home	Number	Extension
Mobile		
Other		
Business		
Email		
Mailing Address		
Address Line 1		
Address Line 2		
City		State/Area

Country

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

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch

Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Special Services staff.</u>

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

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

State/Area

Mailing Address
Address Line 1

City

Form Input *This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form							
Processing Information							
Brief description of the action/change that has resulted in the request for permit modification(s):							
Are you updating Responsible Official Contact information? 'Select One C Yes C No							
Are you updating Facility/Site Contact information? *Select One C Yes C No							
Are you deleting Discharge Points/Receiving Waters? 'Select One C Yes C No							
Are you deleting Outfall Points (points where stormwater leaves site)? 'Select One C Yes C No							
Are you adding Outfall Points (points where stormwater leaves site)? *Select One C Yes C No							
Will the additional Outfall discharge to a previously permitted Discharge Point/Receiving Water? *Select One *This control is conditionally displayed based on answers provided in other parts of the form C Yes C No							
*This control is conditionally displayed based on answers provided in other parts of the form Additional outfalls may be added only if the discharge will be routed to an existing permitted discharge point/receiving water. New discharge points/receiving waters may not be added through the minor modification process. If you need to add additional discharge points/receiving waters, please STOP HERE. A major modification application will need to be completed.							
Are you decreasing Facility/Site acreage and/or Total Disturbed acreage? 'Select One C Yes C No							
Are you adding or changing Flocculants? 'Select One C Yes C No							
Are you requesting a Suspension of Monitoring? 'Select One C Yes C No							
Are you updating QCP Contact information? "Select One C Yes C 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							
Durings.							

Postal Code

Prefix First Name Last Name Title Organization Name Phone Type Number Extension Home Mobile Other Business Email Physical/Delivery Address Address Line 1 City State/Area	Prefix First Name Last Name Droganization Name Phone Type Number Extension Hobite Other Susiness Email Physical/Delivery Address Address Line 1 Address Line 2 State/Area dittional Permit Contact(s) ase provide the contact information for any person needing notifications regarding this No mit Contact	enoneible Official		
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	mit Contact		<u> </u>	
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dditional Permit Contact(s) ease provide the contact information for any person needing notifications regarding this Notice of Intent (NOI) ermit Contact		Prefix		

First Name	Last Name	
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ome		
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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	J				
Tido					
Organization Name					
Organization Name					
Phone Type	Number	Extension			
Home					
Tionic					
Mobile					
Other			1		
0.0.0					
Business					
Email					
Do you have additional	contacts associated wi	th this site? *Select One			
○Yes ○No					
Facility/Site Address or	Location Description				
Address Line 1	•				
Address Line 2					
Location Description	ı				
City		State/Area		Postal Code	
,		,		1	
Facility/Site County *Sele					
○ Autauga ○ Baldwin					
○ Barbour ○ Bibb					
○ Blount ○ Bullock					
○ Butler ○ Calhoun					
Chambers Cheroke	e				
(More Options Available)					
Detailed Directions to th	ne Facility/Site				
Facility/Site Front Gate I Latitude	Latitude and Longitude		Longitude		

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 Nam	ne				
Phone Type *Only or number i accepted	ne phone Number	Extension			
Home					
Mobile					
Other					
Other					
Business					
Email					
Mailing Address Address Line 1					
7.0001000 20					
Address Line 2					
City		State/Area		Postal Code	
Country					
Total Facility/Site Are		Total Disturbed acreage. Pie	enter both Facility/Site acreage and To	ital Disturbed acreage below.	
Total Disturbed Area	ı (acres)				
**Total Disturbed A	area MUST BE LESS THAN OR EQU	AL TO Total Facility/Site Are			
	s/Receiving Waters				
	illy displayed based on answers provided in othe	er parts of the form			
Feature Type *Select On O Discharge Point(s)/					
	int where discharge enters the rec				
Discharge Point Identif	fier should have a prefix of 'SW' (i.e. S	W001, SW002)			
Discharge Point Iden	ntifier				
Topo Map Identifier-F	Provide the point label from the top	oo map that correlates to t	ischarge Point above.		
Receiving Water *Selection	ect One				
O A W Dale Lake	C Aaron Branch				
C Abbie Creek	C Abbott Branch				
C Abeg Creek C Abercomby Branch	⊙ Abel Lake				
© Abison Branch	C Abramson Lake				
(More Options Availab					
Does the discharge	enter the named receiving water vi	a an unnamed tributary a	r a storm sewer system? Please als	o indicate if the storm sewer systen	n is under an MS4 permit. "Select /
	□Un-Named Tributary				THEL ADJ.

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 prov	vided in other parts of the form	
Feature Type *Select One C Outfall		
Outfall - Point where the discharge leaves the s	site.	
Outfall Identifier should have a prefix of 'OF' (i.e. OF	-001, OF002)	
Outfall Identifier		
горо мар іdentітіer-Provide the point label from	m the topo map that correlates to the Outfall Poin	т ароче.
Location of Outfall		
Latitude		Longitude
Project Information	**************************************	
*This section is conditionally displayed based on answers prov	naea in other parts of the form	
Anticipated Commencement Date		
Commencement date MUST BE ON OR BEF	ORE Completion Date	
Anticipated Completion Date		
		land Care
riocculants or other chemical stabilization pro	oducts used on site will be added or changed. "Se	eca Unie
U les		
Safety Data Sheet (SDS) *This control is conditionally displayed based on answers prov	vided in other parts of the form	
Please attach an SDS sheet for *each* flocculant		
Multiple attachments are not allowed. Please be	aware that files exceeding 500 MB in size are not allo	owed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
Comment		
Confidential (December Confidentiality)		
Confidential (Reason for Confidentiality)		
•		
Suspension of Monitoring		
*This section is conditionally displayed based on answers prov	vided in other parts of the form	
Suspension Request		
Please attach the written request for suspension.		
Multiple attachments are not allowed. Please be *.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.C	aware that files exceeding 500 MB in size are not allo CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*	owed. The following file types are accepted: .DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*
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Confidential (Reason for Confidentiality)		
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nspection Report				
	not allowed. Please be aw		e are not allowed. The following file types .doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG	are accepted: ,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.
Comment				
☐Confidential (Reason fo	or Confidentiality)			
Qualified Credentiale *This section is conditionally disp				
QCP Designation "Select One				
		essional certified by the State Conserva	vationist C Certified Professional in Eros	on and Sediment Control (CPESC)
Certified Professional Sc			© Professional Engineer (PE)	
Professional Geologist (F	PG)		© Registered Environmental Ma	
Registered Forester			© Registered Land Surveyor (LS	5)
Registered Landscape A	Architect			
Registration / Certification	n Number			
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Address Line 2				
City		State/Area		Postal Code
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.

○Yes ○No

DAR Documentation *This control is conditionally displa Please attach appropriate	ayed based on answers provided in other, documentation meeting the requ	parts of the form irements above for a duly au	uthorized representative. The document must	be dated within the last 12 months.
Multiple attachments are n	ot allowed. Please be aware that BMP.*.bmp.*.Bmp.*.CSV.*.csv.*.	files exceeding 500 MB in s Csv.*.DAT.*.dat.*.Dat.*.DOO	size are not allowed. The following file types a C.*.doc.*.Doc.*.DOCX.*.docx.*.Docx.*.DWG.	are accepted: *.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GlF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.F
Comment	,,		-,,,,,,	, , , , , , , , , , , , , , , , , , ,
☐Confidential (Reason fo	r Confidentiality)			
Authorized Rep *This control is conditionally displa	ayed 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	Number	Extension		
Home				
Mobile				
Other				
Business				
Email				
Mailing Address Address Line 1				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
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Topographic Map Su *This section is conditionally displ	ayed based on answers provided in other	parts of the form		
Topographic Map File types are limited to: .g Multiple attachments are n		files exceeding 500 MB in s	size are not allowed. The following file types a	are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
Comment				
Confidential (Reason fo	r 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

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Special Services staff.</u>

*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

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

Form Input 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 C Modification with Transfer of Ownership C Transfer of Ownership Only *This control is conditionally displayed based on answer. Please download, print, and sign the following: Attach Transfer Agreement (Form 466) 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,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*. Comment Confidential (Reason for Confidentiality) Are you adding a Co-Permittee? *Select One This is the current Facility/Site Name: 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 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. 335-6-10-10, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-10, an updated BMP Plan may be 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 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.

Permit Information

Form Submission Reason

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

Permit Number

○Yes ○No

Permittee						
Permittee Nan	ne					
Phone Type	Number		Extension			
Home						
M-1:11-						
Mobile						
Other						
Business						
Mailing Addre	98					
Address Line						
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City				State/Area		Postal Code
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Phone Type	Number		Extension			
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Additional Permit Contact(s)

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First Name	Last Name			
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Company Name				
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acility/Site	County *Select One				
C Autauga	○ Baldwin				
○ Barbour	○ Bibb				
Blount	○ Bullock				
Butler	○ Calhoun				
Chambers	⊙ Cherokee				
(More Optio	ons Available)				
etailed Dire	ections to the Fa	cility/Site			
-	Front Gate Latitu	ide and Longitude			
Latitude				Longitude	
rimary SIC	Code *Select One				
ា 1411-Dim	ension Stone	C 1422-Crushed	I and Broken Limestone		
○ 1423-Crus	shed and Broken (Granite C 1429-Crushed	I and Broken Stone, Not Elsewhere Clas	sified	
ា 1442-Con	struction Sand and	d Gravel © 1446-Industria	Il Sand		
ີ 1455-Kao	lin and Ball Clay	⊜ 1459-Clay, Ce	eramic, and Refractory Minerals, Not Else	ewhere Classified	
	ash, Soda, and Bo ons Available)	rate Minerals 0 1475-Phospha	ate Rock		
	CS Code *Select On	e			
-		lining and Quarrying	© 212312-Crushed and Broken Limes	tone Mining and Quarrying	
			© 212319-Other Crushed and Broken		
	onstruction Sand		○212322-Industrial Sand Mining		
	aolin and Ball Clay		© 212325-Clay and Ceramic and Refr	actory Minerals Mining	
212391-P	otash, Soda, and	Borate Mineral Mining	C 212392-Phosphate Rock Mining		
(More Optio	ons Available)				
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	number is accepted		Action		
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Other					
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Email					
Mailing A					
Address	Line 2				
	-				
City			State/Area		Postal Code
, ,					
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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
3 **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
Somment Comments
Confidential (Reason for Confidentiality)
Decinice inactive assumer confidentiality)
Discharge Points/Receiving Waters *This section is conditionally displayed based on answers provided in other parts of the form
Feature Type *Select One
C Discharge Point(s)/Receiving Water(s)
Discharge Brind Drind and State and
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
C A W Dale Lake C Aaron Branch
C Abbie Creek C Abbott Branch
C Abeg Creek C Abel Lake
© Abercomby Branch © Abes Creek
C Abison Branch C 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.
*This control is conditionally displayed based on answers provided in other parts of the form

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-Cor	tact 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 C 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 I	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 $_{\rm CYes}$ $_{\rm CNo}$	permit. "Select One
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 no *7Z*7Z*AVL*avi.*Avi.*BMP.*bmp.*Bmp.*CSV.*csv.*CSV.*DAT.*dat.*Dat.*DOC.*doc.*D	t allowed. The following file types are accepted: oc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,
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Topographic Map Submittal	
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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 no	t allowed. The following file times are accounted: * aif * incg * ing * ndf * nng
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□Confidential (Reason for Confidentiality)	
Out the development of the Copy of the Cop	
Qualified Credentialed Professional (QCP) Certification	
QCP Designation *Select One	
C AL National Resources Conservation Service Professional certified by the State Conservationist	© Certified Professional in Erosion and Sediment Control (CPESC)
C Certified Professional Soil Scientist (CPSS)	© Professional Engineer (PE)
⊙ Professional Geologist (PG)	○ Registered Environmental Manager (REM)
	Tregistered Environmental Manager (TEM)

○ Registered Landscape Architect

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Qualified Crede	ntialed Professional		
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First Name	Last Name		
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Address Line	92		
City		State/Area	Postal Code
Pursuant to ADE (a) In the case of submitted in writing regulated facility, (b) In the case of (c) In the case of	a corporation, by a principal executive off ng if required by the Department, who is r a partnership, by a general partner; a sole proprietorship, by the proprietor; o	ficer of at least the level of vice responsible for manufacturing,	by a responsible official, as indicated below: e president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation, production, or operating facilities and is authorized to make management decisions which govern the operation of the
(d) In the case of	a municipal, state, federal, or other public		ecutive officer, or ranking elected official.
ADEM Administr	ative Code Rule 335-609(2):		
person is a duly a (a) The authoriza (b) The authoriza	authorized representative only if: tion is made in writing by a person descri	bed in paragraph 335-6-609(sition having responsibility for t	be signed by a person described in paragraph 335-6-609(1) or by a duly authorized representative of that person. A 9(1); the overall operation of the regulated facility or activity and;
Will a duly auth ⊜Yes ⊜No	orized representative be submitting th	nis NOI? "Select One	
	ditionally displayed based on answers provided in o		authorized representative. The document must be dated within the last 12 months.
		•	n size are not allowed. The following file types are accepted:
	.avi,.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.cs	sv,*.Csv,*.DAT,*.dat,*.Dat,*.DC	OC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,
Comment			
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uthorized Rep This control is conditionally display	ed based on answers provi	ided in other parts of the form		
Prefix				
First Name	Last Name		_	
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Phone Type *Only one phone number is	Number	Extension		
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Mobile				
Other				
Business				
Email				
Mailing Address				
Address Line 1				
Address Line 2				
Citv		State/Area		Postal Code

Country

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

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

Please click here for area assignments and contact information for Special Services staff.

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

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

Form Input

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

Processing Information

Does this reissuance include a Permittee name or ownership change? (Requires Transfer Form 466) "Select One *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 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,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.CSv,*.CSv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.DOCX,*.docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*. 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 *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 Are you adding/changing receiving water coordinates? If a priority site, submittal of updated BMP Plan may be required. Are you adding/changing outfall coordinates? If priority site, submittal of updated BMP may be required. "Select One 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. Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? Form Submission Reason

Permit Information

Permit Number

Permittee						
Permittee Nan	ne					
Phone Type	Number		Extension			
Home						
M-1:11-						
Mobile						
Other						
Business						
Mailing Addre	98					
Address Line						
Address Line	2					
City				State/Area		Postal Code
Co-Permittee *This control is cond		based on answers	provided in other p	earts of the form		
Phone Type	Number		Extension			
Home						
Mobile						
Mobile						
Other						
Business						
Address Line	1		,			
Address Line	2					
City				State/Area		Postal Code
Responsible Offi Prefix	icial					
FIGUA						
First Name		Last Name				
T II OT TRUING		Luot Humo				
Title						
Organization	Name					
Phone Type		Number	E	Extension		
Home						
Mobile	,					
Mobile					_	
Other						
Business						
Email	1	,				
Physical/Deliv						
Address Line	2					
Address Line	۷					
City				State/Area		Postal Code
Опу				State/Alea		r osiai code
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Additional Permit Contact(s)

Prefix				
First Name	Last Name			
Title				
Tide				
Company Name				
Phone Type	Number	Extension		
Home				
Mobile				
Mobile				
Other				
Dunings				
Business				
Email				
acility/Site Informa	tion			
				
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Corporation		Government/Commission		
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	al Site Contact							
(INDIE OPL	tions Available)							
	Potash, Soda, and I	Borate Mineral Mi	ining (C 212392-Phosphate Ro	ock Mining			
C 212324-K	Kaolin and Ball Clay	Mining	·	○212325-Clay and Cera	amic and Refra	ctory Minerals Mining		
C 212321-C	Construction Sand a	and Gravel Mining	9 (ℂ 212322-Industrial San	d Mining			
						tone Mining and Quarrying		
	ICS Code *Select On Dimension Stone M		ing (○ 212312-Crushed and	Broken Limesto	one Mining and Quarrying		
		9						
	tash, Soda, and Bo tions Available)	rate iviinerals 01	14/5-Phosphate	E KOCK				
	olin and Ball Clay			amic, and Refractory Min	nerals, Not Elsev	where Classified		
	nstruction Sand and		1446-Industrial S					
○ 1423-Cru	ished and Broken 0			and Broken Stone, Not E	lsewhere Class	ified		
	nension Stone	01	1422-Crushed a	and Broken Limestone				
Primary SIC	Code *Select One							
Latitude						Longitude		
Facility/Site	Front Gate Latitu	de and Longitue	de					
Detailed Dir	rections to the Fa	cility/Site						
(More Opti	tions Available)							
C Chamber	rs Cherokee							
	© Calhoun							
© Butler	○ Bibb ○ Bullock							
○ Blount	o Dikk							
	○ Baldwin							

□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 pro	vided in other parts of the form	
Total Disturbed Area (acres)		
*This control is conditionally displayed based on answers pro	vided in other parts of the form	
Total Disturbed Area MUST BE LESS THAN	OR EQUAL TO Total Facility/Site Area	
Anticipated Commencement Date	·	
Paradipated Commencement Bate		
Commencement date MUST BE ON OR BEI	FORE Completion Date	
Anticipated Completion Date		
Will flocculants or other chemical stabilization	products he used on site? "Select One	
O Yes O No	products be used on site:	
Safety Data Sheet (SDS) *This control is conditionally displayed based on answers pro	ovided in other parts of the form	
Please attach an SDS sheet for *each* floccular	nt used.	
Multiple attachments are not allowed. Please be	aware that files exceeding 500 MB in size are not allow	owed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
Comment		
☐Confidential (Reason for Confidentiality)		
(todos in a community)		
Discharge Points/Receiving Waters		
Feature Type *Select One		
© Discharge Point(s)/Receiving Water(s)		
Discharge Point - Point where discharge enter	rs the receiving water.	
Discharge Point Identifier should have a prefix of 'S	3W' (i.e. SW001, SW002)	
Discharge Point Identifier		
To a Man I doubte a Danida the maint lebel for		Delint all area
Topo Map Identifier-Provide the point label fro	om the topo map that correlates to the Discharge I	Point above.
Receiving Water *Select One		
CAW Dale Lake CAaron Branch		
C Abbie Creek C Abbott Branch		
C Abeg Creek C Abel Lake		
○ Abercomby Branch ○ Abes Creek		
C Abison Branch C Abramson Lake		
(More Options Available)		
Does the discharge enter the named receiving	g water via an unnamed tributary and/or a storm s	ewer system? Please also indicate if the storm sewer system is under an MS4 permit. "Select All That Apply
☐MS4 ☐Un-Named Tributary		тыс другу
□Via Storm Sewer		
For a detailed list of water use classifications in least	ase refer to ADEM Admin Code Ch 335-6-11. If the s	egment of the receiving water to which the facility discharges has not been assigned a use
classifications, select ϕ Fish and Wildlife ϕ . Pleas		ognions of the receiving water to winter the racinty discharges has fill been assigned a use
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))	
☐Shellfish Harvesting (SH)	☐Swimming and Other Whole Body Water-Contact	Sports (S)
Leasting of Disaberra Delate		
Location of Discharge Point/Receiving Water Latitude		Longitude
		- · • · · · ·

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

Outfalls	
Feature Type *Select One C 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 Po	oint above.
Location of Outfall Latitude	Longitude
1	
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 p	ermit. *Select One
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	ic,*.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)	
_ Confidential (Neason for Confidentiality)	
Qualified Credentialed Professional (QCP) Certification	
QCP Designation *Select One	
C AL National Resources Conservation Service Professional certified by the State Conservationist	C 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	

Prefix			
irst Name	Last Name		
Γitle			
Organization Name			
Phone Type	Number	Extension	
Home			
Mobile			
Other			
Business			
Email			
Address Line 1			
Address Line 2			
City		State/Area	Postal Code
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suant to ADEM Admin In the case of a corpoi mitted in writing if req ulated facility; in the case of a partne in the case of a sole p in the case of a munic EM Administrative Co reports required by pe son is a duly authorize The authorization is m The authorization sper The written authorizati	nistrative Code Rule 335- ration, by a principal executived by the Department, ership, by a general partne roprietorship, by the propicipal, state, federal, or othe ode Rule 335-609(2): ermits and other informatic and representative only if: nade in writing by a persor cifies either an individual it on is submitted to the Dep	6-609 (1), this NOI must be signed by a responsitutive officer of at least the level of vice president, owho is responsible for manufacturing, production, our; rietor, or ar public entity by either a principal executive officer on requested by the Department shall be signed by an described in paragraph 335-6-609(1); or a position having responsibility for the overall opportment.	a manager assigned or delegated in accordance with corporate procedures, with such delegation operating facilities and is authorized to make management decisions which govern the operation of the or ranking elected official. It person described in paragraph 335-6-609(1) or by a duly authorized representative of that person. A
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uthorized Rep *This control is conditionally display	ed based on answers prov	rided in other parts of the form		
Prefix				
First Name	Last Name		_	
Title				
Organization Name				
Organization Name				
Phone Type *Only one phone number is	Number	Extension		
Home				
Mobile				
Other				
Business				
Email		·		
Mailing Address				
Address Line 1				
Address Line 2				
Citv		State/Area		Postal Code

Country

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;

	otal area of land disturbance that equals or exceeds five (5) acres in size; or proposed area of total land disturbance currently equals or exceeds, or will equal				
Pur	POSE OF THIS NOI				
☐ Initial NOI for New Facility ☐	Initial NOI for Existing Facility (Previous NPDES Permit AL)				
☐ Modification of General Permit No. ALG89	Reissuance of General Permit ALG89				
Transfer of General Permit No. ALG89	Other				
I. PERMITTEE INFORMATION					
Permittee Name (Legal Name)	Responsible Official Phone Number (Provide at least one)				
Responsible Owner/Operator or Official Name Responsible Offic	ial 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				
☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC ☐ L	LP LP State County Municipality Other				
II. FACILITY INFORMATION					
Facility/Site Name	Facility/Site Contact Name Facility/Site Contact Title				
Facility/Site Street Address or Location Description	Facility/Site Contact Company Name				
City Zip Code County(s)	Facility/Site Contact Phone Number (Provide at least one) Office: Cell:				
Facility Front Gate Latitude and Longitude (Decimal or Deg. Min. Sec.)	Facility/Site Contact Email Address				
Detailed Directions to Facility/Site					
III. ACTIVITY DESCRIPTION					
Please Specify Material to be Mined					
☐ Dirt and/or Chert ☐ Sand and/or Gravel ☐ Shale ☐ G	Common Clay				
Narrative Description of Activity					
Primary SIC Code:	Primary NAICS Code:				
V. PROPOSED SCHEDULE					
Anticipated Activity Schedule: Commencement Date:	Completion Date:				
Area of Permitted Facility/Site: Total Site Area in Acres:	Total Disturbed Area in Acres:				

ADEM Form 498 DRAFT m6 Page 1 of 3

V. TOPOGRAPHIC MAP SUBMITTAL

Attach a portion or copy of a recent U.S. Geological Survey map at an appropriate contour interval, including perineal, 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	. Code 333-0-11 for a detailed	llist of water use classification	15. (Att	1	rate fist i	Waterbody Classification (At least one must be selected)						
Map ID	Latitude/Longitude	Receiving Water	UT	Storm Sewer	MS4	А&Г	F&W	LWF	PWS	SH	S	

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. 335-6-1009, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-1010?
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
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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.				

ADEM Form 498 DRAFT m6 Page 2 of 3

X. QUALIFIED CREDENTIALED 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 335-6-623 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:
(I. DULY AUTHORIZED REPRESENTA	TIVE (DAR)	
If a Duly Authorized Representative will requirements below for a duly authorized		ovide the following information and attach the appropriate documentation meeting the e dated within the last 12 months
Name (including prefix):		Title:
Organization Name:		
Mailing Address:		
Phone Number:		Email:
Signature		Date

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."

Signed:

Name	Official Title	e
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:

- 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;
- In the case of a partnership, by a general partner;
- In the case of a sole proprietorship, by the proprietor; or
- 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:

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

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Special Services staff.</u>

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.)
C Yes C 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: *TZ*.7Z*.AVI*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.DAC,*.doc,*.Doc,*.DOCX,*.docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.HT **Company***
Comment
Confidential (Reason for Confidentiality)
Was the Permittee required to have ADOL bond coverage for this mining activity? "Select One C Yes C No Has the ADOL bond been released? "Select One
*This control is conditionally displayed based on answers provided in other parts of the form C Yes C 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.*.DVG.*.dvg.*.Dwg.*.EML.*.eml.*.Eml.*.Eml.*.Gif.*.Gif.*.Gif.*.GPX.*.gpx.*.Gpx.*.HT
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

	Last Name		1	
Title				
Proposed Succeeding Per	rmittee Name/Company Nan	ne		
Phone Type	Number E	Extension		
Home				
Mobile				
Other				
Business			1	
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City		State/Area		Postal Code
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Responsible Official						
First Name	Last Name					
Title						
Phone Type	Number	Extension				
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Other						
Business						
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Address Line 1						
Address Line 2						
City		State/Area			Postal Code	
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© Registered Forester				Registered Land Surveyor (LS)		
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suant to ADEM Admir	nistrative Code Rule 335-6-	609 (1), this NOI must be signed by	nsible official, as indicated below:
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Address Line 1				
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Citv		State/Area		Postal Code

Country

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 ALG890000is 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		Fac	ility/Site Name
NPDES Permit Number ALG89	_		Description
County(s)	County(s) Facility Ci		Zip
Item II. Termination Requ	- uirements		
1. Yes No	waste/debris properly disposed; al cover established; and stormwate		this Permit at this facility been completed? (i.e. mining effects removed; soliced areas have been fully reclaimed, permanently stabilized, or perennial vegetative arges do not represent an adverse impact to water quality.) Please attach any that all regulated activity is complete.
2. Yes No No N/A	If applicable, has paperwork.	the Permittee been releas	sed from the ADOL bond? If yes, attach a copy of the ADOL bond release
3. Yes No	Has the Permittee	lost operational control	of the facility/site?
4.	Has the Permittee	lost legal responsibility	for the facility/site?
Certification			
violation of State law. I also und ADEM Administrative Code Chaunderstand that the permittee, op- substantially complete. I understa- lischarge of stormwater from the essubmittal of the NOI in order to under penalty of law that this form hat qualified personnel properly gor persons who manage the system	derstand that the submittal of tapter 335-6-6, or other ADEM perator, owner, contractors, sepand that should an inspection of each of the site or that incorrect information correct any deficiencies, compand, the BMP Plan, and all attact gathered and evaluated the information or those persons directly respected. I am aware that there are separated to the submitted of the submitt	this request for termination rules until a complete an parately or collectively, it or complaint reveal significant has inadvertently be oly with state and federal characteristics were prepared unmation submitted. Base onsible for gathering the significant penalties for significant penalties for significant penalties.	wity to waters of the State that is not authorized by NPDES permit coverage is ion does not release the operator from liability for any violations of this permit deference of the permit is received by the Department. The must retain permit coverage for mining activities until all disturbance activity ficant noncompliance with ADEM rules, an environmental problem related to the en provided, implementation of remedial measures may be required, to include permitting requirements, and provide for the protection of water quality. I certificate my direction or supervision in accordance with a system designed to assure do my inquiry of the qualified credentialed professional (QCP) and other personal information, the information submitted is, to the best of my knowledge and belief submitting false information including the possibility of fine or imprisonment for
QCP Designation/Description:			
Name:	T	itle:	Registration/Certification #
Address:			
Phone Number:		Ema	ail:
Signature Date Signed:			e Signed:

ADEM Form 499 DRAFT m4 Page 1 of 2

Duly Authorized Representative (DAR) Signature (if applicable)

	nis NOT, the DAR must provide the following information and attach the tative. The document must be dated within the last 12 months	e appropriate documentation meeting
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 499 DRAFT m4 Page 2 of 2

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

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Special Services staff.</u>

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 Informat	tion		
Permittee Name			
Permittee Name			
Phone Type	Number	Extension	
Home			
Mobile			
Other	,		
Business			
Email			
Fax	_		
Address Line 1			
Address Line 2			
Location Description	n		
City		State/Area	Postal Code
County			
Facility/Site Inform	nation		
Facility/Site Name			
Facility/Site Address			
Address Line 1			
Address Line 2			
Location Description	n		
City		State/Area	Postal Code
County *Select One			
County Seed One C Autauga C Baldwir	n		
CBarbour CBibb			
©Blount ©Bullock			
OButler OCalhou			
Chambers Cherok			

Facility Contact			
First Name	Last Name		
Title			
Phone Type *Only one phone number is accepted	Number	Extension	
Home			
Mobile			
Other			
Business			
Email			
Address Line 1			
Address Line 2			
Location Description			
City		State/Area	Postal Code
City		State/Area	rostal Code
County			
Description of Noncon	npliant Event		
	<u></u>		
Details			
Cause and Location of	Noncompliant Event		
Details			
Period of Noncompliar	ice		
Noncompliance Start Date			
Noncompliance Start Time			
1			
Noncompliance End Date			
Noncompliance End Time			
Noncompliance End Time			
Details			
J.			
Proposed Compliance	Schedule		
Details			
Journa			

Attachments

Details			
spection/BMP Reports			
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☐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 ALG89	nber County Facility Conta			ct Name Facility Contact Title		Facility Contact Title	
Facility Street Address or Location Description			l	City, S	tate, Zip		
Facility Contact Phone Num	cility Contact Phone Number Facility Contact Fax N		Contact Fax Numbe	er	Facility Contact	E-Mail Address	
ltem II.							
Description of Noncomplian	t Event:						
Item III.							
Cause (if known), and Locat							
Period of Noncompliance: (Include exact	date(s) and	d time(s) or, if not c	orrected,	the anticipated tim	ne the noncompliance is expected to continue):	
Item V.							
Description of steps taken ar repair/replace/upgrade BMP				edule) to	reduce and/or elim	ninate the noncomplying discharge,	
Item VI.							
Inspection and BMP certification	ation report(s)), any photo	ographs, and any sa	mpling re	sults are attached.	If not, please explain:	
"I contify under nanelty of law	that this das	niment or d	all attachments	ra nrance	ad undar my diman	tion or supervision in accordance with a system	

"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)
- 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
335-6-609 Signatories	to Permit Applications a	and Reports.		
(a) In the case of a corpor submitted in writing if requegulated facility;(b) In the case of a partner(c) In the case of a sole piece.	ration, by a principal execu- uired by the Department, w ership, by a general partner roprietorship, by the propri	vho is responsible for manufacturing r; ietor; or	e president, or a manager assigned or delegate	ed in accordance with corporate procedures, with such delegation rized to make management decisions which govern the operation of the
Responsible Official				
First Name	Last Name			
Title				
Organization Name				
Organization Name				
Phone Type	Number	Extension		
Home				
Mobile	,			
Other				
Business				
Email			_	
Address Line 1				
L				
Address Line 2				

Postal Code

Do you have a Duly Authorized Representative (DAR)? *Select One

State/Area

○Yes ○No

City

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A	dditional Contact(s)	_ ayed based on answers provided in othe	or parts of the form			
		ayeu baseu on answers provideu in oure	r parts of the form			
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		City Planner				
	Director of Public Works					
	Environmental Contact					
	Local Official	•				
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	ontact Prefix					
	FIGUR					
	First Name	Last Name				
	T II OCT TO CITY OF THE CITY O	Luotivanio				
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	Phone Type	Number	Extension			
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	Other					
	Business					
	Email					
	Mailing Address Address Line 1					
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Lo Ms	ocation/Boundaries		or Town)			
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Primary NAICS Code
924110-Administration of Air and Water Resource and Solid Waste Management Programs

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,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.DOCX,*.docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HT
Comment
Confidential (Reason for Confidentiality)
ntities 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,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.DOC,*.doc,*.DoC,*.DoC,*.DoC,*.DoC,*.DoC,*.DoC,*.DwG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.GPX,*.gpx,*.Gpx,*.HT
Comment
Confidential (Reason for Confidentiality)
Control Measures
las another entity agreed to implement control measures on your behalf? "Select One
CYes CNo
Sharing Responsibility
*This section is conditionally displayed based on answers provided in other parts of the form
ntity Name(s) and Control Measure(s) or Component(s) of Control Measure(s) to be implemented by entity on your behalf:
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,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.DOCX,*.docx,*.DOCX,*.docx,*.DWG,*.dwg,*.DWg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HT Comment
Confidential (Reason for Confidentiality)
Supplemental MS4 Information
as 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
lease provide the estimated MS4 acreage covered.
Please provide the estimated MS4 population served.

