



# Alabama Recycling Fund Grant Application

**Applicant Information**

Lead Applicant Name/Entity		Regional Planning Commission Area(s)
Physical Address	City	County

**Contact Information**

Contact Person		Email Address
Governmental Body or Agency Name		Federal Employer ID Number (FEIN)
Mailing Address	City, State	Zip Code
Telephone Number		Fax Number

**Project Costs**

Total Estimated Cost of Project \$	Grant Amount Requested \$
---------------------------------------	------------------------------

**General Project Information**

Estimated quantity of material to be recycled or reused	
Estimate of how much of this amount will be from out-of-state	
What types of materials will be recycled?	
When will the proposed project be fully implemented?	
How many households are in the area covered by this project?	
When was your local Solid Waste Management Plan (SWMP) approved?	
Is the proposed project consistent with the approved SWMP?	
What existing recycling efforts exist in your solid waste jurisdiction?	
What is the estimated participation rate in recycling in the area?	
What types of materials are currently recycled in your area?	
Does the proposal include public education/outreach activities?	
Does the project require advance funds?	
Does the project area have solid waste collection service?	
If so, how many households are served?	
Is this application a regional project with more than one applicant?	
If so, who is/are the other jurisdiction(s)?	

Prepare and include a project description (Include project costs, revenues, list of and markets for anticipated recycled materials, any public education and outreach efforts, and any interaction with existing solid waste management and/or recycling infrastructure.)

Other information to prepare may include but is not limited to the following (proposed contracts, requests for proposal, agreements, local SWMP revisions, recycling business plans, equipment drawings, outreach materials, or other documents related to the proposed recycling/waste minimizations project or program)

**Signature/Certification**

This application is made for the activities described herein. I certify that I am familiar with the information contained in the application, have authority to enter into agreements on behalf of the applicant(s), and, do hereby certify to the best of my knowledge and belief, this information is true, complete, and accurate.

_____	_____	_____
Responsible Official Signature	Title	Date Signed
_____	_____	
Responsible Official Name (Printed/Typed)	Lead Applicant Name/Entity	

Submit three copies of this application, with original signatures, and all attachments to:

Recycling Unit – Solid Waste Branch  
Land Division  
Alabama Department of Environmental Management  
P O Box 301463  
Montgomery, AL 36130-1463

## ADEM ANNUAL WALKTHROUGH INSPECTION CHECKLIST LOG FOR YEAR \_\_\_\_\_

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Inspector Name:	Inspector Phone #:
Inspector Company:	Inspection Date:

### Instructions

1. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
2. Complete portion of form pertaining to type of equipment inspected for each tank.
3. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-900, or equivalent), manufacturer's instructions, or ADEM requirements.
4. Sites with safe suction piping are not required to complete the containment sump inspection portion of this form. For sites with safe suction piping and no hand held release detection equipment, completion of this form is not required.
5. Keep a copy of this inspection for 1 year. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.

ADEM Unique Tank # or Dispenser #			
Product Stored			
Is the Site Using Interstitial Leak Detection for Piping?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

### Visual Containment Sump Inspection

Type of containment sump inspected	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser
Is the sump an earthen sump?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the visible piping in good condition?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Is there evidence of a release? (If release found, report it to ADEM)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the Sump free of damage?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Is the Sump free of water, fuel, and/or debris?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Water, fuel and/or debris removed and disposed of properly?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Are penetrations (boots, conduits, etc.) into sump in good condition?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Is primary piping interstitial space open, or test boots positioned, to allow product to enter sump?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Are the sensors properly positioned near bottom of sump?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
If double walled sump, is interstitial space free of liquid?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
<b>Results of sump inspection</b>	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail

### Hand Held Release Detection Equipment Inspection

Type of hand held release detection equipment	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):
<b>Results of equipment inspection</b>	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail

Repairs Needed	Date of Repair	Description of any Repairs

**Inspector's Signature:** \_\_\_\_\_

# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

**Instructions:** Please complete all questions. Respond with "N/A" as appropriate. Forms with incomplete or incorrect answers, or missing signatures will delay processing and may result in appropriate compliance action by the Department.

**ITEM I.**

Permittee Name:	Facility/Site Name:
Permit Number:	County:
Facility/Site Entrance Latitude & Longitude:	Phone Number:
Facility/Site Street Address or Location Description:	

**ITEM II.**

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.

Receiving Water	Disturbed Acres	Discharge Point #

**ITEM III.**

<b>YES</b>	<b>NO</b>	1. Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s):
<b>YES</b>	<b>NO</b>	2. Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance:
<b>YES</b>	<b>NO</b>	3. Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:
<b>YES</b>	<b>NO</b>	4. Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
<b>YES</b>	<b>NO</b>	5. Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:

ITEM IV.

Weather Conditions:			
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

“Based upon an inspection conducted on \_\_\_\_\_ (Date & Time) by the QCP, QCI, or a qualified person (List Name(s): \_\_\_\_\_) under the direct supervision of the QCP identified below, the QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility’s CBMPP, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Name & Designation of QCI or QCP	Signature	Date
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Name & Title of Permittee Responsible Official	Signature	Date
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# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTICE OF INTENT – GENERAL PERMIT NUMBER ALR100000

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES Permit Number ALR100000, which 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 information as needed.

### PURPOSE OF THIS NOI

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

### I. PERMITTEE INFORMATION

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

### II. FACILITY INFORMATION

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

### III. ACTIVITY DESCRIPTION

Brief Description of Construction / Land disturbance activity(s):	
(For Modifications Only) Brief description of the action/change that has resulted in the request for permit modification:	
Primary SIC Code: _____	Primary NAICS Code: _____

### IV. PROPOSED SCHEDULE

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

**V. PRIORITY CONSTRUCTION SITE**

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

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

**VI. TOPOGRAPHIC MAP SUBMITTAL**

Attach a recent 7.5 minute series USGS topographic map(s) no larger than 11 by 17 inches (several pages may be necessary), showing the location of the Facility including site boundaries, area of disturbance, a 1 mile radius, perennial, intermittent, and ephemeral streams, lakes/springs/wells/wetlands and contour lines. The map should also show the point(s) at which stormwater runoff will exit (outfall) the facility and the point(s) where stormwater runoff from the site will enter the receiving water.

**VII. RECEIVING WATERS**

Does your project discharge stormwater into a Municipal Separate Storm Sewer System (MS4)?  Yes  No

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

List name of receiving water(s), latitude & longitude (Decimal degrees or Degrees Minutes Seconds) of location(s) that run-off enters the receiving water, and the waterbody classification. Please refer to ADEM Admin. Code 335-6-11 for a detailed list of water use classifications. (Attach a separate list if necessary)

Receiving Water	Latitude	Longitude	Waterbody Classification

**VIII. General Information**

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

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

"I certify under penalty of law that a comprehensive Construction Best Management Practices Plan (CBMPP) for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this site/activity, and associated regulated areas/activities. The CBMPP meets the requirements of this permit and if properly implemented and maintained by the operator, discharges of pollutants in stormwater runoff can reasonably be expected to be effectively minimized to the maximum extent practicable according to the requirements of ADEM Administrative Code Chapter 335-6-6-.23 and this Permit. The CBMPP describes the erosion and sediment control measures that must be fully implemented and regularly maintained as needed at the permitted site in accordance with sound sediment and erosion control practices to ensure the protection of water quality."

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

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

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

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

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

**X. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE**

Pursuant to ADEM Administrative Code Rule 335-6-6-.09, this NOI must be signed by a Responsible Official of the permittee who is the operator, owner, the sole proprietor of a sole proprietorship, a general/controlling member or partner, a ranking elected official or other duly authorized representative for a unit of government; or an executive officer of at least the level of vice-president for a corporation, having overall responsibility and decision making for the site/activity.

"I certify under penalty of law that this form, the CBMPP, and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the qualified credentialed professional (QCP) and other person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, correct, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I further certify that the proposed discharges described in this registration have been evaluated for the presence of any non-construction and/or coal/mineral mining stormwater, or process wastewaters have been fully identified."

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

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

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

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

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

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

**DISCHARGES NOT COVERED BY GENERAL PERMIT ALG850000**

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

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

**PURPOSE OF THIS NOTICE OF INTENT**

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

**I. PERMITTEE INFORMATION**

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

**II. FACILITY INFORMATION**

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



**III. LEGAL STRUCTURE OF APPLICANT**

- A. Indicate the legal structure of the "Permittee" listed in Part I:
- Corporation     Association     Individual     Single Proprietorship     Partnership     LLP     LLC
- Government Agency: \_\_\_\_\_  Other: \_\_\_\_\_
- B. If not an individual, single proprietorship, or government agency, is the "Permittee" listed in Part I. properly registered and in good standing with the Alabama Secretary of State's Office? (If the answer is "No," attach a letter of explanation.)     Yes     No
- C. Parent Corporation and Subsidiary Corporations of Applicant, if any: \_\_\_\_\_
- D. Land Owner(s): \_\_\_\_\_
- E. Mining Sub-contractor(s)/Operator(s), if known: \_\_\_\_\_

**IV. COMPLIANCE HISTORY**

- A. Has the applicant ever had any of the following:
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (1) An Alabama NPDES, SID, or UIC permit suspended or terminated?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) An Alabama license to mine suspended or revoked?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) An Alabama or federal mining permit suspended or terminated?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) A reclamation bond, or similar security deposited in lieu of a bond, or portion thereof, forfeited?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) A bond or similar security deposited in lieu of a bond, or portion thereof, the purpose of which was to secure compliance with any requirement of the Alabama Water Improvement Commission or Alabama Department of Environmental Management, forfeited? | <input type="checkbox"/> | <input type="checkbox"/> |
- (If the response to any item of Part IV.A. is "Yes," attach a letter of explanation.)
- B. Identify every Warning Letter, Notice of Violation (NOV), Administrative Action, or litigation issued to the applicant, parent corporation, subsidiary, general partner, LLP partner, or LLC member and filed by ADEM or EPA during the three year (36 months) period preceding the date on which this form is signed. Indicate the date of issuance, briefly describe alleged violations, list actions (if any) to abate alleged violations, and indicate date of final resolution:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**V. OTHER PERMITS/AUTHORIZATIONS**

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

**VI. PROPOSED SCHEDULE**

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



**XI. RECEIVING WATERS**

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

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

**XII. DISCHARGE STRUCTURE DESCRIPTION & ORIGIN**

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

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

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

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

**XIV. GENERAL INFORMATION**

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



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

Y	N	N/A

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

**General Information:**


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

**Maps:**


Topographic Map including Information from Part X (a) – (h) of this NOI  
 1" - 500' or Equivalent Facility Map including Locations of Plant, Treatment Basins, Discharge Points, Streams, etc.

**Detailed Design Diagrams:**


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

**Narrative of Operations:**


Raw Materials Defined  
 Processes Defined  
 Products Defined

**Schematic Diagram:**


Points of Waste Origin  
 Collection System  
 Disposal System

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


Flow  
 Suspended Solids  
 pH

**Description of Waste Treatment Facility:**


Pre-Treatment Measures  
 Recovery System  
 Expected Life of Treatment Basin  
 Measures for Ensuring Access to All Treatment Structures and Related Appurtenances including Outfall Locations  
 Schedule of Cleaning and/or abandonment

**Other:**


Precipitation/Volume Calculations/Diagram Attached  
 BMP Plan for Haul Roads  
 Measures for Minimizing Impacts to Adjacent Stream i.e., Buffer Strips, Berms, etc.  
 Measures for Ensuring Appropriate Setbacks are Maintained at All Times  
 Methods for Minimizing Nonpoint Source Discharges  
 If Chemical Treatment Used, MSDS Sheets Included and Methods for Ensuring Appropriate Dosage  
 Facility Closure Plans  
 PE Rationale(s) For Alternate Standards, Designs or Plans

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


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

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

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

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

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

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

“I certify under penalty of law that this document, including technical information and data, the PAP Plan, including any SPCC plan, maps, engineering designs, and all other attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the PE and other person or persons under my supervision who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations.” \_\_\_\_\_ (initial here)

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

“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.” \_\_\_\_\_ (initial here)

“I further certify that the discharges described in this application have been tested or evaluated for the presence of non-stormwater discharges and any non-mining associated beneficiation/process pollutants and wastewaters have been fully identified.” \_\_\_\_\_ (initial here)

“I acknowledge my understanding that I may be required to obtain a permit from the ADOL.” \_\_\_\_\_ (initial here)

“I acknowledge my understanding that if the proposed activities will be conducted in or potentially impact waters of the state or waters of the US (including wetlands), that I may be required to obtain a permit from the USACE.” \_\_\_\_\_ (initial here)

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

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

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

## Alabama Tank Trust Fund Cost Proposal Part I

**I.1 Cost Proposal Information:**

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

**I.2 Facility Information**

Facility Name:	
Facility Address:	

**I.3 Owner Information:**

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

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

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

**I.5 Activity Information:**

Indicate below the activities for which the cost proposal is submitted:

Site Stabilization/Initial Abatement
Preliminary Investigation
Secondary Investigation / Additional Well Installation
Alabama Risk Based Corrective Action (ARBCA)
Groundwater Sampling
Free Product Removal/Mobile Enhanced Multiphase Extraction (MEME)
Corrective Action Plan Evaluation
Develop Corrective Action Plan
Corrective Action
Stockpile Sampling / Management / Disposal
Provision of Alternate Water Supply
Pilot Test
Monitoring/Recovery/Injection Well Abandonment
System Decommissioning/Removal

**Activities/Other/Brief Summary of Activities:**

--

Provide proposed completion date for this phase of work activities:

--

Provide projected date of cleanup completed:

--

**I.6 Subcontractor Information:**

Indicate Subcontractors to be used during this phase of work:

Name & Address	Service Provided



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

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

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

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

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

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

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

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

**I.10 Cost Proposal Amount**

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

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

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

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

<u>Scenarios</u>	<u>Unit \$</u>	<u>Units</u>	<u>Quantity</u>	<u>Requested\$</u>
Initial Abatement Report (other than just MEME)				
1-2 days in field	\$1,988	/job		
Adder amount for every field day over 2 days(not to exceed 14 days)	\$337	/day		
Initial Abatement Free Product Recovery Report	\$476	/job		
Preliminary Investigation Report	\$4,889	/site		
Secondary Plan (on and offsite)(once per site)	\$841	/site		
Secondary Report (up to 12 wells)	\$5,634	/site		
Adder per Wells installed over 8	\$150	/well		
Off-site access-Residential	\$182	/property		
Off-site access - Commercial	\$260	/property		
Off-site access - ALDOT	\$1,480	/property		
Additional Well Installation Plan (investigation 1-4 wells)	\$476	/plan		
Additional Well Installation Plan (investigation >4 wells)	\$817	/plan		
Additional Well Installation Report (1-4 wells)(as an adder)	\$1,163	/report		
Additional Well Installation Report (>4wells)(as an adder)	\$1,417	/report		
High Resolution Characterization Plan/Report (stand alone)	\$1,942	/pln/rprt		
Groundwater Monitoring Plan (GWM)	\$500	/site		
NAMR/GWM-Report				
1-12 wells, BTEX/MTBE/Naphthalene	\$1,180	/report		
1-12 wells, BTEX/MTBE+PAH	\$1,417	/report		
NAMR/GWM adder >12 wells, BTEX/MTBE/Naphthalene	\$37.50	/well		
NAMR/GWM adder >12 wells, BTEX/MTBE + PAH	\$52.50	/well		
FPR Plan -All free product recovery	\$788	/plan		
FPR Report -all free product reports (except MEME)	\$977	/report		
FPR Report-MEME	\$1,064	/report		
MEME/Injection Events (adder to report)	\$754	/report		
Adder amount for >3 MEME/Injection Events (per approved period)	\$295	/report		
ARBCA Report Tier I/RM 1				
1-12 wells, BTEX/MTBE/Naphthalene	\$3,973	/evaluation		
1-12 wells, BTEX/MTBE+PAH	\$4,210	/evaluation		
ARBCA Report Tier II/RM 2				
1-12 wells, BTEX/MTBE/Naphthalene	\$3,973	/evaluation		
1-12 wells, BTEX/MTBE+PAH	\$4,210	/evaluation		
ARBCA GRP Re Assessment(1-4 wells Gas)	\$512	/assessment		
ARBCA GRP Re Assessment(1-4 wells Diesel)	\$806	/assessment		
ARBCA adder for Gas > number of allocated wells	\$37.50	/well		
ARBCA adder for Diesel > number of allocated wells	\$45.00	/well		
ARBCA adder for Tier II WITH DECAY	\$2,277	/evaluation		
ARBCA Evaluation with Decay (stand alone evaluation)	\$3,443	/evaluation		
CAP Development - CA Evaluation (once per site)	\$3,405	/site		
CAP Development - RNA	\$1,578	/cap		
CAP Development - RNA with MEME	\$1,682	/cap		
CAP Development - Excavation	\$1,646	/cap		
CAP Development - Liquid Injections	\$4,649	/cap		
CAP Development (Class 1)- DPVE, P&T with SVE	\$6,956	/cap		

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

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

<u>Scenarios</u>	<u>Unit \$</u>	<u>Units</u>	<u>Quantity</u>	<u>Requested\$</u>
CAP Development (Class 2) - Ozone/SVE, AS/SVE, Liquid Chemox/Biox	\$6,137	/cap		
CAP Development (Class 3) - Ozone, AS, SVE	\$5,657	/cap		
CAP Modification (use Form "F" for input)		/cap		
CAP Implementation Report - Excavation	\$2,062	/report		
CAP Implementation Report -Liquid Injections	\$2,627	/report		
CA System Installation Report (all Classes same)	\$7,552	/report		
SEMR - DPVE, P&T Reports				
1-12 wells, BTEX/MTBE/Naphthalene	\$4,927	/report		
1-12 wells, BTEX/MTBE+PAH	\$5,164	/report		
SEMR - Ozone, AS, SVE, Chemox, Biosparge - Reports				
1-12 wells, BTEX/MTBE/Naphthalene	\$4,371	/report		
1-12 wells, BTEX/MTBE+PAH	\$4,608	/report		
SEMR adder >12 wells, BTEX/MTBE/Naph	\$37.50	/well		
SEMR adder >12 wells, BTEX/MTBE+PAH	\$45.00	/well		
IDW/Treatment Disposal Plan (stand alone)	\$570	/plan		
IDW/Treatment Disposal Report (stand alone)	\$914	/report		
DPVE Pilot Test Plan (not for Slug Test)	\$1,066	/plan		
DPVE Pilot Test Report	\$1,675	/report		
AS/SVE or Ozone Pilot Test Plan	\$1,066	/plan		
AS/SVE or Ozone Pilot Test Report	\$1,675	/report		
ISCO or Bioremediation Pilot Test Plan	\$1,066	/plan		
ISCO or Bioremediation Pilot Test Report	\$1,849	/report		
Specific Capacity Test Plan	\$362	/plan		
Specific Capacity Test Report	\$1,388	/report		
System Purchase Letter	\$1,311	/ltr		
Monitoring Well Abandonment Plan	\$440	/plan		
Monitoring Well Abandonment Report	\$977	/report		
System Decommissioning Plan	\$875	/plan		
System Decommissioning Report	\$1,741	/report		
Alternate Water Supply Plan	\$684	/plan		
Alternate Water Supply Report	\$1,064	/report		
Public Water Line Replacement Plan	\$996	/plan		
Public Water Line Replacement Report	\$1,480	/report		
Adjacent Property Owner Information (additional effort)	\$296.50	/document		
UIC Permit Application Preparation	\$1,205	/permit		
UIC General Permit Application Preparation	\$771	/permit		
General NPDES Application Preparation	\$771	/permit		
ADEM Solid Waste Profile Preparation	\$216.50	/profile		
Municipal Sewer Application Process (ADEM or Others)	\$467	/profile		
Environmental Covenant Preparation	\$553	/covenant		
Cost Proposal Tier I Addendum Preparation	\$104	/addendum		
Cost Proposal Tier II Addendum Preparation	\$328	/addendum		
ADEM Approved Amount				
Other Plan/Report (use Form "F" for input)				

**Total Report and Plan Costs**

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

**Summary of ATTF Field Scenarios**

<u>Scenarios</u>	<u>Unit \$ Unit</u>	<u>Quantity</u>	<u>Requested\$</u>
<b>Well Installation Oversight time</b>			
Type II Porous Media Drilling			
Porous material 0-10 feet	\$205.50 /well		
Porous material 0-30 feet	\$324 /well		
Porous material 0-50 feet	\$703.50 /well		
Porous material 0-70 feet	\$909 /well		
Porous material 0-90 feet	\$1,114.50 /well		
Porous material 0-110 feet	\$1,320 /well		
Type II Bedrock Drilling			
Bedrock 0-20' Air Rotary Drilling	\$324 /well		
Bedrock 0-40' Air Rotary Drilling	\$442.50 /well		
Bedrock 0-60' Air Rotary Drilling	\$648 /well		
Bedrock 0-80' Air Rotary Drilling	\$853.50 /well		
Bedrock 0-20' Core Drilling	\$411 /well		
Bedrock 0-40' Core Drilling	\$703.50 /well		
Bedrock 0-60' Core Drilling	\$822 /well		
Bedrock 0-80' Core Drilling	\$1,027.50 /well		
Type III Well Porous (Depth of entire well)			
Type III Well 0-20' (entire well in porous material)	\$367.50 /well		
Type III Well 0-40' (entire well in porous material)	\$573 /well		
Type III Well 0-60' (entire well in porous material)	\$779 /well		
Type III Well 0-80' (entire well in porous material)	\$984 /well		
Type III Well 0-100' (entire well in porous material)	\$1,189.50 /well		
Type III Well Bedrock (Depth of entire well)			
Type III Well 0-20' (bedrock encountered)	\$411 /well		
Type III Well 0-40' (bedrock encountered)	\$616.50 /well		
Type III Well 0-60' (bedrock encountered)	\$822 /well		
Type III Well 0-80' (bedrock encountered)	\$1,027.50 /well		
Type III Well 0-100' (bedrock encountered)	\$1,233 /well		
Soil Boring (no well set)/Direct Push oversight			
Soil Boring porous material 0-10 feet	\$130.50 /well		
Soil Boring porous material 0-30 feet	\$217.50 /well		
Soil Boring porous material 0-50 feet	\$304.50 /well		
Soil Boring porous material 0-70 feet	\$478.50 /well		
Direct Push (Geologist Daily Charge or 8 probe points)	\$870.00 /day		
High Resolution Imaging Field Time and Oversight	\$1,230.00 /day		
<b>Other Field Activities</b>			
Well Re-Development (initial development included in drilling oversight costs)	\$94.50 /well		
Slug Tests	\$300.00 /well		
Private/Public Water Well Inventory (up to 5 wells)	\$348.00 /5wells		
Site Survey during Investigation (not a Licensed Surveyor)	\$252.00 /sow		
RW Vault Abandonment Oversight	\$87.00 /vault		
MW/RW/IW Abandonment Oversight for Overdrilling	\$261.00 /well		
MW/RW/IW Abandonment Oversight for Grouting in Casing	\$130.50 /well		
Monitoring Well Pad/Cover Repair/ Replacement	\$126.00 /well		
Groundwater Sampling Set-up (2hrs tech time)	\$126.00 /sow		
Purge/Development Water Handling (see Basis)	\$94.50 /sow		
Gauging Well (no sampling)	\$15.75 /well		
Groundwater Sampling and Gauging 2" Well	\$63.00 /well		
Groundwater Sampling and Gauging 4" Well	\$72.45 /well		

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

**Summary of ATTF Field Scenarios**

<u>Scenarios</u>	<u>Unit \$ Unit</u>	<u>Quantity</u>	<u>Requested\$</u>
Groundwater Sampling and Gauging 6" Well	\$78.75 /well		
Sample Public Well	\$126 /well		
Sample Private Well	\$94.50 /well		
Sample Stream (up to 3 samples)	\$94.50 /stream		
Soil Sampling Setup (1-4 wells)	\$174 /sow		
Soil Sampling Setup adder (each additional group of 4 wells)	\$87 /sow		
MEME Event/Pilot Test/Injection Event (hourly rate)	\$63 /hr		
DPVE Pilot Test/Aquifer Test (hourly rate)	\$150 /hr		
SVE/ AS/ Ozone Pilot Test	\$783 /test		
Site Visit by PE/PG (CAP Development, etc)	\$960 /site		
System Installation Oversight (up to 7 days in field)	\$8,714 /system		
System Installation Oversight Adder (per day over 7 doc req.)	\$974 /day		
System Startup	\$1,664 /system		
System Decommissioning	\$1,034 /day		
DPVE, Pump and Treat O&M 3 months	\$3,856 /quarter		
DPVE, Pump and Treat O&M 4 months	\$4,864 /triannual		
Ozone, biosparge, SVE, biovent and Air Sparge O&M 3 months	\$1,928 /quarter		
Ozone, biosparge, SVE, biovent and Air Sparge O&M 4 months	\$2,432 /triannual		
ADEM Approved Amount			
Other Field Work not listed (use Form "F" for input)			
Emergency Response (Contact ADEM for approval)			

**Travel**

<b>Mileage Rate</b>			
Mileage (One way office to site)			
Number of round trips to site			
Other Mileage (enter total mileage not including office to site)			
<b>Personnel Travel Time (entered in Hours)</b>			
Technician(s)-travel time	\$63 /hr		
Geologist/Engineer-travel time	\$87 /hr		
PG/PE-travel time	\$120 /hr		
Project Manager-travel time	\$104 /hr		
<b>Per Diem</b>			
Per diem (6-12hrs)	\$12.75 /day		
Per diem (greater than 12hrs)	\$34 /ext. day		
Per diem 2 days (overnight)(invoice(s) required)	\$85 /day		
Per diem >2 consecutive days (overnight)(invoice(s) required)	\$100 /day		

**Equipment and Equipment Kits**

55-Gallon Drums	\$50 /drum		
Sampling Expendables(gloves, ice, string, jars, foil, distilled water, paper towels, etc.)	\$50 /sow		
Expendables O&M	\$25 /day		
Monitoring Well Development	\$75 /day		
Monitoring Well/Boring Installation	\$60 /day		
Monitoring Well/Boring Abandonment	\$60 /day		
Encore Samplers	\$9 /sample		
Groundwater Monitoring	\$160 /day		
Bailers	\$7 /bailer		
MEME Event	\$70 /event		
Free Product Bailing	\$60 /sow		
DPVE, SVE, AS, P&T O&M	\$145 /day		
Ozone Sparge O&M	\$75 /day		
DPVE Pilot Test	\$70 /sow		
Pumping Test	\$165 /sow		
Specific Capacity	\$65 /sow		
Slug Test	\$110 /sow		
Initial Abatement	\$50 /day		

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

**Summary of ATTF Field Scenarios**

<u>Scenarios</u>	<u>Unit \$ Unit</u>	<u>Quantity</u>	<u>Requested\$</u>
Postage / Shipping and Copying (plans reports, ADEM and owner)	\$85 /sow	<input type="text"/>	<input type="text"/>
Postage / Shipping (Sample Shipping)	\$50 /samples	<input type="text"/>	<input type="text"/>
Postage / Shipping (documentation required)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Analytical Samples**

<u>Method</u>	<u>Unit \$</u>	<u>Unit</u>	<u>Pass Through</u>	<u>Sample #</u>
BTEX/MTBE/Naph (water)		/sample		
BTEX/MTBE/Naph (soil)		/sample		
PAH (water)		/sample		
PAH (soil)		/sample		
Lead (water)		/sample		
Lead (soil)		/sample		
TPH		/sample		
PAH Water Supply		/sample		
VOC Water Supply		/sample		
Dibromoethane1,2, EDB		/sample		
Dichloroethane1,2 EDC		/sample		
tert-Butyl alcohol		/sample		
Ethanol		/sample		
Oil & Grease	\$50	/sample		
Air Samples (System Influent)	\$100	/sample		
Dry Bulk Density	\$20	/sample		
Grain Size Analysis	\$40	/sample		
Specific Gravity	\$20	/sample		
Moisture Content	\$15	/sample		
Nitrate	\$20	/sample		
Sulfate	\$20	/sample		
Iron	\$20	/sample		
FOM (ASTM 2947)	\$40	/sample		
Total Organic Carbon (Walkley Black)		/sample		
Chloride		/sample		
Foaming Agents		/sample		
Total Dissolved Solids		/sample		
Other		/sample		
Other		/sample		
Other		/sample		

**Total Field Costs**

Part II- Alabama Tank Trust Fund Itemization Form "C" Cost Proposal			
Drilling			
Scenarios	Unit \$	Unit	Quantity Requested\$
Mileage Rate (Current Federal Rate)			
Mileage (drilling device driven or ATV) (ONE WAY mileage up to 450 miles) <sup>1</sup>		/mile	
Number of Mobilizations (includes \$200 mob/demob amount)			
Mileage (drilling device "hauled" to the site)(ONE WAY mileage up to 450 miles) <sup>1</sup> (direct push, skid steer, etc.)		/mile	
Number of Mobilizations (includes \$200 mob/demob amount)			
Well Completions			
Well Pad Completions for Monitoring Wells (2" and 4")(up to 8" cover) <sup>2</sup>	\$150.00	/well	
Well Pad Completions for Monitoring Wells (2" and 4")(12" cover) <sup>2</sup>	\$200.00	/well	
Well Pad Completions for Recovery/Extraction Wells (2'x2') <sup>2</sup>		/well	
Well Pad Completions Recovery/Extraction Wells non hinged lid (2'x2') <sup>2</sup>		/well	
Alternate Screen for Recovery/Extraction Wells per/ft(Quotes Required) <sup>4</sup>		/foot	
Unconsolidated Media Drilling			
1" / 2" Monitoring Well/Injection Well (HSA) <sup>3</sup>	\$43.00	/foot	
4" Monitoring Well (HSA) <sup>3</sup>	\$45.00	/foot	
Type III Well (HSA) <sup>5</sup>	\$95.00	/foot	
Soil Boring (HSA) per ft (includes tremie grout abandonment) <sup>6</sup>	\$22.00	/foot	
Temporary Well (HSA) per ft (includes tremie grout abandonment) <sup>6</sup>	\$28.00	/foot	
Sonic Drilling		/foot	
Bedrock Drilling			
Air Rotary Rock Drilling per ft (2") <sup>3</sup>	\$55.00	/foot	
Air Rotary Rock Drilling per ft (4") <sup>3</sup>	\$60.00	/foot	
Type III Well <sup>5</sup>	\$95.00	/foot	
Air Compressor		/day	
Rock Coring	\$38.00	/foot	
Direct Push Technology			
Direct Push per day (includes all personnel time) <sup>6</sup>	\$1,800	/day	
Direct Push well install materials per foot	\$5.00	/ft	
Other Drilling Related Items			
MW/RW Pad Removal (if pad removed)	\$75.00	/pad	
2" MW/RW Abandonment by Overdrilling then tremie grouted <sup>3</sup>	\$25.00	/foot	
4" MW/RW Abandonment by Overdrilling then tremie grouted <sup>3</sup>	\$30.00	/foot	
MW/RW Tremie Grout Abandonment (remove well casing to at least 3' and fill remainder) <sup>3</sup>	\$10.00	/foot	
Recovery Well Vault removal and backfill w/concrete (2'x2') <sup>7</sup>	\$400.00	/vault	
Recovery Well Vault backfill w/concrete only (2'x2')	\$165.00	/vault	
Drums	\$50.00	/drum	
Shelby Tubes	\$50.00	/tube	
Per Diem (overnight) (man days)(hotel receipts required)		/day	
Other (receipts required)			
Other (receipts required)			
Other (receipts required)			
Pass Through (if appropriate) Enter "5" or "10" as appropriate			

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

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

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

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

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

6 Includes well pad removal and surface completion as per surrounding

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

**Total Drilling Costs**

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



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



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

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

**Other Plan /Report NOT Listed**  
 Description of Activities

Project Manager:		\$104.00	<input type="text"/>
PE/PG:		\$120.00	<input type="text"/>
Staff Geologist/ Engineer:		\$87.00	<input type="text"/>
Staff Scientist:		\$81.00	<input type="text"/>
Draftsman:		\$63.00	<input type="text"/>
Clerical:		\$51.00	<input type="text"/>

Other Plan Report

**Other Field Tasks NOT Listed**  
 Description of Activities

Project Manager:		\$104.00	<input type="text"/>
PE/PG:		\$120.00	<input type="text"/>
Staff Geologist/ Engineer:		\$87.00	<input type="text"/>
Staff Scientist:		\$81.00	<input type="text"/>
Technician:		\$63.00	<input type="text"/>

Other Field Task

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

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

**CAP Modification**  
 Description of Activities

<b>Project Manager:</b>		\$104.00	<input type="text"/>
<b>PE/PG:</b>		\$120.00	<input type="text"/>
<b>Staff Geologist/ Engineer:</b>		\$87.00	<input type="text"/>
<b>Staff Scientist:</b>		\$81.00	<input type="text"/>
<b>Draftsman:</b>		\$63.00	<input type="text"/>
<b>Clerical:</b>		\$51.00	<input type="text"/>

CAP Modification

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

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

**Emergency Response (written ADEM approval is required, up to 3 field days)**

**Description of Activities**

Project Manager:		\$156.00 <input type="text"/>
PE/PG:		\$180.00 <input type="text"/>
Staff Geologist/ Engineer:		\$130.50 <input type="text"/>
Technician:		\$94.50 <input type="text"/>

Emergency Response

## Alabama Tank Trust Fund Form "G" Cost Proposal

Each quoted item should have the appropriate detail amount listed below

Mob/Demob	<input type="text"/>	PVC	
		1"	<input type="text"/>
Trackhoe		2"	<input type="text"/>
Daily	<input type="text"/>	4"	<input type="text"/>
Weekly	<input type="text"/>	T's	<input type="text"/>
Backhoe		Couplings	<input type="text"/>
Daily	<input type="text"/>	Elbows	<input type="text"/>
Weekly	<input type="text"/>	45's	<input type="text"/>
Backfill (driver and transport)		Ferrel joint	<input type="text"/>
/ton	<input type="text"/>	Traps	<input type="text"/>
/yard	<input type="text"/>	Cleaner/glue	<input type="text"/>
/loaded mile	<input type="text"/>		
Compaction	<input type="text"/>	Roll off/ drums	<input type="text"/>
Disposal transport (includes driver)			
/ton	<input type="text"/>	Other	<input type="text"/>
/yard	<input type="text"/>	Other	<input type="text"/>
/loaded mile	<input type="text"/>	Other	<input type="text"/>
Equipment Operator		Other	<input type="text"/>
/Hr	<input type="text"/>	Other	<input type="text"/>
/week	<input type="text"/>		
Laborer			
/Hr	<input type="text"/>		
/week	<input type="text"/>		
Water Disposal			
/gallon	<input type="text"/>		
Soil/Solid Waste Disposal fee (Name Landfill)	<input style="width: 100%;" type="text"/>		
/ton	<input type="text"/>		
Sawcutting concrete			
base fee			
/ft	<input type="text"/>		
Horizontal Trenching/Soil (ft)	<input type="text"/>		
Horizontal Trenching/Concrete (ft)	<input type="text"/>		
Crane			
/job	<input type="text"/>		
Skid steer			
/daily	<input type="text"/>		
Electrician			
/hr	<input type="text"/>		
Fencing			
/ft	<input type="text"/>		
/single gate	<input type="text"/>		
/double gate	<input type="text"/>		
Concrete			
/yd	<input type="text"/>		
/bag	<input type="text"/>		
Asphalt			
/yd	<input type="text"/>		
/bag	<input type="text"/>		
Fuel Surcharge	<input type="text"/>		



# Alabama Tank Trust Fund Maximum Allowable Rates

7/2018

Drilling	
Mob/Demob amount	\$200.00
Mileage rate per mile (current State rate)	
Well Completion MW 8" cover	\$150.00
Well Completion MW 12" cover	\$200.00
RW/EW vault abandonment (removal)	\$400.00
RW/EW vault abandonment (fill in place)	\$165.00
2" Monitoring Well (HAS) per foot	\$43.00
4" Monitoring Well (HAS) per foot	\$45.00
Soil Boring (HAS) per foot	\$22.00
Temp Wells	\$28.00
Rock Drilling 2" Well	\$55.00
Rock Drilling 4" Well	\$60.00
Rock Coring	\$38.00
Type III Well	\$95.00
Direct Push Technologies	\$1,800.00
Direct Push Well Materials	\$5.00
MW/RW Pad removal	\$75.00
2" MW/RW Abandonment per foot overdrill	\$25.00
MW/RW Abandonment remove top of casing	\$10.00
4" MW/RW Abandonment per foot overdrill	\$30.00
Shelby Tubes	\$50.00
Rolloff dumpster	
Drilling Device Driven (4 x's mileage rate)	
Drilling Device Hauled (2 x's mileage rate)	

\* for scope of work (i.e. Preliminary is one scope)

\*\* includes influent and effluent sampling

Permit Application	
NPDES General Permit	
UIC Permit	
Solid Waste Profile (form 300)	



**Alabama Tank Trust Fund  
Payment Request  
Part I**

**I.1 Payment Request Information:**

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

**I.2 Facility Information**

Facility Name:	 
Facility Address:	 

**I.3 Owner Information:**

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

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

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

**I.5 Designation of Payment:**

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

**I.6 Activity Information:**

Indicate below the activities for which the Payment Request is submitted:

Site Stabilization/Initial Abatement
Preliminary Investigation
Secondary Investigation / Additional Well Installation
Alabama Risk Based Corrective Action (ARBCA)
Groundwater Sampling
Free Product Removal/Mobile Enhanced Multiphase Extraction (MEME)
Corrective Action Plan Evaluation
Develop Corrective Action Plan
Corrective Action
Stockpile Sampling / Management / Disposal
Provision of Alternate Water Supply
Pilot Test
Monitoring Well Abandonment
System Decommissioning/Removal

Activities/Other/Brief Summary of Activities:

--

Provide completion date for this phase of work activities:

--

Provide proposed completion date for all site activities:

--

**I.7 Subcontractor Information:**

Indicate Subcontractors used during this phase of work:

Name & Address	Service Provided

**I.8 Certification of Payment:**

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

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

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

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

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

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

**I.11 Payment Request Amount:**

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

This Payment Request exceeds the approved Cost Proposal by

**Please describe the cause of the exceedance below and include appropriate invoices**

**I.12 ADEM Approval Signatures:**

Approve for Payment \_\_\_\_\_

Name Date

I, \_\_\_\_\_ certify that all costs incurred under this payment are

ADEM Director

due and payable.

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

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

### Summary of ATTF Report and Plan Preparation Scenarios

<u>Scenarios</u>	<u>Unit \$</u>	<u>CP</u>	<u>PR</u>	<u>Requested</u>
Initial Abatement Report (other than just MEME)				
1-2 days in field	\$1,988			
Adder amount for every field day over 2 days(not to exceed 14 days)	\$337			
Initial Abatement Free Product Recovery Report	\$476			
Preliminary Investigation Report	\$4,889			
Secondary Plan (on and offsite)	\$841			
Secondary Report (up to 12 wells)	\$5,634			
Adder per Wells over 8	\$150			
Off-site access-Residential	\$182			
Off-site access - Commercial	\$260			
Off-site access - ALDOT	\$1,480			
Additional Well Installation Plan (investigation 1-4 wells)	\$476			
Additional Well Installation Plan (investigation >4 wells)	\$817			
Additional Well Installation Report (1-4 wells)(as an adder)	\$1,163			
Additional Well Installation Report (>4 wells)(as an adder)	\$1,417			
High Resolution Characterization Report (stand alone)	\$1,942			
Groundwater Monitoring Plan (GWM)	\$500			
NAMR/GWM-Report				
1-12 wells, BTEX/MTBE/Naphthalene	\$1,180			
1-12 wells, BTEX/MTBE+PAH	\$1,417			
NAMR/GWM adder >12 wells, BTEX/MTBE/Naphthalene	\$37.50			
NAMR/GWM adder >12 wells, BTEX/MTBE + PAH	\$52.50			
FPR Plan -All free product recovery	\$788			
FPR Report -all free product reports (except MEME)	\$977			
FPR Report-MEME	\$1,064			
MEME/Injection Events (adder to report)	\$754			
Adder amount for >3MEME/Injection Events (per approved period)	\$295			
ARBCA Report Tier I/RM 1				
1-12 wells, BTEX/MTBE/Naphthalene	\$3,973			
1-12 wells, BTEX/MTBE+PAH	\$4,210			
ARBCA Report Tier II/ RM 2				
1-12 wells, BTEX/MTBE/Naphthalene	\$3,973			
1-12 wells, BTEX/MTBE+PAH	\$4,210			
ARBCA GRP Re Assessment (1-4 wells Gas)	\$512			
ARBCA GRP Re Assessment (1-4 wells Diesel)	\$806			
ARBCA adder for Gas > number of allocated wells	\$37.50			
ARBCA adder for Diesel > number of allocated wells	\$45.00			
ARBCA adder for Tier II WITH DECAY	\$2,277			
ARBCA Evaluation with Decay (stand alone evaluation)	\$3,443			
CAP Development - CA Evaluation (once per site)	\$3,405			
CAP Development - RNA	\$1,578			
CAP Development - RNA with MEME	\$1,682			
CAP Development - Excavation	\$1,646			
CAP Development - Surfactant Injection	\$4,649			
CAP Development (Class 1)- DPVE, P&T, SVE	\$6,956			

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

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

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

CAP Development (Class 2) - Ozone/SVE, AS/SVE, Liquid Chemox/Biox	\$6,137		
CAP Development (Class 3) - Ozone, AS, SVE	\$5,657		
CAP Modification (requires detailed attachment)			
CAP Implementation Report - Excavation	\$2,062		
CAP Implementation Report - Liquid Injections	\$2,627		
CA System Installation Report (all Classes same)	\$7,552		
SEMR Qtrly DPVE, P&T Reports			
1-12 wells, BTEX/MTBE/Naphthalene	\$4,927		
1-12 wells, BTEX/MTBE+PAH	\$5,164		
SEMR Qtrly Ozone, AS, SVE, Chemox, Biosparge - Reports			
1-12 wells, BTEX/MTBE/Naphthalene	\$4,371		
1-12 wells, BTEX/MTBE+PAH	\$4,608		
SEMR adder >12 wells, BTEX/MTBE/Naph	\$37.50		
SEMR adder >12 wells, BTEX/MTBE+PAH	\$45.00		
IDW/Treatment Disposal Plan (stand alone)	\$570		
IDW/Treatment Disposal Report (stand alone)	\$914		
DPVE Pilot Test Plan (not for Slug Test)	\$1,066		
DPVE Pilot Test Report	\$1,675		
AS/SVE or Ozone Pilot Test Plan	\$1,066		
AS/SVE or Ozone Pilot Test Report	\$1,675		
ISCO or Bioremediation Pilot Test Plan	\$1,066		
ISCO or Bioremediation Pilot Test Report	\$1,849		
Specific Capacity Test Plan	\$362		
Specific Capacity Test Report	\$1,388		
System Purchase Letter	\$1,311		
Monitoring Well Abandonment Plan	\$440		
Monitoring Well Abandonment Report	\$977		
System Decommissioning Plan	\$875		
System Decommissioning Report	\$1,741		
Alternate Water Supply Plan	\$684		
Alternate Water Supply Report	\$1,064		
Public Water Line Replacement Plan	\$996		
Public Water Line Replacement Report	\$1,480		
Adjacent Property Owner Information (additional effort)	\$297		
UIC Permit Application Preparation	\$1,205		
UIC General Permit Application Preparation	\$771		
NPDES General Permit Application Preparation	\$771		
ADEM Solid Waste Profile Preparation	\$217		
Municipal Sewer Application Process (ADEM or Others)	\$467		
Environmental Covenant preparation	\$553		
CP Preparation (CP requested by ADEM but not implemented)	\$206		
Cost Proposal Tier I Addendum Preparation	\$104		
Cost Proposal Tier II Addendum Preparation	\$328		
ADEM Approved Amount			
Other Plan/Report (hours and documentation required)			

Total CP Approved Amount

**Total Report and Plan Costs**

Part II- Alabama Tank Trust Fund Itemization Form "B" Payment Request				
Summary of ATTF Field Scenarios				
Scenarios	Unit \$	CP	PR	Requested
<b>Well Installation Oversight time</b>				
Type II Porous Media Drilling				
Porous material 0-10 feet	\$206			
Porous material 0-30 feet	\$324			
Porous material 0-50 feet	\$704			
Porous material 0-70 feet	\$909			
Porous material 0-90 feet	\$1,115			
Porous material 0-110 feet	\$1,320			
Type II Bedrock Drilling				
Bedrock 0-20' Air Rotary Drilling	\$324			
Bedrock 0-40' Air Rotary Drilling	\$443			
Bedrock 0-60' Air Rotary Drilling	\$648			
Bedrock 0-80' Air Rotary Drilling	\$854			
Bedrock 0-20' Core Drilling	\$411			
Bedrock 0-40' Core Drilling	\$704			
Bedrock 0-60' Core Drilling	\$822			
Bedrock 0-80' Core Drilling	\$1,028			
Type III Well Porous (Depth of entire well)				
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 (Depth of entire well)				
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 Oversight				
Soil Boring porous material 0-10 feet	\$131			
Soil Boring porous material 0-30 feet	\$218			
Soil Boring porous material 0-50 feet	\$305			
Soil Boring porous material 0-70 feet	\$479			
Direct Push (Geologist Daily Charge or 8 probe points)	\$870			
High Resolution Imaging Field Time and Oversight	\$1,230			
<b>Other Field Activities</b>				
Well Re-Development (initial development included in drilling oversight costs)	\$95			
Slug Tests	\$300			
Private/Public Water Well Inventory (up to 5 wells)	\$348			
Site Survey during Investigation (not a Licensed Surveyor)	\$252			
RW Vault Abandonment Oversight	\$87			
MW/RW/IW Abandonment Oversight for Overdrilling	\$261			
MW/RW/IW Abandonment Oversight for Grouting in Casing	\$131			
Monitoring Well Pad/Cover Repair/Replacement	\$126			
Groundwater Sampling Set-up	\$126			
Purge/Development Water Handling (see Basis)	\$95			
Gauging Well (no sampling)	\$16			
Groundwater Sampling and Gauging 2" Well	\$63			
Groundwater Sampling and Gauging 4" Well	\$72			