Does the MS4 obtain	n project source fundi	ng 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 collect	ed		
Please provide the N	MS4 Type: *Select One			
○ County		○ Transportation System/D	OT	
	on (e.g. college, univers	ty) O Hospital		
© Military Installation/E	Base	○ Municipality (e.g. City, To	wn)	
○ Park		○ Prison		
○ Other				
Receiving Water	List and Known	or Suspected Water Qu	ality Problems, If App	icable
ADEM Water Quality In	oformation such as 303/	d) lists, TMDLs, and impaired w	ater information can be access	sed here
	impaired, please prov			ng water is impaired [included on the latest 303(d) list or an EPA approved total maximum uality concerns within your jurisdictional area (e.g. stream siltation, habitat degradation,
	ceiving Water Name	303(d)/TN	IDL Applicability	Known or Suspected Water Quality Concern Details
Are any of the major Alabama Lake [335-6 OYes ONo		ed above classified as an Out	standing National Resource	e Water [335-6-1010(1)], Outstanding Alabama Water [335-6-1003(1)] or an Treasured
	s of those receiving w	aters: s provided in other parts of the form		
This control is conditional	ny dispiayed based on answer	s provided in outer parts of the form		
Ctarra Material		Diam (CM/MDD)		
Storm vvater ivia	nagement Progra	n Pian (SvviviPP)		
SWMPP				
				d. The following file types are accepted:
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Comment				
Confidential (Rea	son for Confidentiality)			
Public Education	n and Outreach			
Please provide the m	nethod of performing	he Public Education and Out	reach (Select One). *Select One	
	ОВ	ochures/Pamphlets		
○ Contests	CD	splays/Posters/Kiosks		
C Local Public Servic	e Announcements CM	eetings		
○ Newspaper Articles	s/Press Releases CS	chool Programs		
○ Special Events/Fair	rs CV	deos		
(More Options Availab	ole)			
For the delivery meth	hod specified above.	lease select ALL subjects the	at are addressed by this me	othod. *Select All That Apply
☐Construction Sites		General Stormwater Manageme		
☐Household Hazardo	ous Waste Disposal 🗀	llicit Discharge Detection and E	limination	
☐Infrastructure Mainte		Smart Growth		
☐Storm Drain Markir	ng 🗆	Green Infrastructure/Better Site I	Design/Low Impact Developm	ent

□ Pesticide and Fertilizer Application □ Pet Waste Management

... (More Options Available)

For the method and Public Employees		ve, please select ALL in the t	arget audience. "Select All That Apply
☐Businesses	Restaurants		
☐ Contractors	Developers		
☐Public	□Industries		
☐ Agricultural	School Groups		
(More Options Availat	•		
Public Involveme	ont and Partici	nation	
Public Involvement		<u></u>	
Please provide the n C Public Workshop	nethod of performi	ing Public Involvement and P	articipation (Select One). Select One C Citizen Committee Meetings
© Government Meetin	na (e.a. Public Heari	na. Council Meetina)	© Volunteer Event
© Involvement in Deve		-	© Involvement in Development of Stormwater Management Plan (SWMP)
		Controlling Discharges to MS4	
		in Permit Requirement	
			A Colored All Thank Amely
Construction Sites	hod specified abo	ve, please select ALL subject ☐General Stormwater Manag	s that are addressed by this method. "Select All That Apply person in the second second in the second secon
	ous Waste Disposal	I □ Illicit Discharge Detection a	
☐Infrastructure Maint		☐Smart Growth	
Storm Drain Markin			Site Design/Low Impact Development
☐Pesticide and Ferti	•	☐Pet Waste Management	
(More Options Availab			
For the method and	subject noted abo	ve, please select ALL in the t	arget audience. "Select All That Apply
☐Public Employees	-		
☐Businesses	Restaurants		
☐Contractors	□Developers		
□ Public	□Industries		
☐Agricultural	□Other		
(More Options Availat	ole)		
Illicit Discharge	Detection and	<u>Elimination</u>	
Please provide the s	tatus of MS4 outfa	all mapping? *Select One	
	s Current O Under	Development	
○ No Mapping of MS	4 Outfalls		
Please provide the d	late of the most re	cent mapping of MS4 outfalls	
		nswers provided in other parts of the form	
			own outfalls, identifies the receiving waters and structural BMPs owned, operated or maintained by the Permittee.
•		nswers provided in other parts of the form	
			fing 500 MB in size are not allowed. The following file types are accepted: :.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*
Comment			
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Confidential (Rea	son or Confidential	<u></u>	
Diagon municipa the t	otal number of MS	4 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 of I will enter each MS4 outfalls. © I will enter each MS4 outfall individually.

Please attach your list of MS4 outfalls. *This control is conditionally displayed based on answers The list must include outfall identifier number	s provided in other parts of the form , 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,*.doc	<,*.jpeg,*.jpg,*.pdf,*.xls,*.xlsx
Comment			
Confidential (Reason for Confidentiality)			
OUTFALL IDENTIFICATION LIST *This control is conditionally displayed based on answers Outfall ID#	provided in other parts of the form Latitude (Format ##.######)	Longitude (Format -##.#####)	Major Receiving Water
Please provide additional details on the de *This control is conditionally displayed based on answers			
Provide the estimated completion date of the *This control is conditionally displayed based on answers			
C In Effect C Under Development Indicate which method you wish to provide *This control is conditionally displayed based on answers C URL and/or Citation C Attach a copy	e proof of the Ordinance or Other Regulatory Mecl provided in other parts of the form rence for the ordinance or other regulatory mech.	ater Discharges into the Permittee's MS4? "Select One name of the Prohibit Non-Stormwater Discharges into the Permittee's MS4?	he Permittee's MS4 *Select One
Provide a copy of the ordinance or regulate *This control is conditionally displayed based on answers Multiple attachments are not allowed. Please Comment	s provided in other parts of the form	allowed. The following file types are accepted: *.doc,*.doc	<.*.pdf
Confidential (Reason for Confidentiality)			
Please provide additional details on the de *This control is conditionally displayed based on answers			
Provide estimated completion date. *This control is conditionally displayed based on answers	s provided in other parts of the form		

Does this Entity have a Dry Weather Screening Program? *Select One

Is the individual responsible for the Dry Weather Screening Program the same as the Designated Stormwater Contact? 'Select One 'This control is conditionally displayed based on answers provided in other parts of the form C Yes C No

⊙Yes ⊙No

Title			
Phone Type	Number	Extension	
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Mobile (
Other			
Business			
Email			<u> </u>
nat is the status of the	velopment I you wish to provide prodiction of the provide pro	egulatory Mechanism to Re	quire Erosion and Sediment Control, Including Sanctions to Ensure Compliance? 'Select One er Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance.
ease provide a URL:	and/or a citation referen	ce for the ordinance or othe	r regulatory mechanism.
	displayed based on answers prov		- Togulatory Thomas Inc.
	e ordinance or regulato displayed based on answers prov		
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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? Select One of In Effect Of 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. "This control is conditionally displayed based on answers provided in other parts of the form C URL and/or Citation C 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: *77**7******************************
.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,*.HTI 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
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 Project C In Effect C 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 C Yes C 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

Additional Attachn	nent(s)		
If there is additional su	pporting documentation	n relevant to this submittal, pleas	e include here.
Multiple attachments a	re not allowed. Please be	aware that files exceeding 500 MB i	n size are not allowed. The following file types are accepted: *.doc,*.docx,*.pdf
Comment			
☐Confidential (Reaso	on for Confidentiality)		
NOI Preparer			
NOI Preparer			
Prefix			
First Name	Last Name		
Title			-
Organization Name			_
Phone Type	Number	Extension	
Home			
Mobile			
Other			
Business			
Email			-
Mailing Address Address Line 1			
Address Line 2			
City		State/Area	Postal Code
Country			
Country			

Provide estimated completion date.

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

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)

Processing Information Form Submission Reason *Select One ○ Modification ○ Transfer *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 an *This control is conditionally displayed based on answers provided in other parts 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,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.CSv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.DoCX,*.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. **Permit Information** Permit Number Permittee Name Small MS4 Name Mailing Address

Postal Code

Name of the small MS4 if different from the permittee name above.

State/Area

Address Line 1

Address Line 2

City

Country

Form Input

esponsible Official Prefix				
First Name	Last Name			
Title			1	
MS4 Entity Name				
Phone Type	Number	Extension		
Home				
Mobile				
Other				
Business				
Email				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
City		State/Area		r osiai code
Country				
Country				
Yes CNo signated Storm Wat Prefix				
First Name	Last Name		1	
Title				
Phone Type	Number	Extension		
Home				
Mobile				
Other				
Business				
Email			1	
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
Country				
Country				
1				

Are there additional contacts associated with this MS4? $\ensuremath{^\text{*Select One}}$

○Yes ○No

Duly Authorized Representative

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

Authorized Rep				
Duly Authorized Repre	<u>sentative</u>			
Prefix				
First Name	Last Name			
Title				
Phone Type	Number	Extension		
Home				
Mobile				
Other				
Business				
Email	,	2		
Mailing Address				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
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	ntative (DAR) Documentate documentation meeting the		thorized representative. The document mus	t be dated within the last 12 months.
	_		ze are not allowed. The following file types	
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dditional Contact(s				
	layed based on answers provided in	other parts of the form		
ontact Type *Select One	-0 " '			
Contact	Consultant			
Contractor	○ City Planner			
Director of Public Works	_			
C Environmental Contact	 Facility Contact 			

C Local Official

ontact					
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First Name	Last Name		4		
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Business			1		
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64 Entity Type "Select Of County Government/County Government	ommission C Corporation C Municipality (rd C State	City or Town)			
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Barbour C Bibb					
Blount C Bullock					
Butler Calhour	า				
Chambers Cheroke	ee				
. (More Options Available)					
	ude to the seconds of the ap	proximate 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,*.DAT,*.dat,*.DAT,*.dat,*.DOC,*.doc,*.DoCX,*.doc,*.DocX,*.DocX,*.DwG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.G	Gif,*.GPX,*.gpx,*.Gpx,*.HTN
Comment	
Confidential (Reason for Confidentiality)	
ntities 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,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.DoC,*.DoC,*.doc,*.DoC	C:f * CDV * ~~v * C~v * LIT
Comment	ы, .GPA, .gpx, .Gpx, .пт
Connect	
□Confidential (Reason for Confidentiality)	
Control Measures	
CONTROL Measures	
las another entity agreed to implement control measures on your behalf? "Select One	
CYes CNo	
*This section is conditionally displayed based on answers provided in other parts of the form	
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**This section is conditionally displayed based on answers provided in other parts of the form ntity Name(s) and Control Measure(s) or Component(s) of Control Measure(s) to be implemented by entity on your behalf: 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,*.emI,*.EmI,*.GIF,*.gif,*.C Comment Confidential (Reason for Confidentiality)	Gif,*.GPX,*.gpx,*.Gpx,*.HTf
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**This section is conditionally displayed based on answers provided in other parts of the form nitity Name(s) and Control Measure(s) or Component(s) of Control Measure(s) to be implemented by entity on your behalf: 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: **.772.*7.2*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,*.C Comment *Confidential (Reason for Confidentiality) Confidential (Reason for Confidentiality) Confidential (Reason for Confidentiality) Confidential (Reason for Confidentiality) Confidential (Reason for Confidentiality) Confidential (Reason for Confidentiality) Confidential (Reason for Confidentiality) Confidential (Reason for Confidentiality) Confidential (Reason for Confidentiality) Confidentiality	Gif,*.GPX,*.gpx,*.Gpx,*.HTN
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This section is conditionally displayed based on enswers provided in other parts of the form nitity Name(s) and Control Measure(s) or Component(s) of Control Measure(s) to be implemented by entity on your behalf: 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,**BMP,**bmp,**Bmp,**CSV,**csv,**Csv,**DAT,**dat,**Dat,**DOC,**doc,**DoCX,**docx,**Docx,**DWG,**dwg,**Dwg,**EML,**emI,**EmI,**GiF,**gif,**G Comment Conflidential (Reason for Conflidentiality) Conflidential (Reason for Conflidentiality) Conflidential (Reason for Conflidentiality) Conflidential (Reason for Conflidentiality) Conflidential (Reaso	Gif,*.GPX,*.gpx,*.Gpx,*.HTI
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This and/or is conditionally-displayed based on answers provided in other parts of the form initially Name(s) and Control Measure(s) or Component(s) of Control Measure(s) to be implemented by entity on your behalf: 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: **7.72.*7.2**AVI.*avi.*AVI.*BMP,*bmp,*Bmp,*CSV,*csv,*Csv,*DAT,*dat,*Dat,*DOC,*doc,*Doc,*DOCX,*docx,*Docx,*DWG,*dwg,*Dwg,*EML,*emi,*Emi,*GF,*gif,*G Comment Confidential (Reason for Confidentiality)	Gif,*.GPX,*.gpx,*.Gpx,*.HTN
.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,*.C Comment	Gif,*.GPX,*.gpx,*.Gpx,*.HTM

☐ Other

□ No funding is collected

Please provide the MS	4 Type: *Select One	c Trong	nortation Contant DOT	
County	(o a college university)		sportation System/DOT	
 Educational Institution Military Installation/Bas 			cipality (e.g. City, Town)	
© Park		© Priso		
Other		0.1.00		
0 0 1 10 1				
			cted Water Quality Problems, If App	
	npaired, please provid			ing water is impaired [included on the latest 303(d) list or an EPA approved total maximum quality concerns within your jurisdictional area (e.g. stream siltation, habitat degradation,
Major Rece	iving Water Name		303(d)/TMDL Applicability	Known or Suspected Water Quality Concern Details
Alabama Lake [335-6-1 O Yes O No Please list the names of	010(2)]? of those receiving wate	ers:		ce Water [335-6-1010(1)], Outstanding Alabama Water [335-6-1003(1)] or an Treasured
*This control is conditionally o	displayed based on answers p.	rovided in o	ther parts of the form	
Storm Water Mana	agement Program	Plan (S	SWMPP)	
SWMP	-		<u>.</u>	
			that files exceeding 500 MB in size are not allowe sv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.D	d. The following file types are accepted: DCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*
Comment				
☐Confidential (Reaso	n for Confidentiality)			
_ comidental (reaso	The Confidentiality)			
Public Education a	and Outreach			
Please provide the met	thod of performing the	Public E	Education and Outreach (Select One). "Select On	9
○ Website	-	hures/Pa		
C Contests	© Disp	lays/Post	ers/Kiosks	
C Local Public Service A	Announcements C Mee	tings		
○ Newspaper Articles/P	ress Releases C Scho	ool Progra	ams	
○ Special Events/Fairs		eos		
(More Options Available)				
For the delivery metho	d specified above, ple	ase sele	ct ALL subjects that are addressed by this m	ethod. *Select All That Apply
☐Construction Sites	I⊟Ge	eneral Sto	rmwater Management Information	
☐Household Hazardous	s Waste Disposal ☐Illio	cit Discha	rge Detection and Elimination	
☐Infrastructure Maintena	ance	nart Grow	th	
☐Storm Drain Marking			tructure/Better Site Design/Low Impact Developn	nent
Pesticide and Fertilize (More Options Available)		et Waste N	Management	
For the method and su	bject noted above, ple	ease sele	ct ALL in the target audience. *Select All That Apply	
□Public Employees □	Residential			
Businesses	Restaurants			
	Developers			
□Public	Industries			

Public Involvement and Participation

☐Agricultural ☐School Groups

... (More Options Available)

© Public Workshop		ng rubiic involvement and r	C Citizen Committee Meetings
•		ag Council Mooting)	© Volunteer Event
C Government Meeting (e.g. Public Hearing, Council Meeting) C Involvement in Development of MS4 Program Report			© Involvement in Development of Stormwater Management Plan (SWMP)
© Involvement in Designing of Ordinance Controlling Discharges to MS4			
		in Permit Requirement	Colle
O No Specific Deli	very Method Specified	iiir eiiiiit ivequirement	
For the delivery m		ve, please select ALL subject ☐General Stormwater Manag	ts that are addressed by this method. *Select All That Apply gement Information
☐Household Haza	rdous Waste Disposal	□ Illicit Discharge Detection a	nd Elimination
☐Infrastructure Ma	intenance	☐Smart Growth	
Storm Drain Ma	king	☐Green Infrastructure/Better	Site Design/Low Impact Development
□Pesticide and F	ertilizer Application	☐Pet Waste Management	
(More Options Ava	ilable)		
For the method ar		ve, please select ALL in the t	arget audience. "Select All That Apply
□Businesses	Restaurants		
Contractors	Developers		
Public	□Industries		
☐ Agricultural	☐Other		
(More Options Ava			
Illicit Discharg	e Detection and I	Elimination	
•	e status of MS4 outfa	•	
	pis Current © Under [Development	
○ No Mapping of N	154 Outialis		
		ent mapping of MS4 outfalls	
This control is condu	orialiy displayed based on ar	swers provided in other parts of the forn	1
Multiple attachme	ents are not allowed. Ple		n ding 500 MB in size are not allowed. The following file types are accepted: dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM, dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,
□Confidential (F	teason for Confidentiali	ty)	
Please provide the	e total number of MS4	4 outfalls in the MS4 system.	
		•	
			o include Outfall Number or ID, coordinates and receiving water) or individually listed in the table provided. 'Saled One
		ed either as an attachment (to I will enter each MS4 outfall indi	
C I will attach a list Please attach you *This control is condition	of the MS4 outfalls. © r list of MS4 outfalls. onally displayed based on an	I will enter each MS4 outfall indi	rividually.
C I will attach a list Please attach you *This control is condition The list must include	of the MS4 outfalls. C r list of MS4 outfalls. conally displayed based on an ade outfall identifier nun	I will enter each MS4 outfall indi	ividually. nates and receiving water.
C I will attach a list Please attach you *This control is condition The list must include	of the MS4 outfalls. C r list of MS4 outfalls. conally displayed based on an ade outfall identifier nun	I will enter each MS4 outfall indi	rividually.
C I will attach a list Please attach you *This control is condition The list must include	of the MS4 outfalls. C r list of MS4 outfalls. conally displayed based on an ade outfall identifier nun	I will enter each MS4 outfall indi	ividually. nates and receiving water.
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C I will attach a list Please attach you *This control is conditi The list must inclu Multiple attachme Comment	of the MS4 outfalls. C r list of MS4 outfalls. conally displayed based on an ade outfall identifier nun	I will enter each MS4 outfall indi	ividually. nates and receiving water.
C I will attach a list Please attach you *This control is conditi The list must inclu Multiple attachme Comment	of the MS4 outfalls. C r list of MS4 outfalls. conally displayed based on an add outfall identifier nun ents are not allowed. Pla	I will enter each MS4 outfall indi	ividually. nates and receiving water.

OUTFALL IDENTIFICATION LIST

*This control is conditionally	y 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										
Pr	Provide the estimated completion date of the mapping. *This control is conditionally displayed based on answers provided in other parts of the form									
Г										
	What is the status of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4? "Select One of In Effect of 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 *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									
L										
Pŗ	ovide a copy of the ordinar	nce or regulatory mechania I based on answers provided in othe	sm. er parts of the form							
		allowed. Please be aware tha	at files exceeding 500 MB in	size are not allowed. The following file types are accepted: *.doc,*.docx,*.pdf						
	Comment									
	☐Confidential (Reason for C	onfidentiality)								
PI	ease provide additional det This control is conditionally displayed	tails on the development p	rocess. or parts of the form							
	ovide estimated completion This control is conditionally displayed		or parts of the form							
Г										
	oes this Entity have a Dry V	Veather Screening Program	n? *Select One							
		for the Day Weather Com-	ning Drogram the sew	the Designated Stormwater Contact? "Select One						
•	This control is conditionally displayed Yes ONo			the Designated Stornwater Contact?						
- -	wirenmental Cantast									
	nvironmental Contact This control is conditionally displayed	l based on answers provided in othe	er parts of the form							
	First Name	Last Name		-						
Title										
THE STATE OF THE S										
	Phone Type	Number	Extension							
	Home									
	Mobile									
	Other									
	Business									
	Email									

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?

○ 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. "Sale 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 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,*.Dot,*.Doc,*.Doc,*.Doc,*.Doc,*.Doc,*.Doc,*.Doc,*.DwG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.Eml,*.Gif,*.Gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.dif,*.dif,*.gpx,*.doc,
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?
C In Effect C 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
The Control of Control
Provide estimated completion date. *This control is conditionally displayed based on answers provided in other parts of the form
This control is contained as sprayed 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? Saled One
cin Effect C 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? Select One of In Effect of 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. "Select Original 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."
© 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,*.DOt,*.doc,*.Doc,*.DOC,*.doc,*.Doc,*.Doc,*.Doc,*.DwG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.H
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?
C In Effect C 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
This control is controllionally disprayed 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 Projection
C In Effect C 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} € Select One
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 Prefix First Name Last Name Organization Name Phone Type Number 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 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									
☐ Initial NOI for New Coverage	· ———								
	Modification of General Permit No. ALR Other Transfer of General Permit No. ALR								
Transfer of General Terrint No. F	.LK	_							
I. PERMITTEE INFORMATION									
A. Permittee									
Permittee Name (Legal Name)			Responsible Official Phone Num	ber (Provide at least one)					
Mailing Address			Mailing City, State, and Zip Cod	e					
		MS4 Entity Typ	e (please select only one)						
☐ Municipality (City or T	own)			Water/Sewer/Utility District or Board					
School District or Board		☐ State	☐ Federal	Corporation					
	<u> </u>								
B. Responsible Official			True						
Name			Title						
Phone Number			Email Address						
Mailing Address			Mailing City, State, and Zip Code	Mailing City, State, and Zip Code					
C. Designated Storm Water Cont	act		T mus						
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 Cod	e					
Latitude/Longitude, to the seconds	, of the approx	ximate center of your N	MS4						
III. Site Maps									
Please indicate which of the application	able required	maps are attached to t	his application:						
The MS4 Entity Type is a Cou urbanized (UA) boundaries is a	nty Governmer tached.	nt/Commission. A map	showing county boundaries, unincorpor	rated area boundaries within the county, and					
The MS4 Entity Type is NOT boundaries, if part(s) of the MS	a County Gove 4 is within a U	ernment/Commission. A A is attached.	A location map showing city, town, or d	listrict boundaries, and urbanized area (UA)					
IV. Supplemental MS4 Inform	ation								
If the MS4 Entity Type is County C	Government/C	commission, has your c	county been granted Home Rule by the	e State Legislature?					
☐ Yes ☐ No ☐ N/A									
Estimated MS4 acreage covered	Estimated MS4 acreage covered Estimated MS4 population served								
Does the MS4 obtain project source fun	ding from any o	of the following:							
Grants	Loans		☐ Local Taxes	Other					
Stormwater Fee(s)	☐ Helliev Su		Stormwater Utility	□ No funding is collected					

If Other was selected, please describe:							
Please provide the MS4 Type:							
County Transportation System/DOT Educational Institution (e.g. college, university)		Hospital Military Installation/Base Municipality (e.g. City, /n)	Park Prison Other				
V. Receiving Water List and Kn	own or Suspe	ected Water Quality Pro	blems. If Applicabl	e			
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 wasted above classified as an Outstanding National Resource Water (ONRW) [335-6-1010(1)], Outstanding Alabama Water (OAW) [335-6-1003(1)] or a Treasured Alabama Lake (TAL) [335-6-1010(2)]. Attach additional pages if necessary							
Major Receiving Water Name	303(d)/TMDL Applicability	Known or St Water Quality Co	•	Indicate which of these classifications apply			
				ONRW	OAW	☐ TAL	None
				ONRW	OAW	☐ TAL	None
				ONRW	OAW	☐ TAL	None
				ONRW	OAW	☐ TAL	None
				ONRW	OAW	☐ TAL	None
				ONRW	OAW	☐ TAL	None
VI. Sharing Responsibility							
Has another entity agreed to impleme	nt control measu	res on your behalf? Ye	es 🗌 No				
If Yes, please attach the following:							
A listing of each entity's nan	ne and the Control	l Measure(s) or Component(s)	of Control Measure(s) to	be implemen	ted by entity	on your be	ehalf.
2. A copy of a written agreemen	nt between your N	AS4 and the other entity demon	nstrating written acceptan	ice of respons	ibility		
VII. Storm Water Management F	rogram Plan	(SWMPP)					
A description of your Storm Water M design, and engineering methods to re control measures <u>must</u> be attached:							
1. Public Education and Outreach							
2. Public Involvement/Participation							
3. Illicit Discharge Detection and Elir							
4. Construction Site Storm Water Runoff Control							

- 5. Post-construction Storm Water Management in New Development and Redevelopment
- 6. Pollution Prevention/Good Housekeeping

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:

- 1. How the public education and outreach will be delivered;
- 2. The subject of the public education and outreach program; and
- 3. 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:

- 1. The mechanism for public involvement and participation;
- 2. The subject of the public involvement program; and
- 3. The public involvement participants.

PLEASE DUPLICATE FOLLOWING TWO PAGES AS MANY TIMES AS NECESSARY TO COVER ALL OF THE <u>PUBLIC EDUCATION AND OUTREACH METHODS</u> AND <u>PUBLIC INVOLVEMENT AND PARTICIPATION METHODS</u> 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)								
Website	School P		Publication of MS4 Program Report					
☐ Brochures/Pamphlets		Events/Fairs	Publication of Stormwater Management Plan (SWMP)					
Contests	☐ Videos		Publication of Ordinance Controlling Discharges to MS4					
Displays/Posters/Kiosks	Tours	· P	Targeted Group Training					
Local Public Service Announcements Meetings	☐ Governm	ent Events	☐ Signage	e				
☐ Newspaper Articles/Press Releases	Social M			cific Delivery Method Specified in Permit Requirement				
2. For the method specified above, please		0010	<u> </u>	sino sonvoly montos specimos in remark resignations.				
select ALL subjects that are addressed below:		bject selected, please sele						
	Public	Businesses	Contractors	School Groups				
Construction Sites	Residentia		☐ Developers ☐ Industries	Other				
	Restaurant Public	Public Employees Businesses	Contractors	□ No Specific Target Audience Specified in Permit Requirement □ School Groups				
General Stormwater Management	Residentia	_	Developers	Other				
Information	Restaurant		Industries	No Specific Target Audience Specified in Permit Requirement				
	☐ Public	Businesses	Contractors	School Groups				
☐ Household Hazardous Waste Disposal	Residentia	Agricultural	Developers	Other				
	Restaurant		☐ Industries	No Specific Target Audience Specified in Permit Requirement				
☐ Illicit Discharge Detection and	Public	Businesses	Contractors	☐ School Groups				
Elimination	Residentia		Developers	Other				
	Restaurant		Industries	No Specific Target Audience Specified in Permit Requirement				
Dr.C. A. Mila	Public	Businesses	Contractors	School Groups				
Infrastructure Maintenance	Residentia	1 = ~	☐ Developers☐ Industries	Other				
	Restaurant Public	Businesses	Contractors	No Specific Target Audience Specified in Permit Requirement School Groups				
☐ Smart Growth	Residentia		Developers	Other				
Sinar Growth	Restaurant		Industries	No Specific Target Audience Specified in Permit Requirement				
	Public	Businesses	Contractors	School Groups				
Storm Drain Marking	Residentia		Developers	Other				
	Restaurant	s Public Employees	☐ Industries	No Specific Target Audience Specified in Permit Requirement				
Green Infrastructure/Better Site	☐ Public	Businesses	Contractors	☐ School Groups				
Design/Low Impact Development	Residentia		Developers	Other				
Besign Bow impact Bevelopment	Restaurant		Industries	No Specific Target Audience Specified in Permit Requirement				
	Public	Businesses	Contractors	School Groups				
Pesticide and Fertilizer Application	Residentia		Developers	Other				
	Restaurant Public	Public Employees Businesses	☐ Industries ☐ Contractors	No Specific Target Audience Specified in Permit Requirement School Groups				
☐ Pet Waste Management	Residentia		Developers	Other				
Tet waste management	Restaurant	= -	Industries	No Specific Target Audience Specified in Permit Requirement				
	Public	Businesses	Contractors	School Groups				
Recycling	Residentia	Agricultural	Developers	Other				
-	Restaurant	1 2	☐ Industries	No Specific Target Audience Specified in Permit Requirement				
☐ Riparian Corridor	Public	Businesses	☐ Contractors	School Groups				
Protection/Restoration	Residentia	= 5	Developers	Other				
	Restaurant		Industries	No Specific Target Audience Specified in Permit Requirement				
Trook Monogoment	☐ Public	☐ Businesses ☐ Agricultural	☐ Contractors ☐ Developers	☐ School Groups ☐ Other				
Trash Management	☐ Residentia☐ Restaurant		☐ Industries	No Specific Target Audience Specified in Permit Requirement				
	Public	Businesses	Contractors	School Groups				
☐ Vehicle Washing	Residentia		Developers	Other				
	Restaurant		☐ Industries	No Specific Target Audience Specified in Permit Requirement				
	☐ Public	Businesses	Contractors	☐ School Groups				
☐ Water Conservation	☐ Residentia		Developers	Other				
	Restaurant		Industries	No Specific Target Audience Specified in Permit Requirement				
	Public	Businesses	Contractors	School Groups				
☐ Wetland Protection	Residentia	= 5	Developers	Other				
Desidential Verd Wests Management	Restaurant Public	Public Employees Businesses	Industries Contractors	No Specific Target Audience Specified in Permit Requirement				
Residential Yard Waste Management (e.g. onsite reuse of leaves and grass	Residentia		Developers	☐ School Groups ☐ Other				
clippings)	Restaurant		☐ Industries	No Specific Target Audience Specified in Permit Requirement				
Transportation/Commuting (e.g.	Public	Businesses	Contractors	School Groups				
commuter reduction, carpooling, leaky	Residentia		Developers	Other				
cars)	Restaurant		Industries	No Specific Target Audience Specified in Permit Requirement				
	Public	Businesses	Contractors	☐ School Groups				
☐ Other	Residentia	= -	Developers	Other				
	Restaurant		Industries	No Specific Target Audience Specified in Permit Requirement				
☐ No Specific Subject Specified in Permit	Public	Businesses	Contractors	School Groups				
Requirement	Residentia	= -	☐ Developers	Other				
=	Restaurant	s Public Employees	☐ Industries	No Specific Target Audience Specified in Permit Requirement				

IX. Public Involvement and Participation

1. Choose one Public Involvement and Participation Method (Only one method per page, duplicate page as many times as needed)								
☐ Involvement in Development of MS4 Program Report ☐ Public Workshop ☐ Citizen Committee Meetings								
☐ Involvement in Development of Stormwat		an (SWMP)	Citizen Committee Meetings					
☐ Involvement in Designing of Ordinance C			☐ Volunteer Event ☐ Other					
Government Meeting (e.g. Public Hearing	g, Council Meeting	s) [No Specific Delivery Method Specified in Permit Requirement					
2. For the delivery method specified			-	-				
above, please select ALL subjects that	3. For each sub	ject selected, please	select ALL of the targe	et audiences below:				
are addressed by this method:	Public	Businesses	Contractors	Other				
☐ Construction Sites	Residential	Agricultural	Developers	No Specific Target Audience Specified in Permit Requirement				
	Restaurants	Public Employe						
General Stormwater Management	Public	Businesses	Contractors	Other				
Information	Residential Restaurants	Agricultural Public Employe	Developers Industries	No Specific Target Audience Specified in Permit Requirement				
	Public	Businesses	Contractors	Other				
☐ Household Hazardous Waste Disposal	Residential	Agricultural	Developers	☐ No Specific Target Audience Specified in Permit Requirement				
	Restaurants	Public Employe						
☐ Illicit Discharge Detection and	Public	Businesses	Contractors	Other				
Elimination	Residential Restaurants	Agricultural Public Employe	Developers Industries	No Specific Target Audience Specified in Permit Requirement				
	Public	Businesses	Contractors	Other				
☐ Infrastructure Maintenance	Residential	Agricultural	Developers	No Specific Target Audience Specified in Permit Requirement				
	Restaurants	Public Employe						
☐ Smart Growth	☐ Public☐ Residential	☐ Businesses ☐ Agricultural	Contractors Developers	Other				
Sinart Glowth	Restaurants	Public Employe		No Specific Target Audience Specified in Permit Requirement				
	☐ Public	Businesses	Contractors	Other				
Storm Drain Marking	Residential	Agricultural	Developers	No Specific Target Audience Specified in Permit Requirement				
	Restaurants	Public Employe						
☐ Green Infrastructure/Better Site	☐ Public☐ Residential	Businesses Agricultural	☐ Contractors ☐ Developers	Other				
Design/Low Impact Development	Restaurants	Public Employe		No Specific Target Audience Specified in Permit Requirement				
_	☐ Public	Businesses	Contractors	Other				
Pesticide and Fertilizer Application	Residential	Agricultural	Developers	No Specific Target Audience Specified in Permit Requirement				
	Restaurants Public	Public Employe	ees Industries Contractors	Other				
☐ Pet Waste Management	Residential	Agricultural	Developers	No Specific Target Audience Specified in Permit Requirement				
	Restaurants	☐ Public Employe						
	Public	Businesses	Contractors	Other				
Recycling	Residential Restaurants	Agricultural Public Employe	Developers Industries	No Specific Target Audience Specified in Permit Requirement				
_	Public	Public Employer Businesses	Contractors	Other				
Riparian Corridor	Residential	Agricultural	Developers	No Specific Target Audience Specified in Permit Requirement				
Protection/Restoration	Restaurants	☐ Public Employe	ees Industries					
	Public	Businesses	Contractors	Other				
Trash Management	Residential Restaurants	☐ Agricultural ☐ Public Employe	Developers Industries	No Specific Target Audience Specified in Permit Requirement				
	Public	Businesses	Contractors	Other				
☐ Vehicle Washing	Residential	Agricultural	☐ Developers	No Specific Target Audience Specified in Permit Requirement				
	Restaurants	Public Employe						
☐ Water Conservation	Public Residential	☐ Businesses ☐ Agricultural	☐ Contractors ☐ Developers	Other				
water Conservation	Restaurants	Public Employe		No Specific Target Audience Specified in Permit Requirement				
	☐ Public	Businesses	Contractors	Other				
☐ Wetland Protection	Residential	Agricultural	Developers	No Specific Target Audience Specified in Permit Requirement				
Desidential Variative	Restaurants	Public Employe						
Residential Yard Waste Management (e.g. onsite reuse of leaves and grass	Public Residential	Businesses Agricultural	Contractors Developers	Other No Specific Target Audience Specified in Permit Requirement				
clippings)	Restaurants	Public Employe		No specific rarget Audience specified in Permit Requirement				
☐ Transportation/Commuting (e.g.	Public Public	Businesses	Contractors	Other				
commuter reduction, carpooling, leaky	Residential	Agricultural	Developers	No Specific Target Audience Specified in Permit Requirement				
cars)	Restaurants Public	Public Employe	ees Industries Contractors	Other				
☐ Citizen Stream Monitoring	Residential	Agricultural	Developers	No Specific Target Audience Specified in Permit Requirement				
	Restaurants	Public Employe	ees Industries	To specific raiget randonce specified in refinite requirement				
	Public	Businesses	Contractors	Other				
Cleanup Events	Residential Restaurants	☐ Agricultural ☐ Public Employe	☐ Developers ☐ Industries	No Specific Target Audience Specified in Permit Requirement				
	Public	Businesses	Contractors	Other				
☐ Planting Community Rain Garden	Residential	Agricultural	Developers	No Specific Target Audience Specified in Permit Requirement				
	Restaurants	Public Employe						
Group RMP Installation	Public Residential	Businesses	Contractors	Other				
Group BMP Installation	Residential	☐ Agricultural ☐ Public Employe	Developers Industries	No Specific Target Audience Specified in Permit Requirement				
	Public	Businesses	Contractors	Other				
☐ Other	Residential	Agricultural	Developers	No Specific Target Audience Specified in Permit Requirement				
	Restaurants	Public Employe						
☐ No Specific Subject Specified in Permit	☐ Public☐ Residential	☐ Businesses ☐ Agricultural	☐ Contractors ☐ Developers	Other				
Requirement	Restaurants	☐ Public Employe		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						
		f selected:						
		 Provide the date of the most recent mapping of MS4 outfalls Attach a site map that may include the coordinates of all kn 	own outfalls, identifies the receiving waters and structural BMPs owned, operated o					
		maintained by the Permittee	own outlans, identifies the receiving waters and structural bivil s owned, operated o					
		Under Development						
		If selected:						
		 Provide the estimated date of the most mapping of MS4 outfal Please provide additional details on the development process of 						
		2. Trease provide additional details on the development process of	Title impping.					
		No Mapping of MS4 Outfalls						
•	***							
2.		at is the total number of MS4 outfalls in the MS4 system?						
3.	Atta	ach a list of MS4 outfalls to include Outfall Number or ID, geogr	raphic coordinates, and major receiving waters.					
В. Р	rohik	bition of Non-Stormwater Discharges						
			n to Prohibit Non-Stormwater Discharges into the Permittee's MS4?					
	_	In Effect	it to Frombit Pon-Stor inwater Discharges into the Fernittee's 19154.					
	Ш							
		If selected, please indicate the method by which you wish to provi Stormwater Discharges into the Permittee's MS4:	de proof of the Ordinance or Other Regulatory Mechanism to Prohibit Non-					
		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						
		Provide the estimated completion date						
		2. Please provide additional details on the development process f	for the ordinance or other regulatory mechanism:					
C. D	ry W	Veather Screening Program						
	Does	s this Entity have a Dry Weather Screening Program?	□No					
		If Yes, is the individual responsible for the Dry Weather Screening	g Program the same as the Designated Stormwater Contact? Yes No					
		If No, provide the contact information for person responsible for the						
	No		Title					
	Na	ame	Title					
	Ph	none Number	Email Address					