Part II- Alabama Tank Trust Fund Itemization Form "B" Payment Request				
Summary of ATTF Field Scenarios				
Scenarios	Unit \$	CP	PR	Requested
Groundwater Sampling and Gauging 6" Well	\$79			
Sample Public Well	\$126			
Sample Private Well	\$95			
Sample Stream (up to 3 samples)	\$95			
Soil Sampling Setup (1-4 wells)	\$174			
Soil Sampling Setup adder (each additional group of 4 wells)	\$87			
MEME Event/Pilot Test/Injection Event (hourly rate)	\$63			
DPVE Pilot Test/Aquifer Test (hourly rate)	\$150			
SVE/ AS/ Ozone Pilot Test	\$783			
Site Visit by PE/PG (CAP Development,etc)	\$960			
System Installation Oversight (up to 7 days)	\$8,714			
System Installation Oversight Adder (per day over 7 doc req.)	\$974			
System Start up	\$1,664			
System Decommissioning	\$1,034			
DPVE, Pump and Treat O&M 3 months	\$3,856			
DPVE, Pump and Treat O&M 4 months	\$4,864			
Ozone, biosparge, SVE, biovent and Air Sparge O&M 3 months	\$1,928			
Ozone, biosparge, SVE, biovent and Air Sparge O&M 4 months	\$2,432			
ADEM Approved Amount				
Other Field Work not listed (hours and documentation required)				
Emergency Response				
Travel				
<b>Mileage Rate</b>				
Mileage (One way office to site)				
Number of round trips to site				
Other Mileage (enter total mileage not including office to site)				
<b>Travel Time</b>				
Technicians(s)-travel time	\$63 /hr			
Geologist/Engineer-travel time	\$87 /hr			
PG/PE-travel time	\$120 /hr			
Project Manager-travel time	\$104 /hr			
<b>Per Diem</b>				
Per diem (6-12hrs)	\$12.75 /day			
Per diem (greater than 12hrs)	\$34 /ext. day			
Per diem 2 days (overnight)(invoice required)	\$85 /day			
Per diem >2 consecutive days (overnight)(invoice required)	\$100 /day			
Equipment and Equipment Kits				
55-Gallon Drums	\$50 /drum			
Sampling Expendables	\$50 /sow			
Expendables O&M	\$25 /day			
Monitoring Well Development	\$75 /day			
Monitoring Well/ Boring Installation	\$60 /day			
Monitoring Well/ Boring Abandonment	\$60 /day			
Encore Samplers	\$9 /sampler			
Groundwater Monitoring	\$160 /day			
Bailers	\$7 /bailer			
MEME Event	\$70 /event			
Free Product Bailing	\$60 /sow			
DPVE , SVE, AS, P&T O&M	\$145 /day			
Ozone Sparge O&M	\$75 /day			
DPVE Pilot Test	\$70 /sow			
Pumping Test	\$165 /sow			
Specific Capacity	\$65 /sow			
Slug Test	\$110 /sow			
Initial Abatement	\$50 /day			



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

**Summary of ATTF Field Scenarios**

<u>Scenarios</u>	<u>Unit \$</u>	<u>CP</u>	<u>PR</u>	<u>Requested</u>
Postage / Shipping and Copying (plans reports, ADEM and owner)	\$85 /sow			
Postage / Shipping (Sample Shipping)	\$50			
Postage / Shipping (documentation required)				

**Analytical Samples**

method	Approved Amount Per Sample	"CP" Number of Samples	"PR" Number of Samples	Actual Amount Per Sample	Pass Through
BTEX/MTBE/Naph (water)					
BTEX/MTBE/Naph (soil)					
PAH (water)					
PAH (soil)					
Lead (water)					
Lead (soil)					
TPH					
PAH Water Supply					
VOC Water Supply					
Dibromoethane 1,2 EDB					
Dichloroethane 1,2 EDC					
tert-Butyl alcohol					
Ethanol					
Oil & Grease					
Air Samples					
Dry Bulk Density					
Grain Size Analysis					
Specific Gravity					
Moisture Content					
Nitrate					
Sulfate					
Iron					
FOM (ASTM 2947)					
Total Organic Carbon (Walkley Black)					
Chloride					
Foaming Agent					
Total Dissolved Solids					
Other					
Other					
Other					

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

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

**Drilling**

<u>Scenarios</u>	<u>Unit \$</u>	<u>Unit</u>	<u>CP</u>	<u>PR</u>	<u>Requested</u>
Mileage Rate (Current Federal Rate)					
Mileage (drilling device driven or ATV) (up to 450 <b>one way</b> miles) <sup>1</sup>		/mile			
Number of Mobilizations (Includes \$200 Mob/Demob amount)					
Mileage (drilling device "hauling" to the site)(up to 450 <b>one way</b> miles) <sup>1</sup> (direct push, skid steer, etc.)		/mile			
Number of Mobilizations (Includes \$200 Mob/Demob amount)					

**Well Completions**

Well Pad Completions (2" and 4")(up to 8" cover) <sup>2</sup>	\$150	/well			
Well Pad Completions (2" and 4")(12" cover) <sup>2</sup>	\$200	/well			
Well Pad Completions RW/EW non hinged lid (2'x2') <sup>2</sup>		/well			
Well Pad Completions for Recovery/Extraction Wells (2'x2') <sup>2</sup>		/well			
Alternate Screen for Recovery/Extraction/Injection Wells per/ft (Quote and Invoices Required) <sup>4</sup>					

**Unconsolidated Media Drilling**

1" / 2" Monitoring Well (HSA) <sup>3</sup>	\$43	/foot			
4" Monitoring Well (HSA) <sup>3</sup>	\$45	/foot			
Type III Well (HSA) <sup>5</sup>	\$95	/foot			
Soil Boring (HSA) per ft (includes tremie grout abandonment) <sup>6</sup>	\$22	/foot			
Temporary Well (HSA) per ft (includes tremie grout abandonment) <sup>6</sup>	\$28	/foot			
Sonic Drilling		/foot			

**Bedrock Drilling**

Air Rotary Rock Drilling per ft (2") <sup>3</sup>	\$55	/foot			
Air Rotary Rock Drilling per ft (4") <sup>3</sup>	\$60	/foot			
Type III Well <sup>5</sup>	\$95	/foot			
Air Compressor		/day			
Rock Coring	\$38	/foot			

**Direct Push Technologies**

Direct Push per day (includes all personnel time) <sup>6</sup>	\$1,800	/day			
Direct Push well install materials per foot	\$5	/foot			

**Other Items**

MW/RW Pad Removal	\$75	/foot			
2" MW/RW Abandonment by Overdrilling then tremie grout <sup>3</sup>	\$25	/foot			
4" MW/RW Abandonment by Overdrilling then tremie grout <sup>3</sup>	\$30	/foot			
MW/RW Tremie Grout Abandonment (remove well casing to at least 3' and fill remainder) <sup>3</sup>	\$10	/foot			
Recovery Well Vault removal and backfill w/concrete (2'x2') <sup>7</sup>	\$400	/vault			
Recovery Well Vault removal and backfill w/concrete (2'x2')	\$165	/vault			
Drums	\$50	/drum			
Shelby Tubes	\$50	/tube			
Per Diem (overnight) (man days)(hotel receipts required)		/day			
Other (receipts required)					
Other (receipts required)					
Other (receipts required)					
Pass Through (if appropriate) Enter "10" or "5" as appropriate					

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

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

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

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

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

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

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

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

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

All Vendor Invoices should be detailed, itemized and attached to Form "D"

**Sub Contractors/ Vendors/ Utilities**

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

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



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

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

Detailed description of activities must be entered where hours are claimed

**Other Plan /Report NOT Listed**

**Description of Activities**

Project Manager:		\$104.00	<input type="text"/>
PE/PG:		\$120.00	<input type="text"/>
Staff Geologist/ Engineer:		\$87.00	<input type="text"/>
Staff Scientist:		\$81.00	<input type="text"/>
Draftsman:		\$63.00	<input type="text"/>
Clerical:		\$51.00	<input type="text"/>

Other Plan/ Report time not already listed

**Other Field Tasks NOT Listed**

**Description of Activities**

Project Manager:		\$104.00	<input type="text"/>
PE/PG:		\$120.00	<input type="text"/>
Staff Geologist: Engineer		\$87.00	<input type="text"/>
Staff Scientist:		\$81.00	<input type="text"/>
Technician:		\$63.00	<input type="text"/>

Other Field Tasks

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

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

Detailed description of activities must be entered where hours are claimed

**CAP Modification**

**Description of Activities**

<b>Project Manager:</b>		\$104.00 <input type="text"/>
<b>PE/PG:</b>		\$120.00 <input type="text"/>
<b>Staff Geologist/ Engineer:</b>		\$87.00 <input type="text"/>
<b>Staff Scientist:</b>		\$81.00 <input type="text"/>
<b>Draftsman:</b>		\$63.00 <input type="text"/>
<b>Clerical:</b>		\$51.00 <input type="text"/>

CAP Modification

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

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

Detailed description of activities must be entered where hours are claimed

**Emergency Response**

Description of Site Activities (written ADEM approval is required, up to 3 field days)

Project Manager:		\$156.00 <input type="text"/>
PE/PG:		\$180.00 <input type="text"/>
Staff Geologist/ Engineer:		\$130.50 <input type="text"/>
Technician:		\$94.50 <input type="text"/>

Emergency Response



**Part II- Alabama Tank Trust Fund Invoice Details Form "G" Payment Request**

Each invoiced item should have the appropriate detail amount listed below

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

# Alabama Tank Trust Fund Maximum Allowable Rates

7/2018

Personnel Rates	
Project Manager	\$104.00
PE/PG	\$120.00
Staff Geologist/Engineer	\$87.00
Scientist	\$81.00
Technician	\$63.00
Draftsman	\$63.00
Clerical	\$51.00

\*Rates can be adjusted down

Per Diem Daily	\$12.75
Per Diem Extended	\$34.00
Per Diem Overnight (2 days)	\$85.00
Per Diem Overnight (>2 days)	\$100.00

Disposable Bailers	\$7.00	/ea
55 Gallon Drums	\$50.00	/ea
Expendables*	\$50.00	/sow
Air Compressor	\$25.00	/day
Combustible Gas Indicator/PID/FID	\$50.00	/day
Conductivity Meter	\$10.00	/day
Digital Manometer	\$10.00	/day
Dissolved Oxygen Meter	\$10.00	/day
Gloves	\$5.00	/day
Generator (5K)	\$25.00	/day
Submersible Pump	\$30.00	/day
Pressure Transducer/data logger	\$100.00	/day
Interface Probe/Water Level	\$10.00	/day
Flow Meter (anemometer)	\$10.00	/day
Metal Detector	\$10.00	/day
Ozone Meter/Sensor	\$10.00	/day
Pump-Peristaltic or Purging (inc. tubing)	\$50.00	/day
pH/Temperature Meter	\$10.00	/day
Pressure Washer	\$25.00	/day
Redox/ORP Meter	\$10.00	/day
Multimeter	\$100.00	/day
Thermal Anemometer	\$10.00	/day
Turbidity Meter	\$10.00	/day
Concrete Saw	\$25.00	/sow
Encore Samplers	\$9.00	/sampler
O&M Expendables**	\$25.00	/day
Skidsteer (750max/week)	\$250.00	day
Well Development Expendables	\$15.00	/day
Emergency Response Multiplier	1.5	times

Postage	
Postage Class I	\$85.00
Postage Class II	\$50.00

Analytical with Methods			
		water	soil
BTEX/MTBE/Naph	8260; 8021; 602	\$65.00	\$65.00
PAH	610	\$130.00	
	8310;8270	\$130.00	\$130.00
PAH Water Supply	525.1	\$275.00	
VOC Water Supply	524.2	\$150.00	
	8260	\$65.00	
1,2 Dibromoethane (EDB)	504.1	\$65.00	
	524.2	\$150.00	
	8011	\$65.00	
1,2 Dichloroethane (EDC)	8260	\$65.00	\$65.00
	504.1	\$65.00	
	524.2	\$150.00	
Lead	239.2; 7421	\$25.00	\$25.00
	6020	\$15.00	\$15.00
TPH	5520		\$60.00
	418.1/9071		\$50.00
	8015 GRO		\$80.00
	8015 DRO		\$95.00
Oil & Grease	9071;5520	\$50.00	
Dry Bulk Density	ASTM 2473	\$20.00	
Grain Size Analysis		\$40.00	
FOM	ASTM 2974	\$40.00	
Moisture Content	ASTM 2216	\$15.00	
Specific Gravity	ASTM D854	\$20.00	
Nitrate		\$20.00	
Sulfate		\$20.00	
Iron		\$20.00	
Air Samples	8260	\$100.00	
TCLP		\$100.00	
Ethanol	8015D;8260	\$65.00	
Methanol		\$65.00	
Chloride			
Foaming Agent			
Total Organic Carbon			
Total Dissolved Solids			

Pass Through Amount	
Other than System Purchase/ Install	10.00%
System Purchase/ Install	5.00%

# Alabama Tank Trust Fund Maximum Allowable Rates

7/2018

Drilling	
Mob/Demob amount	\$200.00
Mileage rate per mile (current State rate)	
Well Completion MW 8" cover	\$150.00
Well Completion MW 12" cover	\$200.00
RW/EW vault abandonment (removal)	\$400.00
RW/EW vault abandonment (fill in place)	\$165.00
2" Monitoring Well (HAS) per foot	\$43.00
4" Monitoring Well (HAS) per foot	\$45.00
Soil Boring (HAS) per foot	\$22.00
Temp Wells	\$28.00
Rock Drilling 2" Well	\$55.00
Rock Drilling 4" Well	\$60.00
Rock Coring	\$38.00
Type III Well	\$95.00
Direct Push Technologies	\$1,800.00
Direct Push Well Materials	\$5.00
MW/RW Pad removal	\$75.00
2" MW/RW Abandonment per foot overdrill	\$25.00
MW/RW Abandonment remove top of casing	\$10.00
4" MW/RW Abandonment per foot overdrill	\$30.00
Shelby Tubes	\$50.00
Rolloff dumpster	
Drilling Device Driven (4 x's mileage rate)	
Drilling Device Hauled (2 x's mileage rate)	

\* for scope of work (i.e. Preliminary is one scope)

\*\* includes influent and effluent sampling

Permit Application	
NPDES General Permit	
UIC Permit	
Solid Waste Profile (form 300)	

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
**AIR DIVISION**  
**INSTRUCTIONS FOR COMPLETION OF**  
**FACILITY IDENTIFICATION FORM ADEM 103**

This form is to be completed in duplicate for each facility operated by your firm or institution in the State of Alabama. If permit application forms are not received at every facility of a firm or institution which has more than one facility, it is still the responsibility of the owner or operator to secure application forms and submit them.

- Items 1-4:** Self-explanatory
- Item 5:** Universal Transverse Mercator Coordinates (for Alabama, N-S is between 3337.000km-3875.000km and E-W is between 362.000km-709.000km; Zone 16)
- Items 6-7:** Self-explanatory
- Item 8:** There must be at least one copy (in duplicate) of Forms ADEM 104-438. The total number of each of these will depend on the number of air contaminant sources at the facility. Submission of some of the other forms may not be necessary. This can be determined from the instructions. Each form must be completed in duplicate, but the original and copy are to be counted as one form.
- Item 9:** Self-explanatory
- Item 10:** Any facility applying for either a Synthetic Minor Operating Permit (SMOP) or a Major Operating Permit should list each pollutant and its emission rate for the facility for which the application is submitted. Also, indicate whether each pollutant is major (emissions > 100 TPY for any criteria pollutants, emissions > 10 TPY for any single HAP, or emissions > 25 TPY for any combination of HAPs). The most recent air emissions inventory done for annual operating permit fees can be substituted for Item 10, provided it shows the totals for each pollutant in the inventory. Indicate in the space that the air inventory is attached if this option is chosen.
- Item 11:** Self-explanatory  
PSD - Prevention of Deterioration  
NSPS - New Source Performance Standards  
NESHAP - National Emissions Standards for Hazardous Air Pollutants  
Title I - Attainment and Maintenance of NAAQS  
Title IV - Acid Rain  
Title VI - Stratospheric Ozone and Global Climate Protection
- Item 12:** Identify and list any source or activity that will be considered insignificant (emitting less than 5 TPY of any criteria pollutant, 1000 lb/yr of any air toxic, or included in the insignificant activities list previously established by the Department). Supporting documentation, including calculations, should be submitted for each activity.
- Item 13:** Self-explanatory
- Item 14:** Indicate any actual emission test of air contaminants for any operations covered in this application.

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (AIR DIVISION)

Do not Write in This Space

Facility Number

			-				
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CONSTRUCTION/OPERATING PERMIT APPLICATION FACILITY IDENTIFICATION FORM	
1. Name of Facility, Firm, or Institution:	
Facility Physical Location Address	
Street & Number:	
City:	County: Zip:
Facility Mailing Address (If different from above)	
Address or PO Box:	
City:	State: Zip:
Owner's Business Mailing Address	
2. Owner:	
Street & Number:	City:
State:	Zip: Telephone:
Responsible Official's Business Mailing Address	
3. Responsible Official: Title:	
Street & Number:	
City:	State: Zip:
Telephone Number:	E-mail Address:
Plant Contact Information	
4. Plant Contact: Title:	
Telephone Number: E-mail Address:	

5. Location Coordinates:

UTM \_\_\_\_\_ E-W \_\_\_\_\_ N-S

Latitude/Longitude \_\_\_\_\_ LAT \_\_\_\_\_ LONG

6. Permit application is made for:

- Existing source (initial application)
- Existing source (permit renewal)
- Modification
- New source (to be constructed)
- Change of ownership
- Change of location
- Other (specify) \_\_\_\_\_

If application is being made to construct or modify, please provide the name and address of installer or contractor

\_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Date construction/modification to begin \_\_\_\_\_ to be completed \_\_\_\_\_

7. Permit application is being made to obtain the following type permit:

- Air permit
- Major source operating permit
- Synthetic minor source operating permit
- General permit

8. Indicate the number of each of the following forms attached and made a part of this application: (if a form does not apply to your operation indicate "N/A" in the space opposite the form). Multiple forms may be used as required.

- \_\_\_\_\_ ADEM 104 - INDIRECT HEATING EQUIPMENT
- \_\_\_\_\_ ADEM 105 - MANUFACTURING OR PROCESSING OPERATION
- \_\_\_\_\_ ADEM 106 - REFUSE HANDLING, DISPOSAL, AND INCINERATION
- \_\_\_\_\_ ADEM 107 - STATIONARY INTERNAL COMBUSTION ENGINES
- \_\_\_\_\_ ADEM 108 - LOADING, STORAGE & DISPENSING LIQUID & GASEOUS ORGANIC COMPOUNDS
- \_\_\_\_\_ ADEM 109 - VOLATILE ORGANIC COMPOUND SURFACE COATING EMISSION SOURCES
- \_\_\_\_\_ ADEM 110 - AIR POLLUTION CONTROL DEVICE
- \_\_\_\_\_ ADEM 112 - SOLVENT METAL CLEANING
- \_\_\_\_\_ ADEM 438 - CONTINUOUS EMISSION MONITORS
- \_\_\_\_\_ ADEM 437 - COMPLIANCE SCHEDULE

9. General nature of business: (describe and list appropriate standard industrial classification (SIC) and North American Industry Classification System (NAICS) ([www.naics.com](http://www.naics.com)) code(s)):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



11. For those applying for a major source operating permit, indicate the compliance status by program for each emission unit or source and the method used to determine compliance. Also cite the specific applicable requirement.

Emission unit or source: \_\_\_\_\_ (description)

Emission Point No.	Pollutant <sup>4</sup>	Standard	Program <sup>1</sup>	Method used to determine compliance	Compliance Status	
					IN <sup>2</sup>	OUT <sup>3</sup>

<sup>1</sup>PSD, non-attainment NSR, NSPS, NESHAP (40 CFR Part 61), NESHAP (40 CFR Part 63), accidental release (112(r)),SIP regulation, Title IV, Enhanced Monitoring, Title VI, Other (specify)

<sup>2</sup>Attach compliance plan

<sup>3</sup>Attach compliance schedule (ADEM Form-437)

<sup>4</sup>Fugitive emissions must be included as separate entries





13. List and explain any exemptions from applicable requirements the facility is claiming:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_

14. List below other attachments that are a part of this application(all supporting engineering calculations must be appended):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.

I ALSO CERTIFY THAT THE SOURCE WILL CONTINUE TO COMPLY WITH APPLICABLE REQUIREMENTS FOR WHICH IT IS IN COMPLIANCE, AND THAT THE SOURCE WILL, IN A TIMELY MANNER, MEET ALL APPLICABLE REQUIREMENTS THAT WILL BECOME EFFECTIVE DURING THE PERMIT TERM AND SUBMIT A DETAILED SCHEDULE, IF NEEDED FOR MEETING THE REQUIREMENTS.

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SIGNATURE OF RESPONSIBLE OFFICIAL

TITLE

DATE

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION

INSTRUCTIONS FOR COMPLETION OF  
INDIRECT HEATING EQUIPMENT  
(FUEL BURNING EQUIPMENT) ADEM FORM 104

All applicable portions of this form should be completed by printing or typing. When any item is not applicable, the letters "NA" should be placed in the left margin beside the item. If the entire ADEM Form 104 is not applicable to your plant or facility, items 1 and 2 and the signature block should be completed and the words "NOT APPLICABLE" should be inserted beneath the signature block. At least one copy of this form must be included in the group of initial permit applications for each facility or plant.

For the purpose of this application, an indirect heat exchanger is defined to be a boiler or other device with the same basic function. Any questions regarding the applicability of this form should be directed to this office.

A separate permit application should be submitted for each indirect heat exchanger that requires a permit.

- Items 1-5: Are self-explanatory.
- Item 6: May be included as part of monitoring plan (if so, please indicate in space provided)
- Item 7: Potential emissions should be based on emission tests, approved emission factors, etc.  
All calculations should be attached
- Item 8: Is self-explanatory.
- Item 9: Potential emissions should be based on manufacturers' design, emission tests, approved emission factors, etc.  
All calculations should be attached
- Item 10: Stack height is that above ground level. GEP Stack Height, which means *Good Engineering Practice (GEP)* stack height as defined in ADEM Administrative Code r. 335-3-14-.03(2)(a)5., 335-3-15-.02(9)(a)5., or 335-3-16-.02(10)(a)5., as applicable. This space should only be used if a GEP analysis has been performed or if the stack is a grandfathered stack, thus yielding a GEP stack height equivalent to "Height above grade." UTM Coordinates, which means *Universal Transverse Mercator* Coordinates, for Alabama, N-S is between 3337.000km-3875.000km and E-W is between 362.000km-709.000km; Zone 16. Standard temperature is 70°F; standard pressure is 29.92 inches of Hg. Volume of gas discharged can be calculated with the gas velocity (FPS) and stack diameter (Ft).
- Item 11: Is self-explanatory.

**PERMIT APPLICATION  
FOR  
INDIRECT HEATING EQUIPMENT  
(FUEL BURNING EQUIPMENT)**

-




-

Do not write in this space

1. Name of facility or organization: \_\_\_\_\_

2. Unit Description (i.e. No. 1 Power Boiler): \_\_\_\_\_

**Equipment manufacturer's information**

Name of manufacturer: \_\_\_\_\_

Model number: \_\_\_\_\_

Rated capacity-input: \_\_\_\_\_ (MMBtu/hr.)

Boiler type:             Fire tube     Water tube     other(specify): \_\_\_\_\_

Manufactured date: \_\_\_\_\_

Proposed installation date: \_\_\_\_\_

Original installation date (if existing): \_\_\_\_\_

Reconstruction or Modification date (if applicable): \_\_\_\_\_

3. Type of fuel used:

**Primary:**

Fuel	Heat Content	Units	Max. % Sulfur	Max. % Ash	Grade No. [fuel oil only]	Supplier [used oil only]
Coal		Btu/lb				
Fuel Oil		Btu/gal				
Natural Gas		Btu/ft <sup>3</sup>				
L. P. Gas		Btu/ft <sup>3</sup>				
Wood		Btu/lb				
Other (specify)						

**Standby:**

Fuel	Heat Content	Units	Max. % Sulfur	Max. % Ash	Grade No. [fuel oil only]	Supplier [used oil only]
Coal		Btu/lb				
Fuel Oil		Btu/gal				
Natural Gas		Btu/ft <sup>3</sup>				
L. P. Gas		Btu/ft <sup>3</sup>				
Wood		Btu/lb				
Other (specify)						

4. Purpose ( if multipurpose, note percent in each use category):

Space heat \_\_\_\_\_ %     Power generation \_\_\_\_\_ %     Process heat \_\_\_\_\_ %

Other (specify): \_\_\_\_\_

5. Normal schedule of operation:

Hours per day: \_\_\_\_\_ Days per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_

6. For each regulated pollutant, describe any limitations on source operation which affects emissions or any work practice standard (attach additional page if necessary):

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7. Fugitive Emissions (attach calculation worksheets):

POLLUTANT	POTENTIAL EMISSIONS		BASIS OF CALCULATION	REGULATORY EMISSION LIMIT (lb/hr)	REGULATORY EMISSION LIMIT (in units of standard)
	lb/hr	t/yr			
Particulate					
Sulfur dioxide					
Nitrogen oxides					
Carbon monoxide					
VOC's					
Other					

8. Is there any emission control equipment on this emission source?

Yes     No (If "yes", complete ADEM Form 110)

9. Point Emissions (attach calculation worksheets):

POLLUTANT	POTENTIAL EMISSIONS		BASIS OF CALCULATION	REGULATORY EMISSION LIMIT (lb/hr)	REGULATORY EMISSION LIMIT (in units of standard)
	lb/hr	t/yr			
Particulate					
Sulfur dioxide					
Nitrogen oxides					
Carbon monoxide					
VOC's					
Other					

10. Stack data:

UTM Coordinate (E-W) \_\_\_\_\_ (km)      UTM Coordinate (N-S) \_\_\_\_\_ (km)  
 Latitude \_\_\_\_\_ (LAT)      Longitude \_\_\_\_\_ (LONG)  
 Height above grade \_\_\_\_\_ (feet)      Gas temperature at exit \_\_\_\_\_ (°F)  
 Inside diameter at exit (round) \_\_\_\_\_ (feet)      Gas Velocity \_\_\_\_\_ (Ft/Sec)  
 Inside area at exit (not round) \_\_\_\_\_ (sq. feet)      Volume of gas discharged \_\_\_\_\_ (ACFM)  
 Base Elevation \_\_\_\_\_ (feet)      GEP Stack Height \_\_\_\_\_ (feet)

Are sampling ports available?  Yes  No (If "yes", describe. Draw on separate sheet if necessary):

11. Is this item in compliance with all applicable air pollution rules and regulations?

Yes  No (if "no", a compliance schedule, ADEM Form 437, must be attached.)

Name of person preparing application: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION**

**INSTRUCTIONS FOR COMPLETION OF  
MANUFACTURING OR PROCESSING OPERATION ADEM FORM 105**

All applicable portions of this form should be completed by printing or typing. When any item is not applicable, the letters "NA" should be placed in the left margin beside the item. If the entire ADEM Form 105 is not applicable to your plant or facility, items 1 through 4 and the signature block should be completed and the words "NOT APPLICABLE" should be inserted beneath the signature block. At least one copy of this Form must be included in the group of initial permit applications for each facility or plant.

A separate copy of this Form is to be completed for each process, operation, machine or other source which has the potential for emission of contaminants to the atmosphere. Two or more pieces of equipment may be grouped as a single permit unit.

Items 1 & 2: Self-explanatory

Item 3: Identify the equipment as specific type; i.e., state "open hearth furnace", "electric arc furnace", etc., rather than the general term, "furnace". When two or more pieces of equipment are grouped as a unit, then the individual component of the unit must be identified. If the unit receives input material from, or provides input material to, another operation in your facility, the relationship should be made clear.

Item 4: Self-explanatory

Item 5: All raw materials input to the unit are to be identified, including solid fuels such as coal or coke. Exclude fuels for indirect heat exchangers; these are to be included on ADEM Form 104.

Item 6: Do not include those fuels used in indirect heat exchangers, for which ADEM Form 104 is provided.

Item 7: List all products, including intermediates used in other operations, and those which are not usable because they do not meet specifications.

Item 8: May be included as part of monitoring plan (if so, please indicate in space provided)

Item 9: If the answer to this item is "yes", the application will not be considered complete unless ADEM Form 110 is attached to Form 105.

- Item 10:** Each stack, vent, etc. which may emit air contaminants is to be separately identified with a number which is also used in Item 12. Stack height is that above ground level. GEP Stack Height, which means *Good Engineering Practice (GEP)* stack height as defined in ADEM Administrative Code r. 335-3-14-.03(2)(a)5., 335-3-15-.02(9)(a)5., or 335-3-16-.02(10)(a)5., as applicable. This space should only be used if a GEP analysis has been performed or if the stack is a grandfathered stack, thus yielding a GEP stack height equivalent to "Height above grade." UTM Coordinates, which means *Universal Transverse Mercator* Coordinates, for Alabama, N-S is between 3337.000km-3875.000km and E-W is between 362.000km-709.000km; Zone 16. Standard temperature is 70°F; standard pressure is 29.92 inches of Hg. Volume of gas discharged can be calculated with the gas velocity (FPS) and stack diameter (Ft). Emission points not associated with a stack or vent should be labeled as "fugitives" under stack height.
- Item 11:** Each air contaminant which is known or suspected to be emitted from each emission point is to be listed. The allowable emission specified in the Regulation must be stated. The Department must be assured that the owner or operator has a clear understanding of the allowable emission rate.
- Item 12:** If applications for more than one process are being submitted for a facility, the use of a single flow diagram for the entire facility is allowed. Use of one flow diagram is suggested for integrated operations. Points of air contaminant emissions are to be numbered to correspond with those points listed in Item 10.
- Item 13:** If the answer is no, then an ADEM Form 437 form should be attached.
- Item 14:** Self-explanatory
- Item 15:** This item is designed to determine if there are any fugitive dust problems associated with material handling of either the raw materials or finished products used in the process.

**USE ADDITIONAL SHEETS IF NECESSARY**



**PERMIT APPLICATION  
FOR  
MANUFACTURING OR PROCESSING OPERATION**

				-						-				
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Do not write in this space

1. Name of facility or organization: \_\_\_\_\_
  
2. Briefly describe the operation of this unit or process in your facility: (separate forms are to be submitted for each type of process or for multiple units of one process type. If the unit or process receives input material from, or provides input material to, another operation, please indicate the relationship between the operations.) An application should be completed for each alternative operating scenario.

Operating scenario number \_\_\_\_\_

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3. Type of unit or process (e.g., calcining kiln, cupola furnace): \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Rated process capacity (manufacturer's or designer's guaranteed maximum) in pounds/hour: \_\_\_\_\_

Manufactured date: \_\_\_\_\_ Proposed installation date: \_\_\_\_\_

Original installation date (if existing): \_\_\_\_\_

Reconstruction or Modification date (if applicable): \_\_\_\_\_

4. Normal operating schedule:

Hours per day: \_\_\_\_\_ Days per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_

Peak production season (if any): \_\_\_\_\_

5. Materials (feed input) used in unit or process (include solid fuel materials used, if any):

Material	Process Rate Average (lb/hr)	Maximum (lb/hr)	Quantity tons/year

6. Total heat input capacity of process heating equipment (exclude fuel used by indirect heating equipment previously described on ADEM Form 104): \_\_\_\_\_ MMBtu/hr

Fuel	Heat Content	Units	Max. % Sulfur	Max. % Ash	Grade No. [fuel oil only]	Supplier [used oil only]
Coal		Btu/lb				
Fuel Oil		Btu/gal				
Natural Gas		Btu/ft <sup>3</sup>				
L. P. Gas		Btu/ft <sup>3</sup>				
Wood		Btu/lb				
Other (specify)						

7. Products of process or unit:

Products	Quantity/year	Units of production

8. For each regulated pollutant, describe any limitations on source operation which affects emissions or any work practice standard (attach additional page if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is there any emission control equipment on this emission source?

Yes  No (Where a control device exists, ADEM Form 110 must be completed and attached).

10. Air contaminant emission points: (Each point of emission should be listed separately and numbered so that it can be located on the attached flow diagram):

Emission Point	Stack											
	UTM Coordinates		Geographic Coordinates		Height Above Grade (Feet)	GEP Stack Height (Feet)	Base Elevation (Feet)	Inside Diameter for Round Opening (Feet)	Inside Area if NOT Round Opening (sq. feet)	Gas Exit Velocity (Feet/Sec)	Volume of Gas Discharged (ACFM)	Exit Temperature (°F)
	E-W (km)	N-S (km)	LAT	LONG								

\* Std temperature is 68°F - Std pressure is 29.92" in Hg.

11. Air contaminants emitted: Basis of estimate (material balance, stack test, emission factor, etc.) must be clearly indicated on calculations appended to this form. Fugitive emissions must be included and calculations must be appended.

Emission Point	Pollutants	Potential Emissions			Regulatory Emission Limit	
		(lb/hr)	(Tons/yr)	Basis of Calculation	(lb/hr)	(units of standard)

12. Using a flow diagram:

- (1) Illustrate input of raw materials,
- (2) Label production processes, process fuel combustion, process equipment and air pollution control equipment,
- (3) Illustrate locations of air contaminant release so that emission points under item 10 can be identified.

Check box if extra pages are attached  
 Process flow diagram

13. Is this unit or process in compliance with all applicable air pollution rules and regulations?

Yes    No

(if "no", a compliance schedule, ADEM Form 437 must be completed and attached.)

14. Does the input material or product from this process or unit contain finely divided materials which could become airborne?

Yes    No

15. If "yes", is this material stored in piles or in some other facility as to make possible the creation of fugitive dust problems?

Yes    No

List storage piles or other facility (if any):

Type of material	Particle size (diameter or screen size)	Pile size or facility (average tons)	Methods utilized to control fugitive emissions (wetted, covered, etc.)

Name of person preparing application: \_\_\_\_\_

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

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 Instructions for  
**ADEM Form 107**  
 Permit Application for  
 Stationary Internal Combustion Engines

Item	Description
1	Self explanatory
2	In addition to selecting the purpose of the application, you must provide (1) the date the facility plans to commence construction if the application is for the installation or modification of an engine, and/or (2) the date the engine was first installed at this location if the application is for an engine that is currently installed at the facility.
3A, 3B, & 3C	Self explanatory
3D	Provide the name or number used to identify this engine in facility records and by facility employees. Examples include: Generator No. 1; Mainline Unit No. 12; Compressor Engine No. 7, etc.
3E	Self explanatory. Please note, if the serial number is not known at the time the application is submitted, you should provide the serial number to the Air Division upon completion of installation of the engine.
4A	If the proposed engine is a new (unused) engine, you must provide the date the engine was ordered from the manufacturer. This date is needed to determine applicability under certain federal regulations. If the proposed engine is used, you may leave this field blank.
4B	Self explanatory. However, if the engine has been/will be ordered from a manufacturer, you may enter "Unknown" if the Date of Manufacture is not known or the engine has not been manufactured yet. You should provide the Date of Manufacture to the Air Division upon completion of installation of the engine.
4C	Provide the date the engine was modified or reconstructed as defined in Subpart A of either 40 CFR Part 60 or 63, as applicable.
4D	You must only provide this information if the application is for the installation of a used engine. Applicability under federal NSPS and NESHAP regulations is not affected by moving an engine from one location to another. To correctly determine applicability, it is important to know when an engine was first placed into service.
5	Self explanatory. For engines generating electricity, please also provide the maximum electrical output and specify the units, either in kilowatts (kWe) or megawatts (MWe).
6	Self explanatory
7A, 7B & 7C	For a reciprocating engine, please provide the engine power rating in both brake horsepower and mechanical kilowatts (1 bhp =0.746 kWm). If the engine drives an electrical generator do <u>not</u> use the electrical kilowatt rating for the generator as the rating for the engine. For a combustion turbine, you only need to provide the heat input (MMBtu/hr) unless the emission factors used to calculate the potential emission are based on brake horsepower (bhp). If so, you must also provide the brake horsepower of the turbine.
7D, 7E, 7F & 7G	Self explanatory
7H	Please note that the cylinder displacement is needed for an <u>individual</u> cylinder for applicability purposes. You should divide the total engine displacement by the number of cylinders. If the cylinder displacement (volume) is in units of cubic inches, it can be converted by dividing the number of cubic inches for one cylinder by 61.02 (i.e. 1 liter=61.02 cubic inches).
8	This section should only be completed if applicable.
9 and 10	Self explanatory
11	Mark all federal regulations under which the engine is an AFFECTED SOURCE, regardless of whether the engine has any applicable emission standards or work/management practice requirements.
12 thru 14	Self explanatory
15	Self explanatory, except UTM Coordinates, which means Universal Transverse Mercator Coordinates, for Alabama, N-S is between 3337.000km-3875.000km and E-W is between 362.000km-709.000km; Zone 16
16	This area is for you to provide any information that you wish to provide to supplement this application. If the information is providing clarification for a specific Item in the form, please indicate which Item the information is clarifying or supplementing.

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 PERMIT APPLICATION FOR  
 STATIONARY INTERNAL COMBUSTION ENGINES

—     —

Permit Number (ADEM Use Only)

**1. Facility or Organization Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**2. Purpose of Application:**

Initial installation of a new engine (i.e. engine that has never been in service at any location)  
 Initial installation of a used engine (i.e. an engine that has been in service at another location)  
 Modification/Reconstruction of an engine currently installed at the facility  
 Update information for an engine currently installed at the facility  
 Title V Application  
 Other, please describe: \_\_\_\_\_

If this application is for the installation, modification, or reconstruction of an engine, please provide the date construction is scheduled to begin: \_\_\_\_\_  
  
 If this application is for an engine currently installed at this facility, please provide the date that the engine was initially installed at this facility: \_\_\_\_\_

**3. Engine Identification:**

A. Manufacturer's Name: \_\_\_\_\_ B. Model Number: \_\_\_\_\_ C. Model Year: \_\_\_\_\_  
 D. Facility's Identification Number or Description: \_\_\_\_\_ E. Serial Number: \_\_\_\_\_

**4. Engine Applicability Dates:**

A. For a new engine, Date Ordered: \_\_\_\_\_ B. Date Manufactured: \_\_\_\_\_ C. Date Modified/Reconstructed: \_\_\_\_\_  
 D. For a used engine, approximate date engine was first placed into service at any location: \_\_\_\_\_

**5. Engine Function:**  Compression  Electrical Generation (Maximum Electrical Output: \_\_\_\_\_)  Fire/Other Pump Driver

NFPA Certified  Research & Development  Test Cell/Stand  Other, please describe: \_\_\_\_\_

**6. Engine Operation:**  Emergency Only  Non-emergency, please provide typical operating schedule in Items A-D below:

Limited Use (<100 hr/yr) A. Hours Per Day: \_\_\_\_\_ B. Days Per Week: \_\_\_\_\_ C. Weeks per Year: \_\_\_\_\_  
 D. Peak Season (if any): \_\_\_\_\_

**7. Engine Specifications:**

A. Maximum Brake Horsepower (bhp): \_\_\_\_\_ B. Maximum Engine Power (kW<sub>m</sub>): \_\_\_\_\_ C. Maximum Heat Input (MMBtu/hr): \_\_\_\_\_

D. Type:  Simple Cycle Turbine  Combined Cycle Turbine  Regenerative Cycle Turbine  Reciprocating Engine

E. Piston Movement:  2-Stroke RICE  4-Stroke RICE  N/A  Other: \_\_\_\_\_

F. Air/Fuel Mix:  Rich Burn RICE  Lean Burn RICE  Diffusion Flame Turbine  Lean Premix Turbine  Other: \_\_\_\_\_

G. Ignition Type:  Spark  Compression  N/A H. Cylinder Displacement (Liters per cylinder): \_\_\_\_\_

**8. Compressor Specifications:**

A. Compressor Type: \_\_\_\_\_ B. Compressor Mfg. Date: \_\_\_\_\_ C. Location on well? Yes  No   
 D. Compressor Installation Date: \_\_\_\_\_ E. Compressor Serial Number: \_\_\_\_\_ F. Compressor Brake Horsepower (bhp): \_\_\_\_\_

<b>9. Fuel Information:</b>	Fuel Type/Description	Heat Content	Sulfur Content (indicate % by weight or ppm)	Fuel-Bound Nitrogen Content (indicate % by weight or ppm)	Percent (%) of Gross Heat Input On annual basis	Max Ash %	Used Oil Supplier
Primary Fuel							
Secondary/Backup Fuel							

**10. Point Source Emissions (You must attach calculations and, if used as the basis for emission estimates, manufacturer specification sheets):**

Pollutant	Uncontrolled <sup>1</sup> Potential Emission Rate		Controlled <sup>1,2</sup> Potential Emission Rate		Basis for Potential Emissions Calculation/Estimate (e.g. AP-42, Manufacturer Data)	Comment (Optional)
	lb/hr	ton/yr	lb/hr	ton/yr		
NOx						
CO						
VOC						
PM						
SO <sub>2</sub>						
Formaldehyde						
Total HAP						

<sup>1</sup>Potential emissions should be calculated based on 8,760 hr/yr and maximum operation unless an enforceable limit will be applicable.

<sup>2</sup>If the pollutant is uncontrolled, leave blank.

**11. Applicable Regulations (Mark all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> 40 CFR 63, Subpart YYYY, NESHAP for Stationary Combustion Turbines | <input type="checkbox"/> 40 CFR 63, Subpart ZZZZ, NESHAP for Stationary RICE                   |
| <input type="checkbox"/> 40 CFR 60, Subpart GG, NSPS for Stationary Gas Turbines            | <input type="checkbox"/> 40 CFR 60, Subpart IIII, NSPS for Stationary Compression Ignition ICE |
| <input type="checkbox"/> 40 CFR 60, Subpart KKKK, NSPS for Stationary Combustion Turbines   | <input type="checkbox"/> 40 CFR 60, Subpart JJJJ, NSPS for Stationary Spark Ignition ICE       |
| <input type="checkbox"/> 40 CFR 60, Subpart OOOO/OOOOa                                      | <input type="checkbox"/> Other: _____  |

**12. Regulatory Standards, Limitations, and Requirements:**

**A.**

Pollutant/Parameter	Rate/Value	Units of Standard	Regulatory Basis <sup>3</sup>	Engine Potential Emission Rate (in units of standard)
<i>Example: NOx + NMHC</i>	<i>6.4</i>	<i>g/kW-hr</i>	<i>NSPS, Subpart IIII</i>	<i>4.95 g/kW-hr</i>
<i>Example: Annual Operation</i>	<i>6,000</i>	<i>hr/yr</i>	<i>SMS-PSD</i>	<i>NA</i>

<sup>3</sup>For federal regulations, specify which NSPS or NESHAP is the basis. If a synthetic minor limit is being requested or is already applicable, specify either SMS-PSD or SMS-Title V

**B.** For engines subject to emission standards under NSPS, Subpart IIII or NSPS, Subpart JJJJ, is this engine certified by the manufacturer pursuant to the applicable regulation to meet the applicable emission standards?  N/A  No  Yes (If yes, attach a copy of the certification)

**C.** For emergency or limited use engines, is this engine equipped with a non-resettable hour meter?  N/A  No  Yes



**13. Pollution Control Information:**

**A. Device/Technology Type(s):**

- No Controls
- Air-to-Fuel Ratio Controller
- Water or Steam Injection
- Low NO<sub>x</sub> Burners
- Oxidation Catalyst
- Selective Non-catalytic Reduction (SNCR)
- Non-selective Catalytic Reduction (NSCR/3-way Catalyst)
- Selective Catalytic Reduction (SCR)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**B. Control Efficiencies (Typical Operation)**

Pollutant	% Reduction
NO <sub>x</sub>	
CO	
VOC	
Formaldehyde	

**C. Operational Parameters (if any):**

**14. Compliance Status:**

Is this engine in compliance with all applicable air pollution rules and regulations?  Yes  No (If "No", must attach ADEM Form 437)

**15. Stack Parameters (if a control device is installed, the information should be for the control device's stack exit):**

- A. UTM Coordinate (E-W) (km): \_\_\_\_\_ B. UTM Coordinate (N-S) (km): \_\_\_\_\_ C. Height above grade (ft): \_\_\_\_\_
- D. Latitude: \_\_\_\_\_ E. Longitude: \_\_\_\_\_ G. Exhaust Gas Volume (ACFM): \_\_\_\_\_
- H. Inside Diameter at Exit (round) (ft): \_\_\_\_\_ I. Base Elevation (ft): \_\_\_\_\_ J. Exhaust Gas Temperature (°F): \_\_\_\_\_
- K. Inside Area at Exit (not round) (sq. ft.): \_\_\_\_\_ L. GEP Stack Height (ft): \_\_\_\_\_
- M. Are sampling ports available? Yes No

**16. Clarifying/Supplemental Information (Optional):**

Please provide the following for the person preparing this application:

Name (Print or Type): \_\_\_\_\_ Company/Affiliation: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION**

**INSTRUCTIONS FOR COMPLETION OF FORM ADEM-108  
LOADING AND STORAGE OF ORGANIC COMPOUNDS**

Item Nos. 1-6 Self-explanatory. Please ensure that each item is completed and the form is signed.

Table 108.1

In this table, please provide the facility's identification number for each tank, each tank's storage capacity, the tank type (horizontal fixed roof, vertical fixed roof, external floating roof, or internal floating roof), the fill method, the manufactured and installation/construction dates for each tank, the reconstruction/modification dates for each tank, if applicable, whether the tank has a vapor recovery system installed, and applicable regulations (cite applicable State and/or federal regulation).

Please provide the facility's rack identification number for each unloading/loading rack, the rack type, the proposed products to be loaded using the product codes from Table 108.2, the type of loading, whether the loading rack has a vapor recovery system installed, and applicable regulations (cite applicable State and/or federal regulation.).

Table 108.2

In this table, please provide the products (e.g. crude oil, gasoline, methanol, etc.) that the facility intends to store and load; the molecular weight, the maximum true vapor pressure, product density, and the storage temperature of each product; the total product throughput for the entire facility, the loading method, and the maximum VOC emissions from loading and storing each product. The VOC emissions should be calculated based on the worst case scenario.

*Note: If the facility stores a variety of volatile organic liquids, as opposed to petroleum distillates and/or crude oils, "VOL" can be listed on a single line using the worst case product information for those products.*

Table 108.3

If the facility operates horizontal fixed roof tanks, please provide technical data for each tank. Include which products each tank may store at the facility. In order to save space, use the product code in substitution for the actual product name. If a tank can store all the products listed, list "ALL" in the "Proposed Products to be Stored" block. Please make sure that the tank identification numbers correspond with the tanks that are described in Table 108.1.

Table 108.4

If the facility operates vertical fixed roof tanks, please provide technical data for each tank. Include which products each tank may store at the facility. In order to save space, use the product code in substitution for the actual product name. If a tank can store all the products listed, list "ALL" in the "Proposed Products to be Stored" block. Please make sure that the tank identification numbers correspond with the tanks that are described in Table 108.1.

Table 108.5

If the facility operates external floating roof tanks, please provide technical data for each tank. If "detail roof fitting" is selected, include a complete Table 108.7 for deck characteristics for each tank. This table

should include which products each tank may store at the facility. In order to save space, use the product code in substitution for the actual product name. If a tank can store all the products listed, list “ALL” in the “Proposed Products to be Stored” block. Please make sure that the tank identification numbers correspond with the tanks that are described in Table 108.1.

#### Table 108.6

If the facility operates internal floating roof tanks, please provide technical data for each tank. If “detail roof fitting” is selected, include a complete Table 108.7 for deck characteristics for each tank. This table should include which products each tank may store at the facility. In order to save space, use the product code in substitution for the actual product name. If a tank can store all the products listed, list “ALL” in the “Proposed Products to be Stored” block. Please make sure that the tank identification numbers correspond with the tanks that are described in Table 108.1.

#### Table 108.7

If the facility operates either external or internal floating roof tanks and “*Detail Roof Fitting*” is selected in either Table 108.5 and/or Table 108.6, Table 108.7 should be filled out for **each** tank in order to provide deck construction characteristics.

#### Table 108.8

If a product being unloaded, stored, or loaded is not in the chemical database of the current version of EPA’s TANKS Program, please provide the chemical data information for each product on a separate sheet.

*Attach additional sheets, as necessary. Please identify the additional sheets (i.e. pg 2a of 8 or 2.1 of 8)*

*VOC/HAP Emissions should be calculated using the current version of the EPA TANKS Program at <http://www.epa.gov/ttnchie1/software/tanks/index.html> or AP-42, Chapter 5 and Chapter 7 and attached to ADEM Form 108.*

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION

PERMIT APPLICATION FOR  
LOADING AND STORAGE  
OF  
ORGANIC COMPOUNDS

				-						-				
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Do not write in this space

1. Name of Facility or Organization: \_\_\_\_\_

2. Plant Location: \_\_\_\_\_

3. *Permit Application is made for:*

Existing Equipment

New Equipment

Modification

Change in Location

Other \_\_\_\_\_

4. *Normal Schedule of Operation*

Hours per day: \_\_\_\_\_

Weeks per Year: \_\_\_\_\_

Days per Week: \_\_\_\_\_

Peak Season: \_\_\_\_\_

5. For each regulated pollutant, describe any limitations on source operation which affects emissions or any work practice standard (attach additional page if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. On a separate sheet sketch a map indicating the location of each storage tank and/or loading rack for which this application is made.

Name of Person Preparing this Application: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Signature: \_\_\_\_\_

If additional entries are needed, make additional copies of this form and attach to the application. Make sure to identify the additional sheets such as 2a of 8 or 2.1 of 8.

**TABLE 108.1-PROPOSED STORAGE TANK(S)/LOADING RACK(S) AT FACILITY**

TANK ID	TANK CAPACITY (gallons)	TANK TYPE (a) (HFRT, VFRT, EFLRT, DEFLRT, or IFLRT)	FILL METHOD (d)	DATE MANUFACTURED	DATE INSTALLED OR CONSTRUCTION COMMENCED	DATE RECONSTRUCTED, AS APPLICABLE	DATE MODIFIED, AS APPLICABLE	EQUIPPED WITH VAPOR RECOVERY SYSTEM (b) (Y or N)	APPLICABLE REGULATIONS
RACK ID	RACK TYPE (Marine, Truck, Rail, etc.)	PROPOSED PRODUCTS TO BE LOADED (c)	TYPE OF LOADING (d)	IF SUBMERGED, WHAT % IS FILL PIPE SUBMERGED?	EQUIPPED WITH VAPOR RECOVERY SYSTEM (b) (Y or N)	PROVIDE EFFICIENCY OF VAPOR COLLECTION SYSTEM	APPLICABLE REGULATIONS		

(a) HFRT-horizontal fixed roof tank; VFRT-vertical fixed roof tank; EFLRT-external floating roof tank; DEFLRT-domed external floating roof tank; IFLRT-internal floating roof tank  
 (b) Please attach ADEM Form 110 for the vapor recovery system.  
 (c) Use Product ID from Table 108.2 or list "ALL" if rack may transfer all of the products listed in Table 108.2.  
 (d) Type of Filling/Loading-submerged fill, splash filling, top filling, bottom filling, etc

**TABLE 108.2-PROPOSED PRODUCT(S) STORED AND LOADED OUT AT FACILITY**

PRODUCT CODE	PRODUCT NAME & CAS NO., IF APPLICABLE	LIQUID MOLECULAR WEIGHT (lb/lb-mole)	VAPOR MOLECULAR WEIGHT (lb/lb-mole)	MAXIMUM TRUE VAPOR PRESSURE (psia)	LIQUID DENSITY <sup>(a)</sup> (lb/gal)	TEMP. STORED AT (°F)	TOTAL PRODUCT THROUGHPUT (gal/year)	Loadout <sup>(b)</sup> Mark all that apply					Worst case VOC emissions from <u>storing</u> this product (TPY)	Worst case VOC emissions from <u>loading</u> this product (TPY)
								Marine Vessel	Truck	Rail Car	Pipeline			
A														
B														
C														
D														
E														
F														
G														
H														
I														
J														
K														
L														
M														
N														
O														
P														
Q														
R														
S														
T														
U														
V														
W														
X														
Y														

(a) Applicable for products stored in tanks with floating roofs.

(b) Loadout is product transferred from tank through rack to marine vessel, truck or rail car, or container.

If applying for the construction/modification/reconstruction of more than six tanks, make additional copies of this form as needed and attach to the application. Make sure to identify the additional sheets such as 4a of 8 or 4.1 of 8.

**TABLE 108.3- FIXED ROOF STORAGE TANK (HORIZONTAL)**

TANK ID →						
SHELL LENGTH (ft-in)						
SHELL DIAMETER (ft-in)						
HEATED? (Y or N)						
PRESSURIZED? (Y or N)						
UNDERGROUND? (Y or N)						
SHELL COLOR/SHADE (a)						
SHELL CONDITION (b)						
PROPOSED PRODUCTS TO BE STORED (c)						
PRODUCT TRANSFER FROM TANK TO:						
gallons per day (GPD) (d)	GPD	GPD	GPD	GPD	GPD	GPD

**TABLE 108.4-FIXED ROOF STORAGE TANK (VERTICAL)**

TANK ID →						
SHELL HEIGHT (ft-in)						
SHELL DIAMETER (ft-in)						
MAX LIQUID HEIGHT (ft-in)						
AVG LIQUID HEIGHT (ft-in)						
HEATED? (Y or N)						
PRESSURIZED? (Y or N)						
SHELL CHARACTERISTICS	SHELL COLOR/SHADE (a)					
	SHELL CONDITION (b)					
ROOF CHARACTERISTICS	ROOF COLOR/SHADE (a)					
	ROOF CONDITION (b)					
	CONE/DOME HEIGHT (ft-in)					
PROPOSED PRODUCTS TO BE STORED (c)						
PRODUCT TRANSFER FROM TANK TO:						
gallons per day (GPD) (d)	GPD	GPD	GPD	GPD	GPD	GPD

(a) Select from: White/White (W/W); Aluminum/Specular (A/S); Aluminum/Diffuse (A/D); Gray/Light (G/L); Gray/Medium (G/M); Red/Primer (R/P)  
If tank color unknown, list "default"

(b) Select from: Good or Poor. If tank condition unknown, list "default"

(c) Use Product ID from Table 108.2 or list "ALL" if tank may store all of the products listed in Table 108.2.

(d) Should be completed if product in tank is being transferred to a specific piece of equipment or process which is not a loading rack (e.g. boiler).

If applying for the construction/modification/reconstruction of more than six tanks, make additional copies of this form as needed and attach to the application. Make sure to identify the additional sheets such as 5a of 8 or 5.1 of 8.

**TABLE 108.5-EXTERNAL FLOATING ROOF STORAGE TANK**

TANK ID →							
SHELL DIAMETER (ft-in)							
DOMED? (Y or N)							
INTERNAL SHELL CONDITION <sup>(a)</sup>							
PAINT COLOR/SHADE <sup>(b)</sup>							
PAINT CONDITION <sup>(c)</sup>							
ROOF CHARACTERISTICS	LIST ONE PONTOON OR DOUBLE DECK						
	ROOF FITTING CATEGORY <sup>(d)</sup>						
TANK CONSTRUCTION	LIST ONE WELDED OR RIVETED						
SEAL TYPE	PRIMARY <sup>(e)</sup>						
	SECONDARY <sup>(f)</sup>						
PROPOSED PRODUCTS TO BE STORED <sup>(g)</sup>							
PRODUCT TRANSFER FROM TANK TO:							
gallons per day (GPD) <sup>(h)</sup>		GPD	GPD	GPD	GPD	GPD	GPD

- (a) Select from: Light Rust; Dense Rust; Gunite™ Lining. If internal shell condition unknown, list “default”
- (b) Select from: White/White (W/W); Aluminum/Specular (A/S); Aluminum/Diffuse (A/D); Gray/Light (G/L); Gray/Medium (G/M); Red/Primer (R/P)  
If paint color unknown, list “default”
- (c) Select From: Good or Poor. If tank condition unknown, list “default”
- (d) Typical or Detail. If detail, list fittings and quantities for each tank on Table 108.7
- (e) Select from: Mechanical Shoe (MS); Liquid Mounted (LM); or Vapor Mounted (VM)
- (f) Select from: None, Shoe Mounted (SM), Rim Mounted (RM) or Weather Shield (WS)
- (g) Use Product ID from Table 108.2 or list “ALL” if tank may store all of the products listed in Table 108.2.
- (h) Should be completed if product in tank is being transferred to a specific piece of equipment or process which is not a loading rack (e.g. boiler).



If applying for the construction/modification/reconstruction of more than six tanks, make additional copies of this form as needed and attach to the application. Make sure to identify the additional sheets such as 6a of 8 or 6.1 of 8.

**TABLE 108.6-INTERNAL FLOATING ROOF STORAGE TANK**

TANK ID →							
SHELL DIAMETER (ft-in)							
SELF SUPPORT. ROOF? (Y or N)							
NUMBER OF COLUMNS							
EFFECTIVE COLUMN DIAMETER <sup>(a)</sup>							
INTERNAL SHELL CONDITION <sup>(b)</sup>							
EXTERNAL SHELL	PAIN COLOR/SHADE <sup>(c)</sup>						
	PAIN CONDITION <sup>(d)</sup>						
ROOF CHARACTERISTICS	PAIN COLOR/SHADE <sup>(c)</sup>						
	PAIN CONDITION <sup>(d)</sup>						
DECK CHARAC.	LIST ONE BOLTED OR WELDED <sup>(e)</sup>						
SEAL TYPE	PRIMARY <sup>(f)</sup>						
	SECONDARY <sup>(g)</sup>						
PROPOSED PRODUCTS TO BE STORED <sup>(h)</sup>							
PRODUCT TRANSFER FROM TANK TO:							
gallons per day (GPD) <sup>(i)</sup>		GPD	GPD	GPD	GPD	GPD	GPD

- (a) Select from: 9” by 7” Built-Up Column, 8” Diameter Pipe, or Unknown
- (b) Select from: Light Rust; Dense Rust; Gunitite™ Lining. If internal shell condition unknown, list “default”
- (c) Select from: White/White (W/W); Aluminum/Specular (A/S); Aluminum/Diffuse (A/D); Gray/Light (G/L); Gray/Medium (G/M); Red/Primer (R/P)  
If paint color unknown, list “default”
- (d) Select From: Good or Poor. If tank condition unknown, list “default”
- (e) Typical or Detail. If detail, list fittings and quantities for each tank on Table 108.7
- (f) Select from: Mechanical Shoe (MS); Liquid Mounted (LM); or Vapor Mounted (VM)
- (g) Select from: None, Shoe Mounted (SM), or Rim Mounted (RM)
- (h) Use Product ID from Table 108.2 or list “ALL” if tank may store all of the products listed in Table 108.2.
- (i) Should be completed if product in tank is being transferred to a specific piece of equipment or process which is not a loading rack (e.g. boiler).

**TABLE 108.7-FLOATING ROOF FITTINGS-DETAIL  
(DECK OR ROOF CHARACTERISTICS)**

TANK ID. \_\_\_\_\_ TANK CONSTRUCTION: \_\_\_\_\_ IFRT or EFRT  
(fill out separate page for each IFRT or EFRT)

**Specify deck fitting type(s) by underlining and indicate quantity of each fitting from the following:**

- |   |   |
|---|---|
| <p>A. Access Hatch Qty: _____<br/>         1) Bolted cover, gasketed<br/>         2) Unbolted cover, gasketed<br/>         3) Unbolted cover, ungasketed</p> <p>B. Automatic, Gauge Float Well Qty: _____<br/>         1) Bolted cover, gasketed<br/>         2) Unbolted cover, gasketed<br/>         3) Unbolted cover, ungasketed</p> <p>C. Column Well Qty: _____<br/>         1) Built-up column-sliding cover, gasketed<br/>         2) Built-up column-sliding cover, ungasketed<br/>         3) Pipe column-flexible fabric sleeve seal<br/>         4) Pipe column-sliding cover, gasketed<br/>         5) Pipe column-sliding cover, ungasketed</p> <p>D. Gauge-Hatch/Sample Well, 8 inch diameter Qty: _____<br/>         1) Weighted mechanical actuation, gasketed<br/>         2) Weighted mechanical actuation, ungasketed</p> <p>E. Ladder Well Qty: _____<br/>         1) Sliding cover, gasketed<br/>         2) Sliding cover, ungasketed</p> <p>F. Rim Vent, 6 inch diameter Qty: _____<br/>         1) Weighted mechanical actuation, gasketed<br/>         2) Weighted mechanical actuation, ungasketed</p> <p>G. Roof Drain, 3 inch diameter Qty: _____<br/>         1) Open<br/>         2) 90% Closed</p> <p>H. Roof Leg, 3 inch diameter Qty: _____<br/>         1) Adjustable, Pontoon Area, ungasketed<br/>         2) Adjustable, Center Area, ungasketed<br/>         3) Adjustable, Double Deck Roofs<br/>         4) Fixed<br/>         5) Adjustable, Pontoon Area, gasketed<br/>         6) Adjustable, Pontoon Area, socks<br/>         7) Adjustable, Center Area, gasketed<br/>         8) Adjustable, Center Area, socks</p> <p>I. Roof Leg or Hanger Well Qty: _____</p> | <p>1) Adjustable<br/>         2) Fixed</p> <p>J. Sample pipe or well Qty: _____<br/>         1) Slotted pipe sliding cover, gasketed<br/>         2) Slotted pipe sliding cover, ungasketed<br/>         3) Slit fabric seal, 10% open area</p> <p>K. Slotted Guide-Pole/Sample Well Qty: _____<br/>         1) Ungasketed sliding cover without float<br/>         2) Ungasketed sliding cover with float<br/>         3) Gasketed sliding cover without float<br/>         4) Gasketed sliding cover with float<br/>         5) Gasketed sliding cover with pole wiper<br/>         6) Gasketed sliding cover with pole sleeve<br/>         7) Gasketed sliding cover with float, wiper<br/>         8) Gasketed sliding cover with float, sleeve, wiper<br/>         9) Gasketed sliding cover with pole sleeve, wiper</p> <p>L. Stub drain, 1 inch diameter [ Yes or No]</p> <p>M. Unslotted Guide-Pole Well Qty: _____<br/>         1) Ungasketed sliding cover<br/>         2) Gasketed sliding cover<br/>         3) Ungasketed sliding cover with sleeve<br/>         4) Gasketed sliding cover with sleeve<br/>         5) Gasketed sliding cover with wiper</p> <p>N. Vacuum breaker Qty: _____<br/>         1) Weighted mechanical actuation, gasketed<br/>         2) Weighted mechanical actuation, ungasketed</p> |
|---|---|

**For an IFRT, if bolted, give deck construction method for the following:**

- |   |  |
|---|--|
| <p><b>A. Continuous Sheet</b> _____ <b>OR</b></p> <p>[5 ft, 6 ft, or 7 ft wide]</p> | <p><b>B. Panel Construction</b> _____</p> <p>[5x7.5 ft or 5x12 ft]</p> |
|---|--|

## TABLE 108.8-CHEMICAL DATA INFORMATION

Use a separate form for each chemical not in the current version of EPA's TANKS Program's chemical database.

### Section I:

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

CAS Number: \_\_\_\_\_

Category:  Crude Oil  Petroleum Distillates  Organic Liquids

Liquid Molecular Weight: \_\_\_\_\_

Vapor Molecular Weight: \_\_\_\_\_

Liquid Density (lb/gal @ 60°F): \_\_\_\_\_

### Section II: Vapor Pressure Information (fill in one or more of the following options completely)

Option 1 Enter Vapor Pressure (psia) for each temperature:

40F: \_\_\_\_\_ 80F: \_\_\_\_\_

50F: \_\_\_\_\_ 90F: \_\_\_\_\_

60F: \_\_\_\_\_ 100F: \_\_\_\_\_

70F: \_\_\_\_\_

Option 2 Constants for Antoine's Equation (using Celsius):

A: \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_

Option 3 Constants for Antoine's Equation (using Kelvin):

A: \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_

Option 4 Reid Vapor Pressure (psia): (Distillates and Crude Oils only) \_\_\_\_\_

ASTM Slope: (Distillates Only) \_\_\_\_\_

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION**

**INSTRUCTIONS FOR COMPLETING ADEM FORM 110  
APPLICATION FOR AIR POLLUTION CONTROL DEVICE**

All air pollution control devices which are connected in series to one process or one group of processes, whether existing or to be constructed, should be described on this form.

All questions which are applicable should be answered. Vendors' equipment specifications may be attached in order to adequately complete this form. If an item does not apply (except for Item 12), type "N/A" in that block.

- Item 1: Self-explanatory
- Item 2: Check all devices which are to be connected to a unit or group of units. For example, if emissions from a foundry cupola are conducted through a gas-fired afterburner, and then a quench chamber, a venturi scrubber, a cyclonic separator, the fan and stack to the atmosphere, check Afterburner, Wet Scrubber, and Other. Write "Venturi" in the space for kind of Wet scrubber and "Quench Chamber" and "Cyclonic Separator" in the space for Other.
- Item 3: Self-explanatory
- Item 4: Self-explanatory
- Item 5: Columns are provided for 3 types of pollutants emitted by a source or sources. In most cases no more than 3 types of pollutants are regulated by the State for a particular type of source. These emission parameters for the control device should coincide with the maximum operating capacity, the greatest emission rate or the most difficult control conditions for the source. The manufacturer may not guarantee every emission parameter, but the Mass Emission Rate Required by Regulation must be stated. The Department must be assured that the owner or operator has a clear understanding of the task required of the equipment.
- Item 6: Outlet conditions should be stated for those conditions within a stack or vent or at the exit to a stack or a vent. Intermediate locations may be labeled by the applicant, such as "After Cyclone" or "Before Scrubber". The velocity should be calculated based upon the actual volumetric flow.
- Item 7: Self-explanatory with the exception of UTM Coordinates, which means *Universal Transverse Mercator* Coordinates (for Alabama, N-S is between 3337.000km-3875.000km and E-W is between 362.000km-709.000km; Zone 16) and GEP Stack Height, which means *Good Engineering Practice (GEP)* stack height as defined in ADEM Administrative Code r. 335-3-14-.03(2)(a)5., 335-3-15-.02(9)(a)5., or 335-3-16-.02(10)(a)5., as applicable. This space should only be used if a GEP analysis has been performed or if the stack is a grandfathered stack, thus yielding a GEP stack height equivalent to "Height above grade."
- Item 8: A clear diagram must be presented, especially for proposed control systems with many elements. Additional sheets may be used, if necessary.

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION**

**INSTRUCTIONS FOR COMPLETING ADEM FORM 110  
APPLICATION FOR AIR POLLUTION CONTROL DEVICE**

**(Continued)**

- Item 9:** Including further details with the initial application will help to expedite the issuance of a permit. Certain details may be required by the Department in order to conduct a valid review of a proposed system.
- Item 10:** Unusual features, such as fluidized beds, turning vanes, new designs, etc. should be illustrated here.
- Item 11:** Any pertinent facts not requested elsewhere are to be listed here for most devices. A number of operating parameters will be desired for complex or unusual devices, such as electrostatic precipitators, baghouses and adsorbers.
- Item 12:** This item must be completed. Give conditions under which the by-pass will be used. If no by-pass is to be installed, type "There will be no by-pass".
- Item 13:** Space is provided for two types of solid waste and two types of liquid waste. Attach additional sheets, if necessary.  
Volume of solid waste should be stated in pounds per day or tons per week. Volume of liquid waste should be stated in gallons per day.



**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
**PERMIT APPLICATION**  
**FOR**  
**AIR POLLUTION CONTROL DEVICE**

-     -      
 (ADEM Use Only)

1. Name of facility or organization \_\_\_\_\_

2. Type of pollution control device: (if more than one, check each; however, separate forms are to be submitted for each specific device.)

- |   |   |
|---|---|
| <input type="checkbox"/> Settling chamber | <input type="checkbox"/> Electrostatic precipitator |
| <input type="checkbox"/> Afterburner      | <input type="checkbox"/> Baghouse                   |
| <input type="checkbox"/> Cyclone          | <input type="checkbox"/> Multiclone                 |
| <input type="checkbox"/> Absorber         | <input type="checkbox"/> Adsorber                   |
| <input type="checkbox"/> Condenser        | <input type="checkbox"/> Wet Suppression            |

Wet scrubber (kind): \_\_\_\_\_

Stage 1 - Vapor balance (type): \_\_\_\_\_

Other (describe): \_\_\_\_\_

3. Control device manufacturer's information:

Name of manufacturer \_\_\_\_\_ Model No. \_\_\_\_\_

4. Emission source to which device is installed or is to be installed:

\_\_\_\_\_

5. Emission parameters:

	Pollutants Removed		
	Pollutant #1	Pollutant #2	Pollutant #3
<b>Mass emission rate (#/hr)</b>			
Uncontrolled .....			
Designed .....			
Manufacturer's guaranteed .....			
<b>Mass emission rate (Expressed as units of standard)</b>			
Required by regulation .....			
Manufacturer's guaranteed .....			
<b>Removal efficiency (%)</b>			
Designed .....			
Manufacturer's guaranteed .....			

6. Gas conditions:

	Inlet	Intermediate Locations	Outlet
Volume (SDCFM, 68°F, 29.92" hg)			
(ACFM, existing conditions)			
Temperature (°F)			
Velocity (ft/sec)			
Percent moisture			

Pressure drop across device: \_\_\_\_\_ (inches H<sub>2</sub>O)

7. Stack dimensions:

UTM Coordinate (E-W) _____ (km)	UTM Coordinate (N-S) _____ (km)
Latitude _____ (LAT)	Longitude _____ (LONG)
Height above grade _____ (feet)	Gas temperature at exit _____ (°F)
Inside diameter at exit (round) _____ (feet)	Gas Velocity _____ (Ft/Sec)
Inside area at exit (not round) _____ (sq. feet)	Volume of gas discharged _____ (ACFM)
Base Elevation _____ (feet)	GEP Stack Height _____ (feet)

8. Provide a flow diagram which includes gas exit from process, each control device, location of by-pass, fan or blower, each emission point, exits for collected pollutants, and location of sampling ports.

9. Enclosed are:

- Blueprints
- Particle size distribution report
- Manufacturer's literature
- Size-efficiency curves
- Emissions test of existing installation
- Fan curves
- Other \_\_\_\_\_

10. If the pollution control device is of unusual design, please provide a sketch of the device.

11. List below the important operating parameters for the device. (For example: air/cloth ratio and fabric type, weight, and weave for baghouse; throat velocity and water use rate for a venturi scrubber; etc.)

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---



---

12. By-pass (if any) is to be used when:

13. Disposal of collected air pollutants:

	Solid waste	Solid waste	Liquid waste	Liquid waste
Volume				
Composition				
Is waste hazardous?				
Method of disposal				
Final destination				

If collected air pollutants are recycled, describe:

Name of person preparing application \_\_\_\_\_

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





**6. DREDGING:** For projects with dredging, show locations and dimensions of proposed dredge area(s) on attached plans. Include existing and proposed depths. N/A  (check here if dredging is not proposed)

a. New Work  Maintenance Work

b. Volume (cubic yards) of material to be removed: \_\_\_\_\_

c. Type of material (sand, muck, hard bottom, etc.): \_\_\_\_\_

d. Surface area (square feet) impacted: \_\_\_\_\_

e. Method of dredging or excavation (hydraulic pump, mechanical, etc.): \_\_\_\_\_

f. Nature of area to be dredged (check all that apply) Upland  Wetland  Waterbottom  Other  (explain): \_\_\_\_\_

**7. DISCHARGE OF DREDGED OR FILL MATERIAL:** For projects with discharge of dredged or fill material, show locations and dimensions of all disposal or fill areas on attached plans. N/A  (check here if discharge of dredged or fill material is not proposed)

a. Volume (cubic yards) of fill: \_\_\_\_\_

b. Type of fill (sand, clay, rip-rap, etc.): \_\_\_\_\_

c. Surface area (square feet) impacted: \_\_\_\_\_

d. Source of fill material (check all that apply): Commercially obtained  Dredged material  Borrowed on-site  Other  (explain): \_\_\_\_\_

e. How will discharge material be contained? Specify containment and/or erosion control measures (i.e. Best Management Practices): \_\_\_\_\_

f. Nature of disposal/fill area(s) (check all that apply.) Upland  Wetland  Waterbottom  Other  (explain): \_\_\_\_\_

**8. ADDITIONAL INFORMATION:** Provide information below relating to the proposed activity.

a. Are oyster reefs located within or near the project area? Yes  No  If yes, explain: \_\_\_\_\_

b. Will this project result in the siting, construction, and/or operation of an energy-related facility? Yes  No

c. Is the project area greater than 5 acres in size? Yes  No

d. Is any portion of the activity for which authorization is sought now complete? Yes  No  If yes, explain: \_\_\_\_\_

\_\_\_\_\_ Month and year activity took place: \_\_\_\_\_

e. If project is for maintenance work of existing structures or channels, describe legal authorization for the existing work. Provide permit number, dates, or other form of authorization: \_\_\_\_\_

**9. PURPOSE AND NEED:** Describe the purpose and need of the project. Describe any public benefit, if applicable. Describe the relationship between the project and any secondary or future development the project is designed to support: \_\_\_\_\_

Intended use: Public  Private  Commercial  Other  (explain): \_\_\_\_\_

**10. PROJECT SCHEDULE:**

Proposed start date: \_\_\_\_\_ Proposed completion date: \_\_\_\_\_

**11. ADJACENT PROPERTY OWNER NAMES AND MAILING ADDRESSES:** Provide the names and mailing addresses of adjoining property owners, lessees, etc. whose property adjoins the project. Also, identify the location of each owner's property on the plan view drawings. Attach additional sheets as needed.

Owner's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

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

**12. OTHER AUTHORIZATIONS OR CERTIFICATIONS:** List all authorizations or certifications requested, received, and/or required from other federal, state, or local agencies for any structures, construction, discharges, or other activities described in or directly related to this application. Note: The signature in Section 14 certifies that application has been made to or that permits are not required from the following agencies. *If permits are not required, place "N/A" in space for Type of Approval.*

Name of Federal, State, or Local Agency	Type of Approval	Identification No.	Date of Application	Date of Approval	Date of Denial
U.S. Army Corps of Engineers					
Alabama Dept. of Environmental Management (ADEM)					
Alabama Dept. of Conservation and Natural Resources, State Lands Division (ADCNR-SLD)					
Alabama State Docks					
City/County/Other: _____					

**13. ATTACHMENTS:** In addition to the completed application form, the following attachments are **REQUIRED**:

**Vicinity Map:** Show the location of the proposed site in relation to major highways, landmarks, and nearby streets.

**Drawings:** Provide plan view and cross-section or elevation view drawings of the project site. Drawings **must**:

1. Show fully-dimensioned and accurate representations of the existing and proposed structures and activities.
2. For projects located in or adjacent to waterways, clearly indicate the location of the Mean High Water and Mean Low Water lines (in tidally influenced areas) or the Ordinary High Water mark (in non-tidal creeks, rivers, etc.) along the shoreline or bank.
3. For projects located in or adjacent to waterways, include the width of the waterbody at the site location.

**All attachments must be of reproducible quality. For hard copy applications, attachments must be on 8 ½ inch x 11 inch paper.**

**14. SIGNATURE OF APPLICANT OR AGENT (REQUIRED):** Application is hereby made for authorization to conduct the activities described herein. I agree to provide any additional information/data that may be necessary to provide reasonable assurance or evidence to show that the proposed project will comply with the applicable state water quality standards or other environmental protection standards both during construction and after the project is completed. For projects within the coastal area of Mobile and Baldwin Counties, I certify that the proposed project for which authorization is sought complies with the approved Alabama Coastal Area Management Program and will be conducted in a manner consistent with the program. I agree to provide entry to the project site for inspectors from the environmental protection agencies for the purpose of making preliminary analyses of the site and monitoring permitted works. I certify that I am familiar with and responsible for the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate. I further certify that I possess the authority to undertake the proposed activities or I am acting as the duly authorized agent of the applicant.

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Date

18 U.S.C. Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, conceals, or covers up by any trick, scheme or device a material fact or make any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

**15. APPLICATION SUBMISSION INFORMATION:** Contact the U.S. Army Corps of Engineers prior to submitting the application if you have any questions or to request acceptable alternate content/format. **For electronic submittals (preferred method), please use the email addresses listed below.** An instruction package, example SPCC plans, and other information are available upon request.

NOTE: Fees may be required in conjunction with ADEM certification. ADEM will contact the applicant with fee requirements. Fees may also be required by the ADCNR-SLD for dredging activities and projects impacting State-Owned Submerged Lands. ADCNR-SLD will contact the applicant with fee requirements.

Submit the completed and signed application (with original or digital signature) and attachments to the appropriate U.S. Army Corps of Engineers office below:

<p><b>For activities in the following counties in Alabama:</b> <i>Baldwin, Butler, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Escambia, Geneva, Henry, Houston, Marengo, Mobile, Monroe, Washington, and Wilcox</i></p>	<p><b>For activities in all other counties in Alabama:</b> <i>(Portions of northern Alabama counties may be within the U.S. Army Corps of Engineers Nashville District area of responsibility. Please contact the Nashville District Regulatory Division at (615) 369-7500 for more information)</i></p>
<p>U.S. Army Corps of Engineers, Mobile District Attention: CESAM-RD-A Post Office Box 2288 Mobile, Alabama 36628-001 Phone: (251) 690-2658 Web: <a href="http://www.sam.usace.army.mil">www.sam.usace.army.mil</a> <b>Email: <a href="mailto:CESAM-RD@sam.usace.army.mil">CESAM-RD@sam.usace.army.mil</a></b></p>	<p>U.S. Army Corps of Engineers, Mobile District Attention: Regulatory Division, <b>North Branch</b> 218 Summit Parkway, Suite 222 Homewood, Alabama 35209 Phone: (205) 290-9096 Web: <a href="http://www.sam.usace.army.mil">www.sam.usace.army.mil</a> <b>Email: <a href="mailto:RD-N2@usace.army.mil">RD-N2@usace.army.mil</a></b></p>

Additionally, submit a signed paper or electronic **copy** of the application package to the appropriate state agencies below:

<p><b>For activities in the following counties in Alabama:</b> <i>Baldwin, Mobile, and Washington</i></p>		<p><b>For activities statewide in Alabama:</b> <i>(For northern counties, contact the Nashville District as noted above)</i></p>	
<p>Coastal Section-Mobile Branch Field Operations Division, ADEM 3664 Dauphin Street, Suite B Mobile, AL 36608  Phone: (251) 304-1176 Fax: (251) 304-1189 Web: <a href="http://www.adem.state.al.us">www.adem.state.al.us</a> <b>Email: <a href="mailto:coastal@adem.alabama.gov">coastal@adem.alabama.gov</a></b></p>	<p>ADCNR, State Lands Division Coastal Section 3115 Five Rivers Boulevard Spanish Fort, AL 36527  Phone: (251) 621-1216 Fax: (251) 621-1331 Web: <a href="http://www.outdooralabama.com">www.outdooralabama.com</a></p>	<p>Field Operations Division, ADEM Post Office Box 301463 Montgomery, AL 36110-2059  Phone: (334) 394-4311 Fax: (334) 394-4326 Web: <a href="http://www.adem.state.al.us">www.adem.state.al.us</a> <b>Email: <a href="mailto:fieldmail@adem.alabama.gov">fieldmail@adem.alabama.gov</a></b></p>	<p>Alabama State Port Authority Attn: Harbormaster P.O. Box 1588 Mobile, AL 36633  Phone: (251) 441-7074 Fax: (251) 441-7390 Web: <a href="http://www.asdd.com">www.asdd.com</a> <b>Email: <a href="mailto:harbormaster@asdd.com">harbormaster@asdd.com</a></b></p>

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION**

**SEAL GAP DATA FOR FLOATING ROOF TANKS**

Name of Facility \_\_\_\_\_

Name of Tester \_\_\_\_\_

Tank No. \_\_\_\_\_ Primary  Date \_\_\_\_\_

Product \_\_\_\_\_ Secondary  Liquid Level \_\_\_\_\_

<b>Individual Gap Lengths of Width Exceeding Probe Diameter</b>								
1/8"	3/16"	1/4"	5/16"	3/8"	1/2"	3/4"	1"	1 1/2"

**Total Gap Area** = \_\_\_\_\_ in<sup>2</sup>

**Tank Diameter** = \_\_\_\_\_ ft

**Ratio** = \_\_\_\_\_ in<sup>2</sup>/ft

**Name of Person Preparing this Application:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

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

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

**PURPOSE OF THIS APPLICATION**

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

**SECTION A – GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_
2. NPDES Permit Number: AL\_\_\_\_\_ (not applicable if initial permit application)
3. SID Permit Number (if applicable): IU\_\_\_\_\_
4. NPDES General Permit Number (if applicable): ALG\_\_\_\_\_
5. Facility Location (Front Gate): Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
7. Responsible Official (as described on the last page of this application):  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
8. Designated Discharge Monitoring Report (DMR) Contact:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
9. Type of Business Entity:  
 Corporation     General Partnership     Limited Partnership     Limited Liability Company     Sole Proprietorship  
 Other (Please Specify) \_\_\_\_\_
10. Complete this section if the Applicant's business entity is a Corporation
  - a) Location of Incorporation:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - b) Parent Corporation of Applicant:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

c) Subsidiary Corporation(s) of Applicant:

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

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

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

d) Corporate Officers:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**SECTION B – BUSINESS ACTIVITY**

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

**Industrial Categories**

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

A facility with processes inclusive in these business areas may be covered by Environmental Protection (EPA) categorical standards. These facilities are termed “categorical users”.

**SECTION C – WASTEWATER DISCHARGE INFORMATION**

1. Do you share an outfall with another facility?  Yes  No (If no, continue to C.2)

For each shared outfall, provide the following:

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

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

- |                 |                    |                              |                             |                              |
|-----------------|--------------------|------------------------------|-----------------------------|------------------------------|
| <b>Current:</b> | Flow Metering      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|                 | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>Planned:</b> | Flow Metering      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|                 | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

3. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

- Yes     No (If no, continue to C.4)

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

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

Trade Name	Chemical Composition

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

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

---

**SECTION D – WATER SUPPLY**

Water Sources (check as many as are applicable):

- |  |   |
|--|---|
| <input type="checkbox"/> Private Well                                  | <input type="checkbox"/> Surface Water          |
| <input type="checkbox"/> Municipal Water Utility (Specify City): _____ | <input type="checkbox"/> Other (Specify): _____ |

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

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

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

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

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

\* MGD – Million Gallons per Day



**Cooling Water Intake Structure Information**

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

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

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

- 3. Is any water withdrawn from the source water used for cooling?  Yes  No
- 4. Using the average monthly measurements over any 12-month period, approximately what percentage of water withdrawn is used exclusively for cooling purposes? \_\_\_\_\_%
- 5. Does the cooling water consist of treated effluent that would otherwise be discharged?  Yes  No  
(If yes, go to Section E, if no, complete D.6 – D.17)
- 6. a. Is the cooling water used in a once-through cooling system?  Yes  No  
b. Is the cooling water used in a closed cycle cooling system?  Yes  No
- 7. When was the intake installed? \_\_\_\_\_  
(Please provide dates for all major construction/installation of intake components including screens)
- 8. What is the maximum intake volume? \_\_\_\_\_  
(maximum pumping capacity in gallons per day)
- 9. What is the average intake volume? \_\_\_\_\_  
(average intake pump rate in gallons per day average in any 30-day period)
- 10. What is the actual intake flow (AIF) as defined in 40 CFR §125.92(a)? \_\_\_\_\_ MGD
- 11. How is the intake operated? (e.g., continuously, intermittently, batch) \_\_\_\_\_
- 12. What is the mesh size of the screen on your intake? \_\_\_\_\_
- 13. What is the intake screen flow-through area? \_\_\_\_\_
- 14. What is the through-screen design intake flow velocity? \_\_\_\_\_ ft/sec
- 15. What is the through-screen actual velocity (in ft/sec)? \_\_\_\_\_ ft/sec
- 16. What is the mechanism for cleaning the screen? (e.g., does it rotate for cleaning) \_\_\_\_\_
- 17. Do you have any additional fish detraction technology on your intake?  Yes  No
- 18. Have there been any studies to determine the impact of the intake on aquatic organisms?  Yes  No (If yes, please provide.)
- 19. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.

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

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

Description of Waste	Description of Storage Location

**SECTION F – COASTAL ZONE INFORMATION**

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

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

**SECTION G – ANTI-DEGRADATION EVALUATION**

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

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

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

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

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

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## SECTION H – EPA Application Forms

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

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

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## SECTION I – ENGINEERING REPORT/BMP PLAN REQUIREMENTS

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

**SECTION J- RECEIVING WATERS**

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

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

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

**SECTION K – APPLICATION CERTIFICATION**

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

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."*

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

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

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

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

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

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

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

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

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

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

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

**PURPOSE OF THIS APPLICATION**

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

**SECTION A – GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_ Facility County: \_\_\_\_\_

a. Operator Name: \_\_\_\_\_

b. Is the operator identified in A.1.a, the owner of the facility?  Yes  No

If No, provide the following information:

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

Operator Address (Street or PO Box): \_\_\_\_\_

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

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

Operator Status:

Public-federal  Public-state  Public-other (please specify): \_\_\_\_\_

Private  Other (please specify): \_\_\_\_\_

Describe the operator's scope of responsibility for the facility:

c. Name of Permittee\* if different than Operator: \_\_\_\_\_

*\*Permittee will be responsible for compliance with the conditions of the permit*

2. NPDES Permit Number: AL \_\_\_\_\_ (Not applicable if initial permit application)

3. Facility Location (Front Gate): Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

4. Responsible Official (as described on last page of this application):

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

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

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

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

5. Designated Facility/DMR Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

6. Designated Emergency Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

7. Please complete this section if the Applicant's business entity is a Proprietorship or Limited Liability Company (LLC) with a responsible official not listed in A.4.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

**SECTION B – WASTEWATER DISCHARGE INFORMATION**

- Attach a process flow schematic of the treatment process, including the size of each unit operation and sample collection locations.
- Do you share an outfall with another facility?  Yes  No (If no, continue to B.3)

For each shared outfall, provide the following:

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

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

- |                 |                    |                              |                             |                              |
|-----------------|--------------------|------------------------------|-----------------------------|------------------------------|
| <b>Current:</b> | Flow Metering      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|                 | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>Planned:</b> | Flow Metering      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|                 | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

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

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

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

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

Description of Waste	Description of Storage Location

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

**SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS**

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

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

2. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance?  Yes  No

If yes, please attach a copy of the ordinance.

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**SECTION E – COASTAL ZONE INFORMATION**

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

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

---

**SECTION F – ANTI-DEGRADATION EVALUATION**

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

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

If yes, do not complete this section.

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

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

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



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

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

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

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

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

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## **SECTION G – EPA Application Forms**

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

1. Applicants for new or existing discharges of sanitary wastewater from Publicly-Owned Treatment Works (POTW) and Other Treatment Works Treating Domestic Sewage (TWTDS) must submit Form 2A. If the facility design capacity is equal to or greater than 1 MGD, Form 2F is also required.
2. Applicants for new or existing land application of sanitary wastewater must submit Form 2A and Form 2F.
3. Applicants for new and existing discharges of process wastewater from water treatment facilities (i.e. public water supply treatment plants) must submit Form 1 and Form 2C.
4. Applicants that generate sewage sludge, derive a material from sewage sludge, or dispose of sewage sludge must submit Part 2 of Form 2S.

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## **SECTION H– ENGINEERING REPORT/BMP PLAN REQUIREMENTS**

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

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**SECTION I – RECEIVING WATERS**

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

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

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

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**SECTION J – APPLICATION CERTIFICATION**

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

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."*

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

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

*If the Responsible Official signing this application is not identified in Section A.4 or A.7, provide the following information:*

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

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

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

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

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

## SARA Title III Section 302: Extremely Hazardous Substance Notification

Any facility that has EHS(s) at or above its threshold planning quantity must notify the Alabama Emergency Response Commission (AERC) or the Tribal Emergency Response Commission (TERC) and Local Emergency Planning Committee (LEPC) within 60 days after they first receive a shipment or produce the substance on site.

In accordance with the provisions of Section 302 of the Superfund Amendments and Reauthorization Act (SARA Title III) of 1986, this is to notify you that the following facility has above the Threshold Planning Quantities (TPQ) of the following extremely hazardous substance(s) as listed in 40 CFR Part 355:

Name of Facility:

Street Address:

City, State, Zip Code:

County:

Mailing Address (if different):

Master ID #:

<u>Substance</u>	<u>CAS #</u>	<u>Maximum Qty. On-site</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

### Section 303 Notification

Name of Facility Emergency Contact:

Day Telephone Number:

24 Hour Telephone Number:

Alternate Contact:

Day Telephone Number:

24 Hour Telephone Number:

E-mail this letter as a .pdf to the Alabama Department of Environmental Management: [AL312@adem.alabama.gov](mailto:AL312@adem.alabama.gov). Send a copy of this letter to your Local Emergency Planning Committee (LEPC), and keep a copy for your records.

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

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

### Purpose of this Application

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

### I. GENERAL INFORMATION

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

Company/Permittee and Facility Information					
Company/Permittee Name			Facility Name		
Mailing Address of Company/Permittee:			Physical Address of Operation (as near as possible to main entrance):		
City	State	Zip Code	City	State	Zip
Permittee Phone Number		Permittee Fax Number:		Latitude and Longitude of Main Entrance:	

Responsible Official (RO) Information					
RO Name (as described on Page 12 of this application):			RO Official Title:		
Mailing Address:			Physical Address:		
City	State	Zip Code	City	State	Zip Code
Phone Number:		Fax Number:		Email Address:	

Facility Contact Information					
Facility Contact Name:			Facility Contact Title:		
Physical Address:			Phone Number:		Fax Number:
City	State	Zip Code	Email Address:		

**II. MEMBER INFORMATION**

A. Identify the name, title/position, and unless waived in writing by the Department, the resident address of every officer (a PO Box is not acceptable), general partner, LLP partner, LLC member, investor, director, or person performing a function similar to a director, of the applicant, and each person who is the record or beneficial owner of 10 percent or more of any class of voting stock of the applicant, or any other responsible official(s) of the applicant with legal or decision making responsibility or authority for the facility:

Name	Title/Position	Physical Address of Residence

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

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

**III. LEGAL STRUCTURE OF APPLICANT**

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

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

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

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

D. Landowner(s):

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

**IV. COMPLIANCE HISTORY**

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

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	(1) An Alabama NPDES, SID, or UIC permit suspended or terminated?
<input type="checkbox"/>	<input type="checkbox"/>	(2) An Alabama or federal environmental permit suspended/terminated?
<input type="checkbox"/>	<input type="checkbox"/>	(3) An Alabama State Oil & Gas Board permit or other approval suspended or terminated?
<input type="checkbox"/>	<input type="checkbox"/>	(4) An Alabama or federal performance/environmental bond, or similar security deposited in lieu of a bond, or portion thereof, forfeited?