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.		at is the status of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure appliance?						
		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						
		Provide the estimated completion date						
		Please provide additional details on the development process for the ordinance or other regulatory mechanism:						
B.		at is the status of the Entity's Program to Review and Approve Proposed Site Plans for Appropriate Erosion and Sediment Control Prior to the t 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.	Wha	at is the status of the Entity's Program to Inspect Construction Sites and Take Enforcement Actions to Correct Noncompliance?						
	☐ In Effect							
		Under Development						
		 Provide the estimated completion date						

XII. Post-Construction Stormwater Management in New Development and Redevelopment

A.		at is t jects:	the status of the Ordinance or Other Regulatory Mechanism to Post-Construction Runoff from New Development and Redevelopment							
		•	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							
		Uno	der Development							
			Provide the estimated completion date Please provide additional details on the development process for the ordinance or other regulatory mechanism:							
		۷.	Tease provide additional details on the development process for the ordinance of other regulatory mechanism.							
В.			the status of the Entity's Program to Address Stormwater Runoff from New Development and Redevelopment Projects that Disturb a n of Greater than or Equal to One Acre?							
		In E	Effect							
		Uno	der Development							
		2.	Provide the estimated completion datePlease 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.			the status of the Entity's Program to Ensure Adequate Long-Term Operation and Maintenance of BMPs for Controlling Runoff from New nent and Redevelopment Projects?							
		•	Effect							
			der 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	. Po	llutio	on Prevention/Good Housekeeping							
			n Water Management Plan (SWMP) contain information on Pollution Prevention and Good Housekeeping Measures?							
		Yes								
		No,								
			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

Name	Title	Organization Name				
Email Address		Phone Number				
Mailing Address		Mailing City, State, and Zip Code				



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 O		Regional Planning Commission Area(s)			
OTTA A DO M. '1'. A 1.1		0: 10: 14		0 4		
STAARS Mailing Address		City/State/Area		County	Country	
Email Address		Email		Cell Phone	Business Phone	
Project Contact Inform	ation	<u> </u>				
Contact Person (Prefix/First/	Last Name)			Email Addres	ss	
Governmental Body or Agenc	y Name			Federal Employ	er ID Number (FEIN)	
Mailing Address		City, State/Area		Zip Code		
Cell Phone	Business P	l hone	Country			
Project Costs						
Total Estimated Cost of Proje	ct		Grant Amount Requested			
General Project Inform	ation					
Estimated quantity of mate	erial to be r	ecycled or reuse	d			
Estimate of how mu	ch of this a	mount will be fro	om out-of	state		
What types of materials wi	ll be recycle	ed?				
When will the proposed pro	oject be full	y implemented?				
How many households are	in the area	covered by this	project?			
When was your local Solid	Waste Man	agement Plan (S	WMP) ap	proved?		
Is the proposed proj	ect consiste	ent with the appr	oved SW	MP?		
What existing recycling effe	orts exist in	your solid wast	e jurisdic	tion?		
What is the estimate	ed participa	tion rate in recy	cling in th	ne area?		
What types of mater	ials are cur	rently recycled i	n your ar	ea?		
Does the proposal include	public educ	cation/outreach	activities	?		
Does the project require ac	lvance fund	ls?				
Does the project area have	solid waste	e collection servi	ce?			
If so, how many hou	ıseholds are	e served?				
Is this application a region	al project w	rith more than or	ne applica	ant?		
If so, who is/are the	other juris	diction(s)?				

Project Site Na:	me:		
Address:		City, State/Area	
Zip:	County	Country	
markets for an any interaction Other informat contracts, requipments, equipments.	clude a project description (Inc ticipated recycled materials, and with existing solid waste mand tion to prepare may include but tests for proposal, agreements, ent drawings, outreach material e minimizations project or prog	y public education and out agement and/or recycling in its not limited to the following local SWMP revisions, recycles, or other documents related	reach efforts, and afrastructure.) ang (proposed cling business
contained in the a	etification Is made for the activities described heapplication, have authority to enter in the best of my knowledge and belief, t	to agreements on behalf of the aj	oplicant(s), and, do
This application is contained in the a hereby certify to the	s made for the activities described he application, have authority to enter in	to agreements on behalf of the aj	oplicant(s), and, do
This application is contained in the a hereby certify to the	s made for the activities described he application, have authority to enter in he best of my knowledge and belief, t	to agreements on behalf of the agnis information is true, complete	oplicant(s), and, do and accurate. Date Signed
This application is contained in the a hereby certify to the Responsible	s made for the activities described he application, have authority to enter in he best of my knowledge and belief, t	to agreements on behalf of the agnis information is true, complete Title	oplicant(s), and, do and accurate. Date Signed

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 <u>Code of Alabama</u>. 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

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:		-
			-
	 Telephone:		-
	If applicant/permittee	e is a Corporation, please list officers:	
4.	Location: (include co	ounty highway map or USGS map)	
		Range County	
5.	Land Owner:		
	Name:		-
	Address:		-
	Telephone:		-
	(Attach copy of agre	ement from landowner if applicable.)	

Solid Waste Permit Application Page 2

Name	
Position or	
Address:	
lelepnone:	
Size of Facility:	Size of Disposal Area(s):
Acres	Acres
Proposed maximum average	ge daily volume to be received at landfill (choose one):
Tons/Day	Cubic Yards/Day
List all waste streams to be trees, limbs, stumps, etc.):	accepted at the facility (i.e., household solid waste, wood boiler a
IGNATURE (Responsible off	icial of permit applicant):
	TITLE:
	DATE:
please print or type name)	DATE:

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

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.

	FACILITY TYPE	
INITIAL REGISTRATION FOR FACILITY	MODIFIC	CATION OF EXISTING REGISTRATION
If a new facility, estimated date for beginning of	f operation:	
List total acreage of entire property on which th	ne facility is located:	
List total acreage used or to be used in connec	ction with operation of the facility (including area for b	uilding and storage):
Is the facility adjacent to or will it include, any o	other type of solid waste management activity (landfill	, incinerator, water-to-energy plant, etc)?
If "yes" please explain:		
	MATERIALS COLLECTED	
ESTIMATED QUANITY (TONS/MONTH)	ESTIMATED QUANITY (TONS/MONTH)	ESTIMATED QUANITY (TONS/MONTH)
PLASTIC	MIXED PAPER	ELECTRONICS
GLASS	FERROUS METALS	BATTERIES
NEWSPAPER	OTHER METALS	OTHER)
ALUMINUM	KITCHEN GREASE	(OTHER)
CARDBOARD	YARD WASTE	OTHER)
Site Information:		
Address: (physical)		
City:	State/Area/Zip:	
County:	Country:	
Address:		
(mailing) ————————————————————————————————————	State/Area/Zip: Country:	
County:	Country:	
Email:	Phone Number	

required by Solid Waste Regulations, Processing and Recycling Chapter 335-13-3-.05(4)) Prefix/Name/Title: Address: State/Area/Zip:_____ Country:____ City: Phone Number: _____ Email:_____ FACILITY CONTACT Prefix/Name/Title: ______ Address: Country: City: State/Area/Zip: Phone Number: _____ Email:_____ Physical Location where Records will be maintained: Address: City: State/Area/Zip: Country: Phone Number: RECORD CONTACT Prefix/Name/Title: ____ State/Area/Zip: Country____ City: _____ Email: Phone Number: **MAILING CONTACT** Prefix/Name/Title Address: State/Area/Zip Country _____

RESPONSIBLE OFFICIAL (The responsible official will also be responsible for the submittal of semi-annual reports as

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.

						Fac	:#	ANWAL	K D	ate
ADEM ANNUAL WALKTHROUGH INSPECTION CHECKLIST LOG FOR YEAR										
Site Name:				Owner:						
Address:				Addres	S:					
City, County, State Zip, Country:				City, St	ate, Zip,	Country:				
Facility I.D. #:				Phone						
Tester Name:				Tester	Phone #	:				
Tester Company:				Inspect	ion Date	:				
Tester Certification & Expiration	Date:		Instru	ictions						
1. This form allows you to record u						t the Facili	ty ID Num	ber remair	ns the same).
Complete portion of form pertain										
Inspection must be performed in manufacturer's instructions, or A	n accordan ADEM requ	ce with a irements.	nationally r	ecognized	I code of p	oractice (su	ıch as PEI	RP-900, d	or equivaler	t),
Sites with safe suction piping ar								nis form. F	or sites with	n safe
suction piping and no hand heldKeep a copy of this inspection for UST Compliance Section at (33)	or 1 year. (Questions						the Grou	ndwater Bra	ınch,
ADEM Unique Tank # or Dispenser #										
Product Stored										
Is the Site Using Interstitial Leak Detection for Piping?	□ yes	□ no	□ yes	□ no	□ yes	□ no	□ yes	□ no	□ yes	□ no
Detection for Fighing:	,	Visual C	ontainme	nt Sump	Inspectio	on				
	□ sub pu		□ sub pı		□ sub p		□ sub pu	amu	□ sub pu	mp
Type of containment sump	□ interm		□ interm		□ intern		□ interm		□ interme	
inspected	☐ dispen	ser	□ disper	nser	☐ dispe	nser	□ disper	nser	☐ dispen	ser
Is the sump an earthen sump?	□ yes		□ yes		□ yes		□ yes		□ yes	
·	□ no		□ no		□ no		□ no		□ no	
Is the visible piping in good condition?	□ yes □ no		□ yes □ no		□ yes □ no		□ yes □ no		□ yes □ no	
Is there evidence of a release?	□ yes		□ yes		□ yes		□ ves		□ yes	
(If release found, report it to ADEM)	□ no		□ no		□ no		□ no		□ no	
Is the Sump free of damage?	□ yes		□ yes		□ yes		□ yes		□ yes	
	□ no	□ n/a	□ no	□ n/a	□ no	□ n/a	□ no	□ n/a	□ no	□ n/a
Is the Sump free of water, fuel,	□ yes	 /-	□ yes	— /-	□ yes	- /-	□ yes		□ yes	— /-
and/or debris? Water, fuel and/or debris removed	□ no	□ n/a	□ no	□ n/a	□ no □ yes	□ n/a	□ no □ yes	□ n/a	□ no	□ n/a
and disposed of properly?	□ no	□ n/a	□ yes	□ n/a	□ yes	□ n/a	□ no	□ n/a	□ yes	□ n/a
Are penetrations (boots, conduits,	□ yes		□ yes		□ yes		□ yes		□ yes	
etc.) into sump in good condition?	□ no	□ n/a	□ no	□ n/a	□ no	□ n/a	□ no	□ n/a	□ no	□ n/a
Is primary piping interstitial space	□ yes		□ yes		□ yes		□ yes		□ yes	
open, or test boots positioned, to	□ no	□ n/a	□ no	□ n/a	□ no	□ n/a	□ no	□ n/a	□ no	□ n/a
allow product to enter sump? Are the sensors properly positioned			□ yes		□ yes		□ yes		□ yes	
near bottom of sump?	□ yes □ no	□ n/a	□ yes	□ n/a	□ yes	□ n/a	□ yes	□ n/a	□ yes	□ n/a
If double walled sump, is	□ yes		□ yes		□ yes		□ yes		□ yes	
interstitial space free of liquid?	□ no	□ n/a	□ no	□ n/a	□no	□ n/a	□ no	□ n/a	□ no	□ n/a
Results of sump inspection	□ pass □ fail		□ pass □ fail		☐ pass ☐ fail		□ pass □ fail		☐ pass ☐ fail	
		eld Rele:	ase Detec	tion Fau		snection	□ Iali		□ Iali	
	□ gauge		☐ gauge		□ gauge		□ gauge	stick	□ gauge	stick
Type of hand held release	□ ground		□ groun		□ groun		□ ground		☐ ground	
detection equipment	bailer		bailer		bailer		bailer		bailer	
	□ other (specify):		(specify):		(specify):	□ other	(specify):	□ other (specify):
Results of equipment inspection	□ pass □ fail		□ pass □ fail		□ pass □ fail		□ pass □ fail		□ pass □ fail	
Repairs Needed	Repairs Needed Date of Repair Description of any Repairs									

Site Latitude _____ Longitude ____

Inspector's Signature:

Fac # SPILLT Date

ADEM 3 YEAR SPILL PREVENTION EQUIPMENT (SPILL BUCKET) INTEGRITY TEST REPORT (HYDROSTATIC AND VACUUM METHOD)

from basin prior to test? (dispose of properly)	□ no □ n/a	□ no □ n/a	□ no □ n/a	□ n/a	□ n/a
Drain valve operational and seals					
•	□ yes	□ yes	□yes	□ yes	□ yes
properly? (where applicable)	□ no □ n/a	□ no □ n/a		□ no □ n/a	│
Water, fuel, trash & debris removed					
from basin prior to test?	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no
(dispose of properly)					_
Fill pipe cap soals properly?	□ yes	□ yes	□ yes	□ yes	□ yes
Fill pipe cap seals properly?	□ no □ n/a	□ no □ n/a	□ no □ n/a	□ no □ n/a	
Was enough water added to					
completely fill the basin?	□ yes	□ yes	□ yes	□ yes	□ yes
(Hydrostatic test only)	□ no	□ no	□ no	□ no	□ no
Test start time	:	:	:	:	:
Test end time (hydrostatic test - minimum 1 hour)	:	:	:	:	:
Measured water level drop in inches					
accurate to 1/16 inch					
(Hydrostatic test)					
Vacuum drop in inches water column					
(vacuum test)					
Results of test					
(Hydrostatic test fails if level drops 1/8	П	П	Писе	П	П
inch or more.) (Vacuum test fails if	□pass	□pass	□pass	□pass	□pass
cannot maintain 30 inches water column	□fail	□fail	□fail	□fail	□fail
or if vacuum drops more than 4 inches	□inconclusive	□inconclusive	□inconclusive	□inconclusive	□inconclusive
water column.)					
Tester's initials and date tested	/ /	/ /	/ /	1 1	/ /
	Data of Banair	/ /	Dosorinties :	of any Ponsirs	/ /
Repairs Needed	Date of Repair		Description	of any Repairs	

Alabama Tank Trust Fund Cost Proposal Part I

Cost Proposal Number:	Date of Cost Proposal (mm/dd/yy):
UST or AST Incident Number:	E THE LEWIS CO.
JST OF AST Incident Number:	Facility I.D. Number:
.2 Facility Information	
Site Name:	
Site Address:	
one Address.	
.3 Owner Information:	
Owner Name:	
Owner Email:	
Owner Address:	
Employer Tax Number (IRS):	
impleyer rax ramber (inte).	
Daniel Despite hite Ship	2.5-1 (5.4)
.4 Response Action Contractor I	nformation:
Approved Response Action Contra	
Approved Response Action Contract	ctor
Address:	

Project Contact Phone #:
Project Contact E-mail:

Project Contact:

Email:

Employer Tax Number (IRS):

1.5 Activity Informatio	n:
-------------------------	----

Indicate below the activities for which the good was					
Indicate below the activities for which the cost pro-	posal is submitted:				
Site Stabilization/Initial Abatement					
Preliminary Investigation					
Secondary Investigation / Additional Well Instal	0 - E				
Alabama Risk Based Corrective Action (ARBCA	liation				
Groundwater Sampling	4)				
Free Product Removal/Mobile Enhanced Multin	shace Extraction (MEME)				
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 Abandonme	ent				
System Decommissioning/Removal					
Activities/Other/Brief Summary of Activities:					
Provide proposed completion date for this phase of work activities:					
Provide proposed completion date for this phase of	work activities:				
Provide projected date of cleanup completed:					
Provide projected date of cleanup completed.					
I.6 Subcontractor Information:					
Indicate Subcontractors to be used during this phas	se of work:				
Name & Address	Service Provided				
3					

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: 1.9 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 Personnel Proposal: Field Equipment Mileage Owners Required Contribution for UST Per Diem Release(\$5,000): Applicable for CP#1 Only Drilling Analytical Owners Required Contribution for AST Release(\$10,000): Applicable for CP#1 Other Only

Total of This Cost Proposal:

МЗ

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>	Unit \$ Units	Quantity Requested\$
Initial Abatement Report (other than just MEME)		
1-2 days in field	¢1 000 /:	it is still desired as that
Adder amount for every field day over 2 days(not to exceed 14 days)	\$1,988 /job	
Initial Abatement Free Product Recovery Report	\$337 /day	
Preliminary Investigation Report	\$476 /job	
Secondary Plan (on and offsite)(once per site)	\$4,889 /site	of the Art and the state of the
Secondary Report (up to 12 wells)	\$841 /site	
Adder per Wells installed over 8	\$5,634 /site	
Off-site access-Residential	\$150 /well	
Off-site access - Commercial	\$182 /property	
Off-site access - ALDOT	\$260 /property	
TO MANY TO PROTECT AND	\$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	DESCRIPTION OF THE PROPERTY OF
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	Court of the Court
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	\$ 1,210 /CValdation	Section Control of the Control
1-12 wells, BTEX/MTBE/Naphthalene	\$3,973 /evaluation	process and the second second
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	Principle State of the State of
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 Evolution	00.405.43	Marie Co. Property
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.

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>	Unit \$ Un			Requested\$	
CAP Development (Class 2) - Ozone/SVE, AS/SVE, Liquid Chemox/Biox	\$6,137 /cap	The state of the s			
CAP Development (Class 3) - Ozone, AS, SVE	\$5,657 /cap	o [
CAP Modification (use Form "F" for input)	/cap	o [
CAP Implementation Report - Excavation	\$2,062 /rep	ort			
CAP Implementation Report -Liquid Injections	\$2,627 /rep				
CA System Installation Report (all Classes same)	\$7,552 /rep	ort			
SEMR - DPVE, P&T Reports	80 SW 07	_			
1-12 wells, BTEX/MTBE/Naphthalene	\$4,927 /rep	ort			
1-12 wells, BTEX/MTBE+PAH	\$5,164 /rep	ort			
SEMR - Ozone, AS, SVE, Chemox, Biosparge - Reports	100	-			
1-12 wells, BTEX/MTBE/Naphthalene	\$4,371 /rep	ort			
1-12 wells, BTEX/MTBE+PAH	\$4,608 /rep	ort			
SEMR adder >12 wells, BTEX/MTBE/Naph	\$37.50 /wel	II T			
SEMR adder >12 wells, BTEX/MTBE+PAH	\$45.00 /wel	II [
IDW/Treatment Disposal Plan (stand alone)	\$570 /plai	n F	Idna Pasa		
IDW/Treatment Disposal Report (stand alone)	\$914 /rep	_			
DPVE Pilot Test Plan (not for Slug Test)	\$1,066 /plai				
DPVE Pilot Test Report	\$1,675 /rep				
AS/SVE or Ozone Pilot Test Plan	\$1,066 /plai	—			
AS/SVE or Ozone Pilot Test Report	\$1,675 /rep	-			
ISCO or Bioremediation Pilot Test Plan	\$1,066 /plai				
ISCO or Bioremediation Pilot Test Report	\$1,849 /rep				
Specific Capacity Test Plan	\$362 /plar	-			
Specific Capacity Test Report	\$1,388 /rep				
System Purchase Letter	\$1,311 /ltr				
Monitoring Well Abandonment Plan	\$440 /plar	n i	TY ON WELL PRINTED		
Monitoring Well Abandonment Report	\$977 /rep				
System Decommissioning Plan	\$875 /plar				
System Decommissioning Report	\$1,741 /rep				
Alternate Water Supply Plan	\$684 /plar)			
Alternate Water Supply Report	\$1,064 /rep		N. C.		
Public Water Line Replacement Plan	\$996 /plar		CYPIE CONTRACTOR		
Public Water Line Replacement Report	\$1,480 /rep				
Adjacent Property Owner Information (additional effort)	\$296.50 /doc				
UIC Permit Application Preparation	\$1,205 /per	-			
UIC General Permit Application Preparation	\$771 /per	-			
General NPDES Application Preparation	\$771 /per				
ADEM Solid Waste Profile Preparation	\$216.50 /pro	_			
Municipal Sewer Application Process (ADEM or Others)	\$467 /pro	_			
Environmental Covenant Preparation	\$553 /cov				
Cost Proposal Tier I Addendum Preparation	\$104 /add	_			
Cost Proposal Tier I Addendum Preparation Cost Proposal Tier II Addendum Preparation	\$328 /add				
ADEM Approved Amount	φ320 /800	rendalli L			
Other Plan/Report (use Form "F" for input)					
Total Report	and Plan Cos	sts			

Part II- Alabama Tank Trust Fund Iter		st Proposa		
Summary of ATTF Field Scenarios				
<u>Scenarios</u>	<u>Unit \$</u> <u>Unit</u>	Quantity	Requested\$	
Well Installation O	versight time			
Type II Porous M				
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		1	
Type II Bedroo	k 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		1	
Bedrock 0-40' Core Drilling	\$703.50 /well			
Bedrock 0-60' Core Drilling	\$822 /well			
Bedrock 0-80' Core Drilling	\$1,027.50 /well	leta e le la partir de		
Type III Well Porous (De				
Type III Well 0-20' (entire well in porous material)	\$367.50 /well	拉拉拉图音级		
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 (D	epth of entire well)		经 机制度 医皮肤	
Type III Well 0-20' (bedrock encountered)	\$411 /well	計画的模型		
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)/D				
Soil Boring porous material 0-10 feet	\$130.50 /well			
Soil Boring porous material 0-30 feet Soil Boring porous material 0-50 feet	\$217.50 /well			
Soil Boring porous material 0-30 feet	\$304.50 /well			
Direct Push (Geologist Daily Charge or 8 probe points)	\$478.50 /well \$870.00 /day			
High Resolution Imaging Field Time and Oversight	\$1,230.00 /day			
Other Field A	The second secon	(2) AMID 编纂者表示公司		
Well Re-Development (initial development included in drilling oversight cost				
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	omer albrigg		
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 Itemizat	contain vertical industrial	D Cost	Proposa			
Summary of ATTF Field Scenarios						
<u>Scenarios</u>	<u>Unit \$</u>		Quantity	Requested		
Groundwater Sampling and Gauging 6" Well	\$78.75					
Sample Public Well		/well				
Sample Private Well	\$94.50					
Sample Stream (up to 3 samples)		/stream				
Soil Sampling Setup (1-4 wells)		/sow				
Soil Sampling Setup adder (each additional group of 4 wells)		/sow				
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 in field)		/system				
System Installation Oversight Adder (per day over 7 doc req.)	\$974					
System Startup		/system				
System Decommissioning	\$1,034					
DPVE, Pump and Treat O&M 3 months		/quarter				
DPVE, Pump and Treat O&M 4 months		/triannual				
Ozone, biosparge, SVE, biovent and Air Sparge O&M 3 months		/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 1						
Mileage Rate						
Mileage (One way office to site)						
Number of round trips to site						
Other Mileage (enter total mileage not including office to site)						
Personnel Travel Time (enter	1. The second se			ř		
Technician(s)-travel time	\$63					
Geologist/Engineer-travel time	\$87	/hr				
PG/PE-travel time	\$120					
Project Manager-travel time	\$104	/hr				
Per Diem	14.15.0			í		
Per diem (6-12hrs)	\$12.75					
Per diem (greater than 12hrs)		/ext. day				
Per diem 2 days (overnight)(invoice(s) required)		/day				
Per diem >2 consecutive days (overnight)(invoice(s) required)	\$100	/day				
Equipment and Equipm	nent Kits					
5-Gallon Drums		/drum				
Sampling Expendables(gloves, ice, string, jars, foil, distilled water, paper towels, et		/sow				
Expendables O&M	\$25	/day				
Monitoring Well Development		/day				
Monitoring Well/Boring Installation	\$60	/day				
Monitoring Well/Boring Abandonment	\$60	/day				
Encore Samplers	\$9	/sample				
Groundwater Monitoring	\$160	70				
Bailers	\$7	/bailer				
MEME Event	\$70	/event				
ree Product Bailing		/sow				
DPVE, SVE, AS, P&T O&M	\$145					
Ozone Sparge O&M		/day				
PVE Pilot Test		/sow				
Pumping Test	\$165					
Specific Capacity		/sow	D. V.			
Slug Test	\$110					
nitial Abatement		/sow /day				
	φυυ	ruay				

Part II- Alabama Tank Trust Fund Itemization Form "B" Cost Proposal						
Summary of ATTF Field Scenarios						
	Scenarios		<u>Unit \$ Unit</u>	Quantity	Requested\$	
Postage / Shipping and Copying (plans reports, ADEM and owner) Postage / Shipping (Sample Shipping) Postage / Shipping (documentation required)		\$85 /sow \$50 /sam				
		Analytical Samples				
	Method			iss ough		
BTEX/MTBE/Naph (water) BTEX/MTBE/Naph (soil) PAH (water) PAH (soil) Lead (water) Lead (soil) TPH PAH Water Supply VOC Water Supply Dibromoethane1,2, EDB Dichloroethane1,2 EDC tert-Butyl alcohol Ethanol Oil & Grease Air Samples (System Influent) Dry Bulk Density Grain Size Analysis Specific Gravity Moisture Content Nitrate Sulfate Iron FOM (ASTM 2947) Total Organic Carbon (Walk Chloride Foaming Agents Total Dissolved Solids Other Other	ley Black)	/sample sto /sample \$100 /sample \$100 /sample \$20 /sample /sample /sample /sample /sample /sample /sample				

	Drilling			
	Scenarios	Unit \$ Unit	Quantity	Requesteds
Mileage Rate (Current Federal R	A STATE OF THE PARTY OF THE PAR		- Carrier	rioquootou
	ATV) (ONE WAY mileage up to 450 miles) ¹	/mile		
Number of Mobilizations (include				
	to the site)(ONE WAY mileage up to 450 miles) 1			
(direct push, skid steer, etc.)	to the one/(end that immedge up to less immed)	/mile		
Number of Mobilizations (include	s \$200 mob/demob amount)	***************************************		
	Well Completions			
Well Pad Completions for Monito	oring Wells (2" and 4")(up to 8" cover) ²	\$150.00 /well		
Well Pad Completions for Monito	oring Wells (2" and 4")(12" cover) ²	\$200.00 /well		
Well Pad Completions for Recov		/well		
Well Pad Completions Recovery	/Extraction Wells non hinged lid (2'x2') ²	/well		
15	xtraction Wells per/ft(Quotes Required) 4	/foot		
	Unconsolidated Media Drilling			
1" / 2" Monitoring Well/Injection \	Vell (HSA) ³	\$43.00 /foot		
4" Monitoring Well (HSA) 3		\$45.00 /foot		
Type III WeII (HSA) ⁵		\$95.00 /foot		
Soil Boring (HSA) per ft (includes	s tremie grout abandonment) ⁶	\$22.00 /foot		
Temporary Well (HSA) per ft (inc	ludes tremie grout abandonment) ⁶	\$28.00 /foot		
Sonic Drilling	900) 10	/foot		
構能的自己學術學的學術學學學	Bedrock Drilling			
Air Rotary Rock Drilling per ft (2") 3	\$55.00 /foot		
Air Rotary Rock Drilling per ft (4") ³	\$60.00 /foot		
Type III Well ⁵		\$95.00 /foot		
Air Compressor		/day		
Rock Coring		\$38.00 /foot		
	Direct Push Technology			
Direct Push per day (includes all		\$1,800 /day		
Direct Push well install materials		\$5.00 /ft		
	Other Drilling Related Items			
MW/RW Pad Removal (if pad rei	Mineral Service Control Contro	\$75.00 /pad		
2" MW/RW Abandonment by Ove		\$25.00 /foot		
4" MW/RW Abandonment by Ove		\$30.00 /foot		
MW/RW Tremie Grout Abandonr		\$10.00 /foot	Tarrier IP Sec	
(remove well casing to at least	522	Ing consequent consequent 16		
Recovery Well Vault removal and		\$400.00 /vault		
Recovery Well Vault backfill w/co	oncrete only (2'x2')	\$165.00 /vault		
Orums		\$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) En	ter "5" or "10" as appropriate			
Includes labor, concrete, forms (if needs Includes personnel, screen, risers, bent saw cutting, coring, safety equipmen If an alternative type screen is warrante	d instead of typical pvc slotted screen (i.e. continuous screen, ing of entire well, screen, grout, decon, skid steer, saw cutting	stainless steel, etc.)	ent, plastic sheetin	ng, water, etc.
	ailed quote should be included and costs listed below or on "F	orm D"		
	Total Drilling Cos	Control of the Contro		

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

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

	Sub Contractors/ Vendors/ Utilities				
	Pass Through	Quoted Amount	Requested\$		
8-hr MEME Event			•		
12-hr MEME Event					
24-hr MEME Event					
MEME Water Disposal Amount includes hauling					
ADEM Solid Waste Profile (ADEM review fee)					
ALDOT Permit Fee					
Carbon Disposal					
Carbon Recycling					
Corrective Action System Decommissioning					
Corrective Action System Install					
Corrective Action System Purchase					
Corrective Action System Rental					
Oxidizer Rental					
Excavation					
Injection Events					
NPDES Permit Application (permit fee)	CONTRACTOR				
Phone Costs (telemetry)					
Power Costs					
Propane Costs					
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 All Vendor quotes should be detailed, itemized and attached to Form "D" Use "Quote Details" tab for guidance Sub Contractors/ Vendors/ Utilities Through **Quoted Amount** Requested\$ Other/Misc. (receipts required) Total Subs / Vendors / Utilities

	ama Tank Trus				The state of the s	
	n allowed for Alabai					
•	able rates are refer page should be sub					
Points of	Projected Projected	Personnel	Hour of			Amount
Travel	Date	Classification			To Be	Per diem
From To	mm/dd/yy		am/pm	am/pm	Performed	claimed
Us	e this section to en	ter claims for dail				
) per monte			
		医				
			T-4-1		· P	
Lloo	this section to ente	r alaima far auta			y per diems	
USE	this section to ente	ciairis ioi exter	laea daliy p	er diems		
	1. 多种性质 医月		25,272			
	W:				daily per diems	
Use	this section to ente	r claims for overi	night per die	ms	全线有效性的	
			2期完全指			
			T			
			lotal numb	er of over	night per diems	

Part II- Alabama Ta	ank 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 des	cription of activities must be entered where hours are claimed
	Other Plan /Report NOT Listed Description of Activities
Project Manager:	\$104.00
PE/PG:	\$120.00
Staff Geologist/ Engineer:	\$87.00
Staff Scientist:	\$81.00
Draftsman:	\$63.00
Clerical:	\$51.00
	Other Plan Report
	Other Field Tasks NOT Listed Description of Activities
Project Manager:	\$104.00
PE/PG:	\$120.00
Staff Geologist/ Engineer:	\$87.00
Staff Scientist:	\$81.00
Technician:	\$63.00
	Other Field Task

	t Fund Itemization Form "F" Cost Proposal
	Init Rate is not available, NOT FOR ADDING HOURS TO UNITS activities must be entered where hours are claimed
Desc	CAP Modification cription of Activities
Project Manager:	\$104.00
PE/PG:	\$120.00
Staff Geologist/ Engineer:	\$87.00
Staff Scientist:	\$81.00
Draftsman:	\$63.00
Clerical:	\$51.00
	CAP Modification

Part II- Ala	abama Tank Trust Fund Itemization n to list hours where a Unit Rate is not available, NC	n Form "F" Cost Proposal
Ose this form	Detailed description of activities must be entered w	here hours are claimed
Emer	gency Response (written ADEM approval	is required, up to 3 field days)
Project Manager:	Description of Activities	\$156.00
PE/PG:		\$180.00
Staff Geologist/		\$130.50
Engineer:		
Technician:		\$94.50
	Eme	rgency Response

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

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

The state of the s	
Postage	
Postage Class I Postage Class II	\$85.00 \$50.00

Analytical with Methods					
DTCV/MTDC/Nob		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			
11.7	8260	\$65.00			
1,2 Dibromoethane	2000 2000000	7			
(EDB)	504.1	\$65.00			
,	524.2	\$150.00			
	8011	\$65.00			
1,2 Dichloroethane		\$65.00	\$65.00		
(EDC)	504.1	\$65.00	Ψ00.00		
(/	524.2	\$150.00			
Lead					
	239.2; 7421	\$25.00	\$25.00		
	6020	\$15.00	\$15.00		
TPH	5500				
	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 Carbo					
Total Dissolved Sol	ids				

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)	

0.00	*	for scope of work (i.e. Preliminary is one scope)	
	**	includes influent and effluent sampling	

Permit Application	第66月的新兴和新兴
NPDES General Permit	
UIC Permit	
Solid Waste Profile (form 300)	

Alabama Tank Trust Fund Payment Request Part I

I.1 Payment R	Request In	formation:
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Payment Poquest Numbo		Date of Payment Paguest (mm/dd/m/):
Payment Request Numbe		Date of Payment Request (mm/dd/yy):
UST or AST Incident Num	ber:	Facility I.D. Number:
1.2 Facility Information		
Site Name:		
Site Address:		
I.3 Owner Information:		
Owner Name:		
Owner Email:		
Owner Address:		
Employer Tax Number (IR	S)·	
Employer rax rramber (iii	·	
I A December 1 Action Com	44	
I.4 Response Action Con		
Approved Response Actio		4
Approved Response Actio Address:	n Contractor	
Address.		
Project Contact:		
Project Contact phone #		
Project Contact E-mail:		
Employer Tax Number (IR		
Limployer rax raumber (iin	S)	
Limployer Tax Number (IIV	S)	
I.5 Designation of Payme		
I.5 Designation of Payme	nt:	be made:
	nt:	be made:
I.5 Designation of Payme	nt:	be made: Email:
I.5 Designation of Payme Name of Person or Firm to Address & Phone #:	nt:	

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	-	Λ	C+I	1/1	***	In	tal	nna	TIA	•
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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	Indicate below the activities for which the Payment Request is submitted:
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:	indicate below the activities for which the Payment Request is submitted.
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:	Cita Chabilination/Initial Abatamant
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:	Control Control Market Control
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:	
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:	
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:	
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:	
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:	
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:	Corrective Action Plan Evaluation
Stockpile Sampling / Management / Disposal Provision of Alternate Water Supply Pilot Test Monitoring Well Abandonment System Decommissioning/Removal Activities/Other/Brief Summary of Activities:	Develop Corrective Action Plan
Provision of Alternate Water Supply Pilot Test Monitoring Well Abandonment System Decommissioning/Removal Activities/Other/Brief Summary of Activities:	Corrective Action
Pilot Test Monitoring Well Abandonment System Decommissioning/Removal Activities/Other/Brief Summary of Activities:	Stockpile Sampling / Management / Disposal
Monitoring Well Abandonment System Decommissioning/Removal Activities/Other/Brief Summary of Activities:	Provision of Alternate Water Supply
System Decommissioning/Removal Activities/Other/Brief Summary of Activities:	Pilot Test
Activities/Other/Brief Summary of Activities:	Monitoring Well Abandonment
	System Decommissioning/Removal
Provide completion date for this phase of work activities:	Activities/Other/Brief Summary of Activities:
Provide completion date for this phase of work activities:	
Provide completion date for this phase of work activities:	
Provide completion date for this phase of work activities:	
Provide completion date for this phase of work activities:	
Provide completion date for this phase of work activities:	
Provide completion date for this phase of work activities:	
Provide completion date for this phase of work activities:	
Tovide completion date for this phase of work activities.	Provide completion date for this phase of work activities:
	r revide completion date for this phase of work detivities.
Provide proposed completion date for all site activities:	Provide proposed completion date for all site activities:
Tovide proposed completion date for all site activities.	Thorne proposed completion date for all site activities.