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

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

**V. OTHER PERMITS/AUTHORIZATIONS**

A. List any other NPDES, State Oil & Gas Board (OGB) Class II Injection well permits, or other environmental permits (including permit numbers), authorizations, or certifications that have been applied for or issued within the State by ADEM, EPA, Alabama Surface Mining Commission (ASMC), Alabama Department of Labor (ADOL), or other agency, to the applicant, parent corporation, subsidiary, or LLC member for this operation whether presently effective, expired, suspended, revoked or terminated:

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

**VI. PROPOSED SCHEDULE**

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

**VII. ACTIVITY DESCRIPTION & INFORMATION**

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

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

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

D. Is/will this operation:

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

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

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

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

**IX. PROPOSED ACTIVITY TO BE CONDUCTED**

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

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

B. Primary SIC Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_ Description: \_\_\_\_\_  
 Secondary SIC Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_ Description: \_\_\_\_\_

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

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

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

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

Volume (gallons)	Contents	Volume (gallons)	Contents	Volume (gallons)	Contents

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

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

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

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

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

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

**XII. ASMC REGULATED ENTITIES**

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

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

**XIII. TOPOGRAPHIC MAP SUBMITTAL**

Attach to this application a 7.5 minute series U.S.G.S. topographic map(s) or equivalent map(s) no larger than, or folded to a size of 8.5 by 11 inches (several pages may be necessary), of the area extending to at least one mile beyond property boundaries. The topographic or equivalent map(s) must include a caption indicating the name of the topographic map, name of the applicant, facility name, county, and township, range, & section(s) where the facility are located. Unless approved in advance by the Department, the topographic or equivalent map(s), at a minimum, must show:

- (a) An accurate outline of the area to be covered by the permit
- (b) An outline of the facility
- (c) All existing and proposed disturbed areas
- (d) Location of intake and discharge areas
- (e) Proposed and existing discharge points
- (f) Perennial, intermittent, and ephemeral streams
- (g) Lakes, springs, water wells, wetlands
- (h) All known facility dirt/improved access/haul roads
- (i) All surrounding unimproved/improved roads
- (j) High-tension power lines and railroad tracks
- (l) Contour lines, township-range-section lines
- (m) Drainage patterns, swales, washes
- (n) All drainage conveyance/treatment structures (ditches, berms, etc.)
- (o) Any other pertinent or significant feature

**XIV. DETAILED FACILITY MAP SUBMITTAL**

Attach to this application a 1:500 scale or better, detailed auto-CAD map(s) or equivalent map(s) no larger than, or folded to a size of 8.5 by 11 inches (several pages may be necessary), of the facility. The facility map(s) must include a caption indicating the name of the facility, name of the applicant, facility name, county, and township, range, & section(s) where the facility is located. Unless approved in advance by the Department, the facility or equivalent map(s), at a minimum, must show:

- (a) Information listed in Item XIII (a) – (o) above
- (b) If noncoal, detailed, planned mining progression
- (c) If noncoal, location of topsoil storage areas
- (d) Location of ASMC bonded increments (if applicable)
- (e) Location of mining or pond cleanout waste storage/disposal areas
- (f) Other information relevant to facility or operation
- (g) Location of facility sign showing Permittee name, facility name, and NPDES Number

**XV. RECEIVING WATERS**

List the requested permit action for each outfall (issue, reissue, add, delete, move, etc.); outfall designation including denoting “E” for existing and “P” for proposed outfalls; name of receiving water(s); latitude and longitude (to seconds) of location(s) of each discharge point; distance of receiving water from the discharge point; number of disturbed acres; the number of drainage acres which will drain through each outfall; and if the outfall discharges to an ADEM listed CWA Section 303(d) waterbody segment or is included in a TMDL at the time of application submittal.

Action	Outfall E/P	Receiving Water	Latitude	Longitude	Distance to Rec. Water (ft)	Disturbed Area (acres)	Drainage Area (acres)	ADEM WUC	303(d) Segment (Y/N)	TMDL Segment* (Y/N)
				-						
				-						
				-						
				-						
				-						
				-						
				-						
				-						
				-						

\*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation: (1) Justification for the requested Compliance Schedule (e.g., time for design and installation of control equipment); (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department including sample collection dates, analytical results in mass and concentration, methods utilized, and RL and MDL; (3) Requested interim limitations, if applicable; (4) Date of final compliance with the TMDL limitations; and (5) Any other additional information available to support the requested compliance schedule.



**XVI. DISCHARGE CHARACTERIZATION**

A. EPA Form 2C, EPA Form 2D, and/or ADEM Form 567 Submittal

- Yes, pursuant to 40 CFR 122.21, the applicant requests a waiver for completion of EPA Form 2C, EPA Form 2D, and ADEM Form 567 and certifies that the operating facility will discharge treated stormwater only; that chemical/compound additives are not used (unless waived in writing by the Department on a programmatic, categorical, or individual compound/chemical basis); that there are no process, manufacturing, or other industrial operations or wastewaters, including but not limited to lime or cement production and synfuel operations; and that coal and coal products are not mined nor stored onsite.
- No, the applicant does not request a waiver and a complete EPA Form 2C, EPA Form 2D, and/or ADEM Form 567 is attached.

B. The applicant is required to supply the following information separately for every proposed or existing outfall. (Attach extra sheets if necessary.) List expected average daily discharge flow rate in cfs and gpd; frequency of discharge in hours per day and days per month; average summer and winter temperature of discharge(s) in degrees centigrade; average pH in standard units; and average daily discharges in pounds per day of BOD<sub>5</sub>, Total Suspended Solids, Total Iron, Total Manganese, and Total Aluminum (if bauxite or bauxitic clay or if otherwise believed present):

Outfall E/P	Information Source - # of Samples	Flow (cfs)	Flow (gpd)	Frequency (hours/day)	Frequency (days/month)	Sum/Win Temp, (°C)	pH (s.u.)	BOD <sub>5</sub> (lbs/day)	TSS (lbs/day)	Tot Fe (lbs/day)	Tot Mn (lbs/day)	Tot Al (lbs/day)

C. The applicant is required to supply the following information separately for every proposed or existing outfall. (Attach extra sheets if necessary.) Identify and list expected average daily discharge of any other pollutant(s) listed in EPA Form 2C Tables A, B, C, D, and E that are not <sup>referenced</sup> in Part XVI.B. or otherwise submitted elsewhere, that you know is present or have reason to believe could be present in the discharge(s) at levels of concern:

Outfall E/P	Reason Believed Present	Information Source - # of Samples								
			lbs/day	mg/L	lbs/day	mg/L	lbs/day	mg/L	lbs/day	mg/L

**XVII. DISCHARGE STRUCTURE DESCRIPTION & POLLUTANT SOURCE**

The applicant is required to supply outfall number(s) as it appears on the map(s) required by this application [if this application is for a modification to an existing permit do not change the numbering sequence of the permitted outfalls], describe each, (e.g., pipe, spillway, channel, tunnel, conduit, well, discrete fissure, or container), and identify the origin of pollutants. The response must be precise for each outfall. If the discharge of pollutants from any outfall is the result of commingling of waste streams from different origins, each origin must be completely described.

Outfall	Discharge structure Description	Description of Origin of pollutants	Surface Discharge	Groundwater Discharge	Wet Prep -Other Production Plant	Pumped or Controlled Discharge	Low Volume STP

Origin of Pollutants – typical examples: (1) Discharge of drainage from the underground workings of an underground coal mine, (2) Discharge of drainage from a coal surface mine, (3) Discharge of drainage from a coal preparation plant and associated areas, (4) Discharge of process wastewater from a gravel-washing plant, (5) Discharge of wastewater from an existing source coal preparation plant, (6) Discharge of drainage from a sand and gravel pit, (7) Pumped discharge from a limestone quarry, (8) Controlled surface mine drainage (pumped or siphoned), (9) Discharge of drainage from mine reclamation, (10) Other (please describe):

**XVIII. COOLING WATER**

A. Does your facility use cooling water?  Yes  No

B. If “Yes,” identify the source of the cooling water:

**XIX. VARIANCE REQUEST**

A. Do you intend to request or renew one or more of the CWA technology variances authorized at 40 CFR 122.21(m)?  Yes  No

B. If “Yes,” select all that apply:

- Fundamentally different factors (CWA Section 301(n))
- Water quality related effluent limitations (CWA Section 302(b)(2))
- Non-conventional pollutants (CWA Section 301(c) and (g))
- Thermal discharges (CWA Section 316(a))

**XX. PROPOSED NEW OR INCREASED DISCHARGES**

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

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

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

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

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

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

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

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

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

**XXI. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN SUMMARY (must be completed for all outfalls)**

Yes	No	N/A	Outfall(s):	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.	Runoff from all areas of disturbance is controlled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.	Drainage from pit area, stockpiles, and spoil areas directed to a sedimentation pond
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.	Sedimentation basin at least 0.25 acre/feet for every acre of disturbed drainage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.	Sedimentation basin cleaned out when sediment accumulation is 60% of design capacity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.	Trees, boulders, and other obstructions removed from pond during initial construction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	Width of top of dam greater than 12'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	Side slopes of dam no steeper than 3:1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	Cutoff trench at least 8' wide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.	Side slopes of cutoff trench no less than 1:1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	Cutoff trench located along the centerline of the dam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.	Cutoff trench extends at least 2' into bedrock or impervious soil
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	Cutoff trench filled with impervious material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.	Embankments and cutoff trench 95% compaction standard proctor ASTM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.	Embankment free of roots, tree debris, stones >6" diameter, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.	Embankment constructed in lifts no greater than 12"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.	Spillpipe sized to carry peak flow from a one year storm event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.	Spillpipe will not chemically react with effluent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18.	Subsurface withdrawal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.	Anti-seep collars extend radially at least 2' from each joint in spillpipe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.	Splashpad at the end of the spillpipe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21.	Emergency Spillway sized for peak flow from 25-yr 24-hr event if discharge not into PWS classified stream
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22.	Emergency spillway sized for peak flow from 50-yr 24-hr event if discharge is into PWS classified stream
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23.	Emergency overflow at least 20' long
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24.	Side slopes of emergency spillway no steeper than 2:1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25.	Emergency spillway lined with riprap or concrete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26.	Minimum of 1.5' of freeboard between normal overflow and emergency overflow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27.	Minimum of 1.5' of freeboard between max. design flow of emergency spillway and top of dam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28.	All emergency overflows are sized to handle entire drainage area for ponds in series
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29.	Dam stabilized with permanent vegetation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30.	Sustained grade of haul road <10%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31.	Maximum grade of haul road <15% for no more than 300'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32.	Outer slopes of haul road no steeper than 2:1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33.	Outer slopes of haul road vegetated or otherwise stabilized
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34.	Detail drawings supplied for all stream crossings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35.	Short-Term Stabilization/Grading And Temporary Vegetative Cover Plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36.	Long-Term Stabilization/Grading And Permanent Reclamation or Water Quality Remediation Plans

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

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

Yes	No	N/A	
<b>General Information:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PE Seal with License #
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name and Address of Operator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Description of Facility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of Company
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Employees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Products to be Mined
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hours of Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Supply and Disposition
<b>Maps:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Topographic Map including Information from Part XIII (a) – (o) of this Application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1" – 500' or Equivalent Facility Map including Information from Part XIV of this Application
<b>Detailed Design Diagrams:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan Views
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cross-section Views
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Method of Diverting Runoff to Treatment Basins
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Line Drawing of Water Flow through Facility with Water Balance or Pictorial Description of Water Flow
<b>Narrative of Operations:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raw Materials Defined
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processes Defined
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Products Defined
<b>Schematic Diagram:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Points of Waste Origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collection System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal System
<b>Post Treatment Quantity and Quality of Effluent:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspended Solids
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Iron Concentration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pH
<b>Description of Waste Treatment Facility:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Treatment Measures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recovery System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expected Life of Treatment Basin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measures for Ensuring Access to All Treatment Structures and Related Appurtenances including Outfall Locations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule of Cleaning and/or Abandonment
<b>Other:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Precipitation/Volume Calculations/Diagram Attached
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BMP Plan for Haul Roads
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measures for Minimizing Impacts to Adjacent Stream (e.g., Buffer Strips, Berms)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measures for Ensuring Appropriate Setbacks are Maintained at All Times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methods for Minimizing Nonpoint Source Discharges
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Chemical Treatment Used, Methods for Ensuring Appropriate Dosage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility Closure Plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PE Rationale(s) For Alternate Standards, Designs or Plans

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

**XXIII. INFORMATION**

**Contact the Department prior to submittal with any questions or to request acceptable alternate content/format.**

**Be advised that you are not authorized to commence regulated activity until this application can be processed, publicly noticed, and approval to proceed is received in writing from the Department.**

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

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

The applicant is advised to contact:

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

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

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

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

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

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

Name (type or print): _____	PE Registration # _____
Title: _____	Phone Number _____
Address: _____	
Signature: _____	Date Signed _____

**XXV. RESPONSIBLE OFFICIAL SIGNATURE\***

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

“I certify under penalty of law that this document, including technical information and data, the PAP Plan, including any SPCC plan, maps, engineering designs, and all other attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the PE and other person or persons under my supervision who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations. \_\_\_\_\_ (initial here)

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

“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. \_\_\_\_\_ (initial here)

“I further certify that the discharges described in this application have been tested or evaluated for the presence of non-stormwater discharges and any non-mining associated beneficiation/process pollutants and wastewaters have been fully identified.” \_\_\_\_\_ (initial here)

“I acknowledge my understanding that if coal, coal fines, coal refuse, or other coal related materials are mined, transloaded, processed, etc., that I may be required to obtain a permit from the ASMC. \_\_\_\_\_ (initial here)

“I acknowledge my understanding that if non-coal, non-limestone materials are mined, transloaded, processed, etc., that I may be required to obtain a permit from the ADOL. \_\_\_\_\_ (initial here)

“I acknowledge my understanding that if the proposed activities will be conducted in or potentially impact waters of the state or waters of the US (including wetlands), that I may be required to obtain a permit from the USACE.” \_\_\_\_\_ (initial here)

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

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

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

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

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
LAND DIVISION

ALABAMA HAZARDOUS WASTE/USED OIL TRANSPORT PERMIT APPLICATION  
INSTRUCTIONS

**PLEASE READ THIS INSTRUCTION SHEET BEFORE YOU PREPARE YOUR APPLICATION. IT WILL SAVE YOU TIME AND AVOID NEEDLESS DELAYS IN OBTAINING YOUR ALABAMA HAZARDOUS WASTE/USED OIL TRANSPORT PERMIT**

This application package contains references to “Standards Applicable to Transporters of Hazardous Waste,” “Standards for Used Oil Transporter and Transfer Facilities,” and to “Permit Requirements for Transporters” pursuant to the Alabama Department of Environmental Management Administrative Code (ADEM Admin. Code), Division 14. You should become familiar with these rules. Especially note that permit renewal applications must be submitted to the Department at least 180 days before the expiration of your permit. This is to ensure that any deficiencies found can be addressed before your existing permit expires. Permits are issued for three years, and the State of Alabama does not send out expiration notices or renewal applications automatically. It is your responsibility to contact this Department and request a renewal application package.

Any change in information, which may cause modifications to the permit [in accordance with ADEM Admin. Code R. 335-14-8-.09(2)] should be submitted to the Department within 45 days of said changes.

Any application for renewal received after your existing permit has expired is considered a new application. *If your permit expires and you have not submitted a renewal application, you must cease transportation of hazardous waste and/or used oil in Alabama until you obtain a new permit.*

This Department will process all applications according to the date of their receipt. It is not possible to guarantee that permits can be issued by a certain time after receipt due to the volume of applications that may be received. The Department’s goal is to have your permit back to you as quickly as possible. Be thorough when filling out the application and be sure to include the permit application fee for each new application, renewal and major modification. Additionally,

a greenfield fee per application is required for new developments or the initial operation of a new facility or a facility or operation not previously permitted. Minor modifications and permit modifications to change the name of the permittee only are subject to a fee.

Incomplete

applications will only result in delays in obtaining your permit.

The comments below refer to specific items in the permit application:

**Hazardous Waste Transporter/Used Oil Transporter Checkboxes**

Check the appropriate box. If you intend to transport only hazardous waste in accordance with Chapter 335-14-4, then check the Hazardous Waste Transporter box. If you intend to



transport both hazardous waste in accordance with Chapter 335-14-4 and used oil in accordance with Rule 335-14-17-.05, then check both the Hazardous Waste Transporter box and the Used Oil Transporter box. If you intend to transport only used oil in accordance with Rule 335-14-17-.05, then check only the Used Oil Transporter box.

**A. Permit Status:**

Fill in as indicated. If you are submitting a permit modification, be sure to read the conditions for modifications allowed by ADEM Admin. Code R. 335-14-8-.11.

**B. Transporter Identification:**

Fill in Items 1, 2, 3, 4, and 5 as indicated. For Items 6, 7, and 8 fill in the specific information requested. Write "None" if these do not apply to you. Fill in Item 9 with all required information.

**C. Type of Operation:**

Check *all* applicable type(s) in Item 1. The description of the type and scope of the proposed operations, Item 2., should include a list of make, model, capacity, and license numbers of all vehicles used to transport hazardous waste or used oil in Alabama. This includes trailers.

**D. Waste Information:**

Fill in as indicated. For Item 1, check *all* applicable type(s) of waste. In Item 2, you must give either specific State/EPA waste codes or use an inclusive statement to indicate the type of wastes you are transporting. If you transport only certain wastes exclusively, define the specific waste code(s) (such as D001, F003, etc.) for the waste(s) you carry. Do not use USDOT waste descriptions or word descriptions such as liquids, solids, etc. If you transport all types of wastes, use the inclusive statement as follows:

"All hazardous waste identified by ADEM Administrative Code Rules 335-14-2-.02 through 335-14-2-.04, inclusive"

If you transport only used oil, then use the following statement;

"Only used oil as identified by ADEM Administrative Code Rule 335-14-17-.02"

In Item 3, describe the proposed method of containment. Please be specific. USDOT container descriptions are acceptable.

**E. Financial Assurance:**

There are three mechanisms for demonstrating financial assurance in Alabama. Refer to the regulations for the specific requirements and wording of each financial instrument. If you use a surety bond, the wording must be as specified in Rule 335-14-4-.04(a)2. for hazardous waste transporters or Rule 335-14-17-.05(4)(a)2. for used oil only transporters. Signatures must be

original. The demonstration of net worth must have a letter from the chief financial officer worded as specified in Rule 335-14-4-.04(b). for hazardous waste transporters or Rule 335-14-17-.05(4)(b) for used oil only transporters. This letter must also have an original signature. Proof of insurance must be submitted on an original ACORD type certificate of liability insurance and must meet the requirements of Rule 335-14-4-.04(c) for hazardous waste transporters or Rule 335-14-17-.05(4)(c) for used oil-only transporters.

**F. Manifest Requirements and Spill Response:**

You must include a copy of your Spill Contingency Plan with your application. This plan should be a comprehensive discussion of a **WORST-CASE** situation during the loading, transportation and unloading of hazardous waste. It should include procedures for containment, cleanup, decontamination, and a list of emergency equipment available to your drivers. The plan should also include a discussion of the type and scope of training your drivers are given for handling and transportation of hazardous wastes/used oils, including emergency response. The Sample Contingency Plan included in the application package is to be used as a guide only. **DO NOT COPY VERBATIM!** Your contingency plan should be tailored to your specific operation and the types of waste you transport.

**G. Other Relevant Information:**

Fill in the specific information requested. If no enforcement action has been taken in relation to your company's past three (3) year history of transporting hazardous waste/used oil, write "NONE".

**H. Certification:**

Be sure you read and understand this certification before you sign the application. A responsible corporate officer within your company, such as the president, vice-president, environmental transportation manager, etc. must sign applications. The application submitted to this Department must have an original signature. Copies will not be accepted. Applications not signed and dated will be returned.

If you follow these instructions carefully, you should eliminate most of the deficiencies usually found in transporter permit applications. If deficiencies are found, you will be notified by certified letter and given a reasonable length of time to correct them. All deficiencies must be corrected in writing before your permit can be issued or renewed. If you do not correct any deficiency within the prescribed length of time, your permit application will be terminated. We cannot hold deficient applications indefinitely; therefore, this policy will be strictly adhered to.

You may contact our office at (334) 271-7758; (334) 271-7984, or (334) 271-7741 if you have specific questions concerning your application or you can write to:

Alabama Department of Environmental Management Land Division  
P.O. Box 301463 (ZIP 36130-1463)  
1400 Coliseum Boulevard



**9. Records Location** (Rule 335-14-8-.09(4)(f)) The name, address and telephone number where information, reports, and documents are maintained and may be inspected.

**C. Type of Operation** (Rule 335-14-8-.09(4)(c))

1. Highway  Air  Rail  Water  Other (specify) \_\_\_\_\_

2. Describe the scope of the transport operation. Attach a description of all activities relating to the transportation of hazardous waste/used oil. Include a list of tractors and trailers used to transport hazardous waste/used oil including make, model, capacity, and license numbers. Indicate whether vehicles are company owned or leased. For leased vehicles indicate the company from which they are leased.

**D. Waste Information** (Rule 335-14-8-.09(4)(d))

1. Indicate the type(s) of waste transported.  
 Liquids  Gases  Dusts\*  Sludges  Solids  Used Oils   
\*Dusts are materials, which are of a particle size that may become airborne during storage or transport (i.e., flyash, baghouse wastes).

2. If applicable, list the EPA/State Hazardous Waste Numbers (F001, D002, etc.) for wastes transported and identified in Item D.1. Use the appropriate inclusive statement given in the instructions if you transport a variety of wastes or used oil only.

3. Describe how wastes will be contained during storage and transportation (drums, tanker, bulk trailer, etc.). Include applicable USDOT container descriptions.

**E. Financial Assurance** (Rules 335-14-4-.04, 335-14-8-.09(4)(f) and 335-14-17-.05(4))

1. Financial mechanism used to demonstrate financial assurance:  
 a. Certificate of Insurance \_\_\_\_\_  
 b. Surety Bond \_\_\_\_\_  
 c. Documentation of Net Worth \_\_\_\_\_

2. Financial assurance mechanism (with signature) attached? Yes  No  If No, explain: \_\_\_\_\_

**F. Manifest Requirements, Spill Response, and Contingency Plan:**

1. All hazardous waste transport personnel, including drivers, have read and understand the manifest requirements as required in Rule 335-14-4-.02 of the ADEM Admin. Code.  
 Yes  No  Not Applicable (used oil only)  If No, explain: \_\_\_\_\_

2. All transport personnel, including drivers, have read the information concerning discharges during transportation as required in Rule 335-14-4-.03 for hazardous waste transporters and/or Rule 335-14-17-.05(5)(c) for combination/used oil only transporters:  
 Yes  No  If No, explain: \_\_\_\_\_

3. Spill Contingency Plan Attached? (Rule 335-14-8-.09(4)(g))

Yes

No

If No, explain: \_\_\_\_\_

**Note:** Please refer to the attached instructions and the Sample Contingency Plan provided when preparing your submittal. The Contingency Plan must be prepared in accordance with Rule 335-14-8-.09(4)(g) and demonstrate compliance with Rule 335-14-4-.03 for hazardous waste transporters and/or Rule 335-14-17-.05(5)(c) for combination/used oil only transporters.

**G. Other Relevant Information (Rule 335-14-8-.10(8))**

List and explain any criminal or civil prosecutions, final administrative orders, license/permit revocations or suspensions issued by any local, state or federal authority, in the three (3) years immediately preceding the filing of this application; related to the handling and transportation of hazardous waste/used oil.

**H. Certification**

I certify under penalty of law that this permit application and all attachments were prepared under my direction or supervision in a manner to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person(s) who gathered and evaluated the information and of the person(s) responsible for managing the regulated activity, 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. I understand that it is my responsibility to notify the Alabama Department of Environmental Management within forty-five (45) days of changes in information in the current permit application

Signature

Name and Official Title (Type or Print)

Date Signed

**I. Comments**

Please provide email address:

**SAMPLE CONTINGENCY PLAN**  
**HIGHWAY HAZARDOUS WASTE/USED OIL TRANSPORT**

**I. EMERGENCY ACTION:** In the event of an on-the-road spill or other emergency, the driver will follow these procedures:

- A. Remain with the unit and warn all pedestrians and motorists to stay away from the spill area, pointing out to them the danger involved, and have someone call the police or fire department.
- B. Upon the arrival of the police or fire department, the driver will inform them of what kind of material has been spilled and request the area to be blocked off to both pedestrians and vehicles to prevent property damage or any serious personal injury.

The driver will request the first responder, fire or police personnel, to protect the area while the driver reports to a facility Emergency Coordinator (listed below in the order of calling):

Facility Operations Manager

Name:

Telephone Numbers:     Work --  
  Home --

Area Operations Manager

Name:

Telephone Numbers:     Work --  
  Home --

Facility Manager

Name:

Telephone Numbers:     Work --  
  Home --

C. The Emergency Coordinator will gather the following information from the driver and relay it to the National Response Center and the Alabama Department of Public Safety.

1. Name of person reporting the incident.
2. Name, address, and Identification Number of the transporter.
3. Phone number where person reporting can be reached.
4. Date, time, and location of the incident.
5. The extent of injuries, if any.
6. Classification, name, and quantity of hazardous materials/wastes involved, if such information is available.
7. Type of incident and nature of hazardous material/waste involvement and whether a continuing danger exists at the scene.

C. Continued

8. For each waste product involved provide:

- a. Name and Identification Number of generator.
- b. Product shipping, hazardous class, and UN or NA Number.
- c. Estimated quantity of material spilled.
- d. If possible, estimate the extent of contamination to land, water, or air.

9. Shipping name, hazard class, and Identification Number of any other material carried.

EMERGENCY RESPONSE AGENCIES:

AGENCY	TOLL FREE NUMBER	REGULAR NUMBER
U.S. National Response Center	(800) 424-8802	(202) 426-2675
Alabama Emergency Management Agency Hazardous Materials/Waste Incidents	(800) 356-9596 (800) 843-0699	(205) 280-2200
U.S. Coast Guard, Mobile		(334) 639-6287
Alabama Department of Public Safety CHEMTREC	(800) 424-9300	(334) 242-4378
Alabama Department of Environmental Management		(334) 260-2700

ADEM's Hours of Operation:

- Monday through Friday.....7:00 a.m. - 5:00 p.m.
- Saturday, Sunday, and State Holidays.....Closed

D. Specific actions to be taken at the scene of the spill are:

1. Containment - The critical problem is to prevent the escape of any spilled liquid or solid into the ground or into a storm or sanitary sewer. A barrier must be erected immediately to prevent escape of spilled materials/waste liquids, using whatever material is at hand, even a dirt curb to prevent spreading of the spill. Containment of solids will be dependent on wind and weather conditions. Use the tarpaulin in the vehicle, or plastic (available at most supply stores) if conditions are wet and windy. Simultaneously, the source of the spill or leak must be located and controlled (e.g., a drum plugged or taped, or turned upside down).

The possibility of evacuation should be considered in the event of a major spill (e.g., a collision with another vehicle or a loaded trailer that has turned over, with subsequent container(s) rupturing). Major concerns involve ignitable wastes that may catch fire and possibly explode or generate toxic fumes. If fire threatens or actually occurs, personnel should be evacuated a distance of at least a half-mile as recommended by the Emergency Response Guidebook. If no fire threatens, and no container (s) have ruptured, a distance of 50-100 feet should suffice.

If the shipping description is known (refer to the manifest) find the name in your Emergency Response Guidebook in the blue pages and turn to the Corresponding Guide Number (orange top page-last 1/3 of book). If the shipping description is not known check the placard on the vehicle for a "UN" or a "NA" number, look up the number in the yellow pages and refer to the Corresponding Guide Number, or contact the generator of the waste for safety data.

2. Cleanup - With containment effected and the spillage source controlled, cleanup is the next step. If the spill is contained on an impervious paved surface, material should be absorbed onto a compatible material (e.g., sand, diatomaceous earth). Any of a number of commercial absorbent inert materials may be used, but make sure they are compatible with the waste and will not cause a reaction. If the spillage has reached soil, all contaminated dirt should be collected into drums or bags for disposal at an EPA approved site.

If any spilled waste has reached the ground, the contaminated soil will be removed. The extent of contamination will be determined by sampling the spill area. A qualified laboratory will analyze the sample. Sampling techniques, chain-of-custody requirements, and analytical methods will follow approved procedures such as those outlined in SW-846. Any soil exhibiting contamination above the local background level will be removed to an appropriate permitted disposal site.

In addition to contaminated absorbents, dirt, or the like as noted above, damaged containers also present a disposal problem. Special "recovery drums" (oversize metal drums) will be used for containing damaged 55-gallon drums. Disposal will be at an approved site.

II. **EMERGENCY EQUIPMENT:** Each tractor carries the following emergency equipment, stored in a sturdy aluminum box:

- Gloves
- Goggles
- Slicker Suite
- Hazorb (4 pillows)
- Shovel
- Full-face Respirator
- Boots
- DOT Emergency Response Guidebook
- Skin & Eye Neutralization Solution
- Emergency Reflective Triangles (3)

Each Tractor also carries:

- First Aid Kit



- Flares
- Ten Pound ABC Fire Extinguisher

**III. FOLLOW-UP PROCEDURES:** Two steps remain once the immediate emergency aspects of a spill have been taken care of:

A. *Decontamination:*

Trucks or trailers exposed to a spill or leak will be decontaminated at the site in order to prevent any further release to the extent that it can be transported (or move under its own power) to an authorized facility capable of further decontamination if necessary.

Equipment - Each item used will be placed in an open head container and thoroughly rinsed with a compatible solvent or cleaning compound. The residue or wash water will then be drained into a tight head container, sealed, and disposed of in accordance with Federal and State Regulations at an authorized disposal site.

Clothing - Contaminated clothing will be placed with the clean up residue and disposed of in accordance with Federal and State Regulations at an authorized disposal site. If clothing is reusable, then it will be decontaminated properly and the residue added to the other waste.

B. *Notification:* The Department of Transportation, Director of Hazardous Materials Registration, Materials and Transportation Bureau, Washington, DC 20590 will be notified, in writing, of the occurrence, and nature of the incident and a copy will be submitted to the Alabama Department of Environmental Management, Coliseum Boulevard, Montgomery, Alabama 36110-2059.

**IV. TRAINING PROGRAM:** In preparation for handling hazardous materials and hazardous wastes, all drivers and response personnel receive approximately six (6) hours classroom training conducted by Regional Office personnel followed by refresher training by local management at regular scheduled (at least monthly) safety meetings. In addition to the above, an annual Regional meeting is held to educate further each Branch Operation Supervisor on changes in regulations.

A. The following is a list of classroom training provided to all branch personnel responsible for the handling and storage of hazardous waste:

1. Hazardous Waste Manifesting
2. Container Receiving and Maintenance
3. Container Inspections
4. Container Transferring
5. Container Pickup Checklist
6. Re-use of Containers for Hazardous Waste
7. Emergency Response Equipment

8. Emergency Procedures
9. Hazardous Waste Labeling
10. Product Compatibility
11. In-house Maintenance Checks
12. Emergency Spills

B. Since much of the drivers' actions involve hazardous materials, including hazardous wastes, their instructions specifically include:

1. Inspection of their vehicles before and during trips;
2. Driving Rules;
3. Knowledge of safety and health hazards of products carried (e.g., flammable, and corrosive); and
4. Actions to be implemented in case of spills, accidents, or other emergencies involving hazardous materials and hazardous wastes.

Application for Facility Name Change or Transfer of  
Solid Waste Disposal Facility Permit  
Alabama Department of Environmental Management

Existing Solid Waste Disposal Facility Permit

Permit No. \_\_\_\_\_

Permittee: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Application for Facility Name Change: An application for facility name change must be made by the current permittee. A facility name change does not change any condition of the permit.

Responsible Official Making the Request to Change the Facility Name:

Name of Responsible Official (Printed): \_\_\_\_\_

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

Signature of Responsible Official: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Current Facility Name: \_\_\_\_\_

Proposed Facility Name: \_\_\_\_\_

Effective Date of Name Change: \_\_\_\_\_

Application for Transfer of Solid Waste Disposal Facility Permit: An application to transfer a solid waste facility disposal permit must be made by the current permittee.

Name of Responsible Official (Printed): \_\_\_\_\_

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

Signature of Responsible Official: \_\_\_\_\_

Current Permittee: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Official or Entity Accepting Transfer of Solid Waste Disposal Facility Permit: Transfer of a solid waste disposal facility permit does not change any condition of the permit. By their signature below, the responsible official or entity accepting transfer assumes all responsibility for the facility and agrees to abide by all permit.

Name of Responsible Official: \_\_\_\_\_

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

Signature of Responsible Official: \_\_\_\_\_

New Permittee: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Fees: Include the appropriate application fees with this form. Appropriate fees may be found in ADEM Admin. Code 335-1-6.

Submittal: Submit this form and applicable fees to:

Alabama Department of Environmental Management  
Solid Waste Branch

P.O. Box 301463 (mailing address)	1400 Coliseum Blvd. (physical address)
Montgomery, AL 36130-1463	Montgomery, AL 36110-2059

For additional information, contact the Solid Waste Branch at: 334-270-7700.

**State of Alabama  
Alabama Department of Environmental Management  
Clean Water State Revolving Fund (CWSRF) Loan Program**



SRF Section  
Permits and Services Division  
Alabama Department of Environmental Management  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

(334) 271-7714  
srf@adem.alabama.gov

## CWSRF Loan Application



Clean Water  
State Revolving Fund

Applicant: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Number: \_\_\_\_\_

Notes:

1. Submit loan application with attachments electronically (preferred) or by mail to the address above. Original signatures and notary seals should be included in the application.

# Alabama CWSRF Loan Application

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## **Introduction**

This is the second stage of the application process for Clean Water State Revolving Fund (CWSRF) assistance. A local government interested in participating should first submit a CWSRF Preapplication Form in order to be listed on the project priority list, which is published in the CWSRF Intended Use Plan (IUP). This application may be submitted with the preapplication or at any time thereafter. We strongly recommend submitting this application within 60 days of the issuance of the ADEM Intended Use Plan, otherwise the project may be moved to the non-fundable list.

Concurrence for the proposed project is required (in writing) from the Alabama Historical Commission, the U.S. Fish and Wildlife Service, Regional Planning Agency, and the U.S. Army Corps of Engineers. Copies of the concurrence letters are required to be included with the application package.

If the project includes a new or upgraded wastewater treatment facility, the applicant is required to obtain an NPDES permit prior to receiving a CWSRF loan.

An Environmental Information Document and plans and specifications are required to support each project with respect to technical and environmental matters. Please see the Environmental Information Document outline included in the application package for further guidance. Plans and specifications are required at the time the application is submitted.

Questions regarding the CWSRF Loan Application package should be directed to:

SRF Section  
Permits and Services Division  
Alabama Department of Environmental Management

Phone: (334) 271-7714  
FAX: (334) 271-7950  
E-mail: [srf@adem.state.alabamba.gov](mailto:srf@adem.state.alabamba.gov)  
Internet: [adem.alabama.gov](http://adem.alabama.gov)

Mailing Address:  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

Overnight Delivery Address:  
1400 Coliseum Boulevard  
Montgomery, Alabama 36110-2059

**Application for Alabama CWSRF Loan Funding**

Applicant	County
Name and Title of Contact Person	Telephone
Street Address or Post Office Box	FAX
City, State, and Zip	Email
Total Project Cost \$	SRF Assistance Requested \$
Project Name	
Description of Project	

**Certification**

The undersigned representative of the applicant certifies that the information in the application and in the attached statements and exhibits is true, correct and complete to the best of the applicant's knowledge, information and belief. The applicant further certifies: That as evidenced by the attached Certified Resolution made by the applicant, the undersigned representative has been authorized to file this application; that the applicant agrees that a CWSRF loan for the project is made pursuant to the Alabama Code §§ 22-34-1 et seq., and ADEM A.C. 335-11-1; the applicant will pay all costs of the approved project not covered by the SRF loan; that all statements, data and supporting documents made or submitted by the applicant in connection with any applications for Authority assistance for the project are to be deemed a part of this application as if they were herein repeated and set forth in full.

Signature of Authorized Representative	Title of Authorized Representative
--	------------------------------------

Subscribed and sworn to  
 this \_\_\_\_\_ day  
 of \_\_\_\_\_,  
 20\_\_\_\_.

(SEAL)



## Consulting Engineer Information

Attach a copy of each executed engineering contract to this application. The contract ceiling amount is required for accounting purposes – if the contract is on a percentage or cost basis please provide an estimated maximum cost.

You may attach additional copies of this form if multiple consulting engineers will design/inspect this project.

Name	Telephone
Firm	FAX
Street Address or Post Office Box	Email
City, State, and Zip	Contract Ceiling Amount

## Consulting Engineer's Certification

I hereby give assurance and certify to the Alabama Department of Environmental Management that:

1. All plans and specifications for wastewater projects will be prepared in accordance with the latest edition of *GLUMRB Recommended Standards for Wastewater Facilities* ("10 State Standards") or other design standards as approved by ADEM.
2. An Operation and Maintenance (O&M) manual will be prepared for all new treatment works.
3. All contract specifications will contain ADEM Supplemental General Conditions, latest version.
4. Plans and specifications will be submitted to ADEM for examination prior to advertising the project for bidding.
5. No contracts will be awarded before a Project Review and Cost Summary package has been submitted to ADEM for review and issuance of an Approval to Award letter.
6. Unless prior, special arrangements have been made with ADEM, no materials-only contracts will be awarded for payment with CWSRF funds. Under no circumstances will in-kind labor be reimbursed with CWSRF funds.
7. The attached Environmental Information Document has been prepared in accordance with the outline provided in this application.

Signature of Consulting Engineer: \_\_\_\_\_

Date: \_\_\_\_\_

**Resolution Designating Official Representative**

WHEREAS, \_\_\_\_\_  
(Legal Name of Applicant: City, Commission, Board etc.)

herein called the "Applicant", after thorough consideration of the various aspects of the problem and study of available data, has hereby determined that the construction of certain works required for the treatment of wastewater and/or stormwater is desirable and in the public interest, and to that end it is necessary that action necessary for the construction of wastewater treatment an/or transport facilities be taken immediately; and

WHEREAS, under Code of Alabama 1975 §§ 22-34-1 et seq., and the regulations promulgated, thereunder in ADEM Administrative Code Chapter 335-11-1, the State of Alabama, has authorized the making of loans to aid in financing the cost of construction of necessary wastewater treatment and transport works to prevent the discharge of untreated or inadequately treated effluent into any waters;

NOW, THEREFORE, BE IT RESOLVED BY:

\_\_\_\_\_ the governing body of said Applicant, as follows:

1. That \_\_\_\_\_  
(Title of Officer)

is hereby authorized to file in behalf of the Applicant an application for a loan to be made by the Alabama Water Pollution Control Authority;

2. That \_\_\_\_\_  
(Title of Officer)

is hereby designated as the Authorized Representative of the Applicant for the purpose of furnishing to the Alabama Department of Environmental Management (ADEM) such information, data and documents pertaining to the application for a CWSRF loan from the Authority as may be required; and otherwise to act as Authorized Representative of the Applicant in connection with this application.

3. That certified copies of this resolution be included as a part of the application to be submitted to the Department for a loan.

Adopted, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Approved, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

**Certification of Resolution**

I, the Undersigned, the duly qualified and acting:

\_\_\_\_\_ of the \_\_\_\_\_  
*(Title of Officer)* *(Applicant)*

do hereby certify:

1. That the attached resolution is a true and correct copy of the resolution as adopted by a meeting of the governing body held on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ and duly recorded in my office:

2. That said meeting was duly convened and held in all respects in accordance with the law and to the extent required by law, due and proper notice of such meeting was given; and a legal quorum was present throughout the meeting, and a legally sufficient number of members of the governing body voted in the proper manner and for the adoption of said resolution, that all other requirements and proceedings under the law incident to the proper adoption or passage of said resolution, including publication, if required, have been duly fulfilled, carried out, and otherwise observed; and that I am duly authorized to execute this certificate.

IN WITNESS THEREOF, I have herewith set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

(SEAL)

Signature of Officer: \_\_\_\_\_  
Typed or Printed Name of Officer: \_\_\_\_\_

**Calculation of CWSRF Loan Share**

Cost Classification	Total Amount Required	Amount Requested for CWSRF Loan
1. Administrative Expense:		
2. Land, structures, right-of-way <i>(note: may not be CWSRF loan eligible)</i>		
3. Engineering:		
a. Design:		
b. Basic A/E Fees:		
c. Other Engineering/Testing Fees: (specify)		
i.		
ii.		
iii.		
d. Construction Inspection Fees:		
Engineering Sub-Total:		
4. Construction:		
a. Contract 1:		
b. Contract 2:		
c. Contract 3:		
d. Contract 4:		
e. Contract 5:		
Construction Sub-Total:		
5. Construction Contingency:		
6. Equipment: (Specify)		
a.		
b.		
c.		
7. Other: (Specify)		
a.		
b.		
c.		
<b>Totals:</b>		

**Statement of Assurances**

The applicant, \_\_\_\_\_, hereby gives assurance and certifies to the Alabama Department of Environmental Management that:

1. The Applicant shall maintain its financial records in accordance with generally accepted accounting principles and auditing standards for governmental institutions.
2. The applicant shall comply with all applicable NPDES permits.
3. For wastewater projects. the applicant shall adopt a sewer use ordinance, which shall prohibit any new connections from inflow sources into the treatment works and require that new sewers and connections to the treatment works are properly designed and constructed. The ordinance, or other legally binding document shall also require that all wastewater introduced into the treatment works does not contain toxins or other pollutants in amounts or concentrations that endanger public safety and physical integrity of the treatment works; cause violation of effluent or water quality limitations; or preclude the selection of the most cost-effective alternative for wastewater treatment or sludge disposal.
4. The applicant shall enforce NPDES pretreatment standards where applicable.
5. The applicant shall comply with all applicable requirements of Federal, State and local laws.
6. The applicant shall pay the unallowable costs of the construction of the project.
7. If applicable, the applicant shall retain certified wastewater treatment system operators in accordance with ADEM A.C. Division 335-10, from the time of the completion of construction or initiation of operation, whichever is earlier, until such time as operation of the facility is discontinued.
8. Construction of the project, including the award of contracts in connection therewith, shall conform to applicable requirements of Federal, State and local laws, ordinances, rules and regulations and to contract specifications and requirements.
9. The applicant shall comply with the following guidelines to the satisfaction of the Department: "*Design Criteria for Mechanical, Electrical and Fluid System and Component Reliability*", EPA-430-99-74-001, and "*GLUMRB Recommended Standards for Wastewater Facilities*".
10. The applicant shall have an Operation and Maintenance manual developed for the treatment works funded by the CWSRF loan.
11. The applicant shall certify that the project will be initiated and completed in accordance with the schedule specified in the CWSRF Loan Agreement.
12. The applicant must submit proof that it, and its contractors and subcontractors, will comply with all insurance requirements of the Loan Agreement and that it shall be able to certify that the insurance is in full force and effect and that the premiums have been paid.
13. The applicant shall ensure that procurement and construction shall conform to Title 39 and Title 41, Chapter 16, of the Code of Alabama, and the requirements imposed by EPA CWSRF Regulations promulgated under Title VI of the Clean Water Act.

Signature of Authorized Representative: \_\_\_\_\_

Subscribed and sworn to  
this \_\_\_\_\_ day  
of \_\_\_\_\_,  
20\_\_\_\_.

(SEAL)

**Intergovernmental Review Procedures**

Intergovernmental review of CWSRF funded projects is required pursuant to Executive Order 12372. To fulfill this requirement, the applicant is required to submit a copy of their CWSRF loan application to the following entity for review and comment. Responses from these entities indicating concurrence with the proposed project are required (in writing) and must be included with the CWSRF Loan Application:

**Regional Planning Agency**

Complete this form and transmit a copy of the CWSRF Application Form (Page 4 of this application) to your Regional Planning Agency.

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**A. Applicant Name and Address:**

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**B. Catalog of Federal Domestic Assistance Number and Title:**

**No. 66.458 - State Revolving Loan Program**

**C. Date Application Sent to ADEM:**

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**Authorized Representative:**

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*(Signature)*

**Certification Regarding Debarment and Suspension; Certification Regarding Federal, State, and Local Laws (the Copeland Act)**

CWSRF Project: \_\_\_\_\_

CWSRF Project No: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, representing the  
(Name) Title  
\_\_\_\_\_, Alabama  
(Organization) of \_\_\_\_\_  
(City, Town, etc.)

do hereby certify that, to our knowledge, no services of any individual, organization, or unit of government for facilities planning or design work appears on the master list of debarments, suspensions, and voluntary exclusions, in accordance with CFR 35.2105, Debarment and Suspension.

I further certify that, in accordance with CFR 35.2104(c), the applicant has not violated any Federal, State, or Local Law pertaining to fraud, bribery, graft, kickbacks, collusion, conflict of interest or other unlawful or corrupt practice relating to, or in connection with, facilities planning or design work related to the above referenced project.

Signature of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**Site Certificate – Authorized Representative Certification**

CWSRF Project: \_\_\_\_\_

CWSRF Project No: \_\_\_\_\_

I certify that the Applicant, \_\_\_\_\_ ,  
has acquired all real property including easements and rights-of-way that are or will be required for the construction, erection, extension, modification, operation and maintenance of the entire wastewater treatment works within the scope of the CWSRF funded projects.

I certify that, if other municipalities are served by the wastewater treatment/transport works funded under the above referenced project, those municipalities have acquired all real property including easements and rights-of-way required for service to those municipalities.

I certify that the Title Counsel's Certification given on the attached certificate covers all real property including easements and rights-of-way that are or will be required for the construction, erection, extension, modification, operation and maintenance of the entire wastewater treatment works within the scope of the funded under the above referenced project.

I further certify that all real property including easements required for the entire wastewater treatment works funded under the above referenced project was acquired in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and Regulation 40 CFR Part 4.

Signature of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_



**Site Certificate – Title Counsel Certification**

CWSRF Project: \_\_\_\_\_

CWSRF Project No: \_\_\_\_\_

I, \_\_\_\_\_, Attorney at Law, representing  
\_\_\_\_\_, as Title Counsel, do hereby certify:

1. That I have investigated and ascertained the location of, and am familiar with the legal description of the site or sites being provided by the Applicant for all elements of the wastewater treatment works within the scope of the above referenced project to be constructed (modified, extended, improved, altered) operated and maintained in and upon such site or sites.
2. That I have examined the deed records of the county or counties in which said project is to be located and, in my opinion, the Applicant has a legal and valid fee simple title or such other estate or interest in the site of the project, including necessary easements and rights-of-way sufficient to assure undisturbed use and possession for the purposes of construction and operation and maintenance for the estimated life of the project.
3. That any deeds or documents required to be recorded in order to protect the title of the owner and the interest of the Applicant have been duly recorded and filed for record wherever necessary.
4. That, if applicable, the title to real property for which the Water Pollution Control Authority has funded, has been encumbered in accordance with the requirements of State and local law to adequately protect the interest of the United States.
5. Remarks: *(use additional pages if necessary)*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Attorney at Law*

\_\_\_\_\_  
*Address*

**Certification: Cost and Effectiveness**

CWSRF Project: \_\_\_\_\_

CWSRF Project No: \_\_\_\_\_

I certify that the Applicant, \_\_\_\_\_ ,

(A) has studied and evaluated the cost and effectiveness of the processes, materials, techniques, and technologies for carrying out the proposed project or activity for which assistance is sought under this title; and

(B) has selected, to the maximum extent practicable, a project or activity that maximizes the potential for efficient water use, reuse, recapture, and conservation, and energy conservation, taking into account:

- (i) the cost of constructing the project or activity;
- (ii) the cost of operating and maintaining the project or activity over the life of the project or activity; and
- (iii) the cost of replacing the project or activity.

Signature of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**EPA Form 4700-4**

Applicant must download, complete, and sign the latest version of EPA Form 4700-4. Attach an original copy of the form here.

This form is available at:  
<http://www.epa.gov/ogd/forms/forms.htm>

**Disadvantaged Business Enterprise (DBE)**  
**Minority Business Enterprise (MBE) / Women’s Business Enterprise (WBE)**

The CWSRF program requires all projects to comply with:

- Civil Rights Act of 1964 & 1990
- Executive Order 11246 (Equal Employment Opportunity)
- Executive Order 11625 and 12138 (MBE/WBE)

In compliance with the Federal regulations it is the policy of the CWSRF program to promote a “fair share” of subagreement awards to small minority, and women owned businesses for supplies, equipment, services and construction. Compliance with these contract provisions is required in order for project costs to be eligible for SRF funding. The State has negotiated a MBE/WBE “fair share” objective of:

Commodities (Supplies)	MBE 4%	WBE 11%
Contractual (Services)	MBE 8%	WBE 30%
Equipment	MBE 5%	WBE 20%
Construction	MBE 2.5%	WBE 3%

Please note that DBEs, MBEs, and WBEs must be certified by EPA, SBA, or DOT (or by state, local, Tribal, or private entities whose certification criteria match EPA’s). DBEs must be certified in order to be counted toward the recipient’s MBE/WBE accomplishments. Depending upon the certifying agency, a DBE may be classified as a DBE, a Minority Business Enterprise (MBE), or a Women’s Business Enterprise (WBE).

The loan recipient (owner) shall employ and document good faith efforts in following the six affirmative steps when using loan funds to procure sources of supplies, construction and services.

If the successful bidder plans to subcontract a portion of the project, the bidder must submit to the owner (within 10 days after bid opening) documentation of good faith efforts in following the six affirmative steps taken to utilize small, minority and women’s businesses.

These “fair share” objectives are required to be stated in the loan agreement and in the project specifications **(SRF Supplemental General Conditions)**.

**Implementation of Six Affirmative Steps for Good Faith DBE Solicitation**

1. Include qualified MBE/WBE’s on solicitation lists.
  - a) Maintain and update a listing of qualified MBE/WBE’s that can be solicited for supplies, construction and/or services.
  - b) Provide this listing to all interested parties who requested to be placed on the bidder’s mailing list or requested copies of bid or proposal documents
  - c) Contact sources within geographic area of project to identify qualified MBE/WBE’s for placement on MBE/WBE list.
  - d) Check for other MBE/WBE listings such as those utilized by the State Minority Business Office, the Small Business Administration, Minority Business Development Office, EPA Region IV Office of Small and Disadvantaged Business Utilization (OSBDU), or the Alabama Department of Transportation.

2. Assure that MBE/WBE's are solicited whenever they are potential sources.
  - a) Conduct meetings, conferences and follow-ups with MBE/WBE's, small, minority and/or women's business associations, minority media etc., to inform these groups of opportunities to provide supplies, services and construction.
  - b) Conduct pre-bid, pre-solicitation and post-award conferences to ensure that consultants, suppliers and builders solicit MBE/WBE's.
  - c) Provide bidders with listings of qualified MBE/WBE's and establish that a fair share of subagreements be awarded.
  - d) Advertise in general circulation, trade publications, State agency publications of identified MBE/WBE's, minority or women's business focused media, etc., concerning contracting opportunities on your projects. Maintain a list of minority or women's business focused publications that may be used to solicit MBE/WBE's.
  - e) Provide interested MBE/WBE's with adequate information about plans, specifications and other requirements of the proposed projects.
  - f) Provide interested MBE/WBE trade organizations with summaries of bid solicitations.
  - g) Consider notifying MBE/WBE's of future procurement opportunities so that they may establish bidding solicitations and procurement plans.
3. Dividing total requirements, when economically feasible, into small tasks or quantities to permit maximum participation of MBE/WBE's.
  - a) Perform an analysis to identify portions of work that can be divided and performed by qualified MBE/WBE's.
  - b) Scrutinize the elements of the total project to develop economically feasible units of work that are within the bonding range of MBE/WBEs.
  - c) Analyze bid packages to afford MBE/WBEs maximum participation.
4. Use the appropriate services and assistance of:
  - a) the Office of Small and Minority Business Assistance in the Alabama Development Office
  - b) the Minority Business Development Centers
  - c) the Alabama Department of Transportation (for WBEs)
  - d) the Small Business Association
5. Establish delivery schedules, within the requirements of the work permit, which will encourage participation of MBE/WBEs.
  - a) Consider lead times and scheduling requirements often needed by MBE/WBE firms.
  - b) Develop realistic delivery schedules, which may provide for greater MBE/WBE participation.
6. Require each contractor to take the affirmative steps of items 1-5 above in procuring subcontractors.

Use the services of outreach programs sponsored by the Minority Business Development Agency and/or the Small Business Association to recruit bona fide firms for placement on MBE/WBE bidder's lists and to assist these firms in the development of bid packaging.

Seek out Minority Business Development Centers (MBDCs) to assist you in identifying MBE/WBEs for potential work opportunities on your projects.

## **MBE/WBE Contacts**

Alabama Department of Transportation  
1409 Coliseum Blvd  
Montgomery, AL 36130  
(334) 353-6469 or (800) 269-5081  
<https://www.dot.state.al.us/cboweb/DBEProgram.html>

Alabama Department of Economic and  
Community Affairs  
Office of Minority Business Enterprise  
P O Box 5690  
Montgomery, AL 36103-5690  
(334) 353-3966  
<http://adeca.alabama.gov/Divisions/ced/cdp/Pages/ombe.aspx>

Alabama Governor's Office of Minority Affairs  
100 N. Union St. Suite 360  
Montgomery, AL 36104  
(334) 353-2113  
[info@goma.alabama.gov](mailto:info@goma.alabama.gov)  
<https://goma.alabama.gov/>

Birmingham Construction Industrial Authority  
301 37<sup>th</sup> Street South  
Birmingham, AL 35222  
(205) 324-6202  
Fax: (205) 324-6210  
[aorl@bcia1.org](mailto:aorl@bcia1.org)  
<https://bcia1.org/>

Birmingham Office of Economic Development  
City Hall / Third Floor  
710 20<sup>th</sup> Street North  
Birmingham, AL 35203  
(205) 524-2799  
Fax (205) 254-7741

<https://oed.birminghamal.gov/>  
U.S. Department of Commerce  
Minority Business Development Agency  
Atlanta MBDA Business Center  
75 5<sup>th</sup> Street, NW Suite 300  
Atlanta, GA 30308  
(404) 894-8150  
<https://mbdabusinesscenter-atlanta.org/>  
<https://www.mbda.gov/>

National Association of Minority Contractors (NAMC)  
<http://namcnational.org/>  
The Barr Building  
910 17th Street, NW, Suite 413  
Washington, DC 20006  
(202) 296-1600  
Fax: (202) 296-1644  
[info@namcnational.org](mailto:info@namcnational.org)

NAMC Greater Atlanta Chapter  
1134 Main Street  
Forest Park, GA 30297  
(678) 943-9667  
[www.namcatlanta.org](http://www.namcatlanta.org)

U.S. Small Business Administration  
<https://www.sba.gov/>  
[http://web.sba.gov/pro-net/search/dsp\\_dsbs.cfm](http://web.sba.gov/pro-net/search/dsp_dsbs.cfm)  
<https://www.sba.gov/offices/headquarters/wbo/>

**CWSRF Financial Information Summary**

Applicant: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 CWSRF Project No.: \_\_\_\_\_  
 Loan Amount: \_\_\_\_\_

Description of Proposed Facilities:

Demographics/Wasteload Information:

	Current	Project Startup	Design
Total Population:			
Sewered Population:			
Commercial/ Industrial:			
WWTP Capacity (MGD):			

**Certification of Financial Capability**

\_\_\_\_\_ (Applicant) has analyzed the cost and financial impacts of the proposed facilities and hereby certifies that it has the legal, institutional, managerial and financial capability to finance and manage the construction, operation, and maintenance of the proposed project.

Signed: \_\_\_\_\_  
 (Authorized Representative)

Date: \_\_\_\_\_

**Operations and Maintenance Cost Estimates**

Annual O&M Costs:	Cost
Labor (Plant Operators):	
Utilities:	
Materials:	
Outside Services:	
Misc. Expenses:	
<b>Total Annual O&amp;M:</b>	

**Annual Wastewater User Charges**

	Current	Revised
Number of Sewered Residences (domestic):		
User Charge Revenue:		
Number of Commercial/Industrial Users:		
User Charge Revenue:		

**Residential Sewer Use Charges vs. Median Annual Household Income (MAHI)**

	Current	Revised
Median Annual Household Income:		N/A
Average Annual Residential Sewer User Charge:		
Annual Sewer Use Charges as % of MAHI:		



## Financing and Revenues

### **New Facilities:**

Total to be Borrowed from CWSRF:		
Term of Loan (maximum 30 years, based on design life of project):		yr
Interest Rate ( <i>estimated</i> ):		%
<b>Estimated Debt Service Payment to CWSRF:</b>		/yr

### **Existing Wastewater System Debt/O&M:**

Existing O&M:		/yr
Existing Wastewater Debt Service Obligations:		/yr
Other Debt Service/Operations Obligations:		/yr
		/yr
		/yr
<b>Total Existing Annual Obligations:</b>		/yr
 <b>Total Projected Annual Debt Obligations:</b>		/yr

### **Annual Sewer User Charges:**

	<b>Current</b>	<b>Revised</b>
Residential:		
Commercial:		
Industrial:		

### **Annual Sewer Use Surcharges (identify):**

	<b>Current</b>	<b>Revised</b>

### **Special Assessments or Fees (identify):**

	<b>Current</b>	<b>Revised</b>

### **Transfers from Other Funds (identify):**

	<b>Current</b>	<b>Revised</b>

### **Total Revenues:**

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**Projected Outlay Schedule**

Year: \_\_\_\_\_

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

Year: \_\_\_\_\_

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

Year: \_\_\_\_\_

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

\*Grand Total: \_\_\_\_\_

\*Must equal loan amount requested.

Construction Start Date: \_\_\_\_\_

Construction Completion Date: \_\_\_\_\_

Note: The construction completion date should be selected carefully, as loan repayment will begin immediately thereafter. Please contact the SRF Section if you have any questions.

## **Additional Financial Information**

### INSTRUCTIONS:

1. For "Systems owned by Towns, Cities, or Counties" where the security for the SRF loan will be a general obligation pledge of the Loan Recipient, please complete Part I only.
2. For "Systems owned by Towns, Cities or Counties" where the security for the SRF loan will be a pledge of revenues of the water and/or sewer system of the Loan Recipient, please complete Part II only.
3. For "Systems owned by Boards, Authorities or other public corporations" please complete Part III only.

**Part I – Systems Owned by Towns, Cities or Counties (General Obligation Pledge)**

A. Financial Information

1. The previous three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please provide a list of all currently outstanding general obligation indebtedness, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt, and the date of final maturity of the debt.
4. If not provided in the Loan Recipient's audited financial statements, please provide debt service requirements for total outstanding general obligation indebtedness on a yearly basis for all years in which debt service is currently payable.
5. Ad valorem tax rates currently levied on property within the jurisdiction of the Loan Recipient, broken down by millage rate per taxing authority (i.e., the state, county, city and any special assessments).
6. The top ten ad valorem taxpayers of the Loan Recipient for the past year and the amount of taxes paid by each.
7. The amount of ad valorem tax collected by the Loan Recipient for the past five years.
8. Total collections of the sales and use tax collected by the Loan Recipient for the past five years.
9. Business tax receipts collected by the Loan Recipient for the past five years.
10. Current and proposed water and/or sewer rate schedules.

Demographic Information

1. A one paragraph description of the location of the Loan Recipient and governing structure.
2. Please provide a brief description of the transportation system, the elementary and secondary education systems and the health services provided in the Loan Recipient's service area.
3. Population of the Loan Recipient as reported by the Census Bureau for the last two surveys available.
4. Please list the major employers for the Loan Recipient, broken out by industry, products and number of employees.

**5. WATER & SEWER ACCOUNT INFORMATION**

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

**6. PRIMARY CUSTOMERS - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.**

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

**7. WATER USAGE**

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

**8. SEWER SYSTEM (if appropriate)**

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

**Part II – Systems Owned by Towns, Cities or Counties (Revenue Pledge)**

A. Financial Information:

1. The previous three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please enclose the master trust indenture of the Loan Recipient.
4. Please provide a list of all currently outstanding revenue obligations, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt and the date of final maturity of the issue.
5. If not provided in the financial statements, please provide debt service requirements for total outstanding indebtedness of the Loan Recipient payable from revenues of the waste and/or sewer system on a yearly basis for all years in which debt service is currently payable.
6. Ad valorem tax rates currently levied on property within the jurisdiction of the Loan Recipient, broken down by millage rate per taxing authority (i.e., the state, county, and city and any special assessments).
7. Information furnished by the County Tax Assessor’s office as to the assessed value of taxable properties (including motor vehicles) located within the jurisdiction of the Loan Recipient for the past five fiscal years.
8. Current and proposed water and/or sewer rate schedules.

B. Demographic Information:

1. A one paragraph description of the location of the Loan Recipient and its governing structure.
2. A brief description of the Project.
3. Population of the Loan Recipient, as reported by the Census Bureau for the last two surveys available.
4. A brief description of the assets owned by the Loan Recipient that comprises its water and/or sewer system.

5. WATER & SEWER ACCOUNT INFORMATION

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

6. PRIMARY CUSTOMERS - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

7. WATER USAGE

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

8. SEWER SYSTEM (if appropriate)

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

**Part III – Systems Owned by Boards, Authorities or Other Public Corporations**

A. Financial Information

1. The previous three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please provide a list of all currently outstanding debt of the Loan Recipient, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt and the date of final maturity of the issue.
4. Current and proposed water and/sewer rate schedules.

B. Demographic Information

5. A one paragraph description of the area served by the Loan Recipient and the services provided by the Loan Recipient.
6. A brief description of the Project.
7. A brief description of the assets owned by the Loan Recipient that comprise its water and/or sewer system.

8. WATER & SEWER ACCOUNT INFORMATION

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

9. PRIMARY CUSTOMERS - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

10. WATER USAGE

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

11. SEWER SYSTEM (if appropriate)

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

## **Environmental Information Document Outline:**

The applicant must prepare an **Environmental Information Document (EID)** to support CWSRF funding for the proposed project. The EID describes and evaluates the environmental impacts of the feasible alternatives of which there should be, as a minimum, **at least four**: the chosen alternative, no action, and two additional alternatives. Furthermore, the alternatives should be substantially different in scope and/or placement and should be thoroughly compared/contrasted within the framework of the following guidelines.

Prior to preparation of the EID, the Applicant should obtain concurrence for the proposed project from the Alabama Historical Commission (AHC), the U. S. Fish and Wildlife Service (rare and endangered species protection), the U. S. Army Corps of Engineers (floodplain management, floodway management, wetlands, Section 404 permits, dredge and fill, structures placed in navigable waterways), the Tennessee Valley Authority (TVA, where applicable), the Alabama Power Company (where applicable), and the Regional Planning Agency. Written concurrence from these entities should be attached to the EID. **COMPLETION OF THE ENVIRONMENTAL REVIEW MAY NOT OCCUR UNTIL SUCH CONCURRENCE LETTERS ARE SUBMITTED.**

Included in the environmental review process is public participation culminating in a public meeting, which presents the proposed project to the public and includes discussion of both environmental and financial impacts. Minutes of the public meeting, with proof(s) of advertising and a sign-in sheet of attendees must be included as a part of the EID. The public meeting should be conducted prior to submission of the CWSRF application.

The EID shall be prepared according to the following outline:

### A. Existing Environment.

1. Location of the Project Area(s).
  - a. With relation to the City/Town/Service Area.
  - b. With relation to the County and State borders.
  - c. In relation to the nearest metropolitan statistical area (MSA).
  - d. Plotted on the most current USGS Quadrangle Map (with the name, number, scale and revised date of the quadrangle used).

### B. Existing Facilities.

1. Name, type and NPDES compliance status of all WWTFs that will be treating wastewater from this project.
2. Existing sewered population, population to be served by this project, and remaining unsewered population.
3. Name and type of industrial users served by public sewer with amount and characteristics of wastewater treated. Discuss any significant impacts due to industrial loading, particularly as a result of this project.
4. Condition of existing collection and interceptor lines.

### C. Need for Proposed Facilities.

1. Documentation of public health or compliance problems that will be corrected by the proposed project.
  - a. From the local public health agency, concerned citizens, ADEM, other governmental agencies, or the Consulting Engineer. (Examples include fish kills, on-site septic system failures, well contamination, Infiltration/Inflow or Sanitary Sewer Overflow occurrences)
2. Lack of treatment capacity.
  - a. Include need(s) to increase capacity and a discussion of historical (seasonal) flow data.
3. Lack of treatment capability/quality, to include:
  - a. Discussion of NPDES violations to which the City/Town/Board/Authority is a party.
  - b. Discussion of any Administrative or Consent Order to which the City/Town/Board/Authority is a party.

D. Proposed Facilities and Proposed Funding.

1. Proposed Facilities

- a. Wastewater Treatment Facilities (WWTFs) to be constructed/upgraded/modified/affected.
  - I. Average daily flow for both current and design years.
  - II. Expected daily peak and minimum flow for both current and design years.
  - III. Expected influent and effluent characteristics (BOD, TSS, DO, etc.) for both the current and design years to include any special considerations (extreme PH, high Ammonia, etc.).
  - IV. Identify the receiving stream and watershed.
  - V. Identify any land that must be obtained in order to construct/modify facility.
  - VI. Identify the method of sludge disposal and any items to satisfactorily carry out the disposal (purchase more land, new permits for landfilling, etc.)
  - VII. Identify steps that have been, or will be, taken in order to comply with 40 Part 503, *The Standards for the Use or Disposal of Sewage Sludge* and other requirements, as necessary.
- b. Include Vicinity Map(s) that
  - I. Clearly show(s) the project area(s) in relation to nearby roads and streets.
  - II. Include(s) a North Arrow and Graphical Scale.
  - III. Clearly show(s) the location of the project area(s) by coordinates (State Plane Coordinates NAD83 (92 Corrections) or Metes and Bounds tied to the Rectangular Grid system of the State of Alabama or UTM Coordinates.

2. Proposed Funding Source(s)

- a. Funding source(s), status and amount(s).

E. Alternative Analysis.

1. Discussion of all feasible alternatives, to include:

- a. Alternative processes and/or locations considered.
- b. Alternative collection systems.
- c. Flow and waste reduction measures.
- d. Inflow and infiltration (I/I) reduction.
- e. Alternative methods of sludge disposal (process options and/or disposal location).
- f. Physical, legal, or institutional constraints.
- g. Regulatory requirements.
- h. Capital and operations and maintenance (O&M) costs.
- i. Significant, irreversible, and/or unavoidable environmental impacts.

2. Choosing an alternative.

- a. Must include the "no action" option and why it was not chosen.
- b. Must clearly indicate the chosen alternative and why it has been chosen.
- c. Must provide an in depth (E 1 a – i) discussion of at least two other alternatives (in addition to the two alternatives discussed in E 2 a & b).

F. Physical Data. (See Part G, Section 10 for helpful links)

1. Description of the topography of the City/Town and of the specific site area(s).
2. Description of the geology of the City/Town and of the specific site area(s).
3. Hydrology of the City/Town and of the specific site area(s).
4. Climate and precipitation of the City/Town to include:
  - a. Average annual temperature.
  - b. Average annual range of temperatures.
  - c. Average annual rainfall.
  - d. Average snowfall (if applicable).



- e. Length of the growing season with average date of the first and last freeze.
- f. Direction and Speed of prevailing winds for summer and winter.

- 5. Floodplains, floodways, and wetlands impact(s).
  - a. The project area(s) must be clearly located on the applicable Flood Insurance Rate Map (FIRM) with Panel Name, Panel Number, Date and graphical scale provided.
  - b. The project area(s) must be shown in relation to all activities within the project area, including temporary construction easements, and any permanent or man-made features in order to facilitate a clear understanding of the project location.
  - c. The potential effect of the collection/treatment/sludge on these areas should be examined and discussed in detail.
  - d. Any chosen alternative that affects a floodplain, floodway and/or wetland must include:
    - I. A description of alterations to landforms, streams, and natural drainage patterns within the floodplain/floodway/wetland and their effect on local watercourses and the project.
    - II. A discussion of why the alternative is proposed in the floodway/floodplain/wetland.
    - III. A discussion of how the alternative will conform to applicable Federal, State, and/or local floodplain/floodway/wetland protection standards.
    - IV. A discussion of how the alternative is designed to minimize the potential harm to the floodplain/floodway/wetland.
    - V. Include a map clearly showing the relationship between the floodplain/floodway/wetland and all construction activities with contours of existing and finished grades and flood elevation(s).
- 6. Description of sewer gravity and/or force main to be constructed/rehabilitated.
  - a. Size, type and classification of pipe(s).
  - b. Indicate bore and excavation methods, especially as they relate to existing watercourses, flood plains, floodways, and/or wetlands.
  - c. Indicate the slope(s) of all sections of sewer line.
  - d. If the plans and/or specifications do not meet the standards from the latest edition of *GLUMRB Recommended Standards for Wastewater Facilities* ("Ten States Standards") then clearly annotate the design methodology and research used. Furthermore, if a design does not meet the Ten States Standards then it must be clearly shown that the project is more cost-effective and/or more environmentally sound.
  - e. Demonstrate that the receiving facility has capacity to treat additional flow, if any.
  - f. If rehabilitation of sewer lines will take place clearly indicate the type of repair(s) and the corresponding segment(s) of pipe.
  - g. Clearly delineate the location and type of construction/rehabilitation on a vicinity map that is of sufficient scale and size to be legible and that clearly relates the work to the surrounding environment (i.e. show all watercourses, structures, roads and utilities that are visible).

#### G. Environmental Consequences and Mitigative Measures.

- 1. Historical and Archaeological Features.
  - a. Include the concurrence/nonconcurrence letter from the Alabama Historical Commission (AHC).
  - b. Discuss any comments made by AHC and the effect on the proposed project.
  - c. Include a copy of any archaeological survey(s) performed for the AHC.
  - d. Insure that all contracts are awarded with the stipulation that "Should previously undetected cultural resources be encountered during project activities, work shall cease and the Alabama Historical Commission shall be contacted immediately."
- 2. Endangered Species and Critical Habitat.
  - a. Include the concurrence/nonconcurrence letter from the U. S. Fish and Wildlife Service.
  - b. Discuss any comments made by the U. S. Fish and Wildlife Service and the effect on the proposed project.
  - c. Include a copy of any survey(s) performed for the U. S. Fish and Wildlife Service.
  - d. Insure that all contracts are awarded with required Best Management Practices (BMP) plans, guidelines, and responsible entity.

3. Floodplain, Floodway, and Wetlands.
  - a. Include the concurrence/nonconcurrence letter from the U. S. Army, Corps of Engineers.
  - b. Discuss any comments made by the U. S. Army, Corps of Engineers and the effect on the proposed project.
4. Tennessee Valley Authority (if applicable).
  - a. Include the concurrence/nonconcurrence letter from the Tennessee Valley Authority.
  - b. Discuss any comments made by the Tennessee Valley Authority and the effect on the proposed project.
5. Alabama Power Company (if applicable).
  - a. Include the concurrence/nonconcurrence letter from the Alabama Power Company.
  - b. Discuss any comments made by the Alabama Power Company and the effect on the proposed project.
6. Regional Planning Agency.
  - a. Include the concurrence/nonconcurrence letter from the Regional Planning Agency.
  - b. Discuss any comments made by the Regional Planning Agency and the effect on the proposed project.
7. Environmental Justice.
  - a. Environmental justice is the fair treatment and meaningful involvement of all people, regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations and policies. Fair treatment means that no group of people, including a racial, ethnic, or socioeconomic group should bear a disproportionate share of the negative environmental consequences resulting from industrial, municipal, and commercial operations or the execution of federal, state, local, and tribal programs and policies.
  - b. Discuss the impacts of the project on Environmental Justice areas affected.
  - c. Ensure that public participation and/or notification is enhanced if Environmental Justice areas are affected by the project.
8. Pollution from Construction Activities.
  - a. Noise causes, intensity, and duration.
  - b. Erosion and siltation causes, duration and mitigation plan.
  - c. Dust causes, intensity, and duration.
  - d. Best Management Practices (BMP) and implementation plan
  - e. Impact on Public Parks and/or Prime Agricultural Land.
  - f. Impact on 303d listed streams.
  - g. Impacts from stream crossings.
  - h. If land clearing is involved, discuss the precautionary methods to be taken in order to protect the area environment from the use of herbicides, defoliants, blasting, cutting, and/or burning.
  - i. Specify the final disposal method for soil and vegetative spoil.
  - j. If facilities are to be abandoned, discuss what will be done with the abandoned structures and/or land.
  - k. Indicate the direction from the WWTF to nearby residential and/or business communities and the effect prevailing winds will have on design criteria.
9. Public Participation.
  - a. The Public Meeting must be held before submittal of this application. Please contact the appropriate SRF staff engineer at ADEM to find out if the project will affect an Environmental Justice area(s).
  - b. Proof of advertising. Advertisement should run at least once per week for four consecutive weeks in the newspaper that serves the affected area.
  - c. If Environmental Justice areas are affected by the project then the advertisement requirement is expanded to ensure that the affected populations are made aware of the project and have every opportunity to respond. Examples of additional advertisements are:
    - I. Mailings to each residence affected (provide affidavit of mailing and a copy of the letter used as an addendum to this document).
    - II. Running an ad on a radio or television station that serves the affected community (provide an affidavit and transcript of the ad).

- III. Advertise in a newspaper or other periodical that serves the affected community (provide a publishers affidavit and a copy of the ad).
- IV. The Public Meeting should be held after 5:00 P.M. (local time) and should be in a building that is easily found and highly accessible. A sign-in sheet should be made available to everyone, and should be included as an addendum to this document.
- d. Maintain at least one copy of the EID in a public facility (the City/Town Hall, the Board/Authority Office, the local Library, the place of the meeting or the local Post Office) for public review from the first day in which any advertisement is published through the time of the public meeting. The advertisement(s) should inform the public of the existence of this document, the location of this document during business hours, and that this document is for public review.
- e. The agenda should follow the following format.
  - I. The Representative should be introduced and provide an overview of the project.
  - II. The selection of the funding source(s) should be discussed.
  - III. The new rate structure (if applicable) and fee structure (if applicable) should be discussed.
  - IV. A period of question and answer should be allowed after all discussion in complete.
- f. Provide a copy of the minutes of the meeting and a list of the questions and answers as an addendum to this document.

#### 10. Internet Links.

The following links are provided in order to facilitate the gathering of certain information required in the EID. These links are not the only source for this information. These links are provided solely as a courtesy. Alabama Department of Environmental Management staff has found that the target Web site may contain useful information. Because ADEM has no control over the posting of material to this target Web site, the department cannot take responsibility for the validity of its contents. Please e-mail any comments, or if you encounter an inactive link, to ADEM.

1. <http://www.nationalatlas.gov/index.html> navigate by clicking appropriate links under title
2. <http://www.ncdc.noaa.gov/oa/climateresearch.html>
3. <http://www.fws.gov> U.S. Fish & Wildlife Service
4. <http://www.usace.army.mil/> U.S. Army Corps of Engineers
5. <http://www.preserveala.org/> Alabama Historical Commission



# Form 340: Clean Water State Revolving Fund Preapplication

Project Name	
Assistance Amount Requested	\$
Date Submitted	



Submit Complete Preapplication to:	
Preferred method <b>By email:</b>	srf@adem.alabama.gov
By overnight mail:	1400 Coliseum Boulevard Montgomery, Alabama 36110-2400 (334) 271-7714
By mail:	SRF Section Alabama Department of Environmental Management Post Office Box 301463 Montgomery, Alabama 36130-1463

## Section 1: Contact Information

### Loan Applicant

Applicant Name			
Authorized Representative <small>(Signatory of Loan Agreement)</small>		Title of Authorized Representative	
Email Address		Telephone Number	
Contact Person <small>(Daily SRF Communications)</small>		Title of Contact Person	
Email Address		Telephone Number	
Physical Address		Mailing Address	
County		DUNS Number	
Fax Number		PWSID Number	
AL House District(s)		AL Senate District(s)	
NPDES Permit Number of Facility (if applicable)		Population of System	
Names and 12-digit HUC Codes of Watersheds Impacted			

### Project Engineer:

Firm Name	
Address	
City, State, Zip code	
Engineer Name	
Telephone Number	
Email Address	
Fax Number	

**Section 2: Project Information**

For the following questions, please attach additional pages if adequate space is not provided on this form:

**1. List all other funding sources to be utilized to complete this project.**

Other Funding Source(s)	Amount(s)	Commitment Date

**2. Provide demographic information about the affected community**

Community is defined as the township or county that best represents the system. Please identify what community is being used.

Median Household Income		Source/Date:	
Unemployment Rate		Source/Date:	
Population Trend Over 10 Years (+%)		Source/Date:	
Community			

**Priority Ranking System**

The following factors are used to rank the proposed project, and will ultimately determine if it falls in the fundable portion of the priority list. The applicant must provide documentation where required in order to receive credit.

\*Any ranking criteria that cannot be verified through supporting documentation by the Department will be awarded zero points.

**A. Enforcement and Compliance Rating Criteria (Maximum: 50 points) \***

	Ranking Criteria	Point Value
1	Facility is under formal enforcement action by ADEM and is currently in significant non-compliance. The project will bring the facility into compliance. (A copy of the enforcement order must be attached)	50
2	Project is a voluntary effort to resolve violations and will mitigate the issuance of a formal enforcement action.	40
3	The facility is currently in compliance with permit limits, but will fall out of compliance without the proposed project.	25

**B. Water Quality Improvement Criteria (Maximum: 135 points) \***

Ranking Criteria		Point Value
1	Project will significantly address water quality standards in a water body that: a) Has an approved TMDL b) Is subject to a draft TMDL, dated 0-2 years from present c) Is subject to a draft TMDL, dated 3-5 years from present d) Is subject to a draft TMDL, dated 6-10 years from present	25 15 10 5
2	Project will implement TMDL(s) for: a) Pathogens (i.e., fecal coliform/E. coli) b) Mercury c) Nutrients (i.e., phosphorous, nitrogen) d) Organic Enrichment/Dissolved Oxygen e) Ammonia (toxicity) f) Siltation (sediment)	5 15 10 5 5 15
3	a) Project will benefit a Category 5 or Category 4 listed water body. a) Project takes place in an EPA-identified priority watershed and reduces/eliminates one or more sources of impairments (point and nonpoint source). b) Project will improve water quality in an Outstanding Alabama Water (OAW). c) Project will improve water quality in an Outstanding National Resource Water (ONRW).	5 5 5 5
4	Project will upgrade or replace existing failing or inadequate decentralized wastewater treatment systems, or construct septage treatment facilities that are crucial to the proper operation of decentralized wastewater treatment systems.	10
5	Project will protect a public drinking water source from contamination that will negatively impact public health.	15
6	Project will implement a National Estuary Program Comprehensive Conservation Management Plan	10

**C. Water/Energy Efficiency Rating (Maximum: 65 points) \***

Ranking Criteria		Point Value
1	Project incorporates energy efficient design considerations with established objectives and targets for energy reduction opportunities, performed energy audits or developed energy conservation plans.	5
2	Project uses renewable energy to provide power to a POTW.	10
3	Project implements upgrades to pumps and treatment processes which result in: a) 20 percent or greater reduction in energy consumption at a POTW. b) Less than a 20 percent reduction in energy consumption at a POTW.	10 5
4	Infiltration/Inflow correction projects that save energy from pumping and result in reduced treatment costs, and I/I projects in cases where excessive groundwater infiltration is contaminating the influent.	10
5	Projects that incorporate recycling and/or reuse of gray water or wastewater.	20
6	Production of treated effluent for groundwater recharge, industrial operations, or agricultural purposes.	5

**D. Stormwater Management Criteria (Maximum: 50 points)**

Ranking Criteria		Point Value
1	Project will implement stormwater harvesting and reuse.	10
2	Project incorporates wet weather management systems including: permeable pavement, bioretention, tree plantings, green roofs, rain gardens and other practices that can be designed to mimic natural hydrology and reduce effective imperviousness.	10
3	Project will create riparian buffers, floodplains, vegetated buffers and additional streambank restoration methods.	10
4	Project supports wetland protection or restoration, including constructed wetlands.	10
5	Downspout disconnection to remove stormwater from sanitary sewers and manage runoff onsite.	5
6	Project incorporates green streets for new development, redevelopment or retrofits.	5

**E. Agricultural and Nonpoint Source Pollution Criteria (Maximum: 35 points)**

Ranking Criteria		Point Value
1	Project addresses water quality impacts associated with farming operations by: <ul style="list-style-type: none"> <li>a) Implementing water-saving irrigation systems in farms currently using inefficient watering systems.</li> <li>b) Implementing methods to reduce soil and stream bank erosion.</li> <li>c) Utilizing BMPs including no-till farming practices, rotational grazing, cropland conversion and winter cover crops.</li> <li>d) Utilizing alternative watering sources including effluent or grey water reuse.</li> </ul>	5 10 10 10
2	Project addresses water quality impacts associated with animal feeding operations by: <ul style="list-style-type: none"> <li>a) Developing a Nutrient Management Plan.</li> <li>b) Establishing heavy –use protection areas.</li> <li>c) Implementing onsite waste management systems for manure and poultry litter; including recycling, spreading, and storage systems, and digester gas technologies.</li> <li>d) Utilizing dead bird composters and/or incinerators.</li> <li>e) Implementing BMPs (including exclusion fencing and stream crossings).</li> </ul>	10 5 10 5 5

**F. Sustainability Criteria (90 possible bonus points) \***

Ranking Criteria		Point Value
1	Project incorporates one or more of the following planning methodologies: <ul style="list-style-type: none"> <li>a) Comprehensive Land Use Plan (must designate areas where public infrastructure will and will not be supported)</li> <li>b) Asset Management Plan</li> <li>c) Watershed Management Plan</li> <li>d) Nutrient Management Plan</li> <li>e) Nutrient Trading</li> <li>f) Open Space Preservation</li> <li>g) Integrated Water Resource Plan that stresses water efficiency, reuse and conservation</li> </ul>	5 10 5 5 5 5 5
2	Project includes one or several of the following design considerations: <ul style="list-style-type: none"> <li>a) Site fingerprinting for minimized landscape disturbance and sustainable landscape design.</li> <li>b) LEED certified or other ADEM-approved green building techniques for POTWs.</li> <li>c) Minimizes the environmental and water quality impact of construction through the use of clean fuel construction vehicles, construction waste reduction and other innovative methodologies.</li> <li>d) Project envelope is located in a previously developed area.</li> <li>e) Use of environmentally friendly post-consumer recycled or reclaimed materials.</li> </ul>	5 5 5 5 5
3	Project implements at least one of the following construction methods: <ul style="list-style-type: none"> <li>• Innovative erosion control practices;</li> <li>• Protection of onsite trees, vegetation, native habitats and urban forests; or</li> <li>• Replanting of disturbed areas with native plant species.</li> </ul>	5
4	Project will utilize one or more of the following water conservation strategies: <ul style="list-style-type: none"> <li>a) Development of a water conservation program.</li> <li>b) Incorporates sustainable water pricing practices and rate structures.</li> <li>c) Completion of EPA’s Water Quality Scorecard (see <a href="http://www.epa.gov/smartgrowth/water_scorecard.htm">http://www.epa.gov/smartgrowth/water_scorecard.htm</a>).</li> </ul>	5 10 5

**G. Growth Criteria (50 possible bonus points)**

Ranking Criteria		Point Value
1	Project includes a significant growth component. (See PER instructions)	0
2	Project does not include a significant growth component. (See PER instructions)	50

**Sum the points from each category below.**

Part A: Enforcement and Compliance (50 points maximum)	
Part B: Water Quality (135 points maximum)	
Part C: Water/Energy Efficiency (65 points maximum)	
Part D: Stormwater Management (50 points maximum)	
Part E: Agricultural/Non-Point Source (35 points maximum)	
Part F: Sustainability (90 bonus points maximum)	
Part G: Growth (50 bonus points maximum)	
TOTAL POINTS CLAIMED:	

This form should be signed by the official who is authorized to execute contracts on behalf of the applicant jurisdiction.

**ONE SIGNED COPY (including attachments)** should be emailed to the address shown on Page 1 of this form.

Attachments to be included with this form:

- 1. Preliminary Engineering Report (PER Outline PER Format Below (Preferred))**
- 2. Copies of last three (3) years of audited financial statements (if available)**

Preliminary Engineering Report Outline:

- 1. Description of Project**
  - a. Brief description and background of project
  - b. Purpose of project
  - c. Location of project
  - d. Project Scope
  - e. Average annual household water bill
  - f. Population and median household income
- 2. Proposed Improvements**
  - a. System connections and connections that benefit from construction
  - b. System plan for water conservation
  - c. Proposed operation and management
  - d. Improvements to system
- 3. Project Maps**
  - a. Include all affected water bodies
- 4. Projected Outlay Schedule**
- 5. Cost Breakdown**
  - a. Estimated cost outline for entire project
- 6. Supporting Documentation\*** for priority points claimed, as required above. Any points claimed that cannot be readily substantiated from the information submitted will not be counted. The Department reserves the right to make the final determination of all points awarded.
- 7. Growth Criteria:** If the project includes any of the following components, enter a point value of 0:
  - a. New (not a replacement) wastewater treatment plant (excluding decentralized systems).
  - b. Upgraded/expanded/replacement wastewater treatment plant where the purpose of the project is to increase the design flow or projects where the design flow of the facility incidentally increases by more than 20%.
  - c. Collection system improvements that increase design flow (excluding rehabilitation projects where the original design flow is restored).
  - d. New or expanded collection systems.
  - e. Any POTW project that serves future growth.

If none of the criteria above apply, the project will be awarded points as shown.

The undersigned representative of the applicant certifies that the information in the application and in the attached statements and exhibits is true, correct and complete to the best of the applicant's knowledge, information and belief.

Signature of Authorized Representative	Print or Type Name
Title	Date



# Drinking Water - Consumer Confidence Report (CCR) Certification Form

Community Water System Name: \_\_\_\_\_

Public Water System Identification No: \_\_\_\_\_ Year: \_\_\_\_\_

Important: Community water systems are required to both deliver a copy of the CCR to each customer, and reach non-bill paying customers using “good faith” efforts. For direct delivery, you may choose either traditional or electronic methods, or both.

1. A community water system that sells water to another community water system shall deliver the information needed to complete the CCR to the buyer system by April 1. If mutually agreed upon in writing, seller and buyer may select a different date for delivery.

Date Accomplished: \_\_\_\_\_ -OR- Not applicable

2. For systems that were cited for violation(s) during the CCR reporting year:

The CCR contains information on the violation(s) plus any required notice -OR- Not applicable.

3. For systems serving a population of at least 100,000 (33,333 customers):

Good faith effort made to reach consumers who do not receive bills (Complete #11 below).

Copy posted to publicly accessible website. Date: \_\_\_\_\_

Copy mailed to all customers\*. Date: \_\_\_\_\_

\*The system may optionally distribute the CCR electronically by completing #9 and/or #10 below.

4. For systems serving a population of 10,000 – 99,999 (3,333 – 33,332 customers):

Good faith effort made to reach consumers who do not receive bills (Complete #11 below).

Copy mailed to all customers\*. Date: \_\_\_\_\_

\*The system may optionally distribute the CCR electronically by completing #9 and/or #10 below.

5. For systems serving a population of 500 – 9,999 (167 – 3,332 customers):

CHOOSE ONE OF THE FOLLOWING:

Notify customers in writing (in advance) the date the CCR will be published in newspaper (Date: \_\_\_\_\_) **AND**

Publish CCR in one or more local papers (Date: \_\_\_\_\_)

Mail copy of CCR to all customers\*. Date: \_\_\_\_\_

\*The system may optionally distribute the CCR electronically by completing #9 and/or #10 below.

6. For systems serving a population less than 500 (166 or fewer customers):

CHOOSE ONE OF THE FOLLOWING:

Notify customers in writing the CCR is available upon request (Date: \_\_\_\_\_) **AND**

Display CCR in a prominent place easily accessible to consumers (Date: \_\_\_\_\_)

Mail copy of CCR to all customers\*. Date: \_\_\_\_\_

\*The system may optionally distribute the CCR electronically by completing #9 and/or #10 below.

7. Applicable to ALL systems:

Copy provided to local health department. Date: \_\_\_\_\_

Copy provided to any public library within 5 miles of water system office. Date: \_\_\_\_\_

8. For systems whose rates are regulated by the Alabama Public Service Commission (PSC):

Copy provided to the PSC. Date: \_\_\_\_\_ -OR- Not applicable.

9. For optional internet posting instead of a customer mailer, all of the following requirements must be met:

Direct URL provided to CCR: \_\_\_\_\_ (example: adem.gov/ccr)

Date published on internet: \_\_\_\_\_

Each bill contains information on how a customer may elect to continue receiving a paper copy of the CCR.

System has assessed customers' preferred delivery method prior to delivery of CCR.

Paper copy of CCR mailed to those customers who requested it. Date: \_\_\_\_\_

Good faith effort made to provide a copy of CCR to consumers who do not receive a bill or are known to not have access to the internet and/or electronic delivery of CCR (Complete #11 below).

A direct URL to the CCR is provided on each bill in a typeface at least as large as the largest type on the bill.

A direct URL to the CCR is included on all correspondence or notifications to customers.

The system shall send an email with a CCR-related subject line to inform customers of the availability of the CCR each year. A copy of the email shall be attached to this form.

If the CCR contains a violation, a short message to encourage reading the CCR shall be included above or near the URL.

10. For optional email instead of a customer mailer, all of the following requirements must be met:

CCR emailed to customer list. Date: \_\_\_\_\_

CCR mailed to customers not on email list. Date: \_\_\_\_\_

Customer email list is kept up-to-date.

For customers with undeliverable email addresses, a paper copy was sent. Date: \_\_\_\_\_

11. Good faith efforts to inform consumers who are not direct customers (check all that apply):

Copies of CCR sent to apartment complexes, large employers, public libraries, etc.

CCR posted in public locations such as government buildings.

CCR provided to local media.

Other (specify): \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE CERTIFICATION:**

The community water system named above hereby confirms that its Consumer Confidence Report (CCR) contains all information required by ADEM Admin Code r. 335-7-14, was properly distributed to customers, and the appropriate notices of availability were given as specified on this form. Further, the system certifies that the information contained in the CCR is correct and consistent with the compliance monitoring data previously submitted to the Alabama Department of Environmental Management.