I.7 Subcontractor Information:

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

I.8 Certifi	cation of Payment:
	Signature must be provided below for this request to be processed
0	1. I certify that all costs incurred under this payment request have been paid to the contractor.
Check to owner	The above certification will result in a check written to the owner or operator.
0	2. I certify that all costs incurred under this payment request have <u>NOT</u> been paid to the contractor.
Check to Contractor	The above certification will result in a check written to the contractor.
Typed or Printed Name and Title: Owner Operator Signature: Date: 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.	
Owner Op	erator Signature:
Date:	
release ha at the site actual cos this applic	as occurred from a motor fuel underground storage tank system or aboveground storage tank system and I certify that to the best of my knowledge and belief: that the costs presented herein represents ts incurred in the performance of response actions at this site during the period of time indicated on ation; and that no charges are presented as part of this application that did not result from the
I.9 Certifi	cation of Payment Request Information:
signature	must be dated with an original signature by a responsible corporate official or a person to which authority has been delegated in writing. Documentation of such delegation should be maintained on each company, and shall be made available to the Department upon request.
incurred ir and that n	at to the best of my knowledge and belief: that the costs presented herein represents actual costs in the performance of response actions at this site during the period of time indicated on this application; o charges are presented as part of this application that did not result from the performance of actions which were necessary due to the release of motor fuels at this site.
this payme responsibl accurate,	Inder penalty of law that I have personally examined and am familiar with the information submitted in the ent request and all attachments and that, based on my inquiry of those persons immediately le for obtaining the information contained in this payment request, I believe that the information is true, complete, and that this payment request does not duplicate any request for payment for any charge submitted to the Department.
Contracto	's Signature:
Typed or p	printed name and title:

Sections I.8 and I.9 must be signed by appropriate person for Request to be processed

Date:

I.10 Trust Fund Obligation Information:				
Total of Previously Approved Payment Requ	uests:			
Total of Payment Requests to Date: (Approv Payment Requests plus amount proposed in request)				
Estimate Percent Completion of Entire Projection	ct to Date:			
I.11 Payment Request Amount:				
	Propos	204	For ADEM Adjusted	Use Only Approved
Payment Request Amount from Forms:	Гюрос	seu	Adjusted	Whhiosea
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</i> <i>Only</i>				
Total of This Payment Request:				
CP approved amount				
This Payment Request exceeds the approve Please describe the cause of the exceeda				ivoices
I.12 ADEM Approval Signatures:	***************************************			
Approve for Payment	Name	certify t	hat all costs incurred unde	Date
ADEM Director		Certary a	ldt dii 60313 hiburteu uriut	я инэ раушень аге

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>	Requested
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	T .	THE REAL PROPERTY.	
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	18 18000000 <u>-</u>			
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		- 15 E 15 E	
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	Ψ.,			
1-12 wells, BTEX/MTBE/Naphthalene	\$3,973		MANAGE F	
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	\$1,576			
CAP Development - Excavation	\$1,662			
CAP Development - Excavation CAP Development - Surfactant Injection	\$4,649	-		
CAP Development - Surfactant Injection CAP Development (Class 1)- DPVE, P&T, SVE	\$4,649 \$6,956			
ON Development (Olass 1)- DEVE, Fall, SVE	φ0,900		ie. II.	

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

Complete forms "A" through "G" as applicable to site acti	99.85	
Summary of ATTF Report and Plan F		enarios
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	STONE STEELS
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	
DW/Treatment Disposal Plan (stand alone)	\$570	
DW/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	307 (13-37 63-37
SCO or Bioremediation Pilot Test Plan	\$1,066	
SCO 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	R. a.
System Decommissioning Plan	\$875	
System Decommissioning Report	\$1,741	P1410211 - 2
Alternate Water Supply Plan	\$684	
Alternate Water Supply Report	\$1,064	
Public Water Line Replacement Plan	and the second second	
Public Water Line Replacement Report	\$996	
Adjacent Property Owner Information (additional effort)	\$1,480	
JIC Permit Application Preparation	\$297	
JIC General Permit Application Preparation	\$1,205	
	\$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)		
Fotal CP Approved Amount Total	Report and Pla	

Summary of ATTF Fie	ld Scenarios			
<u>Scenarios</u>	<u>Unit \$</u>	<u>CP</u>	<u>PR</u>	Requested
Well Installation Ov	ersight time			
Type II Porous Medi	a Drilling			
Porous material 0-10 feet	\$206			
Porous material 0-30 feet	\$324			
Porous material 0-50 feet	\$704			
Porous material 0-70 feet	\$909			1
Porous material 0-90 feet	\$1,115			
Porous material 0-110 feet	\$1,320			
Type II Bedrock D	rilling			
Bedrock 0-20' Air Rotary Drilling	\$324			
Bedrock 0-40' Air Rotary Drilling	\$443			
Bedrock 0-60' Air Rotary Drilling	\$648		INTEREST	
Bedrock 0-80' Air Rotary Drilling	\$854			
Podrock 0 20' Coro Drillina	**** F			Ť.
Bedrock 0-20' Core Drilling Bedrock 0-40' Core Drilling	\$411			
Bedrock 0-40 Core Drilling Bedrock 0-60' Core Drilling	\$704			
Bedrock 0-80' Core Drilling	\$822 \$1,028			
Type III Well Porous (Depti				
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			
Type III Well Bedrock (Dept			VIOLEN BY	
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			
Soil Boring Only (no well installed)	Direct Push Overs	sight		·斯洛约4.574.6
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			
Other Field Activ				
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 Surveryor)	\$252			
RW Vault Abandonment Oversight	\$87		H. C.	
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			

Summary of ATTF Field Scenarios						
<u>Scenarios</u>		<u>Unit \$</u>	<u>CP</u>	<u>PR</u>	Requested	
Groundwater Sampling and Gauging 6" Well		\$79		100		
Sample Public Well		\$126				
Sample Private Well		\$95				
Sample Stream (up to 3 samples)		\$95		1000000		
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		THE WALLET		
DPVE Pilot Test/Aquifer Test (hourly rate)		\$150				
SVE/ AS/ Ozone Pilot Test		\$783		Name of the second		
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		\$1,004				
DPVE, Pump and Treat O&M 3 months		\$3,856		Part of the second		
DPVE, Pump and Treat O&M 4 months				Maria de la compansión de		
Ozone, biosparge, SVE, biovent and Air Sparge O&M 3 months		\$4,864		1 2 13 13		
Ozone, biosparge, SVE, biovent and Air Sparge O&M 3 months Ozone, biosparge, SVE, biovent and Air Sparge O&M 4 months		\$1,928				
		\$2,432				
ADEM Approved Amount		Car. His of Corners				
Other Field Work not listed (hours and documentation required)						
Emergency Response	S. Address of		and the Name of Street			
Travel						
Mileage Rate						
Mileage (One way office to site)						
Number of round trips to site						
Other Mileage (enter total mileage not including office to site) Travel Time		l		ATTENDED TO		
Technicians(s)-travel time	\$63					
Geologist/Engineer-travel time	\$87	1				
PG/PE-travel time	\$120	/hr				
Project Manager-travel time	\$104	/hr [
Per Diem						
Per diem (6-12hrs)	\$12.75	/day				
Per diem (greater than 12hrs)	\$34	/ext. day				
Per diem 2 days (overnight)(invoice required)		/day				
Per diem >2 consecutive days (overnight)(invoice required)	\$100	/day				
Equipment and Equi				*		
55-Gallon Drums		/drum				
Sampling Expendables		/sow		HEALE.		
Expendables O&M		/day				
Monitoring Well Development		/day				
Monitoring Well/ Boring Installation		/day		E/F HILL S		
Monitoring Well/ Boring Abandonment		/day		OBAT KELE		
Encore Samplers		/sampler				
Groundwater Monitoring	\$160	(5.6)				
Bailers						
MEME Event		/bailer				
		/event				
Free Product Bailing	20.000 000-1000	/sow				
DPVE, SVE, AS, P&T O&M	\$145					
Ozone Sparge O&M		/day				
DPVE Pilot Test	25000	/sow				
Pumping Test	\$165			SEE .		
Specific Capacity		/sow [
Slug Test	\$110	/sow				
nitial Abatement						

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	Sun	nmary of ATTF F	ield Sce	enarios			
<u>Scenarios</u>	<u>s</u>			<u>Unit \$</u>	<u>CP</u>	<u>PR</u>	Requested
Postage / Shipping and Cop Postage / Shipping (Sample		s, ADEM and owner)	\$85 \$50	/sow			
Postage / Shipping (docume				g as Esti			
		Analytical Sa	amples				
	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)							
_ead (water)							
_ead (soil)							
ГРН	Same Same				Refor Fil		
PAH Water Supply							
VOC Water Supply							
Dibromoethane 1,2 EDB Dichloroethane 1,2 EDC							
ert-Butyl alcohol							
Ethanol							
Oil & Grease							
Air Samples						制 表 到	
Dry Bulk Density							
Grain Size Analysis				11.03		La Plants	
Specific Gravity							
Moisture Content Nitrate							
Sulfate							
ron							
FOM (ASTM 2947)				51.2			
Total Organic Carbon (Walkl	ey Black)						
Chloride							
oaming Agent							
Total Dissolved Solids	1						
Other							
Other							

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Part II- Alabama	Tank Trust Fund Itemization Fo	rm "C" Payme	nt Re	quest		
	Drilling					
<u>Scen</u>	<u>arios</u>	<u>Unit \$</u>	Unit	<u>CP</u>	PR	Requested
Mileage Rate (Current Federal F	120000					
Mileage (drilling device driven or ATV			/mile			
Number of Mobilizations (Includes						
Mileage (drilling device "hauled" to the	e site)(up to 450 one way miles) ¹					
(direct push, skid steer, etc.)			/mile			
Number of Mobilizations (Includes						
	Well Completion					的"是"的"是"是
Well Pad Completions (2" and 4		Maria and an	/well			
Well Pad Completions (2" and 4	45	\$200	/well			
Well Pad Completions RW/EW			/well			
Well Pad Completions for Recov			/well			
Alternate Screen for Recovery/E	xtraction/Injection Wells per/ft					
(Quote and	d Invoices Required) ⁴					
	Unconsolidated Media					
1" / 2" Monitoring Well (HSA) 3			/foot			
4" Monitoring Well (HSA) ³			/foot			
Type III Well (HSA) ⁵	¥ 2	25 000 200	/foot			
Soil Boring (HSA) per ft (include	7/		/foot			
THE ADMINISTRAL PROPERTY OF THE SECOND CONTRACT OF THE PROPERTY OF THE PROPERT	cludes tremie grout abandonment) ⁶	\$28	/foot			
Sonic Drilling			/foot		Man.	
	Bedrock Drilling				建筑	Part Control
Air Rotary Rock Drilling per ft (2'			/foot			
Air Rotary Rock Drilling per ft (4'	') 3		/foot	,		
Type III Well 5		\$95	/foot			
Air Compressor			/day			
Rock Coring	D:(D L T L L		/foot		NO.	
Direct Duals nor dout (includes all	Direct Push Technology		/dov/			
Direct Push per day (includes all Direct Push well install materials		\$1,800	/foot			
Direct Fusit Well Install Materials	Other Items	φυ	71001			10 TH 40 TO DE DE TO 1
MW/RW Pad Removal	Other items	\$75	/foot			
2" MW/RW Abandonment by O	verdrilling then tremie grout ³		/foot			
4" MW/RW Abandonment by O			/foot			
MW/RW Tremie Grout Abandon	The state of the s		/foot			
(remove well casing to at leas		ΨΙΟ	noot [
Recovery Well Vault removal an	229	\$400	/vault		150-25	
Recovery Well Vault removal an			/vault			
Drums	a baskiii woonstete (Z XZ)		/drum			
Shelby Tubes			/tube			
Per Diem (overnight) (man days)	(hotel receipts required)	Ψ50	/day			
Other (receipts required)	(noter receipte required)		l'ady			
Other (receipts required)			1 1			
Other (receipts required)			1 1			
Pass Through (if appropriate) Er	ter "10" or "5" as appropriate		<u> </u>			
Mileage (enter ONE WAY miles) for all 2 Includes labor, concrete, forms (if nee 3 Includes personnel, screen, risers, bell saw cutting, coring, safety equipmed 4 If an alternative type screen is warrant 5 Includes personnel, outer and inner case 6 Includes well pad removal and surfaces.	ny and all support vehicles, trailers, equipment, ar ded), bolt down covers, caps, vaults, and locks intonite, sand, silt sleeves, decon, skid steer, ent, plastic sheeting, water, well developing, etc. ted instead of typical pvc slotted screen (i.e. continuing of entire well, screen, grout, decon, skid stees completion as per surrounding	nuous screen, stainles er, saw cutting, coring,	s steel, e safety e	etc.) equipment	, plastic si	heeting, water, etc.
WE SHOW IN THE SECOND THE SECOND THE SHOW THE SHOWING THE SHOWING THE SECOND	etailed quote should be included and costs listed t					
Total CP Approved Amount		Total Drilling	Coct			

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 Approved Amount	Enter Actual Amount Here	Pass Through
B-hr MEME Event			
2-hr MEME Event			
4-hr MEME Event			
IEME Water Disposal amount		300	
DEM Solid Waste Profile (ADEM review fee)			
LDOT Permit Fee			
arbon Disposal			
arbon Recycling			
orrective Action System Decommissioning			÷ P
Corrective Action System Install			
orrective Action System Purchase			
orrective Action System Rental			
xidizer Rental			
xcavation			
jection Events			
PDES Permit Application (permit fee)			
none Costs (telemetry)			
ower Costs			
opane Costs			75. F2.F
entals			
oll Off Dumpster (includes hauling/handling)			
ewer Disposal Costs			
olid Waste Soil Disposal (to include hauling/handling)			
C Permit Application (permit fee)			
C Permit Greenfield Fee			
ater Supply for Liquid Ring Pump			
ater Treatment/Disposal (to include hauling/handling)			
ofessional Survey (Licensed Surveyor)			
her Miscellaneous items/rentals (receipts required)			
ther Miscellaneous items/rentals (receipts required)			
ther Miscellaneous items/rentals (receipts required)			
ther 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 Approved **Enter Actual** Pass Amount Amount Here Through Requested Other/Misc. (receipts required) Total Subs/Vendors/Utilities Total CP Approved Amount

The Salvers			Trust Fund Itemiza				
Maximum	allowable rates	are referenced	Alabama Tank Trust on the "Maximum Ra submitted whenever	ates" Tab in	this docume	ent.	This
	oints of Travel To	Actual Date Traveled mm/dd/yy	Name of Personnel	Hour of Departure am/pm	Hour of Return am/pm	Activity To Be Performed	Amount Per diem claimed
		Use this section	n to enter claims for	daily per die	ms		
				Incl. State		т из в задачен	
	I PARK						
	1 2 2 2 2 2 200						
				Total numb	er of daily r	oer diems	
		Use this sectio	n to enter claims for			The state of the s	
						aily per diems	
	Jse this section i	to enter claims	for overnight per die	ms of either	2 days or >	2 consecutive da	ys
		# E					
						- L	
				i otal numb	er of overni	ght per diems	

	ama Tank Trust Fund Itemization	
		e, NOT FOR ADDING HOURS TO UNITS
Detailed	description of activities must be entere	ed where hours are claimed
100	Other Plan /Report NOT	Listed
Project Manager:	Description of Activities	\$104.00
PE/PG:		\$120.00
Staff Geologist/ Engineer:		\$87.00
Staff Scientist:		\$81.00
Draftsman:		\$63.00
Clerical:		\$51.00
	Other Field Teeks NOT I	er Plan/ Report time not already listed
	Other Field Tasks NOT L	
Project Manager:	Description of Activitie	\$104.00
PE/PG:		\$120.00
Staff Geologist: Engineer		\$87.00
Staff Scientist:		\$81.00
Technician:		\$63.00
	Othe	er Field Tasks

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Part II- Alabama Tank Tru	st Fund Itemization Form "F" Payment Request
	t Rate is not available, NOT FOR ADDING HOURS TO UNITS
Detailed description of a	activities must be entered where hours are claimed
《新聞》的學術學學學的學術學學學學學學學學	CAP Modification
10 to	on of Activities
Project Manager:	\$104.00
PE/PG:	\$120.00
Staff Geologist/	\$87.00
Engineer:	\$67.00
Staff Scientist:	\$81.00
Draftsman:	\$63.00
Clerical:	\$54.00
olerical.	\$51.00
<u></u>	CAP Modification

Part	II- Alabama Tank Trust Fund Itemization Form "F" Pay	ment Request
Use this form to	list hours where a Unit Rate is not available, NOT FOR Al	DDING HOURS TO UNITS
	Detailed description of activities must be entered where hours a	are claimed
	Emergency Response	
	scription of Site Activities (written ADEM approval is required, up	
Project Manager:		\$156.00
PE/PG:		\$180.00
Staff Geologist/		\$130.50
Engineer:		erside 36-30000000
		9
Technician:		\$94.50
		And the Section Constitution and Edition Constitution Con
	Emergency Response	

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		

Dispessible Beilers	67.00	1
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

a	tical with Me	Jiouo	
BTEX/MTBE/Naph		water	soil
DI LAIMIT BLINAPII	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	8260	\$65.00	\$65.00
(EDC)	504.1	\$65.00	12. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
	524.2	\$150.00	
Lead	1		
	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	0000	\$20.00	
Air Samples	8260	\$100.00	
TCLP	00/50 0000	\$100.00	
Ethanol	8015D;8260	\$65.00	
Methanol		\$65.00	
Chloride			
Foaming Agent			
Total Organic Carbo			
Total Dissolved Soli	as		

Pass Through Amount	以用证据的证据
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)				

13800	* for scope of wor	k (i.e. Preliminary is one scope)
0	** 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 Phone # (334) 270-5655 Fax # (334) 270-5631

E-mail: ustcompliance@adem.alabama.gov Web Site: adem.alabama.gov STATE USE ONLY

NOTIFI	

	III.alabalila.gov				
	JCTIONS				
Please type or print all items except "signature" in Section XII. This form must be com				ite number of	
underground storage tanks. If more than 5 tanks are owned at this location, photocop	y, and staple contin	uation sheets to thi	s form. contin	uation sheets attacl	ned.
I. OWNERSHIP OF TANK(S)		II. LO	CATION OF TA	NK(S)	
Owner Name	Facility I. D. #	_ — — — —			
	(Unless new local	tion)			
Mailing Address	- " N				
	Facility Name				
CityStateZip	Ctroot Address				
	Street Address				
Country	County		Phono		
	County		1 110116		
Contact	City	ç	State	Zi	n
	(Nearest)	`		<u>-</u>	
Phone #	Country		Contact		
Fax #					
ΓdX#	LesseeC	onsultant	Owner		
E-mail					
	Site Latitude		Longitude_		
III. OPERATOR OF TANKS		IV. FUFI	DELIVERY CO	OMPANY	
Operator means any person in control of, or having responsibility for,		02.		J 7 1	
the daily operation of the UST system.					
the daily operation of the oot system.					
Operator Name	Company Name				
	Company Name_				
(If same as section I, mark box here)	Mailing Address				
	Walling Addicss_				
Mailing Address	City		State	7in	
	0.0				
CityStateZip	Country		Contact		
CountryContact	Phone #		Fax#		
Dhane #					
Phone #	E-mail				
Email:					
V. TYPE OF	NOTIFICATION				
If this is a new notification for this location, mark box here:	ed or subsequent noti	fication for this locat	ion, mark box her	re:	
	4		,		
Indicate number of tanks at this location: Mark box here if tank(s) are location.	cated on land within a	an Indian reservation	or on other India	n trust lands:	
				L	
VII. DESCRIPTION OF UNDERGROUND STORAG	E TANKS (Comp	lete for each tank	at this location	on)	
(Manifolded tanks and Compartme				,	
Tank Identification #	Tank #	Tank #	Tank#	Tank#	Tank#
Arbitrarily Assigned Sequential Number (e.g. 1u, 2u, 3u)	u u	u u	I alik #	u u	ı alık# U
A. Tank Status	u	u	u	u	u
1. Currently in use					
2. Temporarily closed	,	,		,	
a. Estimated date last used (month/year)	1	I		I	1
B. Tank Location (Mark all that apply)					
1. Within 300 feet of a private well					
Within 1000 feet of a public water supply well					
Within a well head protection area					
C. Tank History					
Date installed (month/day/year)	1 1	1 1	1 1	1 1	1 1
Date brought into operation by this owner (month/day/year)	1 1	1 1	1 1	1 1	1 1
D. Tank Estimated Total Capacity				·	
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

Owner Name (from Section I) Page No. 2

(from Section I)	(from Section II)					Page No.
	VII. DESCRIPTION OF UNDERGR	OUND STORAGE	E TANKS (Cont'd			
Tank Identification #		Tank#	Tank #	Tank#	Tank#	Tank #
Arbitrarily Assigned Sequential N	umber (e.g. 1u, 2u, 3u)	u	u	u	u	
E. Substance Currently Stored (Ma	rk all that apply)					
1. Petroleum	,					
a. Unleaded	d gasoline					
b. Mid-grad						
c. Premium						
	ree gasoline					
	containing greater than 10% ethanol (please specify)					
f 100% eth	anol (Not Regulated)					
	sulfur gasoline					
h. On road						
i. Off road						
	ntaining less than or equal to 20% biodiesel					
	intaining greater than 20% biodiesel (please specify)					
	diesel (Not Regulated)					
m. Kerosen						
	fuel (JP-4, etc.)					
o. Used oil	1, 5.6./					
p. Virgin oil						
	ease specify)					
2. Hazardous Substance						
	idicate name of principal CERCLA substance or					
	Abstract Service (CAS) No.					
	Abstract dervice (OAd) No.					
F. Tank Usage (Mark all that apply)						
Emergency power ge Detail	nerator					
2. Retail					-	
3. Bulk facility					-	
4. Industrial						
5. Local government						
6. State/federal governm						
	less than 1,100 gal (Not Regulated)					
8. Heating oil (Not Reg						
Airport hydrant syster	n or field constructed tank					
	VIII. CONSTRUCTION AND	CORROSION PR	ROTECTION			
G. Tank Construction Material (Mar	k all that apply)					
1. Single wall						
2. Double wall						
3. Steel						
4. Fiberglass reinforced	plastic					
5. Fiberglass coated stee	el					
H. Steel Tank Corrosion Protection						
Coated & cathodic pro					1	
Field installed cathodi						
	wed as a standalone method of corrosion protection)					
4. Other (please specify)						
I. Pipe Construction Material (Mark						
•	ан тлат арріу)					
1. Single wall						
2. Double wall						
3. Steel	wheel's				-	
4. Fiberglass reinforced	piastic					
5. Flexible						
J. Steel Piping Corrosion Protection						
Field installed cathod						
Other (please specify	<i>y</i>)					
	IX. SPILL/OVERF	ILL PREVENTIO	N			
K. Tank Spill Prevention Equipme						
Single walled catchm						
Double walled catching		1				
L. Tank Overfill Prevention Equipr						
	o full (e.g., ball float vent valve, not allowed if installed or					
replaced after Decem						
2. Automatic shutoff dev	. ,				 	
					 	
Audible high level ala		N NEVT DAGE				

CONTINUE ON NEXT PAGE

Owner Name (from Section I) Location (from Section II)

Page No. 3

X. RELEASE					
ank Identification #	Tank #	Tank #	Tank #	Tank#	Tank #
Arbitrarily Assigned Sequential Number (e.g. 1u, 2u, 3u)	u	u	u	u	U
M. Tank Method of Release Detection (Mark all that apply)					ı
Automatic tank gauge					
Continuous automatic tank gauge					
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)					
I. Secondary Containment and Pressurized Piping Method of Release Detection (At					
east one item from BOTH Group I and Group II must be marked.)					
1. Please Indicate Method(s) of Secondary Containment (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					
2. Group I (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)					
3. Group II (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)					
D. Suction Piping Method of Release Detection (Mark one of the following)					
1. Line tightness testing every 3 years					
Interstitial monitoring within secondary containment (e.g., double walled)					
piping with sump sensor or with monthly inspection)					
3. Vapor monitoring					
Groundwater monitoring					
Only one visible check valve immediately beneath pump and piping slopes					
towards tank					
6. Statistical inventory reconciliation (SIR)					
7. Other (please specify)					
P. Gravity Piping (No leak Detection Required)					

ADEM Form 279 5/14 m2 (revised 3/18)(XX/22 m3)

Owner Name Location (from Section I) (from Section II)

Page No. 4

XI. CERTIFICATION OF COMPLIANCE (For Tanks Installed On and After 1/16/	12)
Q. UST systems must be installed by an individual certified in accordance with ADEM Administrative Code Rule 335-6-1547.	
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 k	nowleage.
Certified Installer Name: Certification Expiration Date	:
Installer Signature: Date Signed	
Total Organization	·
Company Name: Phone #:	
Address:	
XII. CERTIFICATION (Read and sign after completing Sections I. Through XI	1
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents	
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
- Investigate and report suspected releases.

Additionally, owners and/or operators must report all third party claims to the Department.

ADEM NOUTE			u Stora			
Alabama Dept. of Environmental Management		34) 270-5655		8	STATE USE ON	NLY
Groundwater Branch/Land Division	•	4) 270-5631			NOTIFI	
P. O. Box 301463	E-mail: ustcompliand Web Site: add					
Montgomery, AL 36130-1463		ICTIONS	ν			
Please type or print all items except "signature" in Section XII. This			containing abo	veground	Indicate number o	of
storage tanks. If more than 5 tanks are owned at this location, ph			form.		continuation sheet	
I. OWNERSHIP OF TANK(S)				I. LOCATION O	F TANK(S)	
Owner Name		Facility I. D. #		-	-	
Mailing Address		(Unless new lo	ocation)			
CityState	Zip	Facility Name_				
CountryContact		Street Address				
Phone #		Country		C	ounty	
Fax #					State	Zip
E-mail		(Nearest)				
					•	
				Consultant/Contra		
		Site Latitude_			gitude	
III. OPERATOR OF TANKS Operator means any person in control of, or having the daily operation of the UST syste	responsibility for, m.		IV.	FUEL DELIVER	Y COMPANY	
Operator Name		Company Nan	ne			
(If same as section I, mark box here)		Mailing Addres	SS			
Mailing Address		City		State)	Zip
CityState	Zip	Country		Con	tact	
CountryContact		Phone #		Fa	x #	
Phone#Email		E moil				
Is Operator Training complete?(attach certification	n)	L-IIIaII				
		OTIFICATION				
If this is a new notification for this location, mark box here: Mark box here if tank(s) are keeping and the second seco					s location, mark t	box here:
Indicate number off aboveground storage tanks at this location:		Indicate number	of underground	storage tanks at	his location:	
VII. DESCRIPTION OF AB	OVEGROUND STORAG	E TANKS (Com	plete for each	tank at this loc	cation)	
Tank Identification #		Tank #	Tank#	Tank #	Tank #	Tank #
Arbitrarily Assigned Sequential Number (e.g. 1a, 2a, 3a) A. Tank Status (Mark all that apply)		a	а		a	a a
Currently in use						
2. Temporarily closed						
a. Estimated date last used (month/year) B. Tank Location (Mark all that apply)		I	ı	1	1	I
1. Located above ground						
a. Within 300 feet of a private well						
b. Within 1000 feet of a public water suppl	y well					
c. Within a well head protection area	- Here with C					
Located in an underground area such as basement, drift shaft, or tunnel, and is situated upon or above the (Notification Not Required)						
C. Tank History						
Date installed (month/day/year) Date brought into operation by this owner (month/day/year)	av/vear)	1 1	1 1		1 1	1 1 1
D. Tank Estimated Total Capacity (gallons)	iyiyedi)	1 1	<u> </u>	1 1		

CONTINUE ON NEXT PAGE

Owner Name Location (from Section I) (from Section II)

Page No. 2

VII. DESCRIPTION OF ABOVEGROUND STORAGE TANKS (Complete for each tank at this location)						
Tank Identification #	Tank#	Tank #	Tanl		Tank#	Tank #
Arbitrarily Assigned Sequential Number (e.g. 1a, 2a, 3a)	a	а		а	а	а
E. Substance Currently Stored (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 (Notification Not Required)						
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)						
I. 100% biodiesel (Notification Not Required)						
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)						
F. Tank Usage (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 (Notification Not Required)						
8. Pipeline terminal tank, refinery terminal tank, rail and barge terminal tank,						
heating oil (Notification Not Required)						
VIII. CERTIFICATION (Read and sign after completing Sections I. Through VII.						
I certify under penalty of law that I have personally examined and am familiar with the informat individuals responsible for obtaining the information, I believe that the submitted information is	ion submitted in this	and all attached do	cuments,	and that	based on my inquir	y of those
Name & official title of tank <u>operator</u> or authorized representative	true, accurate, and	complete.		Date Sig	ned	
realite & official title of talk operator of authorized representative				Date Oig	grica	
Signature						
Name & official title of tank owner or authorized representative				Date Sig	gned	
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.

TEMPO			

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

E mail. dotompilanoc@adom.alabama.gov						
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 appli	cable Contact	
City State Zip Code		Zip Code	Street, County Road, Highway, or State Road, as applicable			
Cour	ntry Contact Owne	r/Lessee/Consultant	County	Country		
Are	ea Code Phone Number Ema	il .	City(Nearest)	State	Zip Code	
		III. TANK(S) TEMPO	RARILY 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.						
Owr	ner 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?_		Phone #:	Email:	
SIR Vendor: Tester Company:			SIR Vendor Phone #		
SIR Vendor Contact:			SIR Version:		
Site Latitude Longitude I		Instruc	ctions		

- 1. Submit a completed copy of this form for all tanks using the SIR method by <u>January 31st</u> of each year to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: <u>USTcompliance@adem.alabama.gov</u>.
- 2. This form allows you to record up to 3 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
- 3. 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 ADEM Unique Tank # Product: ADEM Unique Tank # ADEM Unique Tank # Product: Μ Min. Min. Min. O F Ρ F Estimated Ρ Р F Estimated Estimated Detect-Leak Detect-Leak Detect-Leak n n n Ν Threshable Leak а а able Thresh-Leak а а able Thresh-Leak а а С С С Т Leak old Rate s i Leak old Rate s i Leak old Rate s i 0 0 0 Rate (LT) (ELR) s ı Rate (LT) (ELR) s Т Rate (LT) (ELR) s Н n n n (MDL) (MDL) (MDL) 1 2 3 4 5 6 7 8 9 10 11 12

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.				
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:			

CATHODIC PROTECTION MONITORING FORM FOR MPRESSED CURRENT SYSTEMS Questions on how to complete this form should be directed to the Groundwater Buranet. UST Compliance Seation at (234) 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. b. Please remove all pages that do not apply to the set. 8. 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 bactheolr deadern albama poy, or by mail to: Albabama Department of Environmental Management, Groundwater Branch/UST Compliance Section, Post Office Box 301463, Monigomery, AL 38150-1483. 5. The UST owner is required to beap 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: Routine 18 Rou	Facility I.D.#	CPTEST						
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: City, County, State, Zip, Country: Routine 3-year test Site Latitude Longitude Routine 3-year test City, State, Zip Code, Country: 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	ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT CATHODIC PROTECTION MONITORING FORM FOR IMPRESSED CURRENT SYSTEMS							
Site Name: Address: City, County, State, Zip, Country: Routine 3-year test Site Latitude Longitude 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. 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	 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. 							
Address: City, County, State, Zip, Country: Routine 3-year test Site Latitude Longitude 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	· · · · · · · · · · · · · · · · · · ·	Reason Testing Was Conducted (mark only one)						
Site Latitude Longitude Test within 1 month of repair Owner Information Owner: Date of Testing: Address: Temperature: City, State, Zip Code, Country: 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	Site Name:	☐ Routine test within 1 month of installation						
Owner Information Owner: Date of Testing: Address: Temperature: 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	Address: City, County, State, Zip, Country:	☐ Routine 3-year test						
Owner: Address: City, State, Zip Code, Country: Weather Conditions: 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	Site Latitude Longitude	☐ Test within 1 month of repair						
Address: 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	Owner Information	General Information						
City, State, Zip Code, Country: 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								
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		•						
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								
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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.
- 2. Record continuity test measurements using the "Fixed Cell, Moving Ground Technique", or the structure-to-structure "Potential Difference Technique".
- 3. When using the "Fixed Cell, Moving Ground Technique":
 - 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.
 - b. Only "Instant-Off Potential" measurements should be used to determine continuity.
- 4. When using the structure-to-structure "Potential Difference Technique", power to the rectifier should be turned off.
- 5. If a continuity method fails to conclusively show continuity, another method may be used. If another method indicates continuity, the system passes.
- 6. Metallic structures are continuous when the "Instant-Off Potential" or "Off Potential" difference between two structures is 10 mv or less, isolated when greater than 10 mv.
- 7. All single and double wall metal tanks and piping, and all other metallic tank system structures which routinely contain product, <u>must be</u> continuous with each other in order to pass the continuity test.

Location	Reference Cell Location	On or Off	Instant-Off	Results/Comments
Code	and	Potential •	Potential ②	(Mark the one that does NOT apply)
	Structure Contact Points	(negative	(negative	
	(Check all available points)	millivolts)	millivolts)	
R <u>1</u>		1 0 1		
Tank (#	_), ADEM Unique Tank # and/or Grade of Pro			, 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 Pro	oduct 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 Pr	oduct 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 Pro	oduct 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)
	Other ***	- mv	- mv	(continuous) (isolated)
	- · · · · · · · · · · · · · · · · · · ·	1117	1117	(5514545) (15514154)

- Record "On Potential" when using "Applied Current Technique" and "Off Potential" when using structure-to-structure "Potential Difference Technique".
- 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 DifferenceTechnique".
- **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.#_______CPTEST

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 0 (negative millivolts)	Ending Voltage or Native Voltage (negative millivolts)	Voltage Change © (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)

- The lowest reading observed during a 2.5 or 3 second power interruption.
- After power interruption, the first reading that is at least 100 mv lower than the "Instant-Off Voltage" measurement.
- 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.
- 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.#_______CPTEST

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.
- 2. Record continuity test measurements using the "Fixed Cell, Moving Ground Technique", or the structure-to-structure "Potential Difference Technique".
- 3. When using the "Fixed Cell, Moving Ground Technique":
 - 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.
 - b. Only "Instant-Off Potential" measurements should be used to determine continuity.
- 4. When using the structure-to-structure "Potential Difference Technique", power to the rectifier should be turned off.
- 5. If a continuity method fails to conclusively show continuity, another method may be used. If another method indicates continuity, the system passes.
- 6. Metallic structures are continuous when the "Instant-Off Potential" or "Off Potential" difference between two structures is 10 mv or less, isolated when greater than 10 mv.
- All single and double wall metal tanks and piping, and all other metallic tank system structures which routinely contain product, <u>must be</u> <u>continuous with each other</u> in order to pass the continuity test.

Location Code	Reference Cell Location and		On or Off Potential ⊙		nt-Off ntial ⊘	Results/Comments (Mark the one that does NOT apply)
Code	and Structure Contact Points		(negative		ntiai e gative	(wark the one that does NOT apply)
	(Check all available points)		millivolts)	, ,	ivolts)	
R <u>1</u>		*	,			
Tank (#), Metal Piping, Type of Metal (steel)	(сорре	er)().	Approxim	nate 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)		er)()	Approxim	nate 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)	(сорре	er)()	Approxin	nate 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)		r ' '	1 '		mate Length of Piping in Feet
<u>s</u>	(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)

[•] Record "On Potential" when using "Applied Current Technique" and "Off Potential" when using structure-to-structure "Potential Difference Technique".

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 DifferenceTechnique".

^{**}Indicate piping and/or flex connector. Mark any that do NOT apply.

^{***}Describe location of any other contact points measured.

Facility I.D.# **CPTEST**

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 0 (negative millivolts)	Ending Voltage or Native Voltage (negative millivolts)	Voltage Change © (millivolts)	Results (Mark the one that does NOT apply)
Tank (#_) Metal Piping					•	
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)
Tank (#_) Metal Piping						
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)
Tank (#) Metal Piping						
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)
Tank (#) Metal Piping		-	-	-	•	•
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)

- The lowest reading observed during a 2.5 or 3 second power interruption.
- After power interruption, the first reading that is at least 100 mv lower than the "Instant-Off Voltage" measurement.
- 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.
- 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.

	Fa	cility I.D.#			<u>-</u>				CPTE	ST	
4 6	1 (11 (1				nation <i>(Imp</i>	ressed C	urrent (Systems)			
 Please con Document 				ole.							
Rectifier M	anufactur	er:			Rated DC Output:			volts amps			_ amps
Rectifier M	odel:				Rectifier Serial Number:						
Rectifier ou	ıtput as ir	nitially desig	ned or last	ly recon	nmended (it	available	·):	vo	lts		_ amps
			Tap S	ettings	D	C Output		Hour Meter			
Eve	nt	Date	Coarse	parse Fine		s Am	nps	Reading (If applicable)	Comments		ts
"As Fo	und"										
"As L	eft"										
					& Negative C						
2. Please pro	vide the "as	left" measure	ments in amps	S.				ach anode and meat t measurements.	asurement	shunts).	
Circuit	1	2	3	4	5	6	7	8	9	10	Total
Anode (+)											
Tank (-)											
		Com	ments Cond	cerning	Operation, I	Maintenan	ce and	Repair of Rect	ifier		
					-			-			

	-7-						
Facility	ı.D.#			CPTEST			
	Cathodic Protection Test Result		Current Syste	ems)			
1. If any portion of the system	n fails, the system fails, and "Fail" should be mar	ked below.					
□ Pass	Pass I certify that all structures at this facility "pass" the cathodic protection testing and in my best judgement, adequate cathodic protection has been provided to the UST system. No further action is necessary at this time.						
I certify that one or more structures at this facility "fail" the cathodic protection testing and in my best judgement, adequate cathodic protection has NOT been provided to the UST system. The cathodic protection system must be repaired in accordance with a code of practice developed by a nationally recognized association or independent laboratory, and re-tested within 1 month following the repair.							
Name:		Name of Cor	mpany:				
Certifying Organization:		Address:					
Type of Certification:		City, State, Z					
Date of Certification:		Phone Numb	er:	I			
Signature:				Date:			
	Description of Cathodic Protection	System Repa	irs and/or Con	nments			
 If applicable, describe the repairs, other than to rectifier, in detail below and provide a sketch of the location and depth of any new anodes. If applicable, describe repairs to rectifier on Page 6. If repairs are made, provide the code of practice information below such as the NACE Standard SP0285-2011, "Standard Recommended Practice, Corrosion Control of Underground Storage Tank Systems by Cathodic Protection". 							
Association or Independent Laboratory:							
Code of Practice Name:							
Code of Practice Number:			Code of Practic	e Date:			
	Underground Storage Tank P	rotection Owi	ner Certificatio	n			
	aw that I am familiar with the information or or obtaining the information I believe that the						
Signature of Owner:				Date:			

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

		Ow	ner Inf	ormation					
Site Name:				Owner:					
Address:				Address:					
City, County, Zip Code,	State, Country:			City, State, Zip Code, Country:					
Facility I.D. Number:	, - ,			Phone Nu	ımber:	,	Email:		
Site Latitude Long	gitude	Rect	ifier In	formation					
Location of Rectifier at		Redi			Design Output (\mnc\:			
Location of Nectifier at	racility.	INIC	DEAT	ON LOG	Design Output (Allips).			
	Ins	spections are re			very 60 days.				
PLEASE NOTE: If th	e rectifier is tur	ned on and the	e volt a	nd/or amp	o reading reco	rded below is .	zero, <u>immediately</u>		
contact	a cathodic prot	ection tester o	r expe	ert to repair the cathodic protection system.					
60 Day	Date	Inspector	Re	ectifier	Rectifier I	OC Output	Rectifier Clock		
Inspection	Inspected	Initials		ned On?	Volts	Amps	Reading (Hours)		
•	<u>'</u>		1		VOILO	7 111100	3 ()		
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
Date of any Repairs			De	scription	of any Repairs				
			Comn	nents					
			0011111	iciito					

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 In	formation				
Site Name:					Owner:				
Address:					Address:				
City, County,		try:			City, State, Zip;				
Facility I.D. N	iumber:			Tank System	Phone Number:	Email:			
Unique Tank	Number:			Tank System	Type of Product in Ta	nk:			
Tank Size:	Nullibel.				Double Wall Piping, o		′es □ No		
Tank Materia	I, check or	ne: □ St	eel □ Fib	perglass	Piping Material, chec				
2. If "P" or "W			Space (if applica ed, include depth	able): Designate " of each in inches			-		
Month	Date Mo	nitored	Monitor's Initials	Tank Interstitia Space	al Piping Sump #1	Piping Sump #2 (if applicable)	Dispenser Sump (if applicable)		
January									
February									
March									
April									
May									
June									
July									
August									
September									
October November									
December									
	Domeiro			Dod	animtian of any Dana	·			
Date of any or Tightnes				Des	scription of any Repa or Tightness Tests	ıırs			
Comments (Include information on liquid removal and disposal from sumps, if applicable.)									
		-				<u> </u>			

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 #: Latitude/Longitude:
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.
- 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 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 SII	R Vendor Re	esults						
	Tank				This 30 Da	ay 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 a s s (4)	F a i I (5)	I n c o n (6)	P a s s (4)	F a i I (5)	I n c o n (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 Detectible 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 ADÉM 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.

rtific	

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:

CLONOT

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:

- 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

USTCompliance@adem.alabama.gov Date of Notice:	☐ Tank(s) & Piping ☐ Tank(s) only	☐ Piping Only	Scheduled Date of closure:	
I. OWNERSHIP OF TA	NK(S)	I	. LOCATION OF TANK(S)	
Owner Name (Corporation, Individual, Public A	gency, or Other Entity)	Facility I. D. Number		
Mailing Address		Facility Name or Comp	pany Site Identifier, as applicable	
City State Country Code	/ Zip	Street, County Road, Highway, or State Road, as applicable		
Contact Email		County		
Area Code Phone Number	Fax	City(Nearest) Site LatitudeLo	State Country Zip Code	
	III. CERTIFIED	CONTRACTOR		
Certified Closure Contractor Name			Certification Expiration Date	
Company Name				
	IV. TANK(S) T	O BE CLOSED		
Unique Tank # (if registered)	Та	nnk Size	Tank Contents	
1.				
2. 3.				
4.				
5.				
6.				
7. 8.				
<u> </u>	I			
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/ZipCountry_ Contact Person: Contact Phone Number:			
IMPORTANT!: The Department requires <u>double walled USTs and underground piping with interstitial monitoring</u> 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 REQ COVERING THE APPROPRIATE ITEM(S) LISTED BELOW THE SEAL OR NUMBER OF A REGISTERED PROFESSION CERTIFIED CORROSION SPECIALIST) IN THE CASE OF Specifications must include the Manufacturer, Model and Very vapor sensor release detection equipment.	W. THE PLANS AND SPECIFICATIONS MUST BEAR ONAL ENGINEER, OR A CORROSION EXPERT (NACE FIELD INSTALLED CATHODIC PROTECTION.			
☐ 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:				
ADEM Air Division requires Stage I vapor recovery on all ne	October 1, 1990. Stage I vapor recovery is NOT required for por balance system is no longer approved on new g facilities subject to 40 CFR Part 63, Subpart CCCCC. to ADEM Air Division at (334)271-7861, except for facilities le (256-427-5740). I equipment.			

PART II. UST AND/OR UNDERGROUND PIPING INSTALLATION

A. TANKS	B. UNDERGROUND PIPING
 Number of double walled tank system(s) to be 	Indicate all that apply:
installed:	☐ Installation of double walled pressurized piping
2. Size of Tank(s): gallons	NOTE: All pressurized piping installed on or after August 6, 2007 is required to use interstitial monitoring.
3. Proposed use of Tank(s):	NOTE: A repair of 5 feet of piping or more requires
Petroleum products	replacing the entire piping run with double walled piping and interstitial monitoring.
Gasoline containing greater than 10% ethanol	☐ Installation of suction piping
☐ Diesel containing greater than 20% biodiesel NOTE: Please complete and submit ADEM Form #562 for	☐ Installation of piping release and/or leak detection
all UST systems storing greater than E10 or B20	equipment
☐ Waste oil	☐ Check if this is a new installation of piping that
☐ Virgin oil	replaces existing piping.
☐ Emergency power	NOTE: All piping replacements require submittal of the piping closure assessment portion of ADEM
Hazardous materials	Form #474.
☐ 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.	
OF A	RMANCE REQUIREMENTS MAY BE USED IN THE STATE LABAMA.
	w a list of release/leak detection equipment/methods that for use in Alabama.
ADEM approves	
ADEM approves	ANKS
ADEM approves The second of t	ANKS or after August 6, 2007:
Leak detection equipment for USTs installed on Monthly interstitial monitoring equipment:	ANKS or after August 6, 2007:
Leak detection equipment for USTs installed on Monthly interstitial monitoring equipment: Manufacturer:	ANKS or after August 6, 2007: Model:
Leak detection equipment for USTs installed on Monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs	ANKS or after August 6, 2007: Model: installed before August 6, 2007:
Leak detection equipment for USTs installed on Monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs Automatic tank gauge (0.2 gph monthly states)	ANKS or after August 6, 2007: Model: installed before August 6, 2007: tatic test)
Leak detection equipment for USTs installed on a Monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs Automatic tank gauge (0.2 gph monthly standard detection) Manufacturer:	ANKS or after August 6, 2007: Model: installed before August 6, 2007:
Leak detection equipment for USTs installed on Monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs Automatic tank gauge (0.2 gph monthly standard turer: Continuous automatic tank gauge	ANKS or after August 6, 2007: Model: installed before August 6, 2007: tatic test) Model: Probe Model:
ADEM approves To Leak detection equipment for USTs installed on a monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs Automatic tank gauge (0.2 gph monthly standard turer: Continuous automatic tank gauge Manufacturer: Manufacturer:	ANKS or after August 6, 2007: Model: installed before August 6, 2007: tatic test) Model: Probe Model:
Leak detection equipment for USTs installed on Monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs Automatic tank gauge (0.2 gph monthly standard turer: Continuous automatic tank gauge Manufacturer: Monthly statistical inventory reconciliation	ANKS or after August 6, 2007: Model: installed before August 6, 2007: tatic test)Model:Probe Model: (SIR) (0.2 gph)
Leak detection equipment for USTs installed on Monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs Automatic tank gauge (0.2 gph monthly standard turer: Continuous automatic tank gauge Manufacturer: Monthly statistical inventory reconciliation SIR vendor:	ANKS or after August 6, 2007: Model: Model: Probe Model: Program: Version: Version:
Leak detection equipment for USTs installed on a Monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs Automatic tank gauge (0.2 gph monthly standard tank) Manufacturer: Continuous automatic tank gauge Manufacturer: Monthly statistical inventory reconciliation SIR vendor: Monthly groundwater monitoring system (ANKS or after August 6, 2007: Model: installed before August 6, 2007: tatic test)Model:Probe Model: [SIR) (0.2 gph) _ Program:Version: Plans and specifications required – see page 1)
Leak detection equipment for USTs installed on Monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs Automatic tank gauge (0.2 gph monthly standard turer: Continuous automatic tank gauge Manufacturer: Monthly statistical inventory reconciliation SIR vendor:	ANKS or after August 6, 2007: Model: installed before August 6, 2007: tatic test)Model:Probe Model: [SIR) (0.2 gph) _ Program:Version: Plans and specifications required – see page 1)
ADEM approves To Leak detection equipment for USTs installed on a monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs Automatic tank gauge (0.2 gph monthly standard tank gauge) Manufacturer: Continuous automatic tank gauge Manufacturer: Monthly statistical inventory reconciliation SIR vendor: Monthly groundwater monitoring system (Monthly vapor monitoring system (Plans and Additional release/leak detection equipment/methods)	ANKS or after August 6, 2007: Model: installed before August 6, 2007: tatic test)Model:Probe Model: [SIR) (0.2 gph) _ Program: Version: Plans and specifications required – see page 1) Ind specifications required – see page 1)
Leak detection equipment for USTs installed on a Monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs Automatic tank gauge (0.2 gph monthly standardurer: Continuous automatic tank gauge Manufacturer: Monthly statistical inventory reconciliation SIR vendor: Monthly groundwater monitoring system (Monthly vapor monitoring system (Plans ar	ANKS or after August 6, 2007: Model: installed before August 6, 2007: tatic test)Model:Probe Model: [SIR) (0.2 gph) _ Program: Version: Plans and specifications required – see page 1) Ind specifications required – see page 1)
Leak detection equipment for USTs installed on a monthly interstitial monitoring equipment: Manufacturer: Release detection equipment/methods for USTs Automatic tank gauge (0.2 gph monthly standard tank gauge) Manufacturer: Continuous automatic tank gauge Manufacturer: Monthly statistical inventory reconciliation SIR vendor: Monthly groundwater monitoring system (Plans ar Additional release/leak detection equipment/met regulations: Equipment/method:	ANKS or after August 6, 2007: Model: installed before August 6, 2007: tatic test)Model:Probe Model: [SIR) (0.2 gph) _ Program: Version: Plans and specifications required – see page 1) Ind specifications required – see page 1)

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: Model: Model:
Manufacturer:Model:
Release detection equipment for suction piping <u>not</u> installed as safe suction piping <u>before</u> 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:		
UNDERGROUI	ND GRAVITY FEED PIPING		
No release/i	leak detection requirements		
MATERIAL	S 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 ca	athodic protection (double walled)		
Manufacturer:	Model:		
☐ Fiberglass (double walled)			
Manufacturer:	Model:		
☐ Steel, clad or jacketed with fiberglass	s (double walled)		
Manufacturer:	Model:		
Steel, clad or jacketed with polyureth or equivalent standard (double walled	nane in accordance with Steel Tank Institute (STI) ACT-100-Ud)		
Manufacturer:	Model:		
UNDE	RGROUND PIPING		
All new nonmetallic pipir	ng must meet the latest UL standard 971		
☐ Fiberglass (double walled or single v	valled for safe suction)		
Manufacturer:	Model:		
	walled or single walled for safe suction)		
	Model:		
Steel with secondary containment w	nich provides an air filled annular space		
UNDERGROUND FLEX CONNECTOR			
☐ Flexible connector			
Manufacturer:	Model:		
☐ Flexible underground piping (used as			
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

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: 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 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 PLANS AND SPECIFICATIONS MUST BE RECEIVED CONSTRUCTION. IF THE TANK SYSTEM(S) ARE NOT THIS NOTIFICATION, RE-NOTIFICATION IS REQUIRED IF ANY DESIGN CHANGES ARE MADE AS WITHIN THIRTY (30) DAYS OF BRINGING THE NEW NEW OR AMENDED UST NOTIFICATION FORM #279 THE DEPARTMENT.	O BY THE UST OWNER PRIOR TO INITIATING OT INSTALLED OR MODIFIED WITHIN 6 MONTHS UESTED. ALSO, RE-NOTIFICATION IS AFTER RECEIVING DEPARTMENT APPROVAL. OR MODIFIED UST SYSTEM INTO SERVICE, A		
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSINFORMATION SUBMITTED IN THIS AND ALL ATTACHED INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAIN SUBMITTED INFORMATION IS TRUE, ACCURATE, AND C	D DOCUMENTS AND THAT BASED ON THOSE NING THE INFORMATION, I BELIEVE THAT THE		
Signature of Owner:	Date:		
AFTER THIS FORM IS CO	MPLETED 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

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 AddressFEIN/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 287-1-101) Active Drycleaning Facility				
Active Brycleaning Facility	,			
Wholesale Distributor				
Potentially Eligible Party: (See Definitions ADERTF 28 Active Dry Cleaner Facility Owner or 0				
Active Dry Cleaner Facility Owner or Abandoned Drycleaning Facility Facil				
Wholesale Distributor Facility or Oper				
Property Owner (Impacted Third Party	y) 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 (mark if yes)	e covered by the Act (mark if yes)			
(main ii yee)	(mark ii yoo)			
I hereby certify that I am aware that I am making the a Alabama Drycleaning Environmental Response Trust				
Ву:	(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				
Aun. ADEM ADERTI Contact Admos I Owell				

ADEM Form 425

SIRSRF	
SIKSKE	

ADEM

STATISTICAL INVENTORY RECONCILIATION (SIR) 7 DAY RELEASE INVESTIGATION REPORT FOR THE PERIOD FROM __/__/__TO ___/__/

	Questions on now to complete this	Tomi should be directed to the	Giodilawatei Biancii, o	201 Compliance Section at (554) 2	170-3033
Facility Name: Owner/Site Contact:					
Address:		Address:			
	·		Country:		
Facili	ty I.D. #:		Phone #: Email:		
		Instr	uctions		
"F 2. S	"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: <u>USTcompliance@adem.alabama.gov.</u>				
ADEI	M 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 re	eadings			
	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 – sy	stem tightness test sch	neduled 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.					
		Certi	fication		
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.					
Signa	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: Number of Tanks: Tank Sizes (gallons):		Zip Code:	
Number of Tanks: Tank Sizes (gallons):		Installation dates:	
Leak Detection (check all that apply) Tank: () Tank Tightness Testing with inventory control () Manual Tank Gauging (only for tanks 550 gal	l, submit last to lons or less), s ging (only for l, submit last 6 st 6 months of bmit last 6 moding, submit last nment, submit	ightness test and last 3 months of inventory reconciliation ubmit last 6 months of test results tanks 2000 gallons or less), submit last tightness test and last months of test results test results of test results of test results at 6 months of test results last 6 months of test results at 6 months of test results	
Submit most recent annual equipment test results of the past 6 months of test records () Automatic Flow Restrictor () Automatic Shutoff Device () Continuous Alarm () None Group 2 () Annual line tightness testing, submit last annual Monthly or Continuous Monitoring, submit last 6 to of test results () Electronic line leak detector monthly 0.2 gph to () Monthly or Continuous Vapor Monitoring () Monthly or Continuous Groundwater Monitor () Statistical Inventory Reconciliation () Continuous Interstitial Monitoring (ex: sump so () Monthly Manual Interstitial Monitoring () None	eal test months test ing sensors)	() 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 () Monthly or Continuous Vapor Monitoring () Monthly or Continuous Goundwater 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 supp or last interior lining inspection results Tanks: () Coated and Factory Cathodically Protected Ste () Fiberglass () Fiberglass Coated Steel () Polyurethane Coated Steel () Interior Lined Steel () Steel with Field Installed Cathodic Protection () Galvanized or Painted Steel	Piping: eel ((((() Steel with Field Installed Cathodic Protection) Fiberglass) Flexible) Galvanized Steel) Other (specify)) Single wall) 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 I certify under penalty of law that I have personally examin documents, and I believe that the submitted information is t		() Catchment Basins () None () Exempt from spill and overfill prevention requirement niliar with the information submitted in this and all attached and complete	
	Print	una compicio.	
Owner Signature: ADEM Form # 462 8/02 (XX/22 m1)	Name:	Date:	

CHIOWN

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 OWN	ER 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	tion, and I believe that this information is true, accurate and complete.			
Signature of former owner	Dato			
Signature of former owner Date:				
NEW OWNER				
	RINFORMATION			
Owner (Company) Name:				
	RINFORMATION			
Owner (Company) Name:	Contact Name:			
Owner (Company) Name: Owner Phone Number: () -	Contact Name: Contact Phone Number: () -			
Owner (Company) Name: Owner Phone Number: () - Address: City, State, Country, Zip Code: Company Email:	Contact Name: Contact Phone Number: () - Contact Email: New Name of Facility:			
Owner (Company) Name: Owner Phone Number: () - Address: City, State, Country, Zip Code: Company Email:	Contact Phone Number: () - Contact Email:			
Owner (Company) Name: Owner Phone Number: () - Address: City, State, Country, Zip Code: Company Email:	Contact Name: Contact Phone Number: () - Contact Email: New Name of Facility:			
Owner (Company) Name: Owner Phone Number: () - Address: City, State, Country, Zip Code: Company Email:	Contact Name: Contact Phone Number: () - Contact Email: New Name of Facility:			

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.

(Use a Separate form for a group of tanks in each tank pit)

FACILITY I.D. NO.:		DATE OF THIS REPORT:		_
INCIDENT NO. (If applicable).	UST	UST OWNER:		
FACILITY COUNTY:		ADDRESS:		- -
FACILITY NAME: LOCATION:		CONTACT NAME: CONTACT PHONE #:		_ _ _
ADDRESS:		COUNTRY: LATITUDE:	LONGITUDE:	
NAME OF ALPEC CER	TIFIED CONTRACTOR	USED TO CLOSE (REMOVE)	ΓANK	
NAME OF CONSULTA	NT CONDUCTING ASS	ESSMENT:		_
NAME OF LABORATO	ORY USED:			_
STORAGE TANKS" A	ND API BULLETIN 201	AL OF USED UNDERGROUNI 15 "CLEANING PETROLEUN AILABLE FROM THE AMER	I STORAGE	
NUMBER OF TANKS (CLOSED:			
NUMBER OF TANKS F	REMAINING AT SITE:			
CLOSURE DATE:				
UNIQUE TANK #:				
TANK SIZE:				
TANK CAPACITY:				
TANK AGE:				
DATE TANK LAST US	ED:			
SUBSTANCE STORED	:			
TYPE OF PRODUCT PI	PING:			
(Pressurized/Suction)				
FARM TANK:			\neg	
HEATING OIL TANK				

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 | Distance from UST Site | Depth of Well | Status: Active or

Supply Well	Distance from CST Site	Depth of Wen	Inactive?
b. Provide the results of a 1,000 ft. surv their locations on the attached site map		ells in the followin	ng table and place
Name of Owner of Public Water Supply Well	Distance from UST Site	Depth of Well	Status: Active or Inactive?
11 V			
c. Is the UST site located in a delineate	d wellhead protection or sour	ce water area? YES	NO
d. Are there any public water supply su		0 ft. of the UST si YES	te?
If yes, locate the inta	ke 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			Residential		
Commercial			Commercial		
Other			Other		
Describe:			Describe:		

North:					
	Northeast:				
	Northwest:				
South:					•
	Southeast:				
	Southwest:				
West:					
East:					
		d be indicated on a substitute of the distribution of the distribu	site map attached to this form. er:	·	
Name aı			-	State	Zip
Name ai Name	nd Address of O	nsite Property Owne	City		Zip
Name an	nd Address of O	Adjacent Property O	City wners:	State	
Name ai Name	nd Address of O	Adjacent Property O	City wners:	State	
Name ai	nd Address of O	Adjacent Property O	City wners:	State	

- 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.

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:	
Ind 1. 2. 3.	licate method used to determine water table depth: Excavation extended 5 feet below base of pit: Boring or monitoring well: Topographic features (Method must be approved by ADEM prior to use):		NO
d. W	Vas there a notable odor found in the excavation?	YES	NO
If y (1)	ves,) The odor strength was (mild) (strong) (other) describe:		
(2)	The odor indicates what type of product: (gasoline)(diesel) (waste oil) (kerosene) (other) describe:		
e. W	as there water in the excavation?	YES	NO
If y 1. 2.	ves, how was it handled? One time discharge to sanitary sewer with local approval? Hauled to facility capable of treating constituents of petroleum products in water?	YES	NO
3. 4. 5.	Hauled to local POTW with local approval? Treated on-site with NPDES approved discharge? Other? Explain:		
If y		YES	NO
1. 2.	How was free product handled? Describe: What was the measured thickness of free product?		
If y		YES	NO
Ind	licate which tanks(s) by the Unique Tank Number:		
	so, describe the location(s) and provide general description as to the size and ove noted tanks, (Example: 3 square feet of pinholes or 3 inch diameter hole		or
h. D	escribe the soil type and thickness of all soil layers encountered in the excav	vation:	
Als	so, describe the location(s) and provide general description as to the size and ove noted tanks, (Example: 3 square feet of pinholes or 3 inch diameter hole):	or

i. Was the excavation backfilled?	YES	NO
If yes, provide the date of backfilling:		
DO NOT BACKFILL WITH MATERIAL THAT HAS OR POTENTIALLY OF GREATER THAN 100 PPM!	HAS A TPH	
3. TANK CLOSURE WITHOUT REMOVAL (CLOSED IN-PLACE):		
a. Attach a topographic map showing the location of the facility and a general site m area surrounding the UST site.	ap showing the	
b. Attach plan and sectional views of the site and include the following:		
 Location of the tank(s) including depth, Location of tank(s) with respect to other tanks, if applicable, Soil boring locations and depths at which soil samples were taken, Boring logs. 		
c. Groundwater sample(s) must be collected as part of an in-place closure assess groundwater sampling data, as required based on depth to groundwater. Refer to Closure Site Assessment Guidance for further details regarding requirem 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 boring logs:	and provide	

h. Specify the inert solid material used to fill the tank(s):		
i. Provide the date the tank(s) were filled:		
j. Were the bore holes properly sealed with bentonite/soil? If yes, provide the date:	YES	NO
4. PRODUCT PIPING CLOSURE BY REMOVAL:		
a. Attach a topographic map showing the location of the facility and a general site m area surrounding the UST site.	ap showing th	ne
b. If the piping was longer than 10 feet, attach plan and sectional views of the piping include the following:	; trench and	
 All appropriate excavation dimensions and length of piping, All soil sample locations and depths using an appropriate method of identificatio Location of areas of visible contamination. 	n.	
c. Was the piping purged of product prior to closure? If yes, was the product properly disposed of?	YES	NO
d. Is the groundwater more than 5 feet below the bottom of the piping trench?	YES	NO
If no, provide the depth from the ground surface to the groundwater table.	Feet:	
Indicate method used to determine water table depth:1. Excavation extended 5 feet below base of trench:2. Boring or monitoring well:3. Topographic features (Method must be approved by ADEM prior to use):	YES	NO
e. Was there a notable odor found in the piping trench? If yes, (1) The odor strength was (mild) (strong) (other) describe:	YES	NO
(2) The odor indicates what type of product: (gasoline) (diesel) (waste oil) (kerosene) (other) describe:		
f. Was there water in the piping trench?	YES	NO
 If yes, how was it handled? One time discharge to sanitary sewer with local approval? Hauled to facility capable of treating constituents of petroleum products in water? 	YES	NO

	3. Hauled to local POTW with local approval?4. Treated on-site with NPDES approved discharge?5. Other? Explain:		
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 hole	es:
i.	Describe the soil type and thickness of all soil layers encountered in the piping tro	ench:	
j.	Was the piping trench backfilled? If yes, provide the date of backfilling:	YES	NO

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.

groundwater sampling data, as required based on depth to groundwater. Refer to Closure Site Assessment Guidance for further details regarding requirem groundwater sampling.	nents for	
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?If yes,1. How was free product handled? Describe:	YES	NO
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 boring logs:	and provide	
j. Were the bore holes properly sealed with bentonite/soil?If yes, provide the date:	YES	NO

c. Groundwater sample(s) must be collected as part of an in-place closure assessment. Attach

6. GROUNDWATER SAMPLING (If required by the closure guidelines):

a. Indicate the following on the plan and section views required by Section 2 above:	2.b., 3.b, 4.b, or 5.b.	
1. The location and depth of the borings or monitoring wells. (Monitorin are not required, but may be desirable in certain situations.)	g wells in lieu of bori	ngs
2. The most probable direction of groundwater flow. State basis for deter	rmining direction:	
b. Was a monitoring well used?	YES	NO
If yes, attach a schematic drawing of the well(s) and all boring logs.		
CURANTA DAY OF CROUNDING MED CAMPAING DECLINES		

c. SUMMARY OF GROUNDWATER SAMPLING RESULTS:

Date of Sampling:

Boring or MW #:							
	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 SAMI	PLES:	
Date of Sampling:		

						I
ma/ka	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
	mg/kg	mg/kg mg/kg	mg/kg mg/kg mg/kg	mg/kg mg/kg mg/kg mg/kg mg/kg mg/kg mg/kg mg/kg mg/kg mg/kg mg/kg mg/kg mg/kg	mg/kg mg/kg mg/kg mg/kg mg/kg mg/kg	mg/kg

Note: Attach additional tables as needed based on number of soil samples or variations in sampling dates.