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Please sign the certification above, and upload this form along with a copy of the CCR and supporting documents to eDWR (filetype: CCR) no later than June 30. If you have questions please contact your district inspector or the Drinking Water Branch at (334) 271-7773.

**State of Alabama  
Alabama Department of Environmental Management  
Drinking Water State Revolving Fund (DWSRF) Loan Program**



SRF Section  
Permits and Services Division  
Alabama Department of Environmental Management  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

(334) 271-7714  
srf@adem.alabama.gov

## DWSRF Loan Application



Applicant: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Number: \_\_\_\_\_

Notes:

1. Submit loan application with attachments electronically (preferred) or by mail to the address above. Original signatures and notary seals should be included in the application.

# Alabama DWSRF Loan Application

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## **Introduction**

This is the second stage of the application process for Drinking Water State Revolving Fund (DWSRF) assistance. A local government interested in participating should first submit a DWSRF Preapplication Form in order to be listed on the project priority list, which is published in the DWSRF Intended Use Plan (IUP). This application may be submitted with the preapplication or at any time thereafter. We strongly recommend submitting this application within 60 days of the issuance of the ADEM Intended Use Plan, otherwise the project may be moved to the non-fundable list.

Concurrence for the proposed project is required (in writing) from the Alabama Historical Commission, the U.S. Fish and Wildlife Service, Regional Planning Agency, and the U.S. Army Corps of Engineers. Copies of the concurrence letters are required to be included with the application package.

Most drinking water projects will require a construction permit from the Drinking Water Branch of ADEM.

An Environmental Information Document and plans and specifications are required to support each project with respect to technical and environmental matters. Please see the Environmental Information Document outline included in the application package for further guidance. Plans and specifications are required at the time the application is submitted.

Questions regarding the DWSRF Loan Application package should be directed to:

SRF Section  
Permits and Services Division  
Alabama Department of Environmental Management

Phone: (334) 271-7714  
FAX: (334) 271-7950  
E-mail: [srf@adem.alabama.gov](mailto:srf@adem.alabama.gov)  
Internet: [adem.alabama.gov](http://adem.alabama.gov)

Mailing Address:  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

Overnight Delivery Address:  
1400 Coliseum Boulevard  
Montgomery, Alabama 36110-2059

**Application for Alabama DWSRF Loan Funding**

Applicant	County
Name and Title of Contact Person	Telephone
Street Address or Post Office Box	FAX
City, State, and Zip	Email
Total Project Cost \$	SRF Assistance Requested \$
Project Name	
Description of Project	

**Certification**

The undersigned representative of the applicant certifies that the information in the application and in the attached statements and exhibits is true, correct and complete to the best of the applicant's knowledge, information and belief. The applicant further certifies: That as evidenced by the attached Certified Resolution made by the applicant, the undersigned representative has been authorized to file this application; the applicant agrees that a SRF loan for the project is made pursuant to the Alabama Drinking Water Finance Authority Act, Act no. 97-415, and ADEM Administrative Code Chapter 335-11-2, the applicant will pay all costs of the approved project not covered by the SRF loan; that all statements, data and supporting documents made or submitted by the applicant in connection with any applications for Authority assistance for the project are to be deemed a part of this application as if they were herein repeated and set forth in full.

Signature of Authorized Representative	Title of Authorized Representative
--	------------------------------------

Subscribed and sworn to  
 this \_\_\_\_\_ day  
 of \_\_\_\_\_,  
 20\_\_\_\_\_.

(SEAL)

## Consulting Engineer Information

Attach a copy of each executed engineering contract to this application. The contract ceiling amount is required for accounting purposes – if the contract is on a percentage or cost basis please provide an estimated maximum cost.

You may attach additional copies of this form if multiple consulting engineers will design/inspect this project.

Name	Telephone
Firm	FAX
Street Address or Post Office Box	Email
City, State, and Zip	Contract Ceiling Amount

## Consulting Engineer's Certification

I hereby give assurance and certify to the Alabama Department of Environmental Management that:

1. All plans and specifications for this project will be prepared in accordance with *ADEM Design Guidance*, April 1998 (or latest version).
2. An Operation and Maintenance (O&M) manual will be prepared for all new treatment works.
3. All contract specifications will contain ADEM Supplemental General Conditions, latest version.
4. A construction permit will be obtained from the Drinking Water Branch of ADEM prior to advertising the project for bidding.
5. No contracts will be awarded before a Project Review and Cost Summary package has been submitted to ADEM for review and issuance of an Approval to Award letter.
6. Unless prior, special arrangements have been made with ADEM, no materials-only contracts will be awarded for payment with DWSRF funds. Under no circumstances will in-kind labor be reimbursed with DWSRF funds.
7. The attached Environmental Information Document has been prepared in accordance with the outline provided in this application.

Signature of Consulting Engineer: \_\_\_\_\_

Date: \_\_\_\_\_

**Resolution Designating Official Representative**

WHEREAS, \_\_\_\_\_  
(Legal Name of Applicant: City, Commission, Board etc.)

herein called the "Applicant", after thorough consideration of the various aspects of the problem and study of available data, has hereby determined that the construction of certain works required for the treatment and distribution of drinking water is desirable and in the public interest, and to that end it is necessary that action necessary for the construction of water treatment and/or distribution facilities be taken immediately; and

WHEREAS, under ADEM Administrative Code Chapter 335-11-2, the State of Alabama, has authorized the making of loans to aid in financing the cost of infrastructure needed to achieve/maintain compliance with the Safe Drinking Water Act and to protect/enhance public health objectives of the Act;

NOW, THEREFORE, BE IT RESOLVED BY:

\_\_\_\_\_ the governing body of said Applicant, as follows:

1. That \_\_\_\_\_  
(Title of Officer)

is hereby authorized to file in behalf of the Applicant an application for a loan to be made by the Alabama Drinking Water Finance Authority;

2. That \_\_\_\_\_  
(Title of Officer)

is hereby designated as the Authorized Representative of the Applicant for the purpose of furnishing to the Alabama Department of Environmental Management (ADEM) such information, data and documents pertaining to the application for a DWSRF loan from the Authority as may be required; and otherwise to act as Authorized Representative of the Applicant in connection with this application.

3. That certified copies of this resolution be included as a part of the application to be submitted to the Department for a loan.

Adopted, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Approved, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_



**Certification of Resolution**

I, the Undersigned, the duly qualified and acting:

\_\_\_\_\_ of the \_\_\_\_\_  
*(Title of Officer)* *(Applicant)*

do hereby certify:

1. That the attached resolution is a true and correct copy of the resolution as adopted by a meeting of the governing body held on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ and duly recorded in my office:

2. That said meeting was duly convened and held in all respects in accordance with the law and to the extent required by law, due and proper notice of such meeting was given; and a legal quorum was present throughout the meeting, and a legally sufficient number of members of the governing body voted in the proper manner and for the adoption of said resolution, that all other requirements and proceedings under the law incident to the proper adoption or passage of said resolution, including publication, if required, have been duly fulfilled, carried out, and otherwise observed; and that I am duly authorized to execute this certificate.

IN WITNESS THEREOF, I have herewith set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

(SEAL)

Signature of Officer: \_\_\_\_\_  
Typed or Printed Name of Officer: \_\_\_\_\_

**Calculation of DWSRF Loan Share**

Cost Classification	Total Amount Required	Amount Requested for DWSRF Loan
1. Administrative Expense:		
2. Land, structures, right-of-way <i>(not DWSRF loan eligible)</i>		
3. Engineering:		
a. Design:		
b. Basic A/E Fees:		
c. Other Engineering/Testing Fees: (specify)		
i.		
ii.		
iii.		
d. Construction Inspection Fees:		
Engineering Sub-Total:		
4. Construction:		
a. Contract 1:		
b. Contract 2:		
c. Contract 3:		
d. Contract 4:		
e. Contract 5:		
Construction Sub-Total:		
5. Construction Contingency:		
6. Equipment: (Specify)		
a.		
b.		
c.		
d.		
7. Other: (Specify)		
a.		
b.		
c.		
<b>Totals:</b>		

**Statement of Assurances**

The applicant, \_\_\_\_\_, hereby gives assurance and certifies to the Alabama Department of Environmental Management that:

- 1. The Applicant shall maintain its financial records in accordance with generally accepted accounting principles and auditing standards for governmental institutions.
- 2. The applicant shall comply with the requirements of the Water Supply and Construction permit requirements.
- 3. The applicant shall comply with all applicable requirements of Federal, State and local laws.
- 4. The applicant shall pay the unallowable costs of the construction of the project.
- 5. The applicant shall retain a certified water treatment system operator in accordance with ADEM Administrative Code Division 335-10, from the time of the completion of construction or initiation of operation, whichever is earlier, until such time as operation of the facility is discontinued.
- 6. Construction of the project, including the letting of contracts in connection therewith, shall conform to applicable requirements of Federal, State and local laws, ordinances, rules and regulations and to contract specifications and requirements.
- 7. The applicant shall comply with the *ADEM Design Guidance*, January 1998, when designing and constructing the project.
- 8. The applicant shall certify that the project will be initiated and completed in accordance with the schedule specified in the SRF Loan Agreement.
- 9. The applicant must submit proof that it, and its contractors and subcontractors, will comply with all insurance requirements of the Loan Agreement and that it shall be able to certify that the insurance is in full force and effect and that the premiums have been paid.

Signature of Authorized Representative:

Title of Authorized Representative:

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn to  
 this \_\_\_\_\_ day  
 of \_\_\_\_\_,  
 20\_\_\_\_.

(SEAL)

**Intergovernmental Review Procedures**

Intergovernmental review of DWSRF funded projects is required pursuant to Executive Order 12372. To fulfill this requirement, the applicant is required to submit a copy of their DWSRF loan application to the following entities for review and comment. Responses from these entities indicating concurrence with the proposed project are required (in writing) and must be included with the DWSRF Loan Application:

**Regional Planning Agency**

Complete this form and transmit a copy of the DWSRF Application Form (Page 4 of this application) to your Regional Planning Agency.

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**A. Applicant Name and Address:**

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**B. Catalog of Federal Domestic Assistance Number and Title:**

**No. 66.468 - State Revolving Loan Program**

**C. Date Application Sent to ADEM:**

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**Authorized Representative:**

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*(Signature)*

**Certification Regarding Debarment and Suspension**

DWSRF Project: \_\_\_\_\_

DWSRF Project No: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, representing the  
(Name) Title

\_\_\_\_\_ of \_\_\_\_\_,  
(Organization) (City, Town, etc.)

Alabama do hereby certify that, to our knowledge, no services of any individual, organization, or unit of government for facilities planning or design work appears on the master list of debarments, suspensions, and voluntary exclusions, in accordance with CFR 35.2105, Debarment and Suspension.

Signature of Authorized Representative: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_



**Site Certificate – Authorized Representative Certification**

DWSRF Project: \_\_\_\_\_

DWSRF Project No: \_\_\_\_\_

I certify that the Applicant, \_\_\_\_\_ ,  
has acquired all real property including easements and rights-of-way that are or will be required for the construction, erection, extension, modification, operation and maintenance of the entire water treatment and distribution works within the scope of the DWSRF funded projects.

I certify that, if other municipalities are served by the water treatment and distribution works funded under the above referenced project, those municipalities have acquired all real property including easements and rights-of-way required for service to those municipalities.

I certify that the Title Counsel's Certification given on the attached certificate covers all real property including easements and rights-of-way that are or will be required for the construction, erection, extension, modification, operation and maintenance of the entire water treatment and distribution works within the scope of the funded under the above referenced project.

I further certify that all real property including easements required for the entire water treatment and distribution works funded under the above referenced project was acquired in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and Regulation 40 CFR Part 4.

Signature of Authorized Representative: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**Site Certificate – Title Counsel Certification**

DWSRF Project: \_\_\_\_\_

DWSRF Project No: \_\_\_\_\_

I, \_\_\_\_\_, Attorney at Law, representing  
\_\_\_\_\_, as Title Counsel, do hereby certify:

1. That I have investigated and ascertained the location of, and am familiar with the legal description of the site or sites being provided by the Applicant for all elements of the water treatment and distribution works within the scope of the above referenced project to be constructed (modified, extended, improved, altered) operated and maintained in and upon such site or sites.
2. That I have examined the deed records of the county or counties in which said project is to be located and, in my opinion, the Applicant has a legal and valid fee simple title or such other estate or interest in the site of the project, including necessary easements and rights-of-way sufficient to assure undisturbed use and possession for the purposes of construction and operation and maintenance for the estimated life of the project.
3. That any deeds or documents required to be recorded in order to protect the title of the owner and the interest of the Applicant have been duly recorded and filed for record wherever necessary.
4. That, if applicable, the title to real property for which the Drinking Water Finance Authority has funded, has been encumbered in accordance with the requirements of State and local law to adequately protect the interest of the United States.
5. Remarks: *(use additional pages if necessary)*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Attorney at Law*

\_\_\_\_\_  
*Address*



**EPA Form 4700-4**

Applicant must download, complete, and sign the latest version of EPA Form 4700-4. Attach an original copy of the form here.

This form is available at:  
<http://www.epa.gov/ogd/forms/forms.htm>

**Disadvantaged Business Enterprise (DBE)**  
**Minority Business Enterprise (MBE) / Women’s Business Enterprise (WBE)**

The DWSRF program requires all projects to comply with:

- Civil Rights Act of 1964 & 1990
- Executive Order 11246 (Equal Employment Opportunity)
- Executive Order 11625 and 12138 (MBE/WBE)

In compliance with the Federal regulations it is the policy of the DWSRF program to promote a “fair share” of subagreement awards to small minority, and women owned businesses for supplies, equipment, services and construction. Compliance with these contract provisions is required in order for project costs to be eligible for SRF funding. The State has negotiated a MBE/WBE “fair share” objective of:

Commodities (Supplies)	MBE 4%	WBE 11%
Contractual (Services)	MBE 8%	WBE 30%
Equipment	MBE 5%	WBE 20%
Construction	MBE 2.5%	WBE 3%

Please note that DBEs, MBEs, and WBEs must be certified by EPA, SBA, or DOT (or by state, local, Tribal, or private entities whose certification criteria match EPA’s). DBEs must be certified in order to be counted toward the recipient’s MBE/WBE accomplishments. Depending upon the certifying agency, a DBE may be classified as a DBE, a Minority Business Enterprise (MBE), or a Women’s Business Enterprise (WBE).

The loan recipient (owner) shall employ and document good faith efforts in following the six affirmative steps when using loan funds to procure sources of supplies, construction and services.

If the successful bidder plans to subcontract a portion of the project, the bidder must submit to the owner (within 10 days after bid opening) documentation of good faith efforts in following the six affirmative steps taken to utilize small, minority and women’s businesses.

These “fair share” objectives are required to be stated in the loan agreement and in the project specifications **(SRF Supplemental General Conditions)**.

**Implementation of Six Affirmative Steps for Good Faith DBE Solicitation**

1. Include qualified MBE/WBE’s on solicitation lists.
  - a) Maintain and update a listing of qualified MBE/WBE’s that can be solicited for supplies, construction and/or services.
  - b) Provide this listing to all interested parties who requested to be placed on the bidder’s mailing list or requested copies of bid or proposal documents
  - c) Contact sources within geographic area of project to identify qualified MBE/WBE’s for placement on MBE/WBE list.
  - d) Check for other MBE/WBE listings such as those utilized by the State Minority Business Office, the Small Business Administration, Minority Business Development Office, EPA Region IV Office of Small and Disadvantaged Business Utilization (OSBDU), or the Alabama Department of Transportation.

2. Assure that MBE/WBE's are solicited whenever they are potential sources.
  - a) Conduct meetings, conferences and follow-ups with MBE/WBE's, small, minority and/or women's business associations, minority media etc., to inform these groups of opportunities to provide supplies, services and construction.
  - b) Conduct pre-bid, pre-solicitation and post-award conferences to ensure that consultants, suppliers and builders solicit MBE/WBE's.
  - c) Provide bidders with listings of qualified MBE/WBE's and establish that a fair share of subagreements be awarded.
  - d) Advertise in general circulation, trade publications, State agency publications of identified MBE/WBE's, minority or women's business focused media, etc., concerning contracting opportunities on your projects. Maintain a list of minority or women's business focused publications that may be used to solicit MBE/WBE's.
  - e) Provide interested MBE/WBE's with adequate information about plans, specifications and other requirements of the proposed projects.
  - f) Provide interested MBE/WBE trade organizations with summaries of bid solicitations.
  - g) Consider notifying MBE/WBE's of future procurement opportunities so that they may establish bidding solicitations and procurement plans.
3. Dividing total requirements, when economically feasible, into small tasks or quantities to permit maximum participation of MBE/WBE's.
  - a) Perform an analysis to identify portions of work that can be divided and performed by qualified MBE/WBE's.
  - b) Scrutinize the elements of the total project to develop economically feasible units of work that are within the bonding range of MBE/WBEs.
  - c) Analyze bid packages to afford MBE/WBEs maximum participation.
4. Use the appropriate services and assistance of:
  - a) the Office of Small and Minority Business Assistance in the Alabama Development Office
  - b) the Minority Business Development Centers
  - c) the Alabama Department of Transportation (for WBEs)
  - d) the Small Business Association
5. Establish delivery schedules, within the requirements of the work permit, which will encourage participation of MBE/WBEs.
  - a) Consider lead times and scheduling requirements often needed by MBE/WBE firms.
  - b) Develop realistic delivery schedules, which may provide for greater MBE/WBE participation.
6. Require each contractor to take the affirmative steps of items 1-5 above in procuring subcontractors.

Use the services of outreach programs sponsored by the Minority Business Development Agency and/or the Small Business Association to recruit bona fide firms for placement on MBE/WBE bidder's lists and to assist these firms in the development of bid packaging.

Seek out Minority Business Development Centers (MBDCs) to assist you in identifying MBE/WBEs for potential work opportunities on your projects.

## **MBE/WBE Contacts**

Alabama Department of Transportation  
1409 Coliseum Blvd  
Montgomery, AL 36130  
(334) 353-6469 or (800) 269-5081  
<https://www.dot.state.al.us/cboweb/DBEProgram.html>

Alabama Department of Economic and  
Community Affairs  
Office of Minority Business Enterprise  
P O Box 5690  
Montgomery, AL 36103-5690  
(334) 353-3966  
<http://adeca.alabama.gov/Divisions/ced/cdp/Pages/ombbe.aspx>

Alabama Governor's Office of Minority Affairs  
100 N. Union St. Suite 360  
Montgomery, AL 36104  
(334) 353-2113  
[info@goma.alabama.gov](mailto:info@goma.alabama.gov)  
<https://goma.alabama.gov/>

Birmingham Construction Industrial Authority  
301 37<sup>th</sup> Street South  
Birmingham, AL 35222  
(205) 324-6202  
Fax: (205) 324-6210  
[aorl@bcia1.org](mailto:aorl@bcia1.org)  
<https://bcia1.org/>

Birmingham Office of Economic Development  
City Hall / Third Floor  
710 20<sup>th</sup> Street North  
Birmingham, AL 35203  
(205) 524-2799  
Fax (205) 254-7741

<https://oed.birminghamal.gov/>  
U.S. Department of Commerce  
Minority Business Development Agency  
Atlanta MBDA Business Center  
75 5<sup>th</sup> Street, NW Suite 300  
Atlanta, GA 30308  
(404) 894-8150  
<https://mbdabusinesscenter-atlanta.org/>  
<https://www.mbda.gov/>

National Association of Minority Contractors (NAMC)  
<http://namcnational.org/>  
The Barr Building  
910 17th Street, NW, Suite 413  
Washington, DC 20006  
(202) 296-1600  
Fax: (202) 296-1644  
[info@namcnational.org](mailto:info@namcnational.org)

NAMC Greater Atlanta Chapter  
1134 Main Street  
Forest Park, GA 30297  
(678) 943-9667  
[www.namcatlanta.org](http://www.namcatlanta.org)

U.S. Small Business Administration  
<https://www.sba.gov/>  
[http://web.sba.gov/pro-net/search/dsp\\_dsbs.cfm](http://web.sba.gov/pro-net/search/dsp_dsbs.cfm)  
<https://www.sba.gov/offices/headquarters/wbo/>

**DWSRF Financial Information Summary**

Applicant: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
DWSRF Project No.: \_\_\_\_\_  
Loan Amount: \_\_\_\_\_

Description of Proposed Facilities:

**Certification of Financial Capability**

\_\_\_\_\_ *(Applicant) has analyzed the cost and financial impacts of the proposed facilities and hereby certifies that it has the legal, institutional, managerial and financial capability to finance and manage the construction, operation, and maintenance of the proposed project.*

Signed: \_\_\_\_\_  
*(Authorized Representative)*

Date: \_\_\_\_\_

## Construction Cost Estimates

(Use additional sheets if necessary)

<b>Water Treatment Plant(s):</b>	<b>Construction Cost</b>
1:	
2:	
3:	
<b>Water Treatment Sub-Total:</b>	

<b>Transmission and Distribution:</b>	<b>Cost</b>
1:	
2:	
3:	
<b>Trans. &amp; Distr. Sub-Total:</b>	

<b>Source Development:</b>	<b>Cost</b>
1:	
2:	
3:	
<b>Source Devel. Sub-Total:</b>	

<b>Storage:</b>	<b>Cost</b>
1:	
2:	
3:	
<b>Storage Sub-Total:</b>	

<b>Miscellaneous (specify):</b>	<b>Cost</b>
1:	
2:	
3:	
<b>Miscellaneous Sub-Total:</b>	

<b>Engineering/Administration:</b>	<b>Cost</b>
Administration:	
Design/Planning:	
Basic A/E Fees:	
Construction Inspection:	
Other: (specify):	
<b>Engineering Sub-Total:</b>	

<b>Land Acquisition/Easements (Confirm eligibility with ADEM):</b>	<b>Cost</b>
Land:	
Easements:	
<b>Land Acquisition/Easements Sub-Total:</b>	

**Total Project Cost:** \_\_\_\_\_

**Operations and Maintenance Cost Estimates**

Annual O&M Costs:	Cost
Labor (Plant Operators):	
Utilities:	
Materials:	
Outside Services:	
Misc. Expenses:	
<b>Total Annual O&amp;M:</b>	

**Annual Water Charges**

	Current	Revised
Number of Residences Served:		
Water Revenue:		
Number of Commercial/Industrial Users:		
Water Revenue:		

**Residential Water Charges vs. Median Annual Household Income (MAHI)**

	Current	Revised
Median Annual Household Income:		N/A
Average Annual Residential Water Bill:		
Annual Water Bill as % of MAHI:		

**Financing and Revenues**

**New Facilities:**

Total to be Borrowed from DWSRF:		
Term of Loan:	20	yrs
Interest Rate ( <i>estimated</i> ):		%
<b>Estimated Debt Service Payment to DWSRF:</b>		/yr

**Existing Water System Debt/O&M:**

Existing O&M:		/yr
Existing Water Debt Service Obligations:		/yr
Other Debt Service/Operations Obligations:		/yr
		/yr
		/yr
<b>Total Existing Annual Obligations:</b>		/yr
<b>Total Projected Annual Debt Obligations:</b>		/yr

**Projected Outlay Schedule**

Year: \_\_\_\_\_

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

Year: \_\_\_\_\_

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

Year: \_\_\_\_\_

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

\*Grand Total: \_\_\_\_\_

\*Must equal loan amount requested.

Construction Start Date: \_\_\_\_\_

Construction Completion Date: \_\_\_\_\_

Note: The construction completion date should be selected carefully, as loan repayment will begin immediately thereafter. Please contact the SRF Section if you have any questions.



## **Additional Financial Information**

### INSTRUCTIONS:

1. For "Systems owned by Towns, Cities, or Counties" where the security for the SRF loan will be a general obligation pledge of the Loan Recipient, please complete Part I only.
2. For "Systems owned by Towns, Cities or Counties" where the security for the SRF loan will be a pledge of revenues of the water and/or sewer system of the Loan Recipient, please complete Part II only.
3. For "Systems owned by Boards, Authorities or other public corporations" please complete Part III only.

**Part I – Systems Owned by Towns, Cities or Counties (General Obligation Pledge)**

A. Financial Information

1. The last three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please provide a list of all currently outstanding general obligation indebtedness, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt, and the date of final maturity of the debt.
4. If not provided in the Loan Recipient's audited financial statements, please provide debt service requirements for total outstanding general obligation indebtedness on a yearly basis for all years in which debt service is currently payable.
5. Ad valorem tax rates currently levied on property within the jurisdiction of the Loan Recipient, broken down by millage rate per taxing authority (i.e., the state, county, city and any special assessments).
6. The top ten ad valorem taxpayers of the Loan Recipient for previous year and the amount of taxes paid by each.
7. The amount of ad valorem tax collected by the Loan Recipient for the past five years.
8. Total collections of the sales and use tax collected by the Loan Recipient for the the past five fiscal years.
9. Business tax receipts collected by the Loan Recipient for the past five years.
10. Current and proposed water and/or sewer rate schedules.

Demographic Information

1. A one paragraph description of the location of the Loan Recipient and governing structure.
2. Please provide a brief description of the transportation system, the elementary and secondary education systems and the health services provided in the Loan Recipient's service area.
3. Population of the Loan Recipient as reported by the Census Bureau for the last two surveys available.
4. Please list the major employers for the Loan Recipient, broken out by industry, products and number of employees.

**5. WATER & SEWER ACCOUNT INFORMATION**

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

6. PRIMARY CUSTOMERS - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

**7. WATER USAGE**

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

**8. SEWER SYSTEM (if appropriate)**

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

**Part II – Systems Owned by Towns, Cities or Counties (Revenue Pledge)**

A. Financial Information:

1. The last three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please enclose the master trust indenture of the Loan Recipient.
4. Please provide a list of all currently outstanding revenue obligations, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt and the date of final maturity of the issue.
5. If not provided in the financial statements, please provide debt service requirements for total outstanding indebtedness of the Loan Recipient payable from revenues of the waste and/or sewer system on a yearly basis for all years in which debt service is currently payable.
6. Ad valorem tax rates currently levied on property within the jurisdiction of the Loan Recipient, broken down by millage rate per taxing authority (i.e., the state, county, and city and any special assessments).
7. Information furnished by the County Tax Assessor’s office as to the assessed value of taxable properties (including motor vehicles) located within the jurisdiction of the Loan Recipient for the past five fiscal years.
8. Current and proposed water and/or sewer rate schedules.

B. Demographic Information:

1. A one paragraph description of the location of the Loan Recipient and its governing structure.
2. A brief description of the Project.
3. Population of the Loan Recipient, as reported by the Census Bureau for the last two surveys available.
4. A brief description of the assets owned by the Loan Recipient that comprises its water and/or sewer system.

5. **WATER & SEWER ACCOUNT INFORMATION**

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

6. **PRIMARY CUSTOMERS** - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

7. **WATER USAGE**

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

8. **SEWER SYSTEM (if appropriate)**

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

**Part III – Systems Owned by Boards, Authorities or Other Public Corporations**

A. Financial Information

1. The last three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please provide a list of all currently outstanding debt of the Loan Recipient, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt and the date of final maturity of the issue.
4. Current and proposed water and/sewer rate schedules.

B. Demographic Information

5. A one paragraph description of the area served by the Loan Recipient and the services provided by the Loan Recipient.
6. A brief description of the Project.
7. A brief description of the assets owned by the Loan Recipient that comprise its water and/or sewer system.

8. WATER & SEWER ACCOUNT INFORMATION

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

9. PRIMARY CUSTOMERS - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

10. WATER USAGE

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

11. SEWER SYSTEM (if appropriate)

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

## **Environmental Information Document Outline:**

The Applicant must prepare an **Environmental Information Document (EID)** to support DWSRF funding for the proposed water treatment/distribution works. The EID describes and evaluates the environmental impacts of the feasible alternatives of which there should be, as a minimum, **at least four**: the chosen alternative, no action, and two additional alternatives. Furthermore, the alternatives should be substantially different in scope and/or placement and should be thoroughly compared/contrasted within the framework of the following guidelines.

Prior to preparation of the EID, the Applicant should obtain concurrence for the proposed project from the Alabama Historical Commission (AHC), the U. S. Fish and Wildlife Service (rare and endangered species protection), the US Army Corps of Engineers (floodplain management, floodway management, wetlands, Section 404 permits, dredge and fill, structures placed in navigable waterways), the Tennessee Valley Authority (TVA, where applicable), the Alabama Power Company (where applicable), ADECA's Office of Water Resources (new wells and surface sources) and the Regional Planning Agency. Written concurrence from these entities must be attached to the application. **COMPLETION OF THE ENVIRONMENTAL REVIEW MAY NOT OCCUR UNTIL SUCH CONCURRENCE LETTERS ARE SUBMITTED.**

Included in the environmental review process is public participation culminating in a public meeting, which presents the proposed project to the public and includes discussion of both environmental and financial impacts. Minutes of the public meeting, with proof(s) of advertising and a sign-in sheet of attendees must be included as a part of the EID. The public meeting should be conducted prior to submission of the DWSRF application.

The EID shall be prepared according to the following outline:

### A. Existing Environment.

1. Location of the Project Area(s).
  - a. With relation to the City/Town/Service Area.
  - b. With relation to the County and State borders.
  - c. In relation to the nearest metropolitan statistical area (MSA).
  - d. Plotted on the most current USGS Quadrangle Map (with the name, number, scale and revised date of the quadrangle used).

### B. Existing Facilities.

1. Name, type and compliance status of all water sources that will be affected by or will supply the project area. For surface sources, identify the source watershed
2. Population served, population to be served by this project, and remaining population without potable water.
3. Condition of existing water treatment/distribution system.

### C. Need for Proposed Facilities.

Note: projects that primarily intended to serve growth are not eligible for DWSRF funding.

1. Documentation of public health problems that will be corrected by the proposed project.
  - a. From the local public health agency, concerned citizens, ADEM, other governmental agencies, or the Consulting Engineer. (Examples include private well contamination, water source quality, etc.)
2. Lack of treatment capacity.
  - a. Include need(s) to increase capacity and a discussion of historical (seasonal) flow data.
3. Lack of treatment capability/quality, to include:
  - a. Discussion of permit violations to which the City/Town/Board/Authority is a party.
  - b. Discussion of any Administrative or Consent Order to which the City/Town/Board/Authority is a party.

D. Proposed Facilities and Proposed Funding.

1. Proposed Facilities

- a. Water treatment /distribution facilities to be constructed/upgraded/modified/affected.
  - I. Average daily flow for both current and design years.
  - II. Expected daily peak and minimum flow for both current and design years.
  - III. Expected water quality from new/upgraded facilities.
  - IV. Identify the surface or groundwater source to be developed.
  - V. Identify any land that must be obtained in order to construct/modify facilities.
  - VI. For water treatment facilities, identify the method of sludge disposal (if applicable) and any items to satisfactorily carry out the disposal (purchase more land, new permits for landfilling, etc.)
- b. Include Vicinity Map(s) that
  - I. Clearly show(s) the project area(s) in relation to nearby roads and streets.
  - II. Include(s) a North Arrow and Graphical Scale.
  - III. Clearly show(s) the location of the project area(s) by coordinates (State Plane Coordinates NAD83 (92 Corrections) or Metes and Bounds tied to the Rectangular Grid system of the State of Alabama or UTM Coordinates.

2. Proposed Funding Source(s)

- a. Funding source(s), status and amount(s).

E. Alternative Analysis.

1. Discussion of all feasible alternatives, to include:

- a. Alternative processes and/or locations considered.
- b. Alternative distribution/storage systems.
- c. Leakage reduction measures.
- d. Interconnections with nearby water systems.
- e. Physical, legal, or institutional constraints.
- f. Regulatory requirements.
- g. Capital and operations and maintenance (O&M) costs.
- h. Significant, irreversible, and/or unavoidable environmental impacts.

2. Choosing an alternative.

- a. Must include the "no action" option and why it was not chosen.
- b. Must clearly indicate the chosen alternative and why it has been chosen.
- c. Must provide an in depth (E 1 a – i) discussion of AT LEAST two other alternatives (in addition to the two alternatives discussed in E 2 a & b).

F. Physical Data. (See Part G, Section 11 for helpful links)

1. Description of the Topography of the City/Town and of the specific site area(s).
2. Description of the Geology of the City/Town and of the specific site area(s).
3. Hydrology of the City/Town and of the specific site area(s).
4. Climate and Precipitation of the City/Town to include:
  - a. Average annual temperature.
  - b. Average annual range of temperatures.
  - c. Average annual rainfall.
  - d. Average snowfall (if applicable).
  - e. Length of the growing season with average date of the first and last freeze.
  - f. Direction and Speed of prevailing winds for summer and winter.

5. Floodplains, floodways, and wetlands impact(s).
  - a. The project area(s) must be clearly located on the applicable Flood Insurance Rate Map (FIRM) with Panel Name, Panel Number, Date and graphical scale provided.
  - b. The project area(s) must be shown in relation to all activities within the project area, including temporary construction easements, and any permanent or man-made features in order to facilitate a clear understanding of the project location.
  - c. The potential effect of the project on these areas should be examined and discussed in detail.
  - d. Any chosen alternative that affects a floodplain, floodway and/or wetland must include:
    - I. A description of alterations to landforms, streams, and natural drainage patterns within the floodplain/floodway/wetland and their effect on local watercourses and the project.
    - II. A discussion of why the alternative is proposed in the floodway/floodplain/wetland.
    - III. A discussion of how the alternative will conform to applicable Federal, State, and/or local floodplain/floodway/wetland protection standards.
    - IV. A discussion of how the alternative is designed to minimize the potential harm to the floodplain/floodway/wetland.
    - V. Include a map clearly showing the relationship between the floodplain/floodway/wetland and all construction activities with contours of existing and finished grades and flood elevation(s).
6. Description of water mains to be constructed/replaced.
  - a. Size, type and classification of pipe(s).
  - b. Indicate bore and excavation methods, especially as they relate to existing watercourses, flood plains, floodways, and/or wetlands.
  - c. Demonstrate that the water source/storage system has capacity to supply additional flow, if any.
  - d. If rehabilitation of water lines will take place clearly indicate the type of repair(s) and the corresponding segment(s) of pipe.
  - e. Clearly delineate the location and type of construction/rehabilitation on a vicinity map that is of sufficient scale and size to be legible and that clearly relates the work to the surrounding environment (i.e. show all watercourses, structures, roads and utilities that are visible).

G. Environmental Consequences and Mitigative Measures.

1. Historical and Archaeological Features.
  - a. Include the concurrence/nonconcurrence letter from the Alabama Historical Commission (AHC).
  - b. Discuss any comments made by AHC and the effect on the proposed project.
  - c. Include a copy of any archaeological survey(s) performed for the AHC.
  - d. Insure that all contracts are awarded with the stipulation that "Should previously undetected cultural resources be encountered during project activities, work shall cease and the Alabama Historical Commission shall be contacted immediately."
2. Endangered Species and Critical Habitat.
  - a. Include the concurrence/nonconcurrence letter from the U. S. Fish and Wildlife Service.
  - b. Discuss any comments made by the U. S. Fish and Wildlife Service and the effect on the proposed project.
  - c. Include a copy of any survey(s) performed for the U. S. Fish and Wildlife Service.
  - d. Insure that all contracts are awarded with required Best Management Practices (BMP) plans, guidelines, and responsible entity.
3. Floodplain, Floodway, and Wetlands.
  - a. Include the concurrence/nonconcurrence letter from the U. S. Army, Corps of Engineers.
  - b. Discuss any comments made by the U. S. Army, Corps of Engineers and the effect on the proposed project.
4. Tennessee Valley Authority (if applicable).
  - a. Include the concurrence/nonconcurrence letter from the Tennessee Valley Authority.
  - b. Discuss any comments made by the Tennessee Valley Authority and the effect on the proposed project.
5. Alabama Power Company (if applicable).

- a. Include the concurrence/nonconcurrence letter from the Alabama Power Company.
  - b. Discuss any comments made by the Alabama Power Company and the effect on the proposed project.
6. Regional Planning Agency.
- a. Include the concurrence/nonconcurrence letter from the Regional Planning Agency.
  - b. Discuss any comments made by the Regional Planning Agency and the effect on the proposed project.
7. Environmental Justice.
- a. Environmental justice is the fair treatment and meaningful involvement of all people, regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations and policies. Fair treatment means that no group of people, including a racial, ethnic, or socioeconomic group should bear a disproportionate share of the negative environmental consequences resulting from industrial, municipal, and commercial operations or the execution of federal, state, local, and tribal programs and policies.
  - b. Discuss the impacts of the project on Environmental Justice areas affected.
  - c. Ensure that public participation and/or notification is enhanced if Environmental Justice areas are affected by the project.
8. Pollution from Construction Activities.
- a. Noise causes, intensity, and duration.
  - b. Erosion and siltation causes, duration and mitigation plan.
  - c. Dust causes, intensity, and duration.
  - d. Best Management Practices (BMP) and implementation plan
  - e. Impact on Public Parks and/or Prime Agricultural Land.
  - f. Impact on 303d listed streams.
  - g. Impacts from stream crossings.
  - h. If land clearing is involved, discuss the precautionary methods to be taken in order to protect the area environment from the use of herbicides, defoliants, blasting, cutting, and/or burning.
  - i. Specify the final disposal method for soil and vegetative spoil.
  - j. If facilities are to be abandoned, discuss what will be done with the abandoned structures and/or land.
9. Public Participation.
- a. The Public Meeting must be held before submittal of this application. Please contact the appropriate SRF staff engineer at ADEM to find out if the project will affect an Environmental Justice area(s).
  - b. Proof of advertising. Advertisement should run at least once per week for four consecutive weeks in the newspaper that serves the affected area.
  - c. If Environmental Justice areas are affected by the project then the advertisement requirement is expanded to ensure that the affected populations are made aware of the project and have every opportunity to respond. Examples of additional advertisements are:
    - I. Mailings to each residence affected (provide affidavit of mailing and a copy of the letter used as an addendum to this document).
    - II. Running an ad on a radio or television station that serves the affected community (provide an affidavit and transcript of the ad).
    - III. Advertise in a newspaper or other periodical that serves the affected community (provide a publishers affidavit and a copy of the ad).
    - IV. The Public Meeting should be held after 5:00 P.M. (local time) and should be in a building that is easily found and highly accessible. A sign-in sheet should be made available to everyone, and should be included as an addendum to this document.
  - d. Maintain at least one copy of the EID in a public facility (the City/Town Hall, the Board/Authority Office, the local Library, the place of the meeting or the local Post Office) for public review from the first day in which any advertisement is published through the time of the public meeting. The advertisement(s) should inform the public of the existence of this document, the location of this document during business hours, and that this document is for public review.
  - e. The agenda should follow the following format.
    - I. The Representative should be introduced and provide an overview of the project.
    - II. The selection of the funding source(s) should be discussed.
    - III. The new rate structure (if applicable) and fee structure (if applicable) should be discussed.



- IV. A period of question and answer should be allowed after all discussion is complete.
- f. Provide a copy of the minutes of the meeting and a list of the questions and answers as an addendum to this document.

10. Internet Links.

The following links are provided in order to facilitate the gathering of certain information required in the EID. These links are not the only source for this information. These links are provided solely as a courtesy. Alabama Department of Environmental Management staff has found that the target Web sites may contain useful information. Because ADEM has no control over the posting of material to this target Web site, the department cannot take responsibility for the validity of its contents. Please e-mail any comments, or if you encounter an inactive link, to ADEM.

1. <http://www.nationalatlas.gov/index.html> navigate by clicking appropriate links under title
2. <http://www.ncdc.noaa.gov/oa/climate/research.html>
3. <http://www.fws.gov> U.S. Fish & Wildlife Service
4. <http://www.usace.army.mil/> U.S. Army Corps of Engineers
5. <http://www.preserveala.org/> Alabama Historical Commission



# Form 370: Drinking Water State Revolving Fund Preapplication

Project Name	
Assistance Amount Requested	\$
Date Submitted	



Submit Complete Preapplication to:	
Preferred method <b>By email:</b>	srf@adem.alabama.gov
By overnight mail:	1400 Coliseum Boulevard Montgomery, Alabama 36110-2400 (334) 271-7714
By mail:	SRF Section Alabama Department of Environmental Management Post Office Box 301463 Montgomery, Alabama 36130-1463

## Section 1: Contact Information

### Loan Applicant

Applicant Name			
Authorized Representative (Signatory of Loan Agreement)		Title of Authorized Representative	
Email Address		Telephone Number	
Contact Person (Daily SRF Communications)		Title of Contact Person	
Email Address		Telephone Number	
Physical Address		Mailing Address	
County		DUNS Number	
Fax Number		PWSID Number	
AL House District(s)		AL Senate District(s)	
Total Number of System Connections (Current)		Population of System	

### Project Engineer:

Firm Name	
Address	
City, State, Zip code	
Engineer Name	
Telephone Number	
Email Address	
Fax Number	

**Section 2: Project Information**

For the following questions, please attach additional pages if adequate space is not provided on this form:

Break down the total project cost (categories should sum to 100%) and list all other funding sources to be utilized to complete this project.

Treatment:	%	Other Funding Source(s)	Amount(s)	Commitment Date
Distribution:	%			
Source:	%			
Storage:	%			

Enter the Median Household Income (MHI) for the affected community:	Enter the Average Annual Household Water Bill Based on 5,000 Gal Usage:
Source:	Source:
\$	\$

**Priority Ranking System**

The following factors are used to rank the proposed project and will ultimately determine if the project is fundable. The applicant must provide documentation where required in order to receive credit.

\*Any ranking criteria that cannot be verified through supporting documentation by the Department will be awarded zero points.

**A. Enforcement and Compliance Rating Criteria (Maximum: 50 points)\***

	Ranking Criteria	Point Value
1	The system is under formal enforcement action by ADEM. Completion of the project will return the system to compliance.	50
2	The project is a voluntary effort to resolve noncompliance and will mitigate the issuance of a formal enforcement action.	40
3	The system is currently in compliance but will be in imminent noncompliance without the proposed project.	25

**B. Drinking Water Contaminants Criteria (Maximum: 150 points)\***

	Ranking Criteria	Point Value
1	The system has current primary MCL violations and completion of the project will return the system to compliance.	100
2	The system has current secondary MCL violations and completion of the project will return the system to compliance.	50
3	The primary purpose of the project is to extend service to persons presently served by contaminated wells.	50

**C. Water/Energy Efficiency Rating (Maximum: 45 points)\***

Ranking Criteria		Point Value
1	The project significantly reduces water loss. The unaccounted reported water loss during the last 12-month period was: 50% or higher 35% - 49% 20% - 34% 15% - 19%	25 20 10 5
2	The project incorporates energy efficient design considerations with established objectives and targets for energy reduction opportunities.	5
3	The project uses renewable energy such as wind, solar, geothermal, hydroelectric, micro-hydroelectric, biogas combined heat and power (CHP) systems, or biofuels production to provide power to a drinking water treatment plant.	5
4	The project implements upgrades to pumps and treatment processes which result in: a) 20% or greater reduction in energy consumption at a drinking water treatment plant. b) 10-20% reduction in energy consumption at a drinking water treatment plant, or 20% or greater reduction in energy consumption at a remote pump station.	10 5

**D. Capacity and Pressure Criteria (Maximum: 100 points) \***

Ranking Criteria		Point Value
1	The system lacks adequate capacity to provide safe drinking water. Completion of the project will restore capacity to existing customers.	100
2	The project will mitigate pressure readings of <20 psi at 50 or more customer meters.	50
3	The project will mitigate pressure readings of <20 psi at 10-49 customer meters.	25

**E. System Consolidation Criteria (Maximum: 100 points) \***

Ranking Criteria		Point Value
1	The project will result in the elimination of at least one public water system.	100
2	The project will establish a new interconnection between two water systems, where the beneficiary water system (or portion of the beneficiary water system) is served by only one source.	25

**F. Sustainability Criteria (50 possible bonus points) \***

Ranking Criteria		Point Value
1	The project implements one or more of the following planning methodologies: a) Asset Management Plan	10
2	The project includes one or several of the following design considerations: a) LEED certified or other ADEM-approved green building techniques. b) Project envelope is located in a previously developed area. c) Use of environmentally friendly post-consumer recycled or reclaimed materials.	5 5 5
3	The project incorporates at least one of the following construction methods: • Innovative erosion control practices; • Protection of onsite trees, vegetation, native habitats and urban forests; or • Replanting of disturbed areas with native plant species.	5
4	The project will utilize one or more of the following water conservation strategies: a) Incorporates sustainable water pricing practices and rate structures. b) Completion of EPA's Water Quality Scorecard (see <a href="http://www.epa.gov/smartgrowth/water_scorecard.htm">http://www.epa.gov/smartgrowth/water_scorecard.htm</a> ).	10 5

**G. Reporting Criteria (Maximum point reduction: 30) \***

Ranking Criteria		Point Reduction
1	The system was cited during the last twelve months for late submittal of Monthly Operating Reports (MOR) or Consumer Confidence Reports (CCR), or was cited for a monitoring/reporting violation.	-10
2	The system was sent a Drinking Water Needs Survey and/or a Clean Watershed Needs Survey in the last four years and failed to return a completed survey.	-20

**H. Affordability Criteria (Maximum: 60 points)**

Ranking Criteria	Point Value
Divide the Average Annual Household Water Bill by the Median Household Income (from Page 2) and multiply by 100%:	
2.50% or higher	60
2.00 – 2.49%	40
1.50 – 1.99%	20
Less than 1.50%	0

**I. Infrastructure Improvement Criteria\***

Ranking Criteria	Point Value
1 Construction of a new water treatment plant	20
2 Level of treatment upgrade to an existing water treatment plant	15
3 Modifications to address disinfection byproduct requirements	25
4 Replacement of water lines due to age, leaks, breaks, or lead or asbestos-cement pipe	10
5 Installation of new water lines, where none existed previously	5
6 Rehabilitation or replacement of a water storage tank	15
7 Installation of a new water storage tank	10
8 New or upgraded pump station (not associated with a tank project)	5
9 Security improvements to a water system	5
10 Emergency power generators	5
11 Construction of a new well	15
12 Rehabilitation/upgrade of an existing well	10
13 Installation of green stormwater infrastructure at a water treatment plant	5
14 Installation of water meters in previously unmetered areas, or replacement of traditional water meters with AMR or smart meters	10
15 Water meter replacement with traditional meters	5
16 Installation or retrofitting water efficient devices such as plumbing fixtures and appliances (toilets, showerheads, urinals)	5
17 Replacement of (potable) landscape irrigation with more efficient landscape irrigation systems	5
18 Recycling and water reuse projects that replace potable sources with non-potable sources (grey water, wastewater effluent)	10
19 Installation or upgrade of SCADA systems	15

**Sum the points from each category below.**

Part A: Enforcement and Compliance (50 points maximum)	
Part B: Drinking Water Contaminants (150 points maximum)	
Part C: Water/Energy Efficiency (45 points maximum)	
Part D: Capacity and Pressure (100 points maximum)	
Part E: System Consolidation (50 points maximum)	
Part F: Sustainability (50 bonus points maximum)	
Part G: Reporting (Maximum Reduction of 30)	
Part H: Affordability (60 points maximum)	
Part I: Infrastructure Improvement	
<b>TOTAL POINTS CLAIMED:</b>	

This form should be signed by the official who is authorized to execute contracts on behalf of the applicant jurisdiction. **ONE SIGNED COPY (including attachments)** should be emailed to the address shown on Page 1 of this form.