PIPING & DISPENSER SAMPLES:	
Date of	
Sampling:	

Sample #:							
	mg/kg						
TPH OPTION:							
TPH							
Lead							
COC OPTION:							
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.

8. EXCAVATED SOIL

ALL EXCAVATED SOIL REQUIRES ANALYSIS PRIOR TO DISPOSAL UNLESS OTHERWISE DIRECTED BY THE DEPARTMENT. TANK CLOSURE SAMPLES FROM THE EXCAVATION MAY NOT BE REPRESENTATIVE OF THE LEVEL OF CONTAMINATION IN THE EXCAVATED SOIL.

For safety and other considerations, it is recommended that open pits and piping trenches should be backfilled as soon as possible with clean backfill. Soils which have TPH levels greater than 100 ppm or soils for which the level of contamination has not been determined shall <u>not</u> be returned to the excavation pit(s) or piping trenches.

a. If tank was closed by removal, provide an estimate of the volume of soil removed:	 cubic yds
b. Provide a summary of analytical results for the excavated soil:	
Date of Sampling:	

Sample #	TPH Results mg/kg	Lead Results (If applicable) mg/kg
	mg/kg	mg/kg

Note: Attach additional tables as needed based on number of soil sample or variations in sampling dates.

- c. Attach the original chain of custody record (**copies are not acceptable**) and the original laboratory data sheet (**copies are not acceptable**) for each sample.
- d. Attach the "Total Potential VOC Emissions Calculations" for soil removed.

e. Indicate current method/location of soil disposal:	
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 greater than 5 feet from the base of the pit.	groundwater is
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 Contaminated Wastes").	Petroleum
☐ Incineration.	
☐ Thermal volatilization.	
☐ Recycling facility	
Other	
g. If soil was disposed of prior to the submittal of this form, indicate the final destination below attach copies of invoices, receipts, and "certificate of burn" (if soil was incinerated):	v and
9. TANK CLEANING	
a. The tank(s) were cleaned in accordance with American Petroleum Institute (API) Bulletin 2015 "Cleaning Petroleum Storage Tanks"? If no, describe how tank(s) were cleaned:	NO
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:	

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.

	Topograp	phic Map showing location of site (Section 2.a., 3.a., 4.a., & 5.a.)
	Area maj	showing general location of the site. Include land use on-site and within 500' of
	site. Indi	cate property owner names and addresses if a release has occurred. (Section 1)
		Include locations of domestic and public water supply wells, and surface water
		intakes (Section 1)
	Plan and	sectional views of the site including the following: (Section 2.b., 3.b., 4.b., & 5.b.)
		Location of the closed tanks and piping including depth. Include any remaining
		tanks or piping at site. Include tank identification numbers.
		Excavation dimensions of the tank system
		Locations of soil samples taken for piping and tank which includes the analytical
		results.
		Location of areas of visible contamination
		Location of any stockpiled excavated soil
		Location of soil borings for an in-place closure
		ion and depth of the one up-gradient and 3 down-gradient borings or monitoring
	wells (Se	ction 6.a.)
		strating the most probable direction of groundwater flow (Section 6.a.)
	Schemati	c diagrams of the monitoring wells installed (Section 6.b.)
	Boring lo	ogs of soil borings (Section 3.b., 5.b. &6.b.)
	Site Clas	sification Checklist
		Invoices and/or receipts for sludge disposal (Section 9.c.)
	Invoices,	manifests and certificates of burn or disposal for soil disposal (Section 8.f.)
	L ∆ttach th	a axiginal shain of sustady record (sonias are not assentable) for each sample which
_		e original chain of custody record (copies are not acceptable) for each sample which
		at least the following: (Sections 6.d., 7.b., & 8.c.)
		at least the following: (Sections 6.d., 7.b., & 8.c.) Sample identification number,
		at least the following: (Sections 6.d., 7.b., & 8.c.) Sample identification number, Date and time sample was taken,
		Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page
		Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form),
		at least the following: (Sections 6.d., 7.b., & 8.c.) Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water),
		Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container,
		Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation,
		Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished,
		at least the following: (Sections 6.d., 7.b., & 8.c.) Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished, Person relinquishing sample,
		at least the following: (Sections 6.d., 7.b., & 8.c.) Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished, Person relinquishing sample, Date and time sample was received by lab,
		at least the following: (Sections 6.d., 7.b., & 8.c.) Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished, Person relinquishing sample,
	includes	at least the following: (Sections 6.d., 7.b., & 8.c.) Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished, Person relinquishing sample, Date and time sample was received by lab, Person receiving sample at lab.
	includes	at least the following: (Sections 6.d., 7.b., & 8.c.) Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished, Person relinquishing sample, Date and time sample was received by lab, Person receiving sample at lab. e original laboratory data sheet (copies are not acceptable) which includes at least
	includes	at least the following: (Sections 6.d., 7.b., & 8.c.) Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished, Person relinquishing sample, Date and time sample was received by lab, Person receiving sample at lab. e original laboratory data sheet (copies are not acceptable) which includes at least wing: (Sections 6.d., 7.b., & 8.c.)
	includes	at least the following: (Sections 6.d., 7.b., & 8.c.) Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished, Person relinquishing sample, Date and time sample was received by lab, Person receiving sample at lab. e original laboratory data sheet (copies are not acceptable) which includes at least wing: (Sections 6.d., 7.b., & 8.c.) A sample identification number which can be cross referenced with the soil sample
	includes	Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished, Person relinquishing sample, Date and time sample was received by lab, Person receiving sample at lab. e original laboratory data sheet (copies are not acceptable) which includes at least ving: (Sections 6.d., 7.b., & 8.c.) 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.,
	includes	Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished, Person relinquishing sample, Date and time sample was received by lab, Person receiving sample at lab. e original laboratory data sheet (copies are not acceptable) which includes at least wing: (Sections 6.d., 7.b., & 8.c.) 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
	includes	Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished, Person relinquishing sample, Date and time sample was received by lab, Person receiving sample at lab. e original laboratory data sheet (copies are not acceptable) which includes at least ving: (Sections 6.d., 7.b., & 8.c.) 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 The sample analytical results with appropriate units,
	includes	Sample identification number, Date and time sample was taken, Name and title of person collecting sample (see certification requirement on page 15 of this form), Type of sample (soil or water), Type of sample container, Method of preservation, Date and time sample was relinquished, Person relinquishing sample, Date and time sample was received by lab, Person receiving sample at lab. e original laboratory data sheet (copies are not acceptable) which includes at least wing: (Sections 6.d., 7.b., & 8.c.) 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

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	ON.
Name of person taking soil and/or	groundwater samples:	
Company: Telephone Number:		
I certify under penalty of law that accepted sampling procedures.	I have obtained representative soil and/	or groundwater samples using
Signature: Print Name:		Date:
Either an Alabama Licensed Engineer must sign this form	Professional Geologist or an Alaba	ama Registered Professional
accepted soil and groundwater inv Geologist or an Alabama Register	I have performed this closure site assesses testigation practices; I am either an Ala ed Professional Engineer; I am experie n I have submitted, to the best of my kno	ıbama Licensed Professional nced in soil and groundwater
Signature of Alabama Licensed Professional Geologist:		Date:
Print Name:		
Alabama P.G. License Number:		
Signature of Alabama Registered Professional Engineer: Print Name:		Date:
Alabama P.E. Registration Number:		
submitted in this and all attached of	I have personally examined and am fam documents and that based on those indi lieve that the submitted information is t	viduals immediately responsible
Signature of Tank Owner:		Date:
Print Name:		

	FOR ADEM	USE ONLY:		
Reviewed By:			Date:	
COMMENTS:				

O:			FROM:	~	
Ai	r Division		UST	Complian	ace Section
MEMORANDUM				January 2	8, 1991
TOTAL			LOSURE ISSIONS CALCUI	LATION	NS
FACILITY I.D. NO.:			DATE OF THIS REPORT		
INCIDENT NO. (If applicable).	UST		UST OWNER	:	
FACILITY COUNTY:			ADDRESS	:	
FACILITY NAME:			CONTACT NAME CONTACT PHONE #		
LOCATION:					
ADDRESS:					
		ons:			
ADDRESS: Tame of Consultant who onsultant's Phone Num	nber:	ons:	cyds x .002 =	С	lbs. VOC emissions
ADDRESS: ame of Consultant who onsultant's Phone Num ample 1	nber: ppm x ppm x		cyds x .002 =	c	lbs. VOC emissions
ADDRESS: ame of Consultant who onsultant's Phone Num ample 1 ample 2	ppm x ppm x ppm x	b	cyds x .002 = cyds x .002 =	С	lbs. VOC emissions
ADDRESS: ame of Consultant who onsultant's Phone Num ample 1 ample 2 ample 3	ppm x ppm x ppm x ppm x	b	cyds x .002 = cyds x .002 = cyds x .002 =	С	lbs. VOC emissions lbs. VOC emissions lbs. VOC emissions
ADDRESS: ame of Consultant who consultant's Phone Num ample 1 ample 2 ample 3 ample 4	ppm x	b	cyds x .002 = cyds x .002 = cyds x .002 = cyds x .002 =	c	lbs. VOC emissions lbs. VOC emissions lbs. VOC emissions lbs. VOC emissions
ADDRESS: ame of Consultant who consultant's Phone Num ample 1 ample 2 ample 3 ample 4 ample 5	ppm x	b	cyds x .002 = cy	c	lbs. VOC emissions
ADDRESS: ame of Consultant who onsultant's Phone Num ample 1 ample 2 ample 3 ample 4 ample 5 ample 6	ppm x	b	cyds x .002 =	С	lbs. VOC emissions
ADDRESS: ame of Consultant who onsultant's Phone Num ample 1 ample 2 ample 3 ample 4 ample 5 ample 5 ample 6 ample 7	ppm x	b	cyds x .002 = cy	С	lbs. VOC emissions
ADDRESS: ame of Consultant who onsultant's Phone Num ample 1 ample 2 ample 3 ample 4 ample 5 ample 5 ample 6 ample 7 ample 8	ppm x	b	cyds x .002 =	c	lbs. VOC emissions
ADDRESS: ame of Consultant who onsultant's Phone Num ample 1 ample 2 ample 3 ample 4 ample 5 ample 6 ample 6 ample 7 ample 8 ample 9	ppm x	b	cyds x .002 =	c	lbs. VOC emissions
ADDRESS: ame of Consultant who onsultant's Phone Num ample 1 ample 2 ample 3 ample 4 ample 5 ample 6 ample 7 ample 8 ample 9 ample 10	ppm x	b	cyds x .002 =	С	lbs. VOC emissions
ADDRESS: ame of Consultant who onsultant's Phone Num ample 1 ample 2 ample 3 ample 4 ample 5 ample 6 ample 7 ample 8 ample 9 ample 9 ample 10 ample 11	ppm x	b	cyds x .002 = cy	С	lbs. VOC emissions
ADDRESS: fame of Consultant who onsultant's Phone Num ample 1 ample 2 ample 3 ample 4 ample 5 ample 6 ample 7 ample 8 ample 9 ample 10 ample 10 ample 11 ample 12	ppm x	b	cyds x .002 =	c	lbs. VOC emissions
ADDRESS: Jame of Consultant who consultant's Phone Num a ample 1 ample 2 ample 3 ample 4	ppm x	b	cyds x .002 = cy	c	lbs. VOC emissions

This form must be completed and submitted with the ADEM UST Closure Site Assessment Report Form.

ADEM FORM #492 8/02

 $^{^{\}ast}\,$ NOTE - If more samples are taken than indicated on this form, please attach additional pages as necessary.

GROUNDWATER MONITORING REPORT

SUBMITTAL DATE:

	/	
SITE NAME:		
SITE ADDRESS:		
FACILITY I.D. NO.:		
UST OR AST INCIDENT N	IO.:	
SITE LATITUDE	LONGITUDE	
BRIEFLY ANSWER TI	HE FOLLOWING QUESTIONS RI	EGARDING THIS SITE:
Number of monitoring wel	ls (MWs) at the site?	
Number of MWs containing		
Number of MWs with disse	olved constituents above CALs?	•
	olved constituents below CALs?	
	activities currently in progress? I recovery activities commence?	
If yes, please indicate the If no, please indicate reason information: Monitoring wells containing	ports being submitted to the UST Corrective submittal date of the most recent recovens (i.e. recently discovered or observed) free product: Identify and indicate well described to the UST Correction of the UST Correctio	and complete the following
(ex. MW-2 /2 inch/ 4.0 inch	es) for this event:	
//	/	/
Are assessment activities cur activities.	rently being conducted on the site? If yes	s, indicate status of assessment
	iation (approved CAP)? If yes, indicate so ent CAP, evaluating effectiveness of reme	

M	iscellaneous information not directly requested	d:
-		·
SU	UBMIT THIS FORM WITH THE FOI	LOWING ATTACHMENTS:
ξ		wells, groundwater elevations, groundwater elevation
ξ	Scaled site map identifying: all monitoring each monitoring well	wells, free product thickness, and total dissolved BTEX for
ξ	Scaled site map identifying: all monitoring monitoring well), or other appropriate const	wells, Benzene levels, MTBE levels (if applicable for each ituents detected at this site
يمي عبي	for each of the monitoring wells. Table containing: historical free product thi	evations, depth to groundwater and depth to top of screen ickness, Benzene levels, MTBE levels (if applicable), X levels and other appropriate constituents detected at this
ξ	Copies of lab analysis sheets for this sampling	ng event for each of the monitoring wells
ξ	Copies of chain of custody documentation for	or this sampling event
ξ	Brief narrative description of procedures util	lized to obtain groundwater sampling data
Sig	nature of Preparer of this Report:	
Тур	pe or print Name:	
Con	mpany Name:	
Coı	mpany Address:	
		Owner Name Address City, State, Zip, Country
AD	EM Form #476 8/02 (XX/22 m1)	Site contactOwnerLesseeConsultant
		Name Address city, State, Zip, Country Email:
		Inspector Name Company Phone

Date

LINETT

ADEM **LINE TIGHTNESS TEST REPORT**

Questions on how	to complete this forn	n should be d	irected t	o the Groundwater	Branch, UST Compli	ance Unit at (334) 27	70-5655
Site Name:				Owner:			
Address:				Address:			
City, County, Postal Cod	e, Country:			City, State	, Postal Code, Co	ountry:	
Facility I.D. #:	· •			Phone #/ F			Email:
Tester Name:				-	Tester Phone #:		
Tester Certification:				(Certification Expi	ration: /	/
Tester Company:					•		
Site Latitude Long	itude		Ins	structions			
1. Complete this form, fax to: (334) 270-5 and testing, start t leak rate for every 2. This form allows yo remain the same. 3. The tightness test e release/leak detecti 4. Testing must be per 1. Keep a record copy	include all the te 631, or email to: U time, end time, rec test performed o u to record up to 6 equipment used mu on equipment/metl rformed in accorda	STcompliand corded voluing the submited ADEM Uniquest be approved that AD noce with the	me cha tal will ue Tank red by A EM app	em.alabama.gov. nges and times, on not be accepted. Numbers, assuming DEM. Visit the Nuroves for use in Al	Test data must incorrection factors and that the Facility NGLDE website at yabama.	lude waiting time and calculations, a	between delivery and calculated test equipment
Reason for Test - circle all t		nual Test)	(New		Required by ADEM	(Response to	SIR Problem)
ADEM Unique Tank #	ment.			IVIOC	der of version.		
<u> </u>							
Product Stored							
Piping material tested	□fiberglass □flexible □steel	□fiberglas □flexible □steel	SS	□fiberglass □flexible □steel	□fiberglass □flexible □steel	□fiberglass □flexible □steel	□fiberglass □flexible □steel
Piping capacity (gallons)							
Line pressure during test (psi)							
Equipment threshold (gph)							
Measured leak rate (gph)							
Results of test:	□pass □fail □inconclusive	□pass □fail □inconcl	usive	□pass □fail □inconclusive	□pass □fail □inconclusive	□pass □fail □inconclusive	□pass □fail □inconclusive
Tester's initials and date tested	1 1	/	/	/ /	/ /	/ /	1 1
Repairs Needed	Date o	of Repair			Description of a	ny Repairs	
			Ce	rtification			
I certify under penalty of law rule 335-6-15 and that the s					gulatory requireme	ents of ADEM adm	inistrative code
Signature of Tester:						Date:	

Use	Only
1	Use

'ST INCIDENT NO.:	 	 -	 _
Report Received by:			

UST RELEASE REPORT

RELEASE REPORT INFORMATION	
PHONE NO.:	
SITE INFORMATION	
CYPE MANGE	
SITE NAME. SITE STREET ADDRESS:	
CITY: C	OUNTY: ZIP:
LATITUDE: LONGI	TUDE: COUNTRY:
FACILITY I.D. No.:	·
FACILITY OWNER INFORMATION	
OWNER/OPERATOR NAME:	
COMPANY NAME:	
CITY: CO	S: UNTY: ZIP:
OWNER/OPERATOR PHONE NO.:	ONTI.
LATITUDE: LON	GITUDE:
DESCRIPTION OF RELEASE	
DATE OF DISCOVERY OF RELEASE: SUBSTANCE RELEASED: Gasoline Waste Oil Kerosene	Gasoline with ethanol blend Diesel Biodiesel Other (Specify)
ESTIMATED AMOUNT OF SUBSTANCE	E RELEASED:
HOW WAS RELEASE DISCOVERED? Line Tightness Test Vapors Detected Groundwater Monitoring Cathodic Protection Upgrade State Inspector	 □ During closure □ Line Leak Detector □ Vapor Monitoring □ Environmental Audit □ Citizen Complaint □ Inventory Loss/Gain □ General Maintenance Visit □ Inside Secondary Containment Sump
☐ Statistical Reconciliation ☐ Unexplained Loss ☐ Inconclusive	Other (Specify)
	Detector Leak Physical or Mechanical Damage all Problem
SOURCE OF RELEASE: Tank Piping Delivery Problem	☐ Dispenser ☐ Submersible Turbine Pump ☐ Other (specify)
MANUFACTURER OF EQUIPMENT: Tank Manufacturer: Piping Manufacturer: Leak Detection Manufacturer:	
TYPE OF PIPING: Pressurized PIPING MATERIAL: Metal Fi	Suction berglass Thermoplastic (Flexible)

BRIEF DESCRIPTION OF	RELEASE				
		nited to: where release was dis			
MEDIA IMPACTED BY R	ELEASE				
	orm sewer \Box P ly well \Box Vapors	roundwater	Domestic	water s	supply well
NAMES AND ADDRESSE	S OF PROPERTY (OWNERS			
Provide the names and addr and addresses aren't availab	esses of the UST site ble at the time of the r	property owner, and the adjace reporting of the release, this interest owners of the adjacent offsite	formation should be		
Name and Address of Onsit					
Name	Address	City		State	Zip
			I		<u>l</u>
Name and addresses of Adja					,
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

TANKTT

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 N				
Facility Address:				Latitude/Longitude	de:	
Owner Name:		Email:		Owner	Phone #:	
Testing Company	Name/Phone Nu	mber			1	
Person Performing	g Test/Certificatio	n Number	-		1	
Tester Certification	n Expiration Date		-			
Manufacturer of To	est Equipment/Mo	odel or Version			/	
Note: The equipm latest edition.	ent used must be	listed on the Natio	onal Work Group Li	ist of Leak Detection	n Evaluations for U	ST Systems,
Reason for Test (o	circle all that apply	y): New Installa	tion; Leak Detection	on; Required by AD	EM; Response to S	SIR Problem
ank:	1	2	3	4	5	6
Jnique Tank Jumber:	'			Т	0	
ubstance Stored:						
Date of Test:						<u> </u>
ank Size (Gallons):						
quipment hreshold,GPH:						
Measured Leak						
Pass(P), Fail(F) or aconclusive(I):						
Groundwater Level*:						
Measured above bottom CERTIFY UNDER PEN //ETHOD USED AND W	ALTY OF LAW T AS PERFORME	O IN ACCORDANC	E WITH ALL REG	ULATORY REQUI	REMENTS OF ADI	-
ODE RULE 335-6-15 A	ND THAT THE S	UBMITTED INFOR	RMATION IS TRUE	e, ACCURATE, AN	D COMPLETE.	
ester's Signature:				Date S	igned:	
Return this completed for	rm with test data	and results attache	ed to the following	address:		

Alabama Department of Environmental Management Groundwater Branch P. O. Box 301463 Montgomery, AL 36130-1463

ADEM Form # 483 1/2010

		TΑ	١N	ΚT	Т

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 $\frac{1}{2}$ 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. Site Name: Site Address: Owner Phone #/ Email: Owner Name: 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: 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: Site contact Owner Lessee Consultant **Alabama Department of Environmental Management** Name Groundwater Branch

Address

Phone:

City, State, Zip Country:

ADEM Form # 484 1/2010 (XX/22 m1)

P. O. Box 301463

Montgomery, AL 36130-1463

Date:

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: Email: Phone #/ Fax #: Facility I.D. #: Inspector Name: Inspector Phone #: Inspector Certification: Certification Expiration: Inspection Date; Inspector Company: Instructions Site Latitude Longitude 1. Complete this form, include all the test data, and submit to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: <u>USTcompliance@adem.alabama.gov</u>. 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. 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. The tightness test equipment used must be approved by ADEM. Visit the NWGLDE website at www.nwglde.org to view a list of release/leak detection equipment/methods that ADEM approves for use in Alabama. Testing must be performed in accordance with the manufacturer's instructions. Keep a record copy of this testing for 3 years. Reason for Test - circle all that apply: (New Installation) (Required by ADEM) (Response to SIR Problem) (Annual Test) Manufacturer of Test Equipment: Model or Version: **ADEM Unique Tank # Product Stored** □fiberglass □fiberglass □fiberglass □fiberglass □fiberglass □fiberglass UST material of □steel □steel □steel □steel □steel □steel construction □cladded steel □cladded steel □cladded steel □cladded steel □cladded steel □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) □water □water □water □water □water □water Type of fluid □phase □phase □phase □phase □phase □phase on bottom of tank separated fluid separated fluid separated fluid separated fluid separated fluid separated fluid □pass **□**pass **□**pass □pass **□**pass □pass Results of test □fail □fail □fail □fail □fail □fail □inconclusive □inconclusive □inconclusive □inconclusive □inconclusive □inconclusive Tester's initials and / / date tested Repairs Needed Date of Repair Description of any Repairs Consultant Site Contact Owner Lessee Email: Name Address, City, State, Zip, Countr Certification Phone #: 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:_

TANKTT

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 ½" 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 N	ame:			
Site Address:						
Owner Name:	Owner Name:				one #/ Email:	
Inspector Comp	any Name/Phone	Number			/	
Person Perform	ing Test/Certificati	on Number			/	
Inspector Certifi	cation Expiration [Date				
Manufacturer of	Test Equipment/N	Model or Version			1	
Note: The equip latest edition.	ment used must b	e listed on the Natio	nal Work Group	List of Leak Detection	on Evaluations for	UST Systems,
	(circle all that app Longitude	• /	ion; Leak Detect	ion; Required by AD	EM; 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*:						
*Measured above botto	om of tank.					
I CERTIFY UNDER PE METHOD USED AND CODE RULE 335-6-15	WAS PERFORME	ED IN ACCORDANC	E WITH ALL RE	GULATORY REQU	REMENTS OF AD	OF THE TEST DEM ADMINISTRATIVE
Tester's Signature:				Date S	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 Form # 486 1/2010 (XX/22 m1)

		T	AΝ	١k	T	Т

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 ½" 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 N	lame:				
Site Address:							
Owner Name:				Owner Pho	ne / Email#:		
Inspector Comp	any Name/Phone N	lumber			1		
Person Perform	ing Test/Certification	n Number			1		
Inspector Certif	cation Expiration D	ate					
	Test Equipment/M				1		_
Note: The equip latest edition.	ment used must be	e listed on the Natio	onal Work Group	List of Leak Detectio	n Evaluations for	UST Systems,	
Reason for Tes	t (circle all that appl	y): New Installa	tion; Leak Detect	ion; Required by AD	EM; Response to	SIR Problem	
Tank: Unique Tank	1	2	3	4	5	6	
Number: Substance Stored:							_
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 botto **This percentage can must accompany the u	not be less than 95		e portion of the ta	nk is also tested. Th	e ullage test sub	mittal	
I CERTIFY UNDER PE METHOD USED AND CODE RULE 335-6-15	ENALTY OF LAW T WAS PERFORME	HAT THE TEST W	CE WITH ALL RE	GULATORY REQUI	REMENTS OF A		ATIVE
Tester's Signature:				Date S	igned:		
Return this completed				address:			
	Alabama Depar Groundwater B P. O. Box 30146		mental Managem	Ac	te contactowr ldress ty, State, Zip, Co	nerLessee untry	Consultar

Montgomery, AL 36130-1463

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
Nam	ne:
Ema	ail Address:
Mail	ing Address:
Tele	phone Number: () Fax: ()
Own	ner or Responsible Corporate Official:
Nam	ne and Title:
Ema	uil Address:
Is th	ne Applicant a Responsible Party as defined in ADEM Admin. Code 335-15-102(vv)
	Yes No
B.	SITE INFORMATION
Nam	ne of Site:
Phys	sical Address:
Site	Owner(s) Name:
Ema	ail Address:
Mail	ing Address:
Tele	phone Number: (Fax: ()

200000000000000000000000000000000000000				
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

Location of Site

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 railroadlines;
- 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 a	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 15-2-	· · · · · · · · · · · · · · · · · · ·	applicant including a request for a variance pursuant to 335-
	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:	
(signature)	Title:
	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 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	c: (check one)New		Number	
Facility Type:	MoClass One Receiver: chec	dification for Registration I		
• • •	Class One Receiver. chec	ck one:The Dealel	Ketreader	Osed The Dealer
		om onessed/omende melabor m	unahasad fuam ana	th a mm a a a a a a a
	Producer of product from			therprocessor
	User of scrap tire mate			
_	Fuel User; Give Air Po	ollution Control Agency Per	rmit Number:	
Site Name:				
(mailing)		(physical)		
County:		County:		Country
Telephone:		Telephone:		
Facility Contact:		Registrant Cont	tact:	
E-mail:		E-mail:		
Telephone:		Telephone:		
Property owner(in	f different from registrant):			
Name:		Telephone:		
Address:				
Responsible Offici	al:	Telephone:		
Address:				
*****	1 1011	0. 17	N.	
	ransport tires to a landfill or p			
	ansport tires between facilities			
	ansport tires between faciliti			
•	questions is answered "yes,"	each vehicle must have a	decal issued by AL	JEM.
Number of decals r	_			
Operating Record				
Location where Re	ecords 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.

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.

<u>Fees to be submitted</u> . The applicant must include fees requapplication.	aired by ADEM Administrative Code 335-1-6 with this
Amount of fees included with this application:	
<u>Certification:</u>	
I certify under penalty of law that this document and a supervision in accordance with a system designed to a evaluate the information submitted. Based on my inquir or those persons directly responsible for gathering the information of my knowledge and belief, true, accurate, and comp for submitting false information, including the possibility SIGNATURE (Responsible official of applicant):	assure that qualified personnel properly gather and ry of the person or persons who manage the system, information, the information submitted is, to the best lete. I am aware that there are significant penalties
•	Title:
	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)(physical address)PO Box 3014631400 Coliseum Blvd

Montgomery, AL 36130-1463 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:	
Pagistration Number	

INSTRUCTIONS

Scrap Tire Facility Registration and Exemption Application

<u>Application Information</u>. 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 email addresses if available.

<u>Property Owner.</u> 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.

<u>Fees</u>. 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.

<u>Certification of Compliance</u>. 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. 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 Transporter Permit Application

Section 1: Application Information.	
New Application	
Renewal - Permit Number:	
Modification - Permit Number:	
Limited-Use Transporter	
Site Name:	
Facility Contact:	
Address:	
(mailing)	
City/State/Area/Zip	City/State/Area/Zip
County:	Country: Country
Telephone:	Telephone:
Permittee Name:	Email
Address:	
Zip Code:Cellphone:	Business Phone:
Provider:	Expiration Date:
Address: Contact Person: Telephone: (Financial assurance instrument or instruments must be attac	
Section 3: Operating Record. (The operating record	shall include all documents as required by 335-4-703, and 335-4-704.)
Physical location where Records will be maintained:	Address:
	Telephone:
	Email:
	Contact:
Section 4: Application Fees.	
Permit Application Fees Included: \$	(See ADEM Admin. Code 335-1-6 for applicable fees).
Section 5: Decal Requests. Total number ADEM Form 538 Revised 07/19 m6 (XX/22 m7)	er of decals requested is

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 M Solid Waste Branch Materials Management Section	anagement		
(mailing address) P.O. Box 301463	(physical address) 1400 Coliseum Blvd.		
Montgomery, AL 36130-1463	Montgomery, AL 36110-2059		
(E-mail) TireMail@adem.alabama.gov			

INSTRUCTIONS

Scrap Tire Transporter Permit Application

<u>Section 1</u>: <u>Application Information</u>. 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.

<u>Section 2</u>: <u>Financial Assurance</u>. 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.

<u>Section 3</u>: <u>Operating Record</u>. 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.

<u>Section 4</u>: <u>Fees</u>. 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.

<u>Section 5</u>: <u>Decal Requests</u>. 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.

<u>Section 6</u>: <u>Certification of Compliance</u>. 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. 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. 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. <u>Receivers</u> (1) Number or tons offered for transportation	
(2) Number or tons transported to a processor	
(3) Number or tons transported to a SWDF	
b. <u>Transporters</u> (1) Number or tons transported to a processor	
(2) Number or tons transported to a SWDF	
c. <u>Processors receiving tire materials</u> (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. <u>Solid Waste Disposal Facilities</u> (1) Number or tons received from transporters	
(2) Number or tons received from individuals	<u> </u>
(3) Number or tons received from nonprofits	<u> </u>
Name, Location and Permit or Registration Number of transporters, processors and SWDF to who	om tire materials
Name Location (city/state) Pe	ermit/Reg Number
I hereby certify that this report has been examined by me, and to the best of my knowledge and belief, is a tr report for the period stated.	rue and complete
signature date	e 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.

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) (parcel delivery)
PO Box 301463 1400 Coliseum Blvd
Montgomery, AL 36130-1463 Montgomery, AL 36110-2059

An electronic version of this report may be submitted to ADEM at <u>TireMail@adem.state.al.us</u>. 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. 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

<u>Section 1</u>: Application Information.

Type of Application		Classification of Processor	
New Application Renewal - Permit Number:		Class One Processor Class Two Processor	
Site Name:			
Address:			
(mailing)	(physical)		
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:			
(Financial assurance instrument or instrumen			
Section 3: Property owner.			
Name:			
Address:			
Telephone:			
Responsible Official:			
Address:			
Telephone:			

1

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	
supervision in accordance with a system designed to as information submitted. Based on my inquiry of the p directly responsible for gathering the information, the	and all attachments were prepared under my direction or sure that qualified personnel properly gather and evaluate the terson or persons who manage the system, or those persons information submitted is, to the best of my knowledge and tere are significant penalties for submitting false information, knowing violations.
Signature of Responsible Corporate Official of permit a	applicant:
	Title:
	Date:

(print or type name)

INSTRUCTIONS SCRAP TIRE PROCESSOR PERMIT APPLICATION

<u>Section 1</u>: <u>Application Information</u>. 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.

<u>Section 3</u>: <u>Landowner</u>. 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.

<u>Section 6</u>: <u>Fees</u>. 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.

<u>Section 7</u>: <u>Certification of Compliance</u>. 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) 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. 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. Scrap tire regulations are in Division 4. Fee regulations are in Division 1, Chapter 6.

CPTEST
OF ENVIRONMENTAL MANAGEMENT
ITORING FORM FOR <i>GALVANIC SYSTEMS</i>
ed to the Groundwater Branch, UST Compliance Section at (334) 270-5655
blished by the National Association of Corrosion Engineers (TM0101), installation and repair of any portion of the UST system, and every 3 years. more than 4 tanks at any one location. Dedic protection within 30 days of completing the test by fax to (334) 270-5631, i.e. Alabama Department of Environmental Management, Groundwater ontgomery, AL 36130-1463. To years from the date of the test on a form acceptable to the Department.
Reason Testing Was Conducted (mark only one)
☐ Routine test within 1 month of installation
☐ Routine 3-year test
☐ Test within 1 month of repair
General Information
Date of Testing:
Temperature:
Weather Conditions:
Tank Backfill Material:
rage Tank Facility Site Drawing as tanks, manways, fill pipes, tank monitor, vapor recovery connections, piping,
ential numbers (e.g. R1, R2) and structure contact points using the location les on the following pages. stored. Use the letter and number designations from the tables on the following cations used for each measurement.
bli in n add coords

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.

 2. Record continuity test measurements using "Fixed Cell, Moving Ground Technique", or the structure-to-structure "Potential Difference Technique".
- 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.
- 4. If one continuity method fails to conclusively show proper isolation, the other method may be used to try to show proper isolation.
- 5. Metallic structures are isolated when the "Voltage Potential" difference between two structures is greater than 10 mv, continuous when 10 mv or less.
- 6. All single and double wall metal tanks should be isolated from all other metallic structures 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 <u>1</u>	*	a divisit Otalia d	Oine in Oallana
Tank (#	_), ADEM Unique Tank # and/or Grade of Pr		, Size in Gallons
S	(Tank bottom)(test lead)()**	- mv	(continuous) (isolated)
S	Submersible pump	1111	(continuous) (isolated)
S	Fill pipe Tank monitor	1110	(continuous) (isolated)
 S		- mv	(continuous) (isolated)
S	Vapor recovery connection Vent line	1111	(continuous) (isolated) (continuous) (isolated)
S	Other ***	1111	
S	Other ***	- mv	(continuous) (isolated)
S	Other ***	1111	(continuous) (isolated) (continuous) (isolated)
S	Other ***	- mv	(continuous) (isolated)
Tank (#_), ADEM Unique Tank # and/or Grade of Pr		
S :		- mv	, Size in Gallons (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 Pr		, 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 Pr	oduct 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.#_______CPTEST

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.
- 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).
- 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	Voltage (negative	Results/Comments (Mark the one that does NOT apply)		
Code	Reference Cell Locations	millivolts)	(mark the one that does Not appry)		
Tank (#_)				
S					
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)		
	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)		
	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)		
	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.

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.

 2. Record continuity test measurements using "Fixed Cell, Moving Ground Technique", or the structure-to-structure "Potential Difference Technique".
- 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.
- 4. If one continuity method fails to conclusively show proper isolation, the other method may be used to try to show proper isolation.
- 5. Metallic structures are isolated when the "Voltage Potential" difference between two structures is greater than 10 mv, continuous when 10 mv or less.
- 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		Voltage Potential (negative	Results/Comments (Mark the one that does NOT apply)
	(Check all available points)		millivolts)	
R <u>1</u>	*			
Tank (#	_) Metal Piping, Type of Metal (steel) (coppe	er)(_) 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) (coppe) 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)(liex conn.) at dispenser #	-	mv	(continuous) (isolated)
S	(Piping)(flex conn.) at dispenser #**	-	mv	(continuous) (isolated)
S	(Fiping)(nex conn.) at dispenser #	-	mv	(continuous) (isolated)
S	(Piping)(nex conn.) at dispenser #	-	mv	(continuous) (isolated)
S	Other	-	mv	(continuous) (isolated)
S	Other	<u> </u>	mv	(continuous) (isolated)
Tank (#	_) Metal Piping, Type of Metal (steel) (coppe) 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)(liex conn.) at dispenser #	-	mv	(continuous) (isolated)
S	(Piping)(liex conn.) at dispenser #	-	mv	(continuous) (isolated)
S	(Piping)(liex conn.) at dispenser #	-	mv	(continuous) (isolated)
S	(Fiping)(nex conn.) at dispenser #	-	mv	(continuous) (isolated)
S	(Fiping)(nex conn.) at dispenser #	-	mv	(continuous) (isolated)
S	(Piping)(nex conn.) at dispenser #	-	mv	(continuous) (isolated)
S	Other	-	mv	(continuous) (isolated)
S	Other	<u>-</u>	mv	(continuous) (isolated)
Tank (#	_) Metal Piping, Type of Metal (steel) (coppe) Approximate Length of Piping in Feet
S	(Piping)(flex conn.) at submersible pump**	-	mv	(continuous) (isolated)
S	(Piping)(flex conn.) at dispenser #**	-	mv	
S	(Fiping)(ilex conin.) at dispenser #	-	mv	(continuous) (isolated)
S	(Fiping)(nex conn.) at dispenser #	-	mv	(continuous) (isolated)
S	(Fiping)(nex conn.) at dispenser #	-	mv	(continuous) (isolated)
S	(i iping)(ilex colin.) at dispenser #	-	mv	(continuous) (isolated)
S	(i iping)(ilex conii.) at dispenser #	-	mv	(continuous) (isolated)
S	(i iping)(ilex conii.) 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.

Underground Metal Product Piping 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.
- 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 piping using a galvanic cathodic protection system, must have all voltage measurements equal to or more negative than –850 my to be protected from corrosion and pass the structure-to-soil test.

Location Code	Structure Contact Point and	Voltage (negative	Results/Comments (Mark the one that does NOT apply)
	Reference Cell Locations	millivolts)	
Tank (#) Metal Piping		
<u> </u>	Product piping at (dispenser #)		
S	(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)
Tank (#) Metal Piping		
,	Product piping at (dispenser #)		
S	(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)
Tank (#) Metal Piping		
	Product piping at (dispenser #)		
S	(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)
Tank (#) Metal Piping		
	Product piping at (dispenser #)		
S	(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.

	Facility	I.D.#	-		CPTEST			
		Cathodic Protection Test R	esults <i>(Galva</i>	nic Systems)				
1. If any po	ortion of the system	fails, the system fails, and "Fail" should be marl	ked below.					
	Pass	I certify that all structures at this facility "pass" the cathodic protection testing and in my best judgement, adequate cathodic protection has been provided to the UST system. No further action is necessary at this time.						
_ I	I certify that one or more structures at this facility "fail" the cathodic protection testing and in my best judgement, adequate cathodic protection has <u>NOT</u> been provided to the UST system. The cathodic protection system must be repaired in accordance with a code of practice developed by a nationally recognized association or independent laboratory, and re-tested within 1 month following the repair.							
Name:			Name of Cor	npany:				
•	g Organization:		Address:					
	Certification:		City, State, Z	•				
Date of (Certification:		Phone Numb	er:				
Signatur	re:				Date:			
		Description of Cathodic Protection	System Repa	irs and/or Con	nments			
2. If repair	rs are made, provide	epairs in detail below and provide a sketch of th the code of practice information below such as al Anodes to STI-P3 USTs".						
Associati	ion or Independen	t Laboratory:						
Code of F	Practice Name:							
Code of Practice Number: Code of Practice Date:								
		Underground Storage Tank P	rotection Owr	ner Certificatio	n			
		w that I am familiar with the information on r obtaining the information I believe that th						
Signatur	re of Owner:				Date:			

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:	Owner:					
Address:				Address:	Address:					
City, County, Zip, State,	Country:			City, State	City, State, Zip, State, Country:					
Facility I.D. #:				Phone # /	Fax #:	Email:				
Tester Name:				-	Tester Phone #:					
Tester Certification:		Certification	Expirat	tion:	Certification Expir	ration: /	/			
Tester Company:					Site Latitude L	_ongitude				
			Ins	structions		-				
 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. This form must be completed and included with the test data or the submittal will not be accepted. 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. 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. Automatic Line Leak Detectors are designed to be tested in-place. Do not remove and test outside the tank system. Keep a record copy of this testing for 3 years. 										
Test Method Used - circle:	(PEI RP-1	1200)	(Ma	anufacturer)	Other (specify)_					
Reason for Test - circle all t	:hat apply:	(Annual T	est)	(New Installa	ition) (Required	by ADEM)				
Manufacturer of Test Equip	ment:			Mod	del or Version:					
ADEM Unique Tank #										
Product Stored										
Piping material tested	□fiberglass □flexible □steel			□fiberglass □flexible □steel	□fiberglass □flexible □steel	□fiberglass □flexible □steel	□fiberglass □flexible □steel			
Approximate length of piping run tested (nearest foot)										
Type of ALLD	□mechanical □electronic	□mechar □electror		□mechanical □electronic	□mechanical □electronic	□mechanical □electronic	□mechanical □electronic			
Line pressure during test (psi)										
Measured leak rate (gph)										
Results of test	□pass □fail □inconclusive	□pass □fail □inconcl	usive	□pass □fail □inconclusive	□pass □fail □inconclusive	□pass □fail □inconclusive	□pass □fail □inconclusive			
Tester's initials and date tested	/ /	/	/	/ /	1 1	/ /	1 1			
Repairs Needed	Date o	of Repair			Description of a	ny Repairs				
	Certification									
I certify under penalty of law rule 335-6-15 and that the s						ents of ADEM adm	inistrative code			
Signature of Tester: Date:										

	SUMPT	
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ADEM

3 YEAR CONTAINMENT SUMP INTEGRITY TEST REPORT (LOW LEVEL METHOD)

Questions on now to complete ti	ils ioitti stioula de alle	ected to the	Glouriawa	ater Branch, 031 Con	ipilance Section at (5	54) 210-3033			
Site Name:			Owner	•					
Address:			Addres	s:					
City, County, State, Zip, Country:			City, St	tate, Zip, Country:					
Facility I.D. #:			Phone	#:	Email:				
Tester Name:				Tester Phone	#:				
Tester Company:									
. ,		Instru	ctions						
1. Submit a completed copy of this 36130-1463, or fax to: (334) 27	form within 30 days 0-5631 or email to:	of perform USTcompli	ing the te	st to: Groundwater I	Branch, PO Box 3014	163 Montgomery, AL			
 This form allows you to record u Double walled containment sum 	•		nbers, ass	suming that the Facil	ity ID Number remair	s the same.			
Single and double walled contain			cked ann	ually in accordance v	vith 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 .								
5. Testing must be performed in ac						ntainment Sumps.			
This document can be found on 6. Keep a record copy of this testir		at <u>www.ade</u>	m.alaban	na.gov/programs/wai	<u>ler/groundwater.cnt</u> .				
ADEM Unique Tank # or Owner's Dispenser #									
Product Stored (N/A for dispenser)									
Type of sump tested	□ sub pump □ intermediate □ dispenser	□ sub pui □ interme □ dispens	ediate	□ sub pump □ intermediate □ dispenser	□ sub pump □ intermediate □ dispenser	□ sub pump □ intermediate □ dispenser			
Sump free of cracks, holes, and	□ yes	□ yes		□ yes	□ yes	□ yes			
compromised boots? (if no, it fails without testing)	□ no	□ no		□ no	□ no	□ no			
Water, fuel, trash & debris removed	_	_		_	_	_			
from sump prior to test?	□ yes □ no	□ yes □ no		│ □ yes │ □ no	│ □ yes │ □ no	□ yes □ no			
(dispose of properly) Does sump sensor activation shut				_	_				
off sub pump?	□ yes □ no	□ yes □ no		│ □ yes │ □ no	│ □ yes │ □ no	□ yes □ no			
(if no, it fails without testing)		<u> </u>							
Is the sensor positioned at the lowest point in the sump?	□ yes	□ yes		□ yes	□ yes	□ yes			
(if no, it fails without testing)	□ no	□ no		□ no	□ no	□ no			
Level above bottom of sump	ļ								
where sensor activates and shuts pump off in inches?	ļ								
(if sensor does not activate, test fails)	ļ								
Starting test level above bottom of									
sump in inches?									
(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	:	:		:	:	:			
Test end time	:	:		:	:	:			
(minimum 1 hour)									
Measured water level drop in inches (accurate to 1/16 inch)									
Result of test (Test fails if level drops 1/8 inch	□ pass	□ pass		□ pass	□ pass	□ pass			
or more.)	☐ fail	☐ fail	1 1	□ fail	☐ fail	□ fail			
Tester's initials and date tested Repairs Needed	Date of Repair		/ /	Description	of any Repairs	/ /			
itepails iteeded	Date of Nepall			Description	or any Nepans				

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:LesseeConsulltant
Site Contact:
Phone #:
Email:
Address:
City, State, Zip, Country:
Site LatitudeLongitude
Reason for Not Testing:
Comment:

	SUMPT	

ADEM **3 YEAR CONTAINMENT SUMP INTEGRITY TEST REPORT**

Questions on how to complete the	his form should be dire	ected to the Groundwa	ater Branch, UST Com	pliance Section at (33	34) 270-5655			
Site Name:			ered Owner:	-				
Address:			Address:					
City, County, Zip, Country:			tate, Zip:					
	de/Longitude:	Phone		Email:				
Tester Name:			Tester Phone	#:				
Tester Company:								
		Instructions						
If a low level test is to be port (Low Level Method) www.adem.alabama.gov/pr	form to document	the results which c			p Integrity Test			
2. Submit a completed copy of t AL 36130-1463, or fax to: (3	this form within 30 da 34) 270-5631 or by e	ays of performing the email to: <u>USTcompli</u>	ance@adem.alabam	a.gov.				
remain the same.	remain the same.							
Single and double walled cor requirements. See ADEM Ar	. 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							
Testing must be performed in manufacturer's instructions.	manufacturer's instructions.							
Code of Practice or Manufacturer's I								
ADEM Unique Tank # or Owner's Dispenser #								
Product Stored (N/A for dispenser)								
Type of sump tested	Type of sump tested ☐ sub pump ☐ sub pu ☐ intermediate ☐ interm ☐ dispenser ☐ disper		□ sub pump □ intermediate □ dispenser	☐ sub pump☐ intermediate☐ dispenser	□ sub pump□ intermediate□ dispenser			
Test method used	☐ vacuum ☐ vacuu ☐ pressure ☐ press		☐ vacuum ☐ pressure ☐ hydrostatic ☐ manufacturer's instructions	☐ vacuum ☐ pressure ☐ hydrostatic ☐ manufacturer's instructions	☐ vacuum ☐ pressure ☐ hydrostatic ☐ manufacturer's instructions			
Sump free of cracks, holes, and compromised boots? (if no, it fails without testing)	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no			
Water, fuel, trash & debris removed from basin prior to test? (dispose of properly)	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no			
Height from bottom of sump to highest penetration in inches? (hydrostatic test only)								
Starting test level above bottom of sump in inches? (hydrostatic test only)								
Test start time Test end time (minimum 1 hour)	:	: :	:	: :	:			
Measured water level drop in inches accurate to 1/16 inch (hydrostatic test only)								
Result of test (Hydrostatic test fails if level drops 1/8 inch or more.)	□ pass □ fail	□ pass □ fail	□ pass □ fail	□ pass □ fail	□ pass □ fail			
Tester's initials and date tested	/ /	/ /	/ /	/ /	/ /			
Repairs Needed	Date of Repair		Description (of any Repairs				
	1							

ADEM 30 DAY WALKTHROUGH INSPECTION CHECKLIST LOG FOR YEAR

	CHECKLIST LOG FOR YEAR											
Site Name:					Owner:							
Address:					Add	Address:						
City, County, Zip, State	e, Countr	y:				City, State, Zip, Country:						
Facility I.D. #:					Pho	ne #/Fax	x #:		E	mail:		
Tester Name:		ertificatio			Tes	ter Phon	ne #:					
Tester Company:		rtificatio	n Expira									
	gitude				structio							
 Spill prevention e to each delivery. 	quipment	at UST s	ystems re	ceiving de	eliveries a	t intervals	greater tl	nan every	30 days r	may only l	oe checke	d prior
Inspection must be a considered as a cons	oe perform	ned in acc	ordance v	with a nati	onally rec	oanized a	ode of pra	actice (su	ch as PEI	RP-900.	or equival	ent).
manufacturer's in	structions	, or ADE	M requirer	nents.	-	_	•					
3. Keep a copy of the	 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. 											
	T I			^				Δ.	0	0.1	.	-
Month of Inspection Day of inspection	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Day of mapection		nill Con	tainment	Fauinm	ent (Snil	I Bucket	Vieual I	nspectio	n			
Evidence of a release		piii oon	taninicin	Ечигріп	chi (Oph	Ducket	Visuaii	Порссио				
from spill bucket?	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes
(If release found,	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no
report it to ADEM) Spill bucket free of	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes
damage?	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no
Spill bucket free of	□ yes	□ yes	□ yes	□ yes	□ ves	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes
water, fuel, and/or debris?	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no
Was water, fuel and/or	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes
debris disposed of	□no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□no	□ no	□ no	□ no
properly?	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a
Is the fill pipe free of obstructions?	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no
Does the fill cap fit	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes
securely on fill pipe?	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no
If double walled spill bucket, is interstitial	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no
space free of liquid?	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a	□ n/a
Results of spill	□pass	□pass	□pass	□pass	□pass	□pass	□pass	□pass	□pass	□pass	□pass	□pass
bucket inspection	☐ fail	☐ fail	☐ fail	☐ fail	☐ fail	☐ fail	☐ fail	☐ fail	☐ fail	☐ fail	☐ fail	☐ fail
Inspector's initials												
			Release	Detection	on Equip	ment Ins	spection					
Release detection												
operating with no	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes
alarms or unusual operating conditions?	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no	□ no
Release detection	Пусс	Пусс	Пусс	□ yes	Пусс	□ yes	Пусс	Пусс	Пусс	Пусс	Пусс	Пусс
testing records are	□ yes □ no	□ yes □ no	□ yes □ no	□ yes	□ yes □ no	□ yes	□ yes □ no					
passing and current?												
Results of RD equipment inspection	□pass □ fail	□pass □ fail	□pass □ fail	□pass □ fail	□pass □ fail	□pass □ fail	□pass □ fail	□pass □ fail	□pass □ fail	□pass □ fail	□pass □ fail	□pass □ fail
Inspector's initials												
Repairs Needed Date of Repair				ir	Description of any Repairs							

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ADEM 3 YEAR OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT

Site Name:			Owner:				
Address:			Addres	s:			
City, County, Zip, State, Country:			City, St	ate, Zip, Country:			
Facility I.D. #:			Phone #:/ Fax # Email:				
Inspector Name:			Inspect	tor Phone #:			
Inspector Company:			-	tion Date:			
Site Latitude Longitude		Instru	uctions				
Submit a completed copy of this	== s form within 30 days			o: Groundwater Bran	ch PO Box 301463	Montgomery Al	
36130-1463, or fax to: (334) 27					, . • 200 00,		
3. Inspection must be performed in							
manufacturer's instructions.							
4. Keep a copy of this inspection for		s on how t	o complet	e this form should be	directed to the Grou	undwater Branch,	
UST Compliance Section at (33	4) 270-5655.						
ADEM Unique Tank #							
Product Stored							
Primary device being used in each	☐ Auto Shutoff	☐ Auto S		☐ Auto Shutoff	☐ Auto Shutoff	☐ Auto Shutoff	
tank to prevent overfill (Record only	□ Alarm	□ Alarm		□ Alarm	□ Alarm	□ Alarm	
primary device inspection results.)	☐ Ball Float	☐ Ball F	loat	☐ Ball Float	☐ Ball Float	☐ Ball Float	
Was primary overfill device removed for test?	□ yes □ no	□ yes □ no		□ yes □ no	□ yes □ no	□ yes □ no	
Terrioved for test?			f Davisa	Inspection		<u>□ 110</u>	
			Device	T			
Drop tube and float free of debris?	□ yes □ no	□ yes □ no		□ yes □ no	│ □ yes │ □ no	□ yes □ no	
Float moves freely and poppet	□ yes	□ yes		□ yes	□ yes	□ yes	
moves into path of flow?	□ no	□ yes		□ no	□ no	□ no	
·	□ yes	□ yes		□ yes	□ yes	□ yes	
Bypass valve free of blockage?	□no	•		□no	□no	□no	
(where applicable)	□ n/a	□ n/a		□ n/a	□ n/a	□ n/a	
Flapper adjusted to shut off flow at	□ yes	□ yes		□ yes	□ yes	□ yes	
95% or less capacity?	□ no	□ no		□ no	□ no	□ no	
High L	evel Alarm Inspect	tion (Outsi	de Near Ta	anks, Not Inside at Tai	nk Monitor)		
Overfill alarm activates in test	□ yes	□ yes		□ yes	□ yes	□ yes	
mode at console?	□ no	□ no		□ no	□ no	□ no	
Alarm can be heard and/or seen	□ yes	□ yes		□ yes	□ yes	□ yes	
from where the tank is filled?	□ no	□ no		□ no	□ no	□ no	
All associated floats move freely?	□ yes □ no	□ yes □ no		□ yes □ no	□ yes □ no	□ yes □ no	
Alarm activates at 90% or less	□ yes	□ yes		□ yes	□ yes	□ yes	
capacity?	□ no	□ yes		□ no	□ no	□ no	
oupain, .		I Float Va	lve Inspe				
	□ yes	□ yes		□ yes	□ yes	□ yes	
Ball float cage free of debris?	□ no	□ no		□ no	□ no	□ no	
Ball moves freely in cage and is	□ yes	□ yes		□ yes	□yes	□ yes	
free of damage?	□no	□no		□no	□no	□no	
Vent hole in pipe is open and near	□ yes	□ yes		□ yes	□ yes	□ yes	
the top of the tank?	□ no	□ no		□ no	□ no	□ no	
Ball float pipe is proper length to	□ yes	□ yes		□ yes	□ yes	□ yes	
activate at 90% or less capacity?	□ no	□ no		□ no	□ no	□ no	
Tank top fittings are vapor tight	□ yes	□ yes		□ yes	□ yes	□ yes	
and free of leaks?	□ no	□ no		□ no	no	□ no	
	ults for Automatic		evice or			T	
Results of Inspection:	□ pass	□ pass		□ pass	□ pass	□ pass	
("No" answer to any item indicates fail.)	☐ fail	☐ fail		☐ fail	☐ fail	☐ fail	
Repairs Needed	Date of Repair			Description of	of any Repairs		
Site ContactLesseeConsul							
Name, Address, City, State, Zip, 0	CountryPhone, Ema	ail					
Tester's Signature:							
The state of the s							

Fac # PSTEST Date

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

Questions on now to complete	11115 101111	SHOULU DE	unecte			i Compliance of	iii ai (334) 270-5	000				
Site Name:				Owner:								
Address:				Address								
City, County, Zip:, Country				City, Sta								
•	de/Long	itude:		Phone #		Email:						
Inspector Name:					Inspector F	hone #:						
Inspector Company:												
			Instructions									
1. Submit a completed copy of the 36130-1463, or fax to: (334) 2							x 301463 Monto	gomery, AL				
2. This form allows you to record				•	-		ber remains the	same.				
3. Complete portion of form perta	-		-		_							
Testing must be performed in manufacturer's instructions.						such as PEI RF	P-1200 or equiva	alent) or the				
 Keep a record copy of this tes 	ting for 3	years.										
ADEM Unique Tank # or Dispens	er#											
Product Stored (N/A for dispens	ser)											
?				Probes	<u> </u>							
		□ yes		□ yes	□ yes	□ yes	□ yes	□ yes				
		□ no		□ no	□ no	□ no	□ no	□ no				
Floats move freely?		□ yes		□ yes	□ yes	□ yes	□ yes	□ yes				
		□ no		□ no	□ no	□ no	□ no □ yes	□ no □ yes				
Shaft inspected and free of dama	ige?	□ yes □ no		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no				
		□ yes		□ yes	□ yes	□ yes	□ yes	□ no □ yes				
Cables free of kinks?		□ no		□ no	□ no	□ no	□ no	□ no				
Alarm functioning properly?		□ yes □ no		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no				
Result of Probe test? (Probe must meet all applicable criteria to	o pass.)	□ pass □ fail		□ pass □ fail	□ pass □ fail	□ pass □ fail	□ pass □ fail	□ pass □ fail				
Tester's initials and date tested	d		/ /	/ /	/ /	/ /	/ /	/ /				
				Sensors								
Installed on tank or piping?		☐ tank ☐ piping	g	☐ tank ☐ piping	☐ tank ☐ piping	□ tank □ piping	□ tank □ piping	□ tank □ piping				
Type of sensor: discriminating (D) of discriminating (ND)?	or non-	□ D □ ND		□ D □ ND	□ D □ ND	□ D □ ND	□ D □ ND	□ D □ ND				
Piping interstitial space open, or tes	t boots	□ yes		□ yes	□ yes	□ yes	□ yes	□ yes				
positioned, to allow product to enter		□ no		□ no	□ no	□ no	□ no	□ no				
from primary piping?	-	□NA		□NA	□NA	□NA	□NA	□NA				
Are sensors positioned vertical		□ yes		□ yes	□ yes	□ yes	□ yes	□ yes				
near bottom of the sump or tank	K.f	□ no □ yes		□ no □ yes	□ no □ yes	□ no □ yes	□ no □ yes	□ no □ yes				
Alarm functioning properly?		□ yes □ no		□ yes □ no	□ yes	□ yes □ no	□ yes □ no	□ yes □ no				
Is sensor relayed to shut the pump	off?	□ yes		□ yes	□ yes	□ yes	□ yes	□ yes				
is sensor relayed to shut the pullip	7 1110 0	□ no		□ no	□ no	□ no	□ no	□ no				
Did the sensor test shut the pump	off?	□ yes □ no		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no				
Result of Sensor test? (Sensor must meet all applicable criteria	to pass.)	□ pass □ fail		□ pass □ fail	□ pass □ fail	□ pass □ fail	□ pass □ fail	□ pass □ fail				
Tester's initials and date tested	d		/ /	/ /	/ /	/ /	/ /	/ /				
Repairs Needed	Date of	Repair		•	Description	n of any Repa	airs					
-		-			-	· ·						

Fac # RDTEST

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 Phone #: Inspector Name: Inspector Company: Inspector Date: Site Latitude Lonaitude Instructions 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 all types of equipment inspected for each tank. 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. 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. ADEM Unique Tank # **Product Stored** Vacuum Pumps and Pressure Gauges □ yes □ yes □ yes □ yes □ yes □ yes Proper communication with sensors and □ no □ no □ no □ no □ no □ no controller observed? □ n/a □ n/a □ n/a □ n/a □ n/a □ n/a □ yes □ yes □ yes □ yes Gauges reading properly? (All pressure □ yes □ yes □ no gauges should show a positive reading and all □ no □ no Πno \Box no □ no vacuum gauges should show a negative reading.) □ n/a □ n/a □ n/a □ n/a □ n/a □ n/a Operation and calibration testing results? □ pass ☐ pass □ pass □ pass □ pass □ pass (Must meet all applicable criteria to pass.) □ fail □ fail □ fail □ fail ☐ fail □ fail Hand-Held Electronic Sampling Equipment Associated with Groundwater and Vapor Monitoring □ yes □ yes □ yes □ yes □ yes □ yes Proper operation and calibration observed? □ no □ no □ no □ no □ no □ no □ n/a □ n/a □ n/a □ n/a □ n/a □ n/a □ pass □ pass □ pass □ pass □ pass □ pass Operation and calibration testing results? ☐ fail ☐ fail □ fail □ fail ☐ fail □ fail (Must meet all applicable criteria to pass.) **Other Component Tested:** □ yes □ yes □ yes □ yes □ yes □ yes Proper operation and calibration observed? □ no □ no □ no □no □ no □ no Operation and calibration testing results? □ pass □ pass ☐ pass □ pass □ pass ☐ pass (Must meet all applicable criteria to pass.) ☐ fail ☐ fail □ fail □ fail ☐ fail □ fail **Other Component Tested:** □ yes □ yes □ yes □ yes □ yes □ yes Proper operation and calibration observed? \square no □ no □ no □ no □ no □ no Operation and calibration testing results? □ pass □ pass □ pass □ pass □ pass □ pass (Must meet all applicable criteria to pass.) ☐ fail ☐ fail ☐ fail ☐ fail □ fail ☐ fail Repairs Needed Date of Repair **Description of any Repairs** Site Contact Consultant Owner Lessee Address City, State, Zip, Country:

Tester's Signature:

Fac.# COMPAT

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

		, 1			
Facility Name:		Owner:			
Address:		Address:			
City, County, Zip, Country:		City, State, Zip:			
Facility I.D. #:		Phone #: Email:			
Name of Person Completing					
Phone # of Person Complet	- v				
	Date form complete	red: / /			
	Instru	ictions			
by the Department. 2. Attach a copy of the material copy.	anufacturer's affirmative statement, if	ater than E10 or B20, or other regulated substance identified applicable. T system is used to store the regulated substance indicated.			
ADEM Unique Tank #:		UST Size:			
UST Material of Construction:	☐ fiberglass ☐ steel ☐ cladded st	teel □ fiberglass lined steel			
Underground Piping Material o	f Construction: ☐ fiberglass ☐ fle	exible □ steel			
Product Stored: □ E(g	reater than 10) 🗆 B (greater	than 20)			
Please indicate the method for demonstrating compatibility for each of the listed equipment or component.	A nationally recognized independ laboratory (such as Underwriters Laboratories) has certified or listed equipment and components are with the biofuel blend stored in the system.	component has a written affirmative statement stating that equipment and components are compatible compatible for a range of biofuel blends that	nt		
Underground storage Tank	☐ yes When applicable, please☐ no☐ N/A	e specify lab: ☐ yes ☐ when applicable, please attach ☐ statement	•		
Underground piping	☐ yes When applicable, please☐ no☐ N/A	e specify lab: ☐ yes ☐ no ☐ N/A When applicable, please attach statement			
Submersible pump	☐ yes When applicable, please☐ no☐ N/A	□ no statement			
Submersible pump containment sump	☐ yes When applicable, please☐ no☐ N/A	□ no vinen applicable, please attach □ N/A statement			
Under dispenser containment sump	□ yes When applicable, please □ no □ N/A	□ no vinen applicable, please attach □ N/A statement			
Tank release detection equipment; Please specify:	□ yes When applicable, please □ no □ N/A	e specify lab: □ yes □ no □ no □ N/A When applicable, please attach statement			
Piping release detection equipment; Please specify:	□ yes When applicable, please □ no □ N/A	□ no vvnen applicable, please attach □ N/A statement	· •		
Spill prevention equipment	☐ yes When applicable, please☐ no☐ N/A	□ no o statement □ N/A			
Overfill prevention equipment	☐ yes When applicable, please☐ no☐ N/A	e specify lab: ☐ yes ☐ no ☐ When applicable, please attach statement			

MTGLOG

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, Countr	y:		City, State, Zip:	
Facility I.D. #:			Phone #:	Email:
Name of Person Comple	ting Form:			
Phone # of Person Comp	oleting Form:			
		les e terr		

Instructions

- 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.
- 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 (when UST diameter is 64")	44 hours	9 gallons	4 gallons
551-1,000 gallons (when UST diameter is 48")	58 hours	12 gallons	6 gallons

ADEM Unique Tank #:	UST Capacity:	UST Diamet	er: Product	Product Stored:					
Start Test (month, day, year and time)	First Initial Stick Reading (inches)	Second Initial Stick Reading (inches)	Average Initial Reading (inches)	Initial Volume (convert inches to gallons [a])					
/ / (am)(pm)	, ,	3 ()	, ,	0 1 1/					
/ / (am)(pm)									
/ / (am)(pm)									
/ / (am)(pm)									
End Test (month, day, year and time)	First End Stick Reading (inches)	Second End Stick Reading (inches)	Average End Reading (inches)	End Volume (convert inches to gallons [b])					
/ / (am)(pm)									
/ / (am)(pm)									
/ / (am)(pm)									
/ / (am)(pm)									
Weekly Standard Change in Product Volume Initial Volume [a] – End Volume [b] (show positive (+) or negative (-) gallons)	UST Weekly Standard Test Result	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)	UST Monthly Standard Test Result					
	□ pass □ fail								
	□ pass □ fail			☐ pass ☐ fail					
	□ pass □ fail			L pass L lan					
	□ pass □ fail								
Repairs Needed	Date of Repair	De	scription of any Repairs						

Fac # LSTEST Date

ADEM ANNUAL LIQUID SENSOR INSPECTION AND FUNCTIONALITY TEST FOR YEAR

		1 (JIN I LAI	'									
Facility Name:				Owr	er:								
Address:				Addr									
City, County, Zip:					State, Zip:								
Facility I.D. #:				Phor									
Tester Name:					er Phone #:								
Tester Company:					Date:								
roctor Company.			Instru	ıctions									
 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: <u>USTcompliance@adem.alabama.gov</u>. 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. 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. 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 Dispense													
Product Stored or Dispensed													
Location of sensor	[□ UST □ sub pump □ intermedia □ dispenser	□ UST □ sub pu te □ interm □ disper	ump lediate	□ sub pump	□ UST □ sub pump □ intermediate □ dispenser	□ UST □ sub pump □ intermediate □ dispenser	□ UST □ sub pump □ intermediate □ dispenser					
Is sensor installed on tank or pipino		□ tank □ piping	☐ tank ☐ pipin	g	□ tank□ piping	☐ tank ☐ piping	piping ☐ piping ☐						
Type of sensor: discriminating (D)	or	□ D			□ D	□ D	□ D	□ D					
non-discriminating (ND)?		□ ND	□ND		□ ND	□ND	□ND	□ ND					
Is sensor positioned close to bottom lowest point of the sump or tank?		□ yes □ no	□ yes □ no		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no					
Does inspection of the sensor indica		□ yes	□ yes		□ yes	□ yes	□ yes	□ yes					
sensor is undamaged?		□ no	□no		□ no	□ no	□ no	□ no					
Upon sensor activation, is alarm trigg	ered	□ yes	□ yes		□ yes	□yes	□ yes	□ yes					
on the console for the correct sensor	or?	□ no	□no		□ no	□no	□ no	□no					
Is sensor relayed to shut off the pun	np?	□ yes □ no	□ yes □ no		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no					
When relayed sensor is activated, do	es it	□ yes	□ yes		□ yes	□ yes	□ yes	□ yes					
shut off the pump?		□ no	□ no		□ no	□ no	□ no	□ no					
Does console test history include to	aet .	□ n/a □ yes	□ n/a □ yes		□ n/a □ yes	□ n/a □ yes	□ n/a □ yes	□ n/a □ yes					
alarms? (Don't forget to clear test alarr		□ no	□ no		□ no	□ no	□ no	□ no					
Does site setup agree with configura		□ yes	□ yes		□ yes	□ yes	□ yes	□ yes					
shown in console?		□ no	□ no		□ no	□ no	□ no	□ no					
Is battery backup operational?		□ yes □ no	□ yes □ no		□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no					
Result of Sensor Test (with console)?													
Repairs Needed	Repairs Needed Date of Repair Description of any Repairs												
Tester's Signature:													