Attachments to be included with this form:

1. **Preliminary Engineering Report (PER Outline PER Format Below (Preferred))**
2. **Copies of last three (3) years of audited financial statements (if available)**

Preliminary Engineering Report Outline:

1. **Description of Project**
  - a. Brief description and background of project
  - b. Purpose of project
  - c. Location of project
  - d. Project Scope
  - e. Average annual household water bill
  - f. Population and median household income
2. **Proposed Improvements**
  - a. System connections and connections that benefit from construction
  - b. System plan for water conservation
  - c. Proposed operation and management
  - d. Improvements to system
3. **Project Maps**
  - a. Include all affected water bodies
4. **Projected Outlay Schedule**
5. **Cost Breakdown**
  - a. Estimated cost outline for entire project
6. **Supporting Documentation\*** for priority points claimed, as required above. Any points claimed that cannot be readily substantiated from the information submitted will not be counted. The Department reserves the right to make the final determination of all points awarded.

The undersigned representative of the applicant certifies that the information in the application and in the attached statements and exhibits is true, correct and complete to the best of the applicant's knowledge, information and belief.

Signature of Authorized Representative	Print or Type Name
Title	Date

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG060000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG060000, which is the general permit authorizing discharges associated with the lumber, wood, and paper products industry (not including wood preserving operations) consisting of storm water; process water from wet decking; non-contact cooling water; cooling tower blowdown; uncontaminated condensate; boiler blowdown; demineralizer wastewater; and vehicle and equipment wash water. Please answer all questions in applicable sections. Please mark the “**Not Applicable**” box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

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

<b>FOR ADEM USE ONLY</b>
NPDES PERMIT NUMBER
FACILITY NUMBER

**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG060000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG060000 (Current Permit No. ALG06\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG060000 (Current Permit No. ALG06\_\_\_\_\_)

**FACILITY IDENTIFICATION INFORMATION**

A. Name of Permittee: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

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

City, State and Zip Code \_\_\_\_\_

C. Location (STREET ADDRESS) of Facility: \_\_\_\_\_

City, County: \_\_\_\_\_

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

Latitude (\_\_\_\_\_)° (\_\_\_\_\_)’ (\_\_\_\_\_)“ N      Longitude (\_\_\_\_\_)° (\_\_\_\_\_)’ (\_\_\_\_\_)“ W

E. Facility Contact Person:

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

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

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

SIC Code

SIC Description

1. \_\_\_\_\_ (Primary) \_\_\_\_\_

2. \_\_\_\_\_ (Secondary) \_\_\_\_\_

3. \_\_\_\_\_ (Tertiary) \_\_\_\_\_

G. Description of industrial activity and land use at the facility:

- H. Check the type of discharge(s) at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with the lumber and wood products industry (DSN001)
  - Discharges associated with wet decking water (DSN002)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN003)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN007 and DSN0011)
  - Discharges associated with vehicle and equipment exterior washing operations (DSN009)
  - Storm water discharges associated with the paper and related products industry (DSN012)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:  
\_\_\_\_\_
- J. Has the facility been issued an NPDES **INDIVIDUAL** permit?
- Yes  No If YES, NPDES Permit No. AL00\_\_\_\_\_
- Do you intend to replace your individual permit with this General Permit?  Yes  No
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?
- Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. Has the facility ever been issued coverage under an NPDES **GENERAL** Permit other than a permit listed in the "Purpose of this Notice of Intent" section?  Yes  No If YES, please provide the following:
- Permit Number: AL\_\_\_\_\_ Facility Name on Permit:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
- Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)?  Yes  No  
(A list of the impaired waters can be found at <http://www.adem.state.al.us/programs/water/303d.cnt> for 303(d) listed waters and <http://www.adem.state.al.us/programs/water/approvedTMDLs.htm> for waters subject to a TMDL.)  
If YES, do your discharges contain pollutants of concern listed for the impaired water(s)?  Yes  No  
If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02?  Yes  No
- U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02?  Yes  No

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



**DSN001: STORM WATER DISCHARGES ASSOCIATED WITH THE LUMBER AND WOOD PRODUCTS INDUSTRY**

**NOT APPLICABLE [ ]**

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

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

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

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

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

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

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

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

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

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

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

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

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

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

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

I. Briefly describe your operations:

J. Does the facility have any wood preserving operations?  Yes  No

**If YES, you must apply for an individual permit, please contact the Industrial Section of ADEM's Water Division.**

K. Do you at present have sawdust or another wood product debris pile within 100 feet of a water of the State or a natural or manmade drainage course?  Yes  No

**If YES, you must apply for an individual permit, please contact the Industrial Section of ADEM's Water Division.**

L. Does the facility conduct dipping operations on site?  Yes  No

If YES, an MSDS sheet for the dipping formulation must be enclosed.

M. If dipping operations are conducted, are they exposed to storm water?  Yes  No  N/A

**If the dipping are operations are exposed to stormwater, you must apply for an individual permit, please contact the Industrial Section of ADEM's Water Division.**

**DSN002: DISCHARGES ASSOCIATED WITH WET DECKING WATER**

**NOT APPLICABLE [ ]**

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

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

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

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

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

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

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

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

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

D. Explain the nature of the process water:

**DSN003: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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

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

Type of Discharge \_\_\_\_\_

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

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

Type of Discharge \_\_\_\_\_

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

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

Type of Discharge \_\_\_\_\_

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

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

Type of Discharge \_\_\_\_\_

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

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

Type of Discharge \_\_\_\_\_

B. If more than one discharge is listed for DSN003, can they be sampled separately? [ ] Yes [ ] No

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

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

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

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

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

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

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

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

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

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

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

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

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

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

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

J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN003.

K. Is demineralizer wastewater discharged?  Yes  No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN003?  Yes  No

If YES, to what extent?

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

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

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

O. Is cooling/blowdown water **chlorine free** from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)?  Yes  No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN003?

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

---

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

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

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

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

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

---

**DSN007 AND DSN0011: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

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

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

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

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

AST = Aboveground Storage Tank  
 UST = Underground Storage Tank

- C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.
- D. Storm water runoff primarily discharges to (check only one):  
 Surface water                       Seeps into the ground                       Municipal storm sewer
- E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

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

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

G. Are there any known impacts on the receiving water as a result of any discharges under DSN007 and DSN0011?  
 Yes  No If YES, to what extent?

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

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

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

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

K. From which outfalls listed for DSN007 and DSN0011 is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? \_\_\_\_\_

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

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

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

N. Does the facility handle leaded fuels?  Yes  No

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

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



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

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

If YES, please explain:

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

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

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

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

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

**DSN009: DISCHARGE ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

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

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

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

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

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

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

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

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

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

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

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

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

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

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

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

**DSN012: STORM WATER DISCHARGES ASSOCIATED WITH THE PAPER AND RELATED PRODUCTS INDUSTRY**

**NOT APPLICABLE [ ]**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN012? [ ] Yes [ ] No  
If YES, to what extent?

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

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

I. Briefly describe your operations:

K. Do you at present have sawdust or another wood product debris pile within 100 feet of a water of the State or a natural or manmade drainage course?  Yes  No

**GENERAL INFORMATION**

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

**DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY**

**CERTIFICATION:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations.

**SIGNATURES**

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

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

**NOTE:** This Notice of Intent must be signed by the official representative of the facility who is: the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or principal executive officer **of at least the level of vice president**, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

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

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

**DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE**

DMR Contact Name (type or print): \_\_\_\_\_ Official Title: \_\_\_\_\_

DMR Contact Address: \_\_\_\_\_

DMR Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**NOI PREPARER**

Name of Individual (type or print): \_\_\_\_\_

Name of Firm: \_\_\_\_\_

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

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

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

### SARA Title III Section 311: SDS/MSDS Reporting

Safety Data Sheets (SDSs) (formerly known as Material Safety Data Sheets (MSDSs)) are a one-time reporting requirement due within three months of becoming subject to OSHA regulations. E-mail a PDF of the SDS(s) or this form to [AL312@adem.alabama.gov](mailto:AL312@adem.alabama.gov) for submission to the Alabama Emergency Response Commission (AERC). Note: All fields are required.

<b>Facility Name:</b>	
<b>Master ID Number:</b>	
<b>Phone Number:</b>	
<b>Date:</b>	

<b>Company Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>County:</b>	
<b>Zip Code:</b>	

<b>Hazardous Chemical Name (Should match SDS)</b>		<b>CAS#</b>			
<b>Physical Form (i.e. solid, liquid, gas, aerosol)</b>		<b>Key:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e6e6fa;">Immediate/Acute</td> </tr> <tr> <td style="background-color: #ffffe0;">Delayed/Chronic</td> </tr> </table>	Immediate/Acute	Delayed/Chronic
Immediate/Acute					
Delayed/Chronic					

Physical Hazards	Check all that apply
Combustible Dust	
Corrosive to Metal	
Explosive	
Flammable	
Gas under pressure	
Hazard Not Otherwise Classified (HNOC)	
In contact with water emits flammable gas	
Organic Peroxide	
Oxidizer	
Pyrophoric	
Self-heating	
Self-reactive	

Health Hazards	Check all that apply
Acute Toxicity (any route of exposure)	
Aspiration Hazard	
Carcinogenicity	
Germ Cell Mutagenicity	
Reproductive Toxicity	
Respiratory or Skin Sensitization	
Serious eye damage or eye irritation	
Simple Asphyxiate	
Skin Corrosion or Irritation	
Specific target organ toxicity (single or repeated exposure)	

Page 2 of this document is optional and is for additional chemicals. Please fill out as many as necessary to fulfill your reporting requirements.  
For questions or assistance, contact: [AL312@adem.alabama.gov](mailto:AL312@adem.alabama.gov) .

<b>Hazardous Chemical Name (Should match SDS)</b>		<b>CAS#</b>	
<b>Physical Form (i.e. solid, liquid, gas, aerosol)</b>		<b>Key:</b>	<b>Immediate/Acute</b>
			<b>Delayed/Chronic</b>
<b>Physical Hazards</b>	<b>Check all that apply</b>	<b>Health Hazards</b>	<b>Check all that apply</b>
Combustible Dust		Acute Toxicity (any route of exposure)	
Corrosive to Metal		Aspiration Hazard	
Explosive		Carcinogenicity	
Flammable		Germ Cell Mutagenicity	
Gas under pressure		Reproductive Toxicity	
Hazard Not Otherwise Classified (HNOC)		Respiratory or Skin Sensitization	
In contact with water emits flammable gas		Serious eye damage or eye irritation	
Organic Peroxide		Simple Asphyxiate	
Oxidizer		Skin Corrosion or Irritation	
Pyrophoric		Specific target organ toxicity (single or repeated exposure)	
Self-heating			
Self-reactive			

<b>Hazardous Chemical Name (Should match SDS)</b>		<b>CAS#</b>	
<b>Physical Form (i.e. solid, liquid, gas, aerosol)</b>		<b>Key:</b>	<b>Immediate/Acute</b>
			<b>Delayed/Chronic</b>
<b>Physical Hazards</b>	<b>Check all that apply</b>	<b>Health Hazards</b>	<b>Check all that apply</b>
Combustible Dust		Acute Toxicity (any route of exposure)	
Corrosive to Metal		Aspiration Hazard	
Explosive		Carcinogenicity	
Flammable		Germ Cell Mutagenicity	
Gas under pressure		Reproductive Toxicity	
Hazard Not Otherwise Classified (HNOC)		Respiratory or Skin Sensitization	
In contact with water emits flammable gas		Serious eye damage or eye irritation	
Organic Peroxide		Simple Asphyxiate	
Oxidizer		Skin Corrosion or Irritation	
Pyrophoric		Specific target organ toxicity (single or repeated exposure)	
Self-heating			
Self-reactive			



# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG890000

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES Permit Number ALG890000, which is the general permit authorizing discharges from small noncoal/nonmetallic mining and dry processing and areas associated with these activities. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing. Attach BMP plan and/or other information as needed. Commencement of activities applied for in this Notice of Intent (NOI) are not authorized until permit coverage has been issued by the Department.

### DISCHARGES NOT COVERED BY GENERAL PERMIT No. ALG890000

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

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

### PURPOSE OF THIS NOI

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

### I. PERMITTEE INFORMATION

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

### II. FACILITY INFORMATION

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

### III. ACTIVITY DESCRIPTION

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

### IV. PROPOSED SCHEDULE

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



**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NPDES GENERAL PERMIT ALG890000 (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 Montgomery office, ATTN: Water Division.

**Item I.**

Permittee Name		Facility/Site Name	
NPDES Permit Number ALG89____	County	Facility Contact Name	Facility Contact Title
Facility Street Address <u>or</u> Location Description		City, State, Zip	
Phone Number	Fax Number	E-Mail Address	

**Item II.**

Description of Noncompliant Event:
------------------------------------

**Item III.**

Cause (if known), and Location of Noncompliant Event:
---

**Item IV.**

Period of Noncompliance: (Include exact date(s) and time(s) or, if not corrected, the anticipated time the noncompliance is expected to continue):
--

**Item V.**

Description of steps taken and/or being taken (proposed compliance schedule) to reduce and/or eliminate the noncomplying discharge, repair/replace/upgrade BMPS, and to prevent its recurrence:
---

**Item VI.**

Inspection and BMP certification report(s), any photographs, and any sampling results <u>are attached</u> . If not, please explain:
---

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Name of QCP	Designation of QCP	Signature	Date
Name of Responsible Official	Title of Responsible Official	Signature	Date

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
SCRAP TIRE MANIFEST

Instructions for the use of this form may be found in ADEM Admin. Code 335-4-4-.05 available at:  
adem.alabama.gov/regulations/regulations.htm

Certification: By my signature below I Certify under penalty of law that the information contained on this form 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 a fine for willful violations.

PART 1 – (check one) Receiver: \_\_\_\_\_ Transporter 1: \_\_\_\_\_ Transporter 2: \_\_\_\_\_ Processor: \_\_\_\_\_ SWDF / landfill: \_\_\_\_\_

Specify Quantities by Count or Tons	
Whole Tires	_____
Tons of Tire Materials	_____

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Registration or Permit No. \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART 2 – (check one) Transporter 1: \_\_\_\_\_ Transporter 2: \_\_\_\_\_ Processor: \_\_\_\_\_ SWDF / landfill: \_\_\_\_\_ Receiver: \_\_\_\_\_

Specify Quantities by Count or Tons	
Whole Tires	_____
Tons of Tire Materials	_____

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Registration or Permit No. \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART 3 – (check one) Processor: \_\_\_\_\_ SWDF / landfill: \_\_\_\_\_ Receiver: \_\_\_\_\_ Transporter: \_\_\_\_\_

Specify Quantities by Count or Tons	
Whole Tires	_____
Tons of Tire Materials	_____

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Registration or Permit No. \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions for ADEM Form 536  
Scrap Tire Manifest

This form must be used by those persons engaged in the transportation of scrap tires in Alabama. A copy of the manifest must remain with any party that signs the manifest. This form must remain with the tires while in transit.

PART 1 - This section must be completed by a receiver or person that has scrap tires or processed tire material to be transported to another destination. Check the general class of person offering scrap tires for transport (e.g., receiver, processor, transporter, SWDF), the company name, mailing address, registration or permit number, and the number of whole tires or tons of tire materials released. A responsible party must sign and print his name on this manifest and retain a copy in their operating record.

PART 2 - This section must be completed by a transporter or other person that accepts scrap tires or processed tire material. Check the general class of person completing Part 2 (e.g., transporter, receiver, processor, SWDF), company name, mailing address, registration or permit number, and the number of whole tires or tons of tire materials accepted. A responsible party must sign and print his name on this manifest and retain a copy in their operating record.

PART 3 - This section must be completed by a permitted scrap tire processor or other person that accepts scrap tires or processed tire material. Check the general class of person completing Part 3 (e.g., processor, SWDF, transporter, receiver), company name, mailing address, registration or permit number, and the number of whole tires or tons of tire materials accepted. A responsible party must sign and print his name on this manifest and retain a copy in their operating record.

Copies of manifest should not be submitted to ADEM. Copies of manifests must be maintained in the operating record of all parties.

Alabama Department of Environmental Management  
Scrap Tire Facility Registration and Exemption Application

Application Type: (check one)  New Application  
 Modification for Registration Number \_\_\_\_\_

Facility Type:  Class One Receiver: check one:  Tire Dealer  Retreader  Used Tire Dealer  
 Class Two Receiver  
 Producer of product from ground/crumb rubber purchased from another processor  
 User of scrap tire material as substitute raw material  
 Fuel User; Give Air Pollution Control Agency Permit Number: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(mailing) \_\_\_\_\_ (physical) \_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property owner(s) (if different from applicant):

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

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

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

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

Will the receiver transport tires to a landfill or processor? Yes:  No:

Will the receiver transport tires between facilities? Yes:  No:

Will the receiver transport tires between facilities and customers? Yes:  No:

If any of the above questions is answered "yes," each vehicle must have a decal issued by ADEM.

Number of decals requested: \_\_\_\_\_

Operating Record.

Location where Records will be maintained: Address: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Maximum Amount or Number of Scrap Tires and Processed Tire Materials Accumulated On-Site.

- Class One Receivers may store or accumulate no more than 1500 scrap tires.
- Class Two Receivers may accumulate or store no more than 300 scrap tires.
- Fuel Users, Product Manufacturers, and Substitute Raw Material Users may accumulate or store no more than a 30-day supply.
- All tire materials must be stored in compliance with ADEM Admin. Code 335-4 available at: [adem.alabama.gov/alEnviroRegLaws/default.cnt](http://adem.alabama.gov/alEnviroRegLaws/default.cnt).

Request for Exemption as a Scrap Tire Processor.

These facilities may qualify for an exemption as a scrap tire processor.

- A facility that produces an end-use material or product from ground or crumb rubber derived from scrap tires processed at another facility.
- A facility using the component parts of tire materials as a substitute raw material.
- A fuel user who uses tire-derived fuel in any manner.

To be approved for an exemption, the applicant must submit the following information, as applicable to the facility.

- Type of tire materials to be utilized, and how the tire materials will be stored.
- Maximum daily consumption of tire materials, and the amount of tire materials to be accumulated that provides a 30-day supply. Attach engineering calculations, operating records or other data used to determine 30-day supply needs.
- Products manufactured from the tire materials.
- Raw materials to be replaced by the tire materials.
  - Description of manufacturing or production process utilizing tires as raw material.
  - Place in the process where tire materials will be introduced or used.
- Other environmental permits or approvals required prior to use of tire materials.
- Other information as may be required by ADEM Administrative Code 335-4.

Fees to be submitted. The applicant must include fees required by ADEM Administrative Code 335-1-6 with this application.

Amount of fees included with this application: \_\_\_\_\_

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE (Responsible official of applicant):

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

(print or type name)

Submittal of Application.

The application may be submitted in paper form or electronically to:

ADEM  
Solid Waste Branch  
Materials Management Section

(mailing address)  
PO Box 301463  
Montgomery, AL 36130-1463

(physical address)  
1400 Coliseum Blvd  
Montgomery, AL 36110-2059

An electronic version of this application may be submitted to ADEM at: TireMail@adem.alabama.gov. If submitting the application electronically, all attachments to this application must also be submitted in an electronic version. Contact ADEM at: 334-271-7988 for additional information about this application form.

**FOR ADEM USE ONLY**

**DATE RECEIVED STAMP**

Reviewed By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Fees Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Registration Number: \_\_\_\_\_



**INSTRUCTIONS**  
**Scrap Tire Facility Registration and Exemption Application**

Application Information. Check the type of application being submitted. Provide the legal business name and address of the entity making the application. Check the facility type for this application. Description of facility type includes:

Class One Receiver - include retail tire dealers, retreaders, and used tire dealers.

Class Two Receiver - include all other receivers of scrap tires, other than Class One Receivers, that generate or accumulate a minimum of ten (10) scrap tires in a year, specifically including, among others, a component of government, vehicle fleet maintenance or dismantling, rental or sales operations, or other activity that generates scrap tires, whether or not organized for profit.

Producer of product from ground/crumb rubber - includes manufacturers producing a product from ground or crumb rubber utilizing ground or crumb rubber purchased from another source.

User of scrap tire material as substitute raw material - include those manufacturers who purchase whole tires or processed tire material from another source to use as a substitute for a raw material generally used by the industry and at this location.

Fuel User - includes processors that use tire-derived fuel as a source of energy and have been permitted by ADEM or a local air pollution control agency for the use of tire-derived fuel.

Complete the facility name, the mailing address and the physical address of the particular business location being registered. Names of contacts other than the Responsible Official signing the application may be given. Include e-mail addresses if available.

Property Owner. The persons owning an interest in the land, building or property where a facility or site is located must be reported if different from the applicant. Give the name, title and contact information for the person(s) owning an interest in the land.

Check if the applicant will transport tires. The registrant will be provided decals for all vehicles used to transport tire materials for which a decal is requested; the applicant should indicate the number of decals requested. The applicant will be required to maintain in the Operating Record the vehicle assigned each numbered decal. If new vehicles are added, the receiver must submit a request for additional decals. Decals are not transferable among different vehicles.

Operating Record. Given the location where the operating record for the facility will be maintained.

Receivers and exempt processors are limited in the maximum number of scrap tires and processed tire material that may be accumulated on-site.

For processors seeking an exemption from the permitting requirements, the applicant must submit all information as required. Failure to submit all information will delay and may result in termination of application review.

Fees. An application for an exemption as a processor will not be processed until applicable fees are paid. There are no fees for application for registration as a Class One or Class Two Receiver.

Certification of Compliance. Give the printed name, title and telephone for the responsible corporate official requesting the registration or the exemption. The person signing the permit application must be a responsible corporate official as defined in ADEM Administrative Code 335-4-1-.01.

Submittal. Submit this form and applicable fees as shown.

Regulations in ADEM Admin. Code 335 may be found on the ADEM web site at: [adem.alabama.gov/regulations/regulations.htm](http://adem.alabama.gov/regulations/regulations.htm). Scrap tire regulations are in Division 4. Fee regulations are in Division 1, Chapter 6.

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

Company Name: \_\_\_\_\_  
Name of Permittee: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(mailing) \_\_\_\_\_ (physical) \_\_\_\_\_  
County: \_\_\_\_\_ County: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2: Financial Assurance.

Instrument Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_

(Financial assurance instrument or instruments must be attached.)

Section 3: Operating Record. (The operating record shall include all documents as required by 335-4-7-.03, and 335-4-7-.04.)

Physical location where Records will be maintained: Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
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 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 Management  
Solid Waste Branch  
Materials Management Section

(mailing address)  
P.O. Box 301463  
Montgomery, AL 36130-1463

(physical address)  
1400 Coliseum Blvd.  
Montgomery, AL 36110-2059

(E-mail)  
TireMail@adem.alabama.gov

INSTRUCTIONS  
Scrap Tire Transporter Permit Application

Section 1: Application Information. Check the type of application being submitted. Complete the name, address and contact information for the permit applicant. Include the company name, the name of the permittee (if different), the mailing address and the physical address of the company. Names of contacts other than the Responsible Official signing the permit application may be given. Provide e-mail addresses if available.

Section 2: Financial Assurance. Give the type of financial assurance instrument(s) to be used by the transporter. Give the name of company providing the financial assurance instrument, and the mailing address of the provider. Give the expiration date of the financial assurance. Include a contact name and telephone number at the provider of a person familiar with the financial instrument used by the permit applicant. An original copy of the financial assurance instrument must be included with the application. If an electronic submittal of this application is made, the applicant may either obtain a signed electronic version of the instrument or send a signed original by mail. If more than one provider is used, complete separate forms for each provider. A Limited-Use Transporter is not required to have financial assurance.

Section 3: Operating Record. Given the location where the operating record for the permittee will be maintained. A Limited-Use Transporter is not required to maintain an Operating Record, but shall maintain proof of transporting scrap tires to an acceptable location.

Section 4: Fees. An application for a transporter permit will not be processed until applicable fees are paid. See ADEM Admin. Code 335-1-6 for applicable fees.

Section 5: Decal Requests. Provide the total number of decals requested by the applicant. This will be the number of vehicles operated by the applicant to transport tire materials. The applicant will be required to maintain in the Operating Record a list of vehicles used for transport and each corresponding decal. If new vehicles are added, the transporter must submit a request for additional decals. Decals are not transferable among different vehicles.

Section 6: Certification of Compliance. Give the printed name, title and telephone for the responsible corporate official requesting the transporter permit. The person signing the permit application must be a responsible corporate official as defined in 335-4-1-.01.

Section 7: Submittal. Submit the completed form and applicable fees to:

Alabama Department of Environmental Management  
Solid Waste Branch  
Materials Management Section  
P.O. Box 301463 (mailing address)      1400 Coliseum Blvd. (Physical address)  
Montgomery, AL 36130-1463              Montgomery, AL 36110-2059

An electronic version of this application may be submitted to ADEM at [TireMail@adem.alabama.gov](mailto:TireMail@adem.alabama.gov). If submitting application electronically, all attachments to this application must also be submitted in an electronic version. Contact ADEM at 334-274-4201 for additional information about this application form.

Regulations in ADEM Admin. Code 335 may be found on the ADEM web site at: [adem.alabama.gov/alEnviroRegLaws/default.cnt](http://adem.alabama.gov/alEnviroRegLaws/default.cnt). Scrap tire regulations are in Division 4. Fee regulations are in Division 1, Chapter 6.

Alabama Department of Environmental Management  
Scrap Tire Quarterly Report

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

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

City/State/Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permit or Registration Number: #S\_\_\_\_\_

Reporting Period (check one): \_\_Jan Feb Mar; \_\_Apr May Jun; \_\_Jul Aug Sep; \_\_Oct Nov Dec Year \_\_\_\_\_

Summary of Tire Materials Handled: All information must be entered completely.

a. Receivers

- (1) Number or tons offered for transportation      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_
- (2) Number or tons transported to a processor      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_
- (3) Number or tons transported to a landfill      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_

b. Transporters

- (1) Number or tons transported to a processor      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_
- (2) Number or tons transported to a landfill      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_

c. Processors receiving tire materials

- (1) Number or tons received from transporters      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_
- (2) Number or tons received from individuals      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_
- (3) Number or tons received from nonprofits      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_

d. Processors shipping tire materials

- (1) Number or tons offered for transportation      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_
- (2) Number or tons transported to a landfill      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_

e. Solid Waste Disposal Facilities

- (1) Number or tons received from transporters      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_
- (2) Number or tons received from individuals      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_
- (3) Number or tons received from nonprofits      Number of tires \_\_\_\_\_ or      Number of Tons \_\_\_\_\_

Name, Location and Scrap Tire 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, if necessary.

Name	Location (city/state)	Permit/Reg Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I hereby certify that this report has been examined by me, and to the best of my knowledge and belief, is a true and complete report for the period stated.*

\_\_\_\_\_ signature \_\_\_\_\_ date signed

\_\_\_\_\_ printed name \_\_\_\_\_ title

Submit form to: ADEM Solid Waste Branch, PO Box 301463, Montgomery, AL 36130-1463 or via e-mail to TireMail@adem.alabama.gov.

INSTRUCTIONS  
Scrap Tire Quarterly Report

Complete the name, address, and the telephone number of the facility submitting the quarterly report. Enter the permit number or registration number.

Check the reporting period and indicate reporting period year.

Report the amount of tire materials handled.

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.

Copies of manifests are NOT to be submitted with quarterly reports, but should be maintained in the operating record.

Print the name and title of the responsible official signing the quarterly report, and the date signed.

This report must be submitted no later than the twenty-eighth day of the next month after the end of the reporting period. Submittal ending dates are as follows: January 28, April 28, July 28, and October 28. Submit this report in paper form or electronically to:

ADEM  
Solid Waste Branch  
Materials Management Section

(mailing address)  
PO Box 301463  
Montgomery, AL 36130-1463

(physical address)  
1400 Coliseum Blvd  
Montgomery, AL 36110-2059

An electronic version of this report may be submitted to ADEM at [TireMail@adem.alabama.gov](mailto:TireMail@adem.alabama.gov). 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: [adem.alabama.gov/alEnviroRegLaws/default.cnt](http://adem.alabama.gov/alEnviroRegLaws/default.cnt). Scrap tire regulations are in Division 4.

Alabama Department of Environmental Management  
Scrap Tire Processor Permit Application

Section 1: Application Information.

<u>Type of Application</u>	<u>Classification of Processor</u>
_____ New Application	_____ Class One Processor
_____ Renewal - Permit Number: _____	_____ Class Two Processor
_____ Modification - Permit Number: _____	_____ Class Three Processor

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
(mailing) \_\_\_\_\_ (physical) \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 2: Financial Assurance.

Instrument Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Provider: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Financial assurance instrument or instruments must be attached.)

Section 3: Property owner(s) (if different from applicant).

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

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

Telephone: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Section 4: Attachments to Permit Application.

For Class One and Class Two Processors, submit the following with the permit application:

1. A general narrative description of the processing that will be conducted at the facility and the products manufactured from tire materials, the maximum 30-day volume of tire materials to be utilized in the process, and other information necessary to explain the facility.
2. Facility design plans including engineering drawings of all buildings, equipment, receiving and storage areas.
3. Operational Plan, to include a narrative of operational procedures including methods of receiving, storing, processing and shipping tire materials.
4. Vector Control Plan.
5. Emergency Response Plan.
6. Location maps.
7. Other plans and attachments as required by ADEM Admin. Code 335-4.

For Class Three Processors, submit the following with the permit application:

1. Operational Plan, to include a narrative of operational procedures including methods of receiving, storing, processing and shipping tire materials.
2. Vector Control Plan.
3. Emergency Response Plan.
4. Other plans and attachments as required by ADEM Admin. Code 335-4.

Storage of tire materials at processors must be in compliance with ADEM Admin. Code 335-4-4-.02.

Section 5: Operating Record.

Physical Location where Records will be maintained:    Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

Section 6: Application Fees.

Permit Application Fees Included: \$\_\_\_\_\_ (See ADEM Admin Code 335-1-6 for applicable fees.)

Section 7: Certification of Compliance

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Corporate Official of permit applicant:

\_\_\_\_\_ Title: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 (print or type name)



## INSTRUCTIONS SCRAP TIRE PROCESSOR PERMIT APPLICATION

**Section 1: Application Information.** Check the type of application being submitted. Check the classification of the processor making this application. Classifications of processors include:

Class One Processors - are processors who shred, size-reduce or alter tires, punch or stamp tire materials to produce an end-product, or produce products from ground or crumb rubber at their facility.

Class Two Processors - are processors who only shred, size reduce or alter tires at their facility.

Class Three Processors - are mobile processors.

Complete the name, address and contact information for the permit applicant. Include the company name, the name of the permittee (if different), the mailing address and the physical address of the company. Names of contacts other than the Responsible Official signing the permit application may be given. Include e-mail addresses if available.

**Section 2: Financial Assurance.** Give the type of financial assurance instrument(s) to be used by the processor. Give the name of company providing the financial assurance instrument, and the mailing address of the provider. Include a contact name and telephone number at the provider of a person familiar with the financial instrument used by the permit applicant. The financial assurance instrument must be included with the application. If an electronic submittal of this application is made, the applicant may either obtain a signed electronic version of the instrument or send a signed original by mail.

**Section 3: Landowner.** The persons owning an interest in the land where a facility or site is located must be reported if different from the applicant. Give the name, title and contact information for the person(s) owning an interest in the land.

**Section 4: Attachments to Permit Application.** The applicant must submit all required attachments with their application.

**Section 5: Operating Record.** Give the location where the operating record for the permittee will be maintained.

**Section 6: Fees.** An application for a processor permit will not be processed until applicable fees are paid. Fees may be found in ADEM Admin. Code 335-1-6.

**Section 7: Certification of Compliance.** Give the printed name, title and telephone for the responsible corporate official requesting the processor permit. The person signing the permit application must be a responsible corporate official as defined in ADEM Admin. Code 335-4-1-.01.

**Submittal:** Submit this form and applicable fees to:

Alabama Department of Environmental Management  
Solid Waste Branch  
Materials Management Section

P.O. Box 301463 (mailing address)  
Montgomery, AL 36130-1463

1400 Coliseum Blvd. (physical address)  
Montgomery, AL 36110-2059

An electronic version of this application may be submitted to ADEM at [TireMail@adem.alabama.gov](mailto:TireMail@adem.alabama.gov). If submitting application electronically, all attachments to this application must also be submitted in an electronic version. Contact ADEM at 334-271-7988 for additional information about this application form.

Regulations in ADEM Admin. Code 335 may be found on the ADEM web site at: [adem.alabama.gov/Regulations/Regulations.htm](http://adem.alabama.gov/Regulations/Regulations.htm). Scrap tire regulations are in Division 4. Fee regulations are in Division 1, Chapter 6.

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

**Instructions:** This application should be used to apply for an NPDES Individual Permit for Coalbed Methane Operations that include exploration, development, operation, closure, and associated activities and areas. Please complete all questions. Respond with "N/A" as appropriate. Incomplete or incorrect answers or missing signatures will delay processing. Attach additional comments or information as needed. If space is insufficient, continue on an attached sheet(s) as necessary. Commencement of activities applied for as detailed in this application are not authorized until the effective date of permit coverage issued by the Department. PLEASE TYPE OR PRINT IN INK ONLY.

**Purpose of this Application**

- Initial Permit Application for New Operations     
 Modification of Existing Permit     
 Reissuance of Existing Permit  
 Reissuance & Modification of Existing Permit     
 Reissuance & Transfer of Existing Permit     
 Other: \_\_\_\_\_

**I. GENERAL INFORMATION**

NPDES Permit Number (Not applicable if initial permit application):  AL_____	County(s) in which Operations are Located:
--	--

Company/Permittee and Operations Information					
Company/Permittee Name			Operations Name		
Mailing Address of Company/Permittee:			Physical Address of Operation (as near as possible to main entrance):		
City	State	Zip Code	City	State	Zip
Permittee Phone Number		Permittee Fax Number:		Latitude and Longitude of Main Entrance:	

Responsible Official (RO) Information					
RO Name (as described on Page 7 of this application):			RO Official Title:		
Mailing Address:			Physical Address:		
City	State	Zip Code	City	State	Zip Code
Phone Number:		Fax Number:		Email Address:	

Operations Contact (OC) Information			
OC Name:		OC Title:	
Physical Address:		Phone Number:	Fax Number:
City	State	Zip Code	Email Address:

**II. MEMBER INFORMATION**

A. Identify the name, title/position, and unless waived in writing by the Department, the resident address of every officer (a PO Box is **not** acceptable), general partner, LLP partner, LLC member, investor, director, or person performing a function similar to a director, of the applicant, and each person who is the record or beneficial owner of 10 percent or more of any class of voting stock of the applicant, or any other responsible official(s) of the applicant with legal or decision making responsibility or authority for the operations:

Name	Title/Position	Physical Address of Residence

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

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

**III. LEGAL STRUCTURE OF APPLICANT**

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

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

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

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

D. Landowner(s):

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

**IV. COMPLIANCE HISTORY**

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

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | (1) An Alabama NPDES, SID, or UIC permit suspended or terminated?   |
| <input type="checkbox"/> | <input type="checkbox"/> | (2) An Alabama or federal environmental permit suspended/terminated?  |
| <input type="checkbox"/> | <input type="checkbox"/> | (3) An Alabama State Oil & Gas Board permit or other approval suspended or terminated?  |
| <input type="checkbox"/> | <input type="checkbox"/> | (4) An Alabama or federal performance/environmental bond, or similar security deposited in lieu of a bond, or portion thereof, forfeited? |

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

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

**V. OTHER PERMITS/AUTHORIZATIONS**

A. List any other NPDES, State Oil & Gas Board (OGB) Class II Injection well permits, or other environmental permits (including permit numbers), authorizations, or certifications that have been applied for or issued within the State by ADEM, EPA, Alabama Surface Mining Commission (ASMC), Alabama Department of Labor (ADOL), or other agency, to the applicant, parent corporation, subsidiary, or LLC member for this operation whether presently effective, expired, suspended, revoked or terminated:

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

**VI. PROPOSED SCHEDULE**

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

**VII. ACTIVITY DESCRIPTION & INFORMATION**

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

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

C. Detailed Directions to Site:

D. Is/will this operation:

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

**VIII. PROPOSED ACTIVITY TO BE CONDUCTED**

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

<input type="checkbox"/> CBM exploration/production (drilling, fracturing, etc.)	<input type="checkbox"/> Surface water withdrawal
<input type="checkbox"/> Land application of temporary pit waters	<input type="checkbox"/> Conventional Oil & Gas exploration
<input type="checkbox"/> Creek/stream pipeline or road crossings	<input type="checkbox"/> Gob well development
<input type="checkbox"/> Construction related temporary borrow pits/areas	<input type="checkbox"/> Chemicals used in process or wastewater treatment (coagulant, biocide, etc.)
<input type="checkbox"/> Onsite construction debris or equipment storage/disposal	<input type="checkbox"/> Construction Excavation
<input type="checkbox"/> Grading, clearing, grubbing, etc.	<input type="checkbox"/> Reclamation of disturbed areas
<input type="checkbox"/> Waterbody relocation or other alteration	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Other beneficiation/manufacturing operations. Please describe:	

B. Primary SIC Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_ Description: \_\_\_\_\_

Secondary SIC Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_ Description: \_\_\_\_\_

C. Narrative Description of the Activity:

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

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

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

Volume (gallons)	Contents	Volume (gallons)	Contents	Volume (gallons)	Contents

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

**X. TOPOGRAPHIC MAP SUBMITTAL**

Attach to this application a 7.5 minute series U.S.G.S. topographic map(s) or equivalent map(s) no larger than, or folded to a size of 8.5 by 11 inches (several pages may be necessary), of the area extending to at least one mile beyond property boundaries. The topographic or equivalent map(s) must include a caption indicating the name of the topographic map, name of the applicant, operations name, county, and township, range, & section(s) where the operations are located. Unless approved in advance by the Department, the topographic or equivalent map(s), at a minimum, must show:

(a) An outline of legal boundary of entire operations (property lines and lease boundaries)	(k) All surrounding unimproved/improved roads
(b) Compressor stations	(l) High-tension power lines and railroad tracks
(c) All existing and proposed disturbed areas	(m) Buildings and structures, including fuel/water tanks
(d) Operations gas and water pipelines	(n) Contour lines, township-range-section lines
(e) Proposed and existing discharge points	(o) Drainage patterns, swales, washes
(f) Perennial, intermittent, and ephemeral streams	(p) All drainage conveyance/treatment structures (ditches, berms, etc.)
(g) Lakes, springs, water wells, and wetlands	(q) Any other pertinent or significant structure/feature
(h) All known dirt/improved access roads for operations	(r) Location of any waste storage/disposal areas
(i) Wellpads and service roads	(s) Location of operations sign showing Permittee name, operations name, and NPDES Number
(j) Other information relevant to operations	

**XI. RECEIVING WATERS**

List the requested permit action for each outfall (issue, reissue, add, delete, move, etc.); outfall designation including denoting “E” for existing and “P” for proposed outfalls; name of receiving water(s); latitude and longitude (to seconds) of the location of each discharge point; the receiving water(s) use classification; whether or not the outfall discharges to an ADEM listed CWA Section 303(d) waterbody segment at the time of application submittal; and whether or not the stream is included in a TMDL at the time of application submittal.

Action	Outfall E/P	Receiving Water	Latitude	Longitude	ADEM WUC	303(d) Segment (Y / N)	TMDL Segment* (Y / N)

\*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation: (1) Justification for the requested Compliance Schedule (e.g., time for design and installation of control equipment); (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department including sample collection dates, analytical results in mass and concentration, methods utilized, and RL and MDL; (3) Requested interim limitations, if applicable; (4) Date of final compliance with TMDL limitations; and (5) Any other additional information available to support the requested compliance schedule.

**XII. DISCHARGE CHARACTERIZATION**

**EPA Form 2C/2D Submittal**

Yes     No    A complete and correct EPA Form 2C and/or 2D (as applicable) is attached for each proposed and/or existing outfall. If “No,” provide explanation:



**XIV. COOLING WATER**

A. Does your operations use cooling water?  Yes  No

B. If "Yes," identify the source of the cooling water:

**XV. VARIANCE REQUEST**

A. Do you intend to request or renew one or more of the CWA technology variances authorized at 40 CFR 122.21(m)?  Yes  No

B. If "Yes," select all that apply:

Fundamentally different factors (CWA Section 301(n))

Water quality related effluent limitations (CWA Section 302(b)(2))

Non-conventional pollutants (CWA Section 301(c) and (g))

Thermal discharges (CWA Section 316(a))

**XVI. INFORMATION**

**Contact the Department prior to submittal with any questions or to request acceptable alternate content/format.**

**Be advised that you are not authorized to commence regulated activity until this application can be processed, publicly noticed, and approval to proceed is received in writing from the Department.**

EPA Form(s) 1 and 2F need not be submitted unless specifically required by the Department. EPA Form(s) 2C and/or 2D are required to be submitted. The applicant should ensure that other than those proposed activities described in this application, there are no other potential pollutants, processes, process wastewaters or activities that require NPDES permit coverage. Permit coverage will allow for use of captive borrow areas used solely for the permitted operation. Coverage under the Department's NPDES Construction Stormwater Permit Program allows for short-lived, construction related, limited removal or relocation of fill material offsite, and does not provide coverage for coalbed methane operations.

The applicant should understand by submission of this application, that they are advised to contact:

- 1) The Alabama State Oil & Gas Board;
- 2) The Alabama Historical Commission for requirements related to any potential historic or culturally significant sites;
- 3) The Alabama Department of Conservation and Natural Resources (ADCNR) for requirements related to potential presence of threatened/endangered species; and
- 4) The US Army Corps of Engineers, Mobile or Nashville Districts, if this project could cause fill to be placed in federal waters/wetlands or could interfere with navigation.

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

Water Division  
Alabama Department of Environmental Management  
Post Office Box 301463  
Montgomery, AL 36130-1463  
Phone: (334) 394-4372  
Fax: (334) 279-3051  
[h2omail@adem.alabama.gov](mailto:h2omail@adem.alabama.gov)  
[adem.alabama.gov](http://adem.alabama.gov)

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

This application and all associated plans submitted as a part of the application must be prepared, signed, and certified by a professional engineer (PE), registered in the State of Alabama as follows:

"I certify on behalf of the applicant, that I have completed an evaluation of discharge alternatives for any proposed new or increased discharges of pollutant(s) to Tier 2 waters and reached the conclusions indicated. I certify under penalty of law that technical information and data contained in this application, and any attached SPCC plan, maps, engineering designs, etc., has been prepared under my supervision for this operation utilizing effective, good engineering and pollution control practices and in accordance with the provisions of ADEM Admin. Code Division 335-6. If the treatment systems are properly implemented and maintained by the permittee, discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other permit requirements. The applicant has been advised that Best Management Practices must be fully implemented and regularly maintained as needed at the operation in accordance with good sediment, erosion, and other pollution control practices, permit requirements, and other ADEM requirements to ensure protection of groundwater and surface water quality."

Address: \_\_\_\_\_ PE Registration #: \_\_\_\_\_

Name and Title (type or print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**XVIII. RESPONSIBLE OFFICIAL SIGNATURE\***

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

"I certify under penalty of law that this document, including technical information and data, including any SPCC plan, maps, engineering designs, and all other attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the PE and other person or persons under my supervision who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations.

"I understand that regular inspections must be performed by, or under the direct supervision of, a PE and all appropriate treatment facilities and structural & nonstructural management practices or Department approved equivalent management practices identified by the PE must be fully implemented prior to and concurrent with commencement of regulated activities and regularly maintained as needed at the operation in accordance with good sediment, erosion, and other pollution control practices and ADEM requirements. I understand that the Best Management Practices must be fully implemented and regularly maintained so that discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other requirements to ensure protection of groundwater and surface water quality. I understand that failure to fully implement and regularly maintain required management practices for the protection of groundwater and surface water quality may subject myself and/or the organization for which I represent to appropriate enforcement action. I understand that applicable records of data and information used to complete this application and any supplemental information submitted as part of this application must be retained pursuant to applicable requirements of ADEM Admin. Code Ch. 335-6.