Fac # ATGTEST Date

REPORT FOR YEAR								
Site Name:		Registe	red Owner:					
Address:		Address						
City, County, Zip, Country:		City, Sta	ate, Zip:					
Facility I.D. #: Latitude:	Longitude:	Phone #		Em	nail:			
Tester Name:		Tester F	Phone #:					
Tester Company:		Test Da	te:					
		nstructions						
 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. This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same. 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. 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. 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. 								
ADEM Unique Tank #								
Product Stored			L					
	,	ank Gauge Con	r					
Does console test history include test alarms? (Don't forget to clear test alarms)	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no		
Does site setup agree with configuration	□ yes	□ yes	□ yes	□ yes	□ yes	□ yes		
shown in console?	□ no	□ no	□ no	□ no	□ no	□ no		
Is battery backup operational?	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no		
Testing results? (Must meet all applicable criteria to pass.)	□ pass □ fail	□ pass □ fail	□ pass □ fail	□ pass □ fail	□ pass □ fail	□ pass □ fail		
	Prob	e and Float Tes	st					
Is probe free of residual buildup?	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no		
Are cables free of kinks?	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no		
Was shaft inspected and free of damage?	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no		
Do floats move freely?	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no	□ yes □ no		
Does measured product and water levels in tank agree with console levels?	□ yes □ no	□ yes	□ yes	□ yes	□ yes	□ yes		
tank agree with console levels:		□ no	□ no	□ no	□ no	□ no		
Does actual product float level agree with console product float level?	□ yes □ no	□ no □ yes □ no	□ no □ yes □ no		□ no □ yes □ no	□ yes □ no		
Does actual product float level agree with	□ yes	□ yes	□ yes	□ no □ yes	□ yes	□ yes		
Does actual product float level agree with console product float level? Does Overfill alarm activation level agree	□ yes □ no □ yes □ n/a	□ yes □ no □ yes □ n/a	☐ yes ☐ no ☐ yes ☐ n/a	□ no □ yes □ no □ yes □ n/a	☐ yes ☐ no ☐ yes ☐ n/a	☐ yes ☐ no ☐ yes ☐ n/a		
Does actual product float level agree with console product float level? Does Overfill alarm activation level agree with console? Does actual water float level agree with	□ yes □ n/a □ no □ yes □ nyes □ n/a □ no □ yes	□ yes □ n/a □ no □ yes □ nyes □ no □ yes □ n/a □ no □ yes	□ yes □ n/a □ no □ yes □ n/a □ no □ yes	□ no □ yes □ no □ yes □ n/a □ no □ yes	□ yes □ n/a □ no □ yes □ n/a □ no □ yes	☐ yes ☐ n/a ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ yes		
Does actual product float level agree with console product float level? Does Overfill alarm activation level agree with console? Does actual water float level agree with console water float level? Does water alarm activation level agree with	yes no no yes no no yes no yes	yes	□ yes □ n/a □ no □ yes □ no □ yes □ no □ yes □ no □ yes	□ no □ yes □ no □ yes □ n/a □ no □ yes □ no □ yes □ no □ yes	yes no n/a no yes no no	yes no n/a no yes no no		
Does actual product float level agree with console product float level? Does Overfill alarm activation level agree with console? Does actual water float level agree with console water float level? Does water alarm activation level agree with console? Testing results?	yes	□ yes □ n/a □ no □ yes □ n/a □ no □ yes □ no □ yes □ no □ yes □ no □ pass		□ no □ yes □ no □ yes □ n/a □ no □ yes □ no □ yes □ no □ yes □ no □ yes □ no □ pass	yes no n/a no yes no no yes no pass fail	☐ yes ☐ n/a ☐ no ☐ yes ☐ n/a ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ pass		
Does actual product float level agree with console product float level? Does Overfill alarm activation level agree with console? Does actual water float level agree with console water float level? Does water alarm activation level agree with console? Testing results? (Must meet all applicable criteria to pass.)	yes	□ yes □ n/a □ no □ yes □ n/a □ no □ yes □ no □ yes □ no □ yes □ no □ pass		□ no □ yes □ n/a □ no □ yes □ n/a □ no □ yes □ no □ yes □ no □ yes □ no □ pass □ fail	yes no n/a no yes no no yes no pass fail	☐ yes ☐ n/a ☐ no ☐ yes ☐ n/a ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ pass		
Does actual product float level agree with console product float level? Does Overfill alarm activation level agree with console? Does actual water float level agree with console water float level? Does water alarm activation level agree with console? Testing results? (Must meet all applicable criteria to pass.)	yes	□ yes □ n/a □ no □ yes □ n/a □ no □ yes □ no □ yes □ no □ yes □ no □ pass		□ no □ yes □ n/a □ no □ yes □ n/a □ no □ yes □ no □ yes □ no □ yes □ no □ pass □ fail	yes no n/a no yes no no yes no pass fail	☐ yes ☐ n/a ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ pass		
Does actual product float level agree with console product float level? Does Overfill alarm activation level agree with console? Does actual water float level agree with console water float level? Does water alarm activation level agree with console? Testing results? (Must meet all applicable criteria to pass.)	yes	□ yes □ n/a □ no □ yes □ n/a □ no □ yes □ no □ yes □ no □ yes □ no □ pass		□ no □ yes □ n/a □ no □ yes □ n/a □ no □ yes □ no □ yes □ no □ yes □ no □ pass □ fail	yes no n/a no yes no no yes no pass fail	☐ yes ☐ n/a ☐ no ☐ yes ☐ n/a ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ pass		

ac # LDLTTEST

Date

ADEM AUTOMATIC LINE LEAK DETECTOR (ALLD) and LINE TIGHTNESS TEST REPORT

Site Name: Owner:												
Address:			Address:									
City, County, Zip, State, 0	Country:						<u>y, State, Zip, Co</u>	untry:				
Facility I.D. #:					Phone							
Tester Name:					Teste							
Tester Certification Type:							Expiration:	/ /				
Tester Company: Site Latitude	Longitud	10		Inc	Test [structions	Jale.						
Site Latitude	_Longitud	<u> </u>		III	Structions							
 301463, Montgomery, Al completed and include This form allows up to 6 Testing must be perform manufacturer's instructio Line tightness test equipment leak detection equipment Automatic Line Leak Det Keep a copy of this testir 	 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: <u>USTcompliance@adem.alabama.gov</u>. 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 <u>www.nwglde.org</u> 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. 											
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	□fibergl □flexible □steel		□fiberglas □flexible □steel	SS	□fiberglas □flexible □steel	ss	□fiberglass □flexible □steel	□fiberglass □flexible □steel	□fiberglass □flexible □steel			
Approx. length of piping run tested (nearest foot)												
Piping capacity (gallons)												
,			Automat	ic Lin	e Leak De	tecto	r Test	•				
Type of ALLD	□mecha □electro		□mechan □electron		□mechan □electron		□mechanical □electronic	□mechanical □electronic	□mechanical □electronic			
Line pressure during ALLD test (psi)												
Measured ALLD leak rate (gph)												
Results of ALLD test	□pass □incond		□pass □ □inconclu	⊒fail usive	□pass □ □inconclu		□pass □fail □inconclusive	□pass □fail □inconclusive	□pass □fail □inconclusive			
			L	ine Ti	ightness 1	est		T				
Line pressure during line test (psi)												
Measured line leak rate (gph)												
Results of line tightness test	□pass □incond		□pass [□inconclu	⊒fail usive	□pass [□inconclu		□pass □fail □inconclusive	□pass □fail □inconclusive	□pass □fail □inconclusive			
Repairs Needed		Date o	of Repair		Description of any Repairs							
Site ContactLessee	Owner_	_Consu	ltant	Name	•							
Phone Email				Addre	ss, City, Co	untry,	State, Zip, Countr	y:				
Tester's Signature:												

ADEM Form 566 (revised XX/2022 m1

Initial

Notification

III. Change of Facility Name?

Street

City or Town

County Name

Operating Name of Facility (Continued)

Geographic Location (See Instructions)

3

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 Recovery Act).



Notification Class (Check appropriate box and enter ID number, if known.)

Annual

Operating Name of Facility (Include company and specific site name)

IV. Location of Facility (Physical address not P. O. Box or Route Number)

Latitude

Notification

Other (see instructions)

No

Yes

Ν

Notification of Regulated Waste Activity

Alabama Department of Environmental Manageme

State

	ADEM Form 8700-12 M6 xx/2022
of Regulated Activity	(for ADEM Use Only)
Environmental Management	
Facility's EPA ID N	umber
(If Yes, enter previous name of Fa	cility below.)
1 1 1 1 1	
State Zip Code	
Longitu	de
0 8	• W
	-
Number (Area Code and Numbe	r) Ext.
State Zip Code	I
s)	 - - - - - - - - - - - - - - - - - - -
at your facility that produce Regula	ted Wastes.
Code of the overall production, dist	ribution or service

Ί.	Fac	ility	Con	tact	(Pers	son to	be c	ontac	ted re	egardi	ing wa	aste a	activiti	ies at	site)															
itle)		Na	me (First	t)									(Lá	ast)														
ob	Titl	е														Phon	e Nu	ımb	er <i>(A</i> .	rea C	ode a	nd N	umbe	r)						
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3.	NAI	CS (Cod	es:	Enter	the N	lorth .	Amer	ican I	ndust	ry Cla	ssific	cation	Syst	em (N	VAICS) Cod	de of	the o	veral	prod	uction	n, dist	ributi	on, c	or ser	vice			
		Dri	imar		activi	ty or y	our s	ite. <i>F</i>	180, p	provid	ie any	addi	tiona		<u> </u>	odes t	nat d	escri	be th	e spe	CITIC II	naust	riai pi	oces	ses t		re use 5	ea.		1
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DI	EM F	orm	870	0-12	M6 >	(X/20)22																		Со	ntinue	ed on	Ne:	xt Pa	ige
																														-

				in the				as o	nly																ADEM	Form 8	8700-1	2 M6 xx	/2022
	IX. Ownership (See Instructions) A. Legal Name of Facility																												
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F.	Na	ıme	of	Fac	ility	/'s (On-	Site) O	pera	ator	•				ı	Email	Add	ress										
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																			(0	Conti				Page				Pag	

X. Certification Status			2.22
Note: Pursuant to ADEM Admin. Code chap. 335-1-6, all Notific		s submitted to the Departm	nent must
include the appropriate certification fee in order to be complete. <u>During at least 1 month of the next 12 months, this facil</u>		ate and/or maintain: (Check a	all that apply)
A. Hazardous Waste Activities (Attach Schedule A)		re you notifying under ADEN	
1. Large Quantity Generator ≥ 2,200 lbs/month		È335-14-103(22) that you w nanaging, or will stop manag	
(≥ 1,000 kg/month)			. Code rs. 335-14-201(4)@D
2. Small Quantity Generator between 221 and 2,199 lbs/month	(0	GHDÁBÁÇGI DÑÁQÁ^•ÉÁ[ˇÁ(ˇ•♂	Áa∥AÍ `oÁc@ Áscåå^}å`{È
(between 101 and 999 kg/month)	E" E	Episodic Generation - Are y	ou notifying under
3. Very Small Quantity Generator ≤ 220 lbs/month		ADEM Admin. Code r. 335-14	
(<u><</u> 100 kg/month)		nstructions. You may only be addendum.	e required to submit theA
(Note: Household generation is exempt under 335-14-201(4)(b)1.)	^	are you an LQG notifying of c	onsolidating VSOG
4. Not a generator (Schedule A not required for this option)5. Transporter/Transfer Facility	'. ha	azardous waste under ADEM	1 Admin. Code r.
6. Treatment Facility – Combustion		1-301(7)(f)? If yes, you must t	fill out the addendum.
	G. P 1.	Pharmaceutical Activities Operating under Subpart I	P for the management of
7. Treatment Facility – Other than Combustion	••	hazardous waste pharmac	ceuticals. Mark only one.
8. Storage Facility		a. Healthcare facility	
9. Disposal Facility		b. Reverse Distributor	
B. Used Oil Activities (Attach Schedule B)	2.	Withdrawing from operation	
1. Generator (> 25 gallons/month)		may only withdraw if you are longer an LQG or SQG.	a healthcare facility that is no
2. Transporter/Transfer Facility	Н. Е	Eligible Academic Entities	
3. Processor/Re-refiner	1.	_	operating under Subpart K
4. Fuel Marketer	for t	the management of hazardo	
	"ye:	s," mark all that apply.	
Burner		a. College or univers	•
C. Universal Waste Activities (Attach Schedule C) Universal Waste Transporter			If that is owned by or has a
 Universal Waste Transporter Large Quantity Handler > 11,020 lbs (> 5,000 kg) 			with a college or university te that is owned by or has a
3. Small Quantity Handler ≤11,020 lbs (< 5,000 kg)		•	with a college or university.
Universal Waste Destination Facility	2.	Withdrawing from Subpa of hazardous wastes in	art K for the management
Any ADEM Form 8700-12 submitted without all appropriate waste so	chedules an		
XI. Certification			·
			di
I certify under penalty of law that this document and all atta in accordance with a system designed to assure that qualifi			
submitted. Based on my inquiry of the person, or persons, who	manage the	e system, or those persor	ns directly responsible for
gathering the information, the information submitted is, to the be- am aware that there are significant penalties for submitting			
imprisonment for knowing violations.		, <u> </u>	
Signature	I	Email	
Name and Official Title (Type or Print)			Date Signed
Name and Official Title (Type of Time)			Date digited
XII. Comments			
			Date Processed (for Official Use Only)
			(
Mail completed form, a check or money order for all appropriate certific	ication	Alabama Department of Env	_
fees, and all necessary schedules and attachments to:		P. O. Box	301463
ADEM Forms 0700 40 Mg/0000		Montgomery, A	s EPA ID Number
ADEM Form 8700-12 M6 xx/2022 Page 3			
· ~3~ ~		1 1 1 1 1	

Facility's EPA ID Number ADEM Form 8700-12 M6 XX/2022 Page 4	Please print or type in the <u>unshaded</u> areas only	ADEM Form 8700-12 M6 xx/2022
Facility's EPA ID Number ADEM Form 8700-12 MG XX/2022 Page 4	XIII. Additional Information Sheet	
Facility's EPA ID Number ADEM Form 8700-12 M6 XX/2022 Page 4		
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Please refer to the ADEM Form 8700-12 Notification Form Instructions before completing this form. Information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



ADEM Form 8700-12

Schedule A

Certification of Hazardous Waste Management

	01111			AA/
15	ADF		O I-	->
(TOI	· ADEN	I USE	: Oniv	<i>'</i>)

I. Type of Hazardous Waste Activity (M	ark 'X' in the appropriate box	xes; See Instructions)		
A. Hazardous Waste Generator		C. Treatment, Sto	rage, Disposal Facilit	t y (at Facility) ††
1. 2,200 lbs (1,000 kg) per month or n	nore (LQG)	1. Facilities sub	ject to Permit	
2 . 221 to 2,199 lbs (101 - 999 kg) per	month (SQG)	a. Operating l	Jnits c. Post C	losure Care
3. 220 lbs (100 kg) per month or less	(VSQG)	b . SWMU CA		
4. United States Importer of Hazardou	s Waste	2. Permit Exemp	ot Treatment (subject to	ADEM verification)
B. Hazardous Waste Transporter/Trans	sfer Facility ††	a. WWTU/EN	U d. Genera	ator Evaporation
1. Commercial Transporter (received was	stes from others)	b . Recycling l		tor Physical
a. Air d. Wat	er	c. TETF	Process	ing
b. Rail		D. Hazardous Was	ste Fuel Activity ††	
c. Highway	_	1. Blender Mark	keting to Burner	
2. Self Transporter (Own Waste Only)	_	2. Other Market	ers	
3. Transfer Facility		3. Boiler and/or	Industrial Furnace	
a. Loaded trucks		a. Smelter De	ferral b. Small (Quantity Exemption
b. Off-loaded containers		E. Recycling Activ	vities (Specify)	
c. Bulk Transfer between vehicles	_	_		
†† NOTE: A permit may be	required for this activity.	Contact (334) 271-77	730 for more information	on.
II. Hazardous Waste Generation				
A. Waste Description In the space provided, list the		ly generated or handled by y		
1.	ste Generated		Estimated Yea	arly Generation in lbs.
2.				
3.				
4. B. Characteristics of Nonlisted Hazardous W	Jastos Mark 'V' in the hov	res corresponding to the	characteristics of nonliste	d hazardous wastes your
Facility handles; See rs. 335-14-203(1) - (5). Addition				
1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity (D001) (D002) (D003) Characteris	tic (List specific EPA	hazardous waste number	(s) for the Toxicity characte	eristic contaminant(s))
	D	D	D	D
▎ ▝▗ ▎ ▘▄				
D D	D	D	D	D
	D			
D D	D	D	D	D
C. Listed Hazardous Wastes. [See rs. 335-14-2				
	3	4	5	6
7 8	9	10	11	12
13 14	15	16	17	18
19 20	21	22	23	24
	 			
ADEM Form 8700-12 M6 XX/2022			Facility's EPA	ID Number
	on Next Page)		i denity s LFA	

C. Listed Hazardou	is Waste (continued)				
25	26	27	28	29	30
31	32	33	34	35	36
27	20	39	40	44	42
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
III. Hazardous Wast	e Transporter/Trans	sfer Facility			
During a typical year, t		-			of Hazardous Waste.
During a typical year, i	uns racinty transports		(quantity in po	unds)	OI Hazardous Waste.
IV. Treatment, Stora	ge, Disposal Facilit	y (at Facility)		,	
During a typical year,	this facility treats			of Ha	azardous Waste.
0 31 3 7	•		(quantity in pounds)		
During a typical year,	this facility stores			of Ha	zardous Waste.
			(quantity in pounds)		
During a typical year, t	this facility disposes			of Ha	zardous Waste.
V Hozordoug Woot	o Fuel Activity		(quantity in pounds)		
V. Hazardous Wast					
During a typical year, t	this facility markets		(quantity in pounds)	of Ha	azardous Waste.
During a typical year t	this facility combusts		(quantity in pounds)	of Ha	zardous Wasto
During a typical year, i	During a typical year, this facility combusts of Hazardous Waste of Hazardous Waste.				
VI. Recycling Activi	ty	-		_	
During a typical year, t	this facility recycles			of Ha	zardous Waste.
			quantity in pounds)		
Note: In order for this Waste Activity, ADEM Code chap. 335-1-6.					
Comments:					
Facility's I	EPA ID Number			ADEM Forn	n 8700-12 M6 XX/2022

nore hazardous waste nu	2	3	4	5	6
				 	
	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120
EM Form 8700-12 N	//6 XX/2022			Facility's F	EPA ID Number

Supplemental					
Listed and Nonlisted	Hazardous Wastes.	See ADEM Admin. Code rs	s. 335-14-204(2) - (4) and	d 335-14-203(1) - (5)] If y	ou need to list
more hazardous waste nu	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
145	146	147	146	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
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Please refer to the ADEM Form 8700-12 Notification Form Instructions completing this form. Information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



Schedule B Certification of Used Oil Management

(for ADEM Use Only)

I. Type of Used Oil Management Activity (See Instructions)	
A. Used Oil Generator/Collector	C. Off-Specification Used Oil Fuel Burner
1. On-site Generation Only	1. Burns Only Off-Specification
Do not count used oil when calculating hazardous waste generator status.	Used Oil Generated On-Site
2. Do-it-yourself Collection Center (i.e., from off-site source)	2. Indicate Type(s) of Devices
3. Collection Center (i.e., from off-site source)	a. Utility Boiler c. Industrial Furnace
4. Aggregation Point (i.e., from off-site source)	b. Industrial Boiler
B. Used Oil Fuel Marketer	CI. Used Oil Transporter ††
1. Directs Shipment of Used Oil to Off-Specification Burner	1. Only For Used Oil Generated On-site
2. First Claims Used Oil Meets Specifications	2. Operates a Transfer Facility
3. Burns Only Used Oil Generated On-site as On-Specification Fuel	CII. Used Oil Processor/Re-refiner
## NOTE: A permit is required for this activity. Contact (334	1) 270-5637 for more information
II. Used Oil Generation	
During a typical year, this facility collects/generates	of Used Oil.
	antity in pounds)
III. Used Oil Fuel Marketer	
During a typical year, this facility markets	of Used Oil.
(quantity in	n pounds)
IV. Used Oil Burner	
During a typical year, this facility burns (quantity in	of Used Oil.
V. Used Oil Transporter	r pounds)
·	of Used Oil.
During a typical year, this facility transports (quantities)	ty in pounds)
VI. Used Oil Processor/Re-refiner	
During a typical year, this facility processes/re-refines	of Used Oil.
<u> </u>	uantity in pounds)
Note: In order for this schedule to be accepted by ADEM, it must be Regulated Waste Activity, ADEM Form 8700-12, and must include th required by ADEM Admin. Code chap. 335-1-6.	
Comments:	
	1
ADEM Form 8700-12 M6 XX/2022	Facility's EPA ID Number
Page 1	

Please refer to the ADEM Form 8700-12 Notification Form Instructions before completing this form. The information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



ADEM Form 8700-12

Schedule C

Certification of Universal Waste Management

"		,	
(for AD			

I. Type of Universal Waste Activity (See Instru	ictions)
A. Universal Waste Transporter	
B. Universal Waste Destination Facilit	
C. Large Quantity Handler	Estimated Yearly Amount (in lbs.)
1. Battery(ies)	-
2. Pesticide(s)	-
3. Thermostat(s)	i
4. Lamps	-
5. Aerosol Cans	
D. Small Quantity Handler	Estimated Yearly Amount (in lbs.)
1. Battery(ies)	
2. Pesticide(s)	
3. Thermostat(s)	<u>-</u>
4. Lamps	<u>-</u>
5. Aerosol Cans	
II. Universal Waste Transporter	
During a typical year, this facility transports	of Universal Waste.
	(quantity in pounds)
III. Universal Waste Destination Facility	(quantity in pounds)
III. Universal Waste Destination Facility During a typical year, this facility receives	(quantity in pounds) of Universal Waste.
During a typical year, this facility receives Note: In order for this schedule to be accept	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as
Note: In order for this schedule to be accepted Regulated Waste Activity, ADEM Form 8700	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as
Note: In order for this schedule to be accepted Regulated Waste Activity, ADEM Form 8700 required by ADEM Admin. Code chap. 335-1	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as
Note: In order for this schedule to be accepted Regulated Waste Activity, ADEM Form 8700 required by ADEM Admin. Code chap. 335-1	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as
Note: In order for this schedule to be accepted Regulated Waste Activity, ADEM Form 8700 required by ADEM Admin. Code chap. 335-1	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as
Note: In order for this schedule to be accepted Regulated Waste Activity, ADEM Form 8700 required by ADEM Admin. Code chap. 335-1	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as
Note: In order for this schedule to be accepted Regulated Waste Activity, ADEM Form 8700 required by ADEM Admin. Code chap. 335-1	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as
Note: In order for this schedule to be accepted Regulated Waste Activity, ADEM Form 8700 required by ADEM Admin. Code chap. 335-1	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as
Note: In order for this schedule to be accepted Regulated Waste Activity, ADEM Form 8700 required by ADEM Admin. Code chap. 335-1	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as
Note: In order for this schedule to be accepted Regulated Waste Activity, ADEM Form 8700 required by ADEM Admin. Code chap. 335-1	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as
Note: In order for this schedule to be accepted Regulated Waste Activity, ADEM Form 8700 required by ADEM Admin. Code chap. 335-1 Comments:	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as -6.
Note: In order for this schedule to be accepted Regulated Waste Activity, ADEM Form 8700 required by ADEM Admin. Code chap. 335-1	of Universal Waste. (quantity in pounds) oted by ADEM, it must be attached to a completed Notification of -12, and must include the appropriate certification fees, as

Please refer to the ADEM Form 8700-12 Notification Form Instructions before completing this form. The information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).

ADEM Form 8700-12

Addendum Notification of Hazardous Secondary Material Activity

(for ADEM Use Only)

Recovery Act).		matorial / totiv				
Only fill out thi	s form if:	PA ID Number:	NAICS:			
You are or will be managing excluded HSM in compliance with ADEM Admin. Code rs. 335-14- 335-14-201(4)(a)(23), (24) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year.						
Do not include ar	Do not include any information regarding your hazardous waste activities in this section.					
1. Indicate reas	on for notification. Include da	ates where requested.				
Facility is st		notifying as required by ADEM A	yyyy). Admin. Code r. 335-14-103(22). d/yyyy) and is notifying as required	i.		
			d quantities in short tons to describ). Use additional pages if more spa			
A. Facility Code	B. Waste Code(s) for HSM	C. Estimate Short Tons of excluded HSM to be managed annually	D. Actual Short Tons of excluded HSM that was managed during the most recent year	E. Land-based unit Code		
(Financial assu r. 335-14-208	 3. Facility has financial assurance pursuant to ADEM Admin. Code r. 335-14-208. (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under ADEM Admin. Code r. 335-14-208). Y N Does this facility have financial assurance pursuant to ADEM Admin. Code r. 335-14-208? 					
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.						
Comments:						
				_		
ADEM Form 07	00-12 M6 XX/2022		Encility's EDA ID	Number		
Page 1	UU-12 IVIO AA/2U22		Facility's EPA ID	Nulliber		
9				1 1 1 1 1		

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

ADEM Form 8700-12 Addendum Notification of Episodic Generation

(for ADEM Use Only)

Recovery Act). Only fill out this form if: **EPA ID Number:**

You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category pursuant to ADEM Admin. Code r. 335-14-3-.13. Note: Only one planned and one Us

Faci	lity A	∖ dd	lress

unplanned episodic event are allowed within one year; of Use additional pages if more space is needed. Facility Name	therwise, you must follow the requirements of the higher generator category
Facility Address	
PLANNED Excess Chemical Inventory Removal Tank Cleanouts Short-term Construction or Demolition Equipment Maintenance During Plant Shutdown Other	2. UNPLANNED Accidental Spills Production Process Upsets Product Recalls "Acts of Nature" (Tornado, Hurricane, Flood, etc) Other
3. Emergency Contact Phone 4. Emergency Contact Name 5. Emergency Contact Email	
6. Beginning Date	mm/dd/yyyy
	dd/yyyy s of regulated wastes generated as a result of the episodic event. Attach
Types of Waste Generated (Waste Description)	Hazardous Waste Estimated Quanti Codes (in Ibs)
a.	
b.	
c.	
d.	
Signature	Print Name

ADE	ΞM	Form	8700-	12	M6	XX	2022
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Official Title

Page 1

Date

Facilit	v's EP	A ID N	Number
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Please refer to the ADEM Form 8700-12 Notification Form Instructions before completing this form. The information requested here is required by law (§ 3010 of the Resource Conservation and

Page 1

ADEM Form 8700-12

Addendum Notification of LQG Consolidation of VSQG Hazardous Waste

(for ADEM Use Only)

Recovery Act).	oi vaku	паzardo	ous vvaste	
Only fill out this form	if: You are an LQG receiving haza	ardous waste from	VSQGs under the control of the same	e person.
I. LQG Receiving Wa	ste from VSQG(s)			
1. EPA ID Number				
2. Facility Name				
3. Street Address				
4. City/Town		5.State	6. Zip Code 8. Phone Number	
 Contact Name Contact Email Add 	dress		o. Priorie number	
VSQG(s) Under the	e Control of LQG Use additional	i pages ir necessary.		
1. EPA ID Number				
2. Facility Name				
3. Street Address				
4 City/Town		5.State	6.Zip Code	
7. Contact Name			8. Phone Number	
9. Contact Email A	ddress			
VSQG 2				
1. EPA ID Number				
2. Facility Name				
3. Street Address				
4. City/Town		5.State	6. Zip Code	
7. Contact Name			8. Phone Number	
9. Contact Email A	Address			
VSQG 3				
1. EPA ID Number	-			
2. Facility Name				
3.Street Address				
4.City/Town		5.State	6. Zip Code	
7. Contact Name			8. Phone Number	
9. Contact Email A	Address			
ADEM Form 8700-12 I	M6 XX/2022		Facility's EPA ID	Number

ADEM Form 8700-12, Notification Form Instructions

Note: The State Regulations (ADEM Admin. Code div. 335-14 – Hazardous Waste Program) pertaining to this form (and referenced in these instructions) may be purchased by calling 334-260-4510 or may be downloaded from the ADEM Website for free: http://www.adem.state.al.us/alEnviroRegLaws/files/Division14.pdf.

Filling out the Forms: Type or print all items except Item XI, "Signature", leaving a blank box between words. Place each character in a box, using blue or black ink. Abbreviate if necessary to stay within the number of boxes allowed for each Item. If you must use additional pages, indicate clearly the number of the Item on the form to which the information on the separate sheet applies. **Any** form that is typed in a 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.

<u>Item IV –Location of Facility:</u>

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.maporama.com, or 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:

 $\begin{array}{llll} \mathsf{P} = & \mathsf{Private} & \mathsf{M} = & \mathsf{Municipal} \\ \mathsf{F} = & \mathsf{Federal} & \mathsf{I} = & \mathsf{Indian} \\ \mathsf{S} = & \mathsf{State} & \mathsf{O} = & \mathsf{Other} \end{array}$

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.

<u>Item X – Certification Status:</u>

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. <u>All notifications must include this certification fee to be complete</u>.

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). <u>All</u> notifications must include this signature to be complete.

Item XII. - Comments and Item XIII - Additional Space:

Use this space for any additional comments.

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

<u>Item I - Hazardous Waste Activity:</u> 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-acutely hazardous waste* that is generated per calendar month.
 - 1. A Large Quantity Generator generates 2,200 lbs (1,000 kg) per month or more (LQG)
 - 2. A Small Quantity Generator generates 221 2,199 lbs (101 to 999 kg) per month (SQG)
 - **3.** A 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.
- **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.

Note: A permit may be required for this activity. The Alabama Hazardous Waste/ Used Oil Transporter Permit Application Package is available online at http://www.adem.state.al.us/DeptForms/Form317.pdf or you can call 334-270-5637 and request a package be mailed to you.

C. Treatment, Storage, Disposal Facility: This section applies if you treat, store or dispose of regulated hazardous waste, or are required (by State regulations, ADEM or EPA permit, AHWMMA/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.

Note: You must contact ADEM at 334-271-7730 to request **Part A of the RCRA Permit Application.**

- 1. Facilities subject to Permit: Check each type of activity conducted by your facility.
 - **a. Operating Units** Operating treatment, storage or disposal units subject to permitting requirements of ADEM Admin. Code 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 AHWMMA/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 AHWMMA 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.
- <u>Item II Hazardous Waste Generation:</u> 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.
- <u>Item III Hazardous Waste Transporter/Transfer Facility:</u> 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.
- <u>Item VI Recycling Activity:</u> 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.

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

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.

Schedule B Certification of Used Oil Management

<u>Item I - Used Oil Management Activities:</u> 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 offspecification 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.

<u>Item II – Used Oil Generation:</u> In the area provided, enter the approximate amount of Used Oil that your facility generated or collected during a typical year.

<u>Item III – Used Oil Fuel Marketer:</u> In the area provided, enter the approximate amount of Used Oil marketed by your facility during a typical year.

<u>Item IV – Used Oil Burner:</u> In the area provided, enter the approximate amount of Used Oil burned 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.

<u>Item V – Used Oil Transporter:</u> In the area provided, enter the approximate amount of Used Oil transported by your facility during a typical year.

<u>Item VI – Used Oil Processor/Re-refiner:</u> 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.

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.

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

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.

Schedule C Certification of Universal Waste Management

<u>Item I - Universal Waste Activity:</u> 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.

<u>Item II – Universal Waste Transporter:</u> In the area provided, enter the approximate amount of Universal Waste transported by your facility during a typical year.

<u>Item III – Universal Waste Destination Facility</u>: In the area provided, enter the approximate amount of Universal Waste that is received by your facility during a typical year.

Comments:

Use this space for any additional comments.

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.

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

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.

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.

<u>ITEM 1 – INDICATE REASON FOR NOTIFICATION</u> (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.

Under	Generator Exclusion				
Code	Facility Code Description				
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.				
Transf	er-Based Exclusion				
Code	Facility Code Description				
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.				
Import	s and Exports				
Code	Facility Code Description				
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.				
Non-w	Non-waste Determinations and Solid Waste Variances				
Code	Facility Code Description				
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.
ОТ	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

Divide 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.

Rough Conversion Table

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