"I certify that this form has not been altered, and if copied, reproduced, or completed electronically, is consistent in format and identical in content to the ADEM approved form.

"I further certify that the discharges described in this application have been tested or evaluated appropriately and that all wastewaters and pollutants have been fully identified."

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

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

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

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



**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)**  
**No EXPOSURE CERTIFICATION**  
**FOR EXCLUSION FROM NPDES STORMWATER PERMITTING FOR INDUSTRIAL ACTIVITIES**

This form should be used to submit a No Exposure Certification for exclusion from NPDES stormwater permitting for industrial activities pursuant to ADEM Admin. Code r. 335-6-6-.03(2) and 40 CFR §122.26. *This form was adapted from EPA NPDES Form 3510-11 (09-08).* Submission of this No Exposure Certification constitutes notice that the entity identified in Item 1.A does not require NPDES permit authorization for its stormwater discharges associated with industrial activity at the facility identified in Section 1 due to the existence of a condition of no exposure.

A condition of no exposure exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in stormwater discharges (e.g., rock salt).

For more information in determining whether a condition of no exposure exists at your facility, please review EPA's *Guidance Manual for Conditional Exclusion from Storm Water Permitting Based On "No Exposure" of Industrial Activities to Storm Water*, which may be downloaded from <https://www3.epa.gov/npdes/pubs/noxguide.pdf>.

A No Exposure Certification must be provided for each facility qualifying for the no exposure exclusion. In addition, the exclusion from NPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the no exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity in Item 1.A is certifying that a condition of no exposure exists at its facility or site, and is obligated to comply with the terms and conditions of 40 CFR 122.26(g). Mail completed form to:

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

**PURPOSE OF SUBMITTAL**

**Initial Certification** (i.e. Facility has never submitted a No Exposure Certification or has never been covered under an NPDES Permit)

**Recertification** (No Exposure Certifications must be signed and submitted every 5 years for exclusion to remain valid)

Provide No Exposure Certification Number issued by the Department **NEC** \_\_\_\_\_

**Modification of Certification** (i.e. Updated No Exposure Certification is being submitted)

Provide No Exposure Certification Number issued by the Department **NEC** \_\_\_\_\_

**Please indicate the reason for submitting a new certification prior to the expiration of the 5-year period:**

- Change to Name of Permittee or Facility **without** an Ownership Change
- Change to Name of Permittee or Facility **with** an Ownership Change
- Parent Company Ownership Change that does **not** affect the Name of Permittee or Facility
- Other \_\_\_\_\_

**SECTION 1. FACILITY IDENTIFICATION INFORMATION**

A. Name of Facility Owner/Operator: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Mailing Address of Facility Owner/Operator: – PO Box or Street Route \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

B. Location (STREET ADDRESS) of Facility: \_\_\_\_\_

City, County: \_\_\_\_\_

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

Latitude \_\_\_\_\_ N      Longitude \_\_\_\_\_ W

D. Facility Contact Person:

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

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

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

<u>SIC Code</u>	<u>SIC Description</u>
1. _____ (Primary)	_____
2. _____ (Secondary)	_____

F. Total size of site associated with industrial activity: \_\_\_\_\_ acres

G. Is the facility currently or has it previously been covered under an NPDES stormwater permit? Yes No

If Yes, what is/was the NPDES permit number? \_\_\_\_\_

H. Has this facility previously had a No Exposure Certification? Yes No

If yes, please provide the NEC number referenced in ADEM's acceptance letter NEC \_\_\_\_\_

I. Have you paved or roofed over a formerly exposed, pervious area in order to qualify for the no exposure exclusion? Yes No

If yes, please indicate approximately how much area was paved or roofed over. Completing this question does not disqualify you for the no exposure exclusion. However, your permitting authority may use this information in considering whether stormwater discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

Less than one acre

One to five acres

More than five acres

SECTION 2. EXPOSURE CHECKLIST

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (1) through (11), you are not eligible for the no exposure exclusion.**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to stormwater
<input type="checkbox"/>	<input type="checkbox"/>	2. Materials or residuals on the ground or in stormwater inlets from spills/leaks
<input type="checkbox"/>	<input type="checkbox"/>	3. Materials or products from past industrial activity
<input type="checkbox"/>	<input type="checkbox"/>	4. Material handling equipment (except adequately maintained vehicles)
<input type="checkbox"/>	<input type="checkbox"/>	5. Materials or products during loading/unloading or transporting activities
<input type="checkbox"/>	<input type="checkbox"/>	6. Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to stormwater does not result in the discharge of pollutants)
<input type="checkbox"/>	<input type="checkbox"/>	7. Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers
<input type="checkbox"/>	<input type="checkbox"/>	8. Materials or products handled/stored on roads or railways owned or maintained by the discharger
<input type="checkbox"/>	<input type="checkbox"/>	9. Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])
<input type="checkbox"/>	<input type="checkbox"/>	10. Application or disposal of process wastewater (unless otherwise permitted)
<input type="checkbox"/>	<input type="checkbox"/>	11. Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the stormwater outflow

**SECTION 3. CERTIFICATION STATEMENT**

---

**Instructions: The information contained in this form must be certified by a responsible official (RO) as defined in ADEM Administrative Code r. 335-6-6-.09 "Signatories to Permit Applications and Reports." By definition, a responsible official is:**

- (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**.
- 

"I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from NPDES stormwater permitting.

I certify under penalty of law that there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility or site identified in this document (except as allowed under 40 CFR 122.26(g)(2)).

I understand that I am obligated to submit a no exposure certification form once every five years to the NPDES permitting authority and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which the facility discharges (where applicable). I understand that I must allow the NPDES permitting authority, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under an NPDES permit prior to any point source discharge of stormwater from the facility.

Additionally, 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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

RO Name (type or print): \_\_\_\_\_ RO Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

RO Title: \_\_\_\_\_ RO Email Address: \_\_\_\_\_

## ADEM 30 DAY WALKTHROUGH INSPECTION CHECKLIST LOG FOR YEAR \_\_\_\_\_

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Inspector Name:	Inspector Phone #:
Inspector Company:	

### Instructions

1. Spill prevention equipment at UST systems receiving deliveries at intervals greater than every 30 days may only be checked prior to each delivery.
2. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-900, or equivalent), manufacturer's instructions, or ADEM requirements.
3. Keep a copy of this inspection for 1 year. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.

Month of Inspection	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Day of inspection												

### Spill Containment Equipment (Spill Bucket) Visual Inspection

Evidence of a release from spill bucket? (If release found, report it to ADEM)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Spill bucket free of damage?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Spill bucket free of water, fuel, and/or debris?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Was water, fuel and/or debris disposed of properly?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Is the fill pipe free of obstructions?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does the fill cap fit securely on fill pipe?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If double walled spill bucket, is interstitial space free of liquid?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
<b>Results of spill bucket inspection</b>	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail
Inspector's initials												

### Release Detection Equipment Inspection

Release detection operating with no alarms or unusual operating conditions?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Release detection testing records are passing and current?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Results of RD equipment inspection</b>	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail
Inspector's initials												

Repairs Needed	Date of Repair	Description of any Repairs

## ADEM 3 YEAR OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Inspector Name:	Inspector Phone #:
Inspector Company:	Inspection Date:

### Instructions

1. Submit a completed copy of this form within 30 days of performing test to: Groundwater Branch, PO Box 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
2. If two or more types of overfill devices are present, only complete portion of form pertaining to the primary overfill device.
3. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Keep a copy of this inspection for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.

ADEM Unique Tank #					
Product Stored					
Primary device being used in each tank to prevent overfill (Record only primary device inspection results.)	<input type="checkbox"/> Auto Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float	<input type="checkbox"/> Auto Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float	<input type="checkbox"/> Auto Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float	<input type="checkbox"/> Auto Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float	<input type="checkbox"/> Auto Shutoff <input type="checkbox"/> Alarm <input type="checkbox"/> Ball Float
Was primary overfill device removed for test?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

### Automatic Shutoff Device Inspection

Drop tube and float free of debris?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Float moves freely and poppet moves into path of flow?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Bypass valve free of blockage? (where applicable)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Flapper adjusted to shut off flow at 95% or less capacity?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

### High Level Alarm Inspection (Outside Near Tanks, Not Inside at Tank Monitor)

Overfill alarm activates in test mode at console?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Alarm can be heard and/or seen from where the tank is filled?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
All associated floats move freely?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Alarm activates at 90% or less capacity?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

### Ball Float Valve Inspection

Ball float cage free of debris?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Ball moves freely in cage and is free of damage?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Vent hole in pipe is open and near the top of the tank?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Ball float pipe is proper length to activate at 90% or less capacity?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Tank top fittings are vapor tight and free of leaks?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

### Inspection Results for Automatic Shutoff Device or High Level Alarm or Ball Float Valve

Results of Inspection: ("No" answer to any item indicates fail.)	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail
---	--	--	--	--	--

Repairs Needed	Date of Repair	Description of any Repairs

**Tester's Signature:**

**ADEM  
ANNUAL RELEASE DETECTION EQUIPMENT OPERATION AND CALIBRATION TESTING LOG  
FOR YEAR \_\_\_\_\_**

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Tester Name:	Tester Phone #:
Tester Company:	Test Date:

**Instructions**

1. This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
2. Complete portion of form pertaining to all types of equipment inspected for each tank.
3. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200, or equivalent), manufacturer's instructions, or ADEM requirements.
4. Keep a copy of this inspection for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.

<b>ADEM Unique Tank #</b>						
<b>Product Stored</b>						

**Vacuum Pumps and Pressure Gauges**

Proper communication with sensors and controller observed?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Gauges reading properly? (All pressure gauges should show a positive reading and all vacuum gauges should show a negative reading.)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
<b>Operation and calibration testing results?</b> (Must meet all applicable criteria to pass.)	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail

**Hand-Held Electronic Sampling Equipment Associated with Groundwater and Vapor Monitoring**

Proper operation and calibration observed?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
<b>Operation and calibration testing results?</b> (Must meet all applicable criteria to pass.)	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail

**Other Component Tested:**

Proper operation and calibration observed?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Operation and calibration testing results?</b> (Must meet all applicable criteria to pass.)	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail

**Other Component Tested:**

Proper operation and calibration observed?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Operation and calibration testing results?</b> (Must meet all applicable criteria to pass.)	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail

<b>Repairs Needed</b>	<b>Date of Repair</b>	<b>Description of any Repairs</b>

**Tester's Signature:**

**ADEM**  
**ANNUAL LIQUID SENSOR INSPECTION AND FUNCTIONALITY TEST**  
**FOR YEAR \_\_\_\_\_**

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Tester Name:	Tester Phone #:
Tester Company:	Test Date:

**Instructions**

1. Submit a completed copy of this form within 30 days of performing test to: Groundwater Branch, PO Box 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
2. This form allows you to record up to 6 ADEM Unique Tank Numbers and/or Dispenser Numbers, assuming that the Facility ID Number remains the same.
3. Inspection and Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Keep a copy of this testing for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

ADEM Unique Tank # or Dispenser #						
Product Stored or Dispensed						
Location of sensor	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> UST <input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser
Is sensor installed on tank or piping?	<input type="checkbox"/> tank <input type="checkbox"/> piping	<input type="checkbox"/> tank <input type="checkbox"/> piping	<input type="checkbox"/> tank <input type="checkbox"/> piping	<input type="checkbox"/> tank <input type="checkbox"/> piping	<input type="checkbox"/> tank <input type="checkbox"/> piping	<input type="checkbox"/> tank <input type="checkbox"/> piping
Type of sensor: discriminating (D) or non-discriminating (ND)?	<input type="checkbox"/> D <input type="checkbox"/> ND	<input type="checkbox"/> D <input type="checkbox"/> ND	<input type="checkbox"/> D <input type="checkbox"/> ND	<input type="checkbox"/> D <input type="checkbox"/> ND	<input type="checkbox"/> D <input type="checkbox"/> ND	<input type="checkbox"/> D <input type="checkbox"/> ND
Is sensor positioned close to bottom at lowest point of the sump or tank?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does inspection of the sensor indicate sensor is undamaged?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Upon sensor activation, is alarm triggered on the console for the correct sensor?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Is sensor relayed to shut off the pump?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
When relayed sensor is activated, does it shut off the pump?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Does console test history include test alarms? (Don't forget to clear test alarms)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Result of Sensor Test?</b> (Must meet all applicable criteria to pass.)	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail

Repairs Needed	Date of Repair	Description of any Repairs

**Tester's Signature:**

## ADEM ANNUAL TANK GAUGE TEST REPORT FOR YEAR \_\_\_\_\_

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Tester Name:	Tester Phone #:
Tester Company:	Test Date:

### Instructions

1. Submit a completed copy of this form within 30 days of performing test to: Groundwater Branch, PO Box 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov).
2. This form allows you to record up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
3. Inspection and Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Keep a copy of this testing for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655.
5. If the probe is not used for leak detection but the console is (e.g. double walled tanks using interstitial monitoring), then it does not need to be tested.

<b>ADEM Unique Tank #</b>						
<b>Product Stored</b>						

### Automatic Tank Gauge Console Test

Does console test history include test alarms? (Don't forget to clear test alarms)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does site setup agree with configuration shown in console?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Is battery backup operational?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Testing results?</b> (Must meet all applicable criteria to pass.)	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail

### Probe and Float Test

Is probe free of residual buildup?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Are cables free of kinks?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Was shaft inspected and free of damage?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do floats move freely?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does measured product and water levels in tank agree with console levels?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does actual product float level agree with console product float level?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does Overfill alarm activation level agree with console?	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> n/a <input type="checkbox"/> no
Does actual water float level agree with console water float level?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does water alarm activation level agree with console?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Testing results?</b> (Must meet all applicable criteria to pass.)	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail

Repairs Needed	Date of Repair	Description of any Repairs

**Tester's Signature:**



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

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Tester Name:	Tester Phone #:
Tester Certification:	Certification Expiration:        /        /
Tester Company:	Test Date:

**Instructions**

1. Submit this form, attach all test data for every test performed, and submit a completed copy of this form to: Groundwater Branch, PO Box 301463, Montgomery, AL 36130-1463, or fax to: (334) 270-5631, or email to: [USTcompliance@adem.alabama.gov](mailto:USTcompliance@adem.alabama.gov). **This form must be completed and included with the test data or the submittal will not be accepted.**
2. This form allows up to 6 ADEM Unique Tank Numbers, assuming that the Facility ID Number and test equipment remain the same.
3. Testing must be performed in accordance with a nationally recognized code of practice (such as PEI RP-1200 or equivalent) or the manufacturer's instructions.
4. Line tightness test equipment used must be approved by ADEM. Visit the NWGLDE website at [www.nwglde.org](http://www.nwglde.org) to view a list of release/leak detection equipment/methods that ADEM approves for use in Alabama.
5. Automatic Line Leak Detectors are designed to be tested in-place. Do not remove and test outside of the tank system.
6. Keep a copy of this testing for 3 years. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655.

Type of Test Performed - check all that apply:       Automatic Line Leak Detector (ALLD)       Line Tightness Test

Reason for Test - check all that apply:       Annual Test       New Installation       Required by ADEM Enforcement Action

Manufacturer of ALLD Test Equipment:	Model or Version:
Manufacturer of Line Tightness Test Equipment:	Model or Version:

ADEM Unique Tank #	Product Stored					
Piping material	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	<input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel
Approx. length of piping run tested (nearest foot)						
Piping capacity (gallons)						

**Automatic Line Leak Detector Test**

Type of ALLD	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic	<input type="checkbox"/> mechanical <input type="checkbox"/> electronic
Line pressure during ALLD test (psi)						
Measured ALLD leak rate (gph)						
Results of ALLD test	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive

**Line Tightness Test**

Line pressure during line test (psi)						
Measured line leak rate (gph)						
Results of line tightness test	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive

Repairs Needed	Date of Repair	Description of any Repairs

**Tester's Signature:** \_\_\_\_\_

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)**  
**NPDES MINING AND PREPARATION PLANT OUTFALL DATA FOR METALS, CYANIDE, AND TOTAL PHENOLS**

NPDES Permit No.:		Applicant:				Facility:	
Outfall Sampled <sup>1</sup> :	Date of Sampling:	Was Sample Taken in-Pond? Yes    No	Was Sample Taken from Discharge? Yes    No	Substantially Identical Outfalls:		Description of Discharge:	

**Instructions:** Supply the following information separately for every proposed or existing outfall evaluated or tested. If necessary, attach extra sheets. If you are a coal facility, mark "X" in appropriate column for all listed metals, cyanide, and total phenols. If the outfall is existing, you must provide the results of at least one representative analysis for that pollutant for a substantially identical existing outfall at the facility. If the outfall is proposed, you must either submit at least one representative analysis for a substantially identical existing outfall at the facility or, if not available, at least one representative analysis for a substantially identical outfall at another similar facility.

Pollutant	Mark "X"			Effluent										Instream				
	Existing Outfall (Testing Required)	Proposed Outfall – Parameter Believed Present	Proposed Outfall – Parameter Believed Absent	Maximum Daily Value		Maximum 30 Day Value (if available)		Long Term Average Value (if available)		# of Analyses	Frequency of Discharge (Days/Month Hours/Day)	EPA Approved Method Analysis Used <sup>2</sup>	Method Detection Limit (µ/L)	Receiving Water 7Q10 Flow (cfs)	Discharge Flow (cfs)	Background Instream Concentration (µ/L)	Instream Hardness (optional) (mg/L CaCO <sub>3</sub> ) <sup>3</sup>	Instream Flow (optional) (cfs)
				Concentration (µ/L)	Mass (lbs)	Concentration (µ/L)	Mass (lbs)	Concentration (µ/L)	Mass (lbs)									
1M. Antimony, Dissolved																		
2M. Arsenic, Dissolved Trivalent																		
3M. Beryllium, Dissolved																		
4M. Cadmium, Dissolved																		
5M. Chromium, Dissolved																		
6M. Copper, Dissolved																		
7M. Lead, Dissolved																		
8M. Mercury, Total Recoverable																		
9M. Nickel, Dissolved																		
10M. Selenium, Total Recoverable																		
11M. Silver, Dissolved																		
12M. Thallium, Dissolved																		
13M. Zinc, Dissolved																		
14M. Cyanide, Free																		
15M. Phenols, Total																		

<sup>1</sup> Sampling results must be representative of the discharge.

<sup>2</sup> Test methods used must be in accordance with 40 CFR Part 136 and 40 CFR 122.21(g)(7)(i).

<sup>3</sup> The Department may assume Instream Hardness (CaCO<sub>3</sub>) based on available information, the location of the discharge, and/or best professional judgment.

Alabama Department of Environmental Management  
Beneficial Use Facility Registration Application

<b>Application Type: (check one)</b> <input type="checkbox"/> New Application		<input type="checkbox"/> Modification Application	
<b>Facility Type:</b> <input type="checkbox"/> Generator		<input type="checkbox"/> Distributor or Supplier	
<b>Section 1: Application Information</b>			
<b>Facility Name:</b>			
<b>Address (mailing):</b>			
Contact:		Telephone:	
Email:		County:	
<b>Address (physical):</b>			
Contact:		Telephone:	
Email:		County:	
<b>Section 2: Property Owners(s) (if different from applicant)</b>			
Name:			
Address:			
Name:			
Address:			
<b>Section 3: Attachments to Registration Application</b>			
<b><u>For generators:</u></b>			
For generators that handle 100 dry tons per year or more of eligible by-product material for beneficial use, submit the following with the registration application:			
<input type="checkbox"/> A list of distributors or suppliers that handle the by-product material <input type="checkbox"/> A copy of their Operations Plan(s).			
<b><u>For distributors or suppliers:</u></b>			
For distributors or suppliers that handle 100 dry tons per year or more of the eligible by-product material for beneficial use, submit the following with the registration application:			
<input type="checkbox"/> Site-specific NRCS Comprehensive Nutrient Management Plan(s) detailing at a minimum the following: <ol style="list-style-type: none"> <li>a. Application site location(s) and property description;</li> <li>b. Brief description of the operation;</li> <li>c. Crops and soils information;</li> <li>d. Yield goal information;</li> <li>e. Timing and method of applications; and,</li> <li>f. Best management practices.</li> </ol>			
<input type="checkbox"/> An Operations Plan for handling and transportation of the by-product material which shall include best management practices for minimizing the following: <ol style="list-style-type: none"> <li>a. Vectors and birds;</li> <li>b. Odors;</li> <li>c. Spills; and,</li> <li>d. The amount of time in transit.</li> </ol>			

Alabama Department of Environmental Management  
Beneficial Use Facility Registration Application

**Section 4: Operating Record**

*Physical Location where Records will be maintained:*

Address:

Contact:

Telephone:

**Section 5: Application Fees**

*Registration Application Fees Included:* \$ \_\_\_\_\_ (See ADEM Admin Code 335-1 for applicable fees.)

**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 signification penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

***Signature of Responsible Corporate Official of registration applicant:***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Date

**Submittal of Application**

The application may be submitted in paper form or on a compact disk to:

*ADEM  
Solid Waste Branch  
Solid Waste Engineering Section*

*1400 Coliseum Blvd, Montgomery, AL 36110-2059*

*PO Box 301463, Montgomery, AL 36130-1463*

An electronic version of this application may be submitted to ADEM at: XXXXXXX@adem.alabama.gov. If submitting the application electronically, all attachments to this application must also be submitted in an electronic version. Contact ADEM at 334-274-4201 for additional information about this application form.

**FOR ADEM USE ONLY**

**FOR ADEM USE ONLY**

**DATE RECEIVED STAMP**

Reviewed By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Fees Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Registration Number: \_\_\_\_\_





















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



# ADEM Form 8700-12 Schedule C Certification of Universal Waste Management

## I. Type of Universal Waste Activity (See Instructions)

A. Universal Waste Transporter

B. Large Quantity Handler

Estimated Yearly Amount (in lbs.)

1. Battery(ies)

2. Pesticide(s)

3. Thermostat(s)

4. Lamps

5. Other (specify) \_\_\_\_\_

C. Small Quantity Handler

Estimated Yearly Amount (in lbs.)

1. Battery(ies)

2. Pesticide(s)

3. Thermostat(s)

4. Lamps

5. Other (specify) \_\_\_\_\_

## II. Universal Waste Transporter

During a typical year, this facility transports \_\_\_\_\_ of Universal Waste.  
(quantity in pounds)

## III. Universal Waste Destination Facility

During a typical year, this facility receives \_\_\_\_\_ of Universal Waste.  
(quantity in pounds)

**Note:** In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by ADEM Admin. Code chap. 335-1-6.

### Comments:

Multiple horizontal lines for entering comments.

Grid for entering EPA ID Number: 12 empty boxes.









# **ADEM Form 8700-12, Notification Form Instructions**

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

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

## **Item I – Notification Class:**

Place an "X" in the appropriate box to indicate whether this is the Initial Notification, Other or Annual Notification **for this site**. If this is your Initial Notification, you are applying for an EPA Identification Number.

**Note:** If you are notifying as an **Episodic Generator** and have a current EPA ID Number, you are only required to submit the Addendum and no fee is required.

If you have filed a previous notification, check the "Annual Notification" box and enter the EPA Identification Number assigned to this physical location in the boxes provided throughout the form. Leave EPA ID Number blank if this is the Initial Notification **for this physical location**.

**Note:** When the owner of a facility changes, the new owner must notify ADEM of the change, even if the previous owner already received an EPA Identification Number. Because the EPA ID Number is "site-specific", the new owner will be assigned the existing ID number for that site.

## **Item II – Operating Name of Facility**

Enter the current full name of the facility in the lines provided. This is the "d/b/a" name for the site.

## **Item III – Change of Facility Name**

If the name of this facility has not changed since the facility's original notification, check the box marked "No" and skip to Item IV.

If the name of this facility has changed since the facility's original notification, place an "X" in the box marked "Yes" and enter previous facility name in the line provided.

## **Item IV –Location of Facility:**

Please note that the address you give for Item IV, "Location of Facility", must be a physical address **not a post office box or route number**. Show 9-digit zip code if possible.

## **Item V - Geographic Location:**

Enter the exact location of the facility as expressed in Latitude and Longitude in decimal format. If you do not have this information, it is available over the internet from several sites; such as [www.geocode.com](http://www.geocode.com), [www.maporama.com](http://www.maporama.com), or [www.travelgis.com/geocode](http://www.travelgis.com/geocode). If you do not have internet access, call the Land Division at (334) 271-7730 for assistance with this item.

Also, using the codes listed below, circle the method on the form used for determining the facility location.

C = Software Calculation                      S = Surveyed  
O = Obtained from Satellite

**County Name:** Enter the name of the county where the Facility is located.

**Item VI - Facility Contact:**

Enter the name, title, and business telephone number of the person who should be contacted regarding management of regulated waste for the Facility.

**Contact Email Address:** If available, enter the email address for the contact person or for the facility in the space provided.

**Item VII - Facility Mailing Address:**

Please enter the Facility Mailing Address, including 9-digit zip code if possible. If the Mailing Address and the Location of Facility (Item IV) are the same, please print "Same" in the line for this Item.

**Item VIII - Description of Facility Processes:**

- A. Facility Process:** Describe in detail each of the processes at the facility that produce regulated wastes. If additional space is needed, use Item XIII or attach a separate sheet.
- B. NAICS Codes:** Enter the 4 – 6 digit North American Industry Classification System (NAICS) Code of the overall production, distribution, or service activity of the Facility. If multiple industrial processes are used by the facility, enter NAICS Codes for these specific processes as needed. Go to <http://www.census.gov/epcd/www/naics.html> for a searchable database.

**Item IX - Ownership:**

Use the Comment Section XII, Section XIII or attach additional pages, if necessary, to list more than one owner/operator per section.

**Change of Owner: (If this is the Facility's Initial Notification, leave this area blank. If this is an Annual Notification, complete this area as directed below.)**

If the owner of this facility has not changed since the facility's last notification, check the box marked "No".

If the owner of this facility has changed since the facility's last notification, place an "X" in the box marked "Yes" and enter the date the owner changed.

If an additional owner(s) has been added or replaced since the facility's last notification, place an "X" in the box marked "Yes". Use the Comment Section (XII) or Section XIII to list any additional owner/operator(s), the dates they became owner/operator(s), and which owner/operator(s) (if any) they replaced. If necessary, attach a separate sheet of paper.

- A) Legal Name of Facility:** Enter the legal name of the business operating at this location.
- B) Name of Facility's Legal Owner:** Enter the name of the Facility's legal owner. Also, enter the address and telephone number where the legal owner can be reached. Use the Change of Owner area as detailed above.
- C) Land Type:** Using the codes listed below, indicate in this box the code which best describes the current legal status of the land on which the facility is located:
- |             |               |
|-------------|---------------|
| P = Private | M = Municipal |
| F = Federal | I = Indian    |
| S = State   | O = Other     |
| C = County  |               |
- D) Owner Type:** Using the codes listed below, indicate in this box the code which best describes the current legal status of the current owner of the facility:
- |             |               |
|-------------|---------------|
| P = Private | M = Municipal |
| F = Federal | I = Indian    |
| S = State   | O = Other     |
| C = County  |               |
- E) Operator Type:** Using the codes listed below, indicate in this box the code which best describes the current legal status of the current owner of the facility:
- |             |               |
|-------------|---------------|
| P = Private | M = Municipal |
| F = Federal | I = Indian    |
| S = State   | O = Other     |
| C = County  |               |
- F) Name of Facility's On-Site Operator:** Enter the name of the Facility's on-site operator. Also, enter the address and telephone number where the on-site operator can be reached. If this information is the same as the previous area, enter "Same as Above" in the boxes provided.
- G) Name of Facility's Parent Company:** Enter the name of the Facility's parent company. Also, enter the address and telephone number for the parent company. Use the Change of Owner area as detailed above. If this information is the same as the previous area, enter "Same as Above" in the boxes provided.
- H) Name of Facility's Property Owner:** Enter the name of the property owner. Also, enter the address and telephone number where the property owner can be reached. Use the Change of Owner area as detailed above. If this information is the same as the previous area, enter "Same as Above" in the boxes provided.

**Item X – Certification Status:**

In this area, check all Waste Activities that your facility anticipates operating as during the coming year. If you anticipate changing generator status during the next year, always mark the larger generator status of your operation.

**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.

**CERTIFICATION FEE** - ADEM Admin. Code r. 335-14-3-.01(3) requires the submission of ADEM Form 8700-12, Notification of Regulated Waste Activity, to include the payment of a certification fee. This fee is specified in Chapter 335-1-6 of the ADEM Administrative Code. This requirement applies to both Initial and Annual Notifications. All notifications must include this certification fee to be complete.

**Item XI. – Certification:**

This Form must be signed by the owner, operator, or an authorized representative of the Facility. An “authorized representative” is a person responsible for the overall operation of the facility (i.e., a plant manager, superintendent, or a person of equal responsibility). All notifications must include this signature to be complete.

**Item XII. – Comments and Item XIII – Additional Space:**

Use this space for any additional comments.

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

# Schedule A

## Certification of Hazardous Waste Management

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**Item I - Hazardous Waste Activity:** Mark an "X" in the appropriate box(es) to show which hazardous waste activities are expected at this facility over the next 12 months.

**A. Hazardous Waste Generator:** If you generate a waste which is hazardous by characteristic or listed in ADEM Admin. Code chap. 335-14-2, check the appropriate box for the quantity of *non-acute hazardous waste* that is generated per calendar month.

1. A Large Quantity Generator generates 2,200 lbs (1,000 kg) per month or more (LQG)
2. A Small Quantity Generator generates 221 - 2,199 lbs (101 to 999 kg) per month (SQG)
3. A Very Small Quantity Generator generates 220 lbs (100 kg) per month or less (VSQG)
4. United States Importer of Hazardous Waste – If you import Hazardous Waste from a foreign country into the United States.

II. If you generate *acutely hazardous waste*, please refer to ADEM Admin. Code chap. 335-14-3 or call 334-271-7730 for further information.

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**B. Hazardous Waste Transporter/Transfer Facility:** If you transport hazardous waste, indicate if it is for **1.** commercial purposes, **2.** your own waste, or mark both boxes if both classifications apply. If a commercial transporter, mark an "X" in each appropriate box to indicate the method(s) of hazardous waste transportation you use. If you operate as a **3.** transfer facility, indicate whether regulated wastes are managed in loaded trucks, contents of bulk loads are transferred from one vehicle to another, or containers are off-loaded from one vehicle and subsequently reloaded onto another vehicle for further transportation. (*Check all that apply.*) The State regulations for hazardous waste transporters are found in ADEM Admin. Code chap. 335-14-4.

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

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**C. Treatment, Storage, Disposal Facility:** This section applies if you treat, store or dispose of regulated hazardous waste, or are required (by State regulations, ADEM or EPA permit, AHWMMMA/RCRA Order, etc.) to perform post-closure care for a closed unit, or are required by permit or order to perform SWMU corrective action. A permit may be required for this activity. Contact (334) 271-7730 for more information.

<p><b>Note:</b> You must contact ADEM at 334-271-7730 to request <b>Part A of the RCRA Permit Application.</b></p>
--

1. **Facilities subject to Permit:** Check each type of activity conducted by your facility.
  - a. **Operating Units** – Operating treatment, storage or disposal units subject to permitting requirements of ADEM Admin. Code chap. 335-14-8 including any inactive units.
  - b. **SWMU CA** – Facilities which are conducting, or are required to conduct, assessment, investigation, remediation, and/or monitoring of solid waste management unit area of concern pursuant to an AHWMMMA/RCRA Order or permit issued by ADEM or EPA.
  - c. **Post-Closure Care Units** – Units for which final closure certification has been accepted by ADEM and which are subject to the post-closure care requirements of ADEM Admin. Code chap. 335-14-5, 335-14-6, and 335-14-8.
  - d. **Other (specify)** In the space provided, specify the type of activity subject to permit practiced at your facility if not listed above.
2. **Permit Exempt Treatment:** Mark an “X” in each type of permit exempt treatment conducted by your facility.
  - a. **WWTU/ENU** – ADEM Admin. Code r. 335-14-8-.01(1)(c)2.(v)  
 Owners and operators of elementary neutralization units or wastewater treatment units as defined in ADEM Admin. Code r. 335-14-1-.02 which manage only wastes and/or wastewaters generated on-site, or which are POTWs or privatized municipal wastewater treatment facilities.

[**Note:** Commercial treatment, or treatment except by the generator, of wastes and/or wastewaters in elementary neutralization or wastewater treatment units are not exempt from the requirement to obtain an AHWMMMA permit.]

- b. **Recycling Unit** – ADEM Admin. Code rs. 335-14-2-.01(6)/335-14-8-.01(1)(c)3.(v) A person who receives hazardous waste from off-site for the purpose of reclamation/recycling in a unit or process which is exempted from regulation pursuant to ADEM Admin. Code r. 335-14-2-.01(6) is not required to obtain a permit under ADEM Admin. Code 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.

**f. Other (specify)** In the space provided, specify the type of permit exempt treatment practiced at your facility if not listed above.

**Note:** Treatment types which are exempt from permitting requirements are subject to ADEM verification.



**D. Hazardous Waste Fuel Activity:** If you market hazardous waste fuel, place an “X” in the appropriate box(es). If you burn hazardous waste fuel on-site, check the appropriate box(es) and indicate the type(s) of combustion devices in which hazardous waste fuel is burned.

**Note:** Generators are required to notify for waste-as-fuel activities only if they market directly to the burner.

“Other Marketer” is defined as any person, other than a generator marketing hazardous waste, who markets hazardous waste fuel.

**Note:** A permit may be required for this activity. Contact (334) 271-7730 for more information.

**E. Recycling Activities:** List any significant hazardous waste recycling which occurs at the facility. Attach a separate sheet if additional space is needed.

**Item II – Hazardous Waste Generation:** If you need help completing this section, please feel free to contact the Land Division of ADEM at (334) 271-7735.

**A) Waste Description:** In the space provided, list the common names of the hazardous wastes generated or handled by the facility. Also, indicate the estimated yearly volume for each waste stream for a typical year.

**NOTE:** See the final page of these instructions for a rough conversion table for converting measurements to pounds.

**B) Characteristics of Nonlisted Hazardous Wastes:** If you handle hazardous wastes which are not listed in ADEM Admin. Code r. 335-14-2-.04 but do exhibit a characteristic of hazardous waste as defined in ADEM Admin. Code r. 335-14-2-.03, you should describe these wastes by the EPA hazardous waste number for the characteristic. Place an “X” in the box under the characteristic of the wastes that you handle. In the case of “Toxicity Characteristic”, please list the specific EPA hazardous waste number for the specific contaminant(s) in the box(es) provided.

**\*Note: If you report as a hazardous waste generator then you must list a waste code.**

**C) Listed Hazardous Wastes:** If you handle hazardous wastes that are listed in ADEM Admin. Code r. 335-14-2-.04, enter the appropriate 4 digit numbers in the boxes provided.

**Item III – Hazardous Waste Transporter/Transfer Facility:** In the area provided, enter the approximate amount of hazardous waste transported or transferred by your facility during a typical year.

**Item IV – Treatment, Storage, Disposal Facility:** In the area provided, enter the approximate amount of hazardous waste treated, stored and/or disposed by your facility during a typical year.

**Item V – Hazardous Waste Fuel Activity:** In the area provided, enter the approximate amount of hazardous waste fuel marketed and/or combusted by your facility during a typical year.

**Item VI – Recycling Activity:** In the area provided, enter the approximate amount of hazardous waste recycled by your facility during a typical year.

**Comments:**

Use this space for any additional comments.

**Facility's EPA ID Number:** Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

**SUBMITTAL OF THIS SCHEDULE IS NOT ACCEPTED WITHOUT THE SUBMITTAL OF A CORRECT ADEM FORM 8700-12, NOTIFICATION OF REGULATED WASTE ACTIVITY, AND APPROPRIATE FEES.**

**NOTE:** *An additional page has been included titled "Item II – Hazardous Waste Generation (Supplemental)". Include this page only if you need to list more hazardous waste codes than are allowed on the Schedule A form.*

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*Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:*

Alabama Department of Environmental Management  
Land Division  
P O Box 301463  
Montgomery, AL 36130-1463

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

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## Schedule B

# Certification of Used Oil Management

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**Item I - Used Oil Management Activities:** Check the appropriate box(es) to indicate which used oil fuel activities are conducted at this Facility.

**A. Used Oil Generator/Collector:** If you generate or collect more than 25 gallons/month of used oil on average (over 300 gallons per year), mark an “X” in this box.

*If the used oil in question is from on-site generation only, check box 1.*

Some facilities may have other factors to consider. If you collect used oil from do-it-yourselfers from off-site, mark an “X” in box 2. If you collect used oil from off-site, mark an “X” in box 3. If you operate an Aggregation Point for off-site generation, mark an “X” in box 4.

**B. Used Oil Fuel Marketer:**

If you market off-specification used oil, check box 1. If you are the first to claim the used oil meets the used oil specification established in ADEM Admin. Code r. 335-14-17-.02(2) , mark an “X” in box 2. If either of these boxes is marked, you must also notify (or have previously notified) as a used oil transporter, off-specification used oil fuel burner, or used oil processor/re-refiner, unless you are a used oil generator.

*If you are a Used Oil Generator who burns **only** used oil generated on-site as on-specification fuel, check box 3.*

**C. Off-specification Used Oil Fuel Burner:** If you burn off-specification used oil fuel (whether on-site or off-site generated), place an “X” in box C.

*If you only burn **off-specification** used oil generated on-site, check box 1.*

Also, place an “X” in the box(es) to indicate the type(s) of combustion device(s) in which off-specification used oil fuel is burned.

**D. Used Oil Transporter:** If you transport used oil and/or own/operate a used oil transfer facility, place an “X” in the appropriate boxes to indicate this used oil activity.

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

**E. Used Oil Processor/Re-refiner:** If you process and/or re-refine used oil, place an “X” in box E to indicate this used oil recycling activity.

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

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

**Item IV – Used Oil Burner:** In the area provided, enter the approximate amount of Used Oil burned by your facility during a typical year.

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

**Item VI – Used Oil Processor/Re-refiner:** In the area provided, enter the approximate amount of Used Oil that was processed or re-refined by your facility during a typical year.

**NOTE:** See the final page of these instructions for a rough conversion table for converting measurements to pounds.

**Comments:**

Use this space for any additional comments.

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**Facility’s EPA ID Number:** Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

**SUBMITTAL OF THIS SCHEDULE IS NOT ACCEPTED WITHOUT THE SUBMITTAL OF A CORRECT ADEM FORM 8700-12, NOTIFICATION OF REGULATED WASTE ACTIVITY AND APPROPRIATE FEES.**

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*Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:*

Alabama Department of Environmental Management  
Land Division  
P O Box 301463  
Montgomery, AL 36130-1463

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

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# Schedule C

## Certification of Universal Waste Management

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**Item I - Universal Waste Activity:** Check the appropriate box(es) to indicate which universal waste activities are conducted at your Facility.

- A. Universal Waste Transporter:** If you are a transporter of universal waste, mark an "X" in this box.
- B. 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.
- C. Small Quantity Handler:** If you are a Small Quantity Handler of universal waste as described by ADEM Admin. Code r. 335-14-11-.02, indicate the estimated yearly volume of the universal waste(s) generated.

**NOTE:** See the final page of these instructions for a rough conversion table for converting measurements to pounds.

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

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

**Comments:**

Use this space for any additional comments.

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**Facility's EPA ID Number:** Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

**SUBMITTAL OF THIS SCHEDULE IS NOT ACCEPTED WITHOUT THE SUBMITTAL OF A CORRECT ADEM FORM 8700-12, NOTIFICATION OF REGULATED WASTE ACTIVITY AND APPROPRIATE FEES.**

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*Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:*

Alabama Department of Environmental Management  
Land Division  
P O Box 301463  
Montgomery, AL 36130-1463

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

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# ADDENDUM

## NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY

**YOU MUST FILL OUT THIS SECTION IF:**

You will begin managing, are still managing, or will stop managing excluded hazardous secondary material under ADEM Admin. Code rs. 335-14- 335-14-2-.01(4)(a)(23),(24) and must notify the State of your activities, pursuant to ADEM Admin. Code r. 335-14- 335-14-2-.03(22).

Hazardous secondary material generators, tolling contractors, toll manufacturers, reclaimers, and intermediate facilities managing hazardous secondary materials which are excluded from regulation under ADEM Admin. Code rs. 335-14-2-.01(2)(a)2.(ii), 335-14-2-.01(4)(a)23, 24, or 25 must send a notification prior to operating under the exclusion(s) and, thereafter, no later than the 15th of the month specified in the schedule located at ADEM Admin. Code r. 335-14-1-.02(1)(a) using Form 8700-12.

**Complete all parts 1 – 3.**

You must be managing excluded hazardous secondary material in compliance with ADEM Admin. Code rs. 335-14-335-14-2-.01(4)(a)(23),(24).

Do not include any information regarding your hazardous wastes in this section.

You must submit a completed Notification of Regulated Waste Activity Form 8700-12, including this Addendum, prior to operating under the exclusion(s) by the Specified month schedule in ADEM Admin. Code r. 335-14-1-.02(1)(a) to ADEM using the Notification of Regulated Waste Activity Form 8700-12 as pursuant to ADEM Admin Code r. 335-14-1-.03(22).

Persons who must satisfy this notification requirement can submit this information at the same time as their Annual Notification of Regulated Waste Activity.

If you stop managing hazardous secondary material in accordance with the exclusion(s) and do not expect to manage any amount of hazardous secondary material under the exclusion(s) for at least one year, you must also submit a completed Notification of Regulated Waste Activity Form 8700-12, including this Addendum, within thirty (30) days pursuant to ADEM Admin. Code r. 335-14-1-.03(22)(b).

Remember to include your EPA Identification Number on the bottom of each page.

**ITEM 1 – INDICATE REASON FOR NOTIFICATION** (INCLUDE DATES WHERE REQUESTED) Place an “X” in the box for the reason that applies to you:

FACILITY WILL BEGIN MANAGING EXCLUDED HAZARDOUS SECONDARY MATERIAL AS OF (MM/DD/YYYY).

Place an “X” in this box if you are notifying that you will begin managing hazardous secondary material under the exclusion(s).

- Facilities must notify prior to operating under the exclusion(s).
- If placing an “X” in this box, list the date (mm/dd/yyyy) when you will begin managing hazardous secondary material under ADEM Admin. Code rs. 335-14- 335-14-2-.01(4)(a)(23),(24).

**Note:** If the facility had previously notified that it will stop managing hazardous secondary material in the past but will now begin anew, list the next planned start date.

FACILITY IS STILL MANAGING EXCLUDED HSM/RE-NOTIFYING AS REQUIRED.

If the facility is still managing excluded hazardous secondary material and/or notifying as required by the specified month schedule in ADEM Admin. Code r. 335-14-1-.02(1)(a) to ADEM using the Notification of Regulated Waste Activity Form 8700-12 as pursuant to ADEM Admin. Code r. 335-14-1-.03(22).

Place an “X” in this box if you are re-notifying that you are still managing hazardous secondary material under the exclusion(s). Note: You must have previously notified that you began managing hazardous secondary material in order to check this box.

Facilities must notify by the specified month schedule located at ADEM Admin. Code r. 335-14-1-.02(1)(a) to ADEM using the Notification of Regulated Waste Activity Form 8700-12 as pursuant to ADEM Admin. Code r. 335-14-1-.03(22). If placing an “X” in this box, you do not have to list a date.

FACILITY HAS STOPPED MANAGING EXCLUDED HAZARDOUS SECONDARY MATERIAL AS OF (MM/DD/YYYY) AND IS NOTIFYING AS REQUIRED.

Place an “X” in this box, if you are notifying that you have stopped managing hazardous secondary material under the exclusion(s) and do not expect to manage any amount of hazardous secondary material for at least one year (pursuant to ADEM Admin. Code r. 335-14-1-.03(22)(b). List the date when you stopped managing hazardous secondary material. Enter the date in “mm/dd/yyyy” format.

- Facilities must notify within 30 days of when they stopped managing hazardous secondary material. You are considered to have stopped managing hazardous secondary material if:
  - (1) you stop managing hazardous secondary material completely (e.g., you cease operations);
  - (2) you choose to manage the hazardous secondary material as hazardous waste;
  - (3) you undergo closure and request release from financial assurance per ADEM Admin. Code r. 335-14-2-.08(4), or
  - (4) you temporarily suspend management of hazardous secondary material for at least one year.
- Only place an "X" in this box if you have stopped managing all hazardous secondary material under the exclusion(s). For example, if your facility only stopped managing one hazardous secondary material, but continued to manage another hazardous secondary material, you would leave this box blank since your facility continues to manage some amount of hazardous secondary material.  
If you submit a notification that you have stopped managing hazardous secondary material, you do not need to re-notify (unless you choose to manage hazardous secondary material again, in which case you would have to submit a notification prior to managing). After submitting a stop notification, you can leave the Addendum blank for subsequent submissions, including any subsequent Hazardous Waste Report submissions.

**ITEM 2 – DESCRIPTION OF EXCLUDED HAZARDOUS SECONDARY MATERIAL (HSM) ACTIVITY**

a. Waste Code(s) for HSM

Use the box provided to enter the appropriate 4-digit hazardous waste code(s) that would apply to your hazardous secondary material if you managed it as hazardous waste (i.e., the waste code(s) that would apply if you did not manage your material in accordance with ADEM Admin. Code rs. 335-14- 335-14-2-.01(4)(a)(23),(24).)

NOTE:

If you list more codes or manage more hazardous secondary material than will fit in the table under Item 2, please continue under Item XII–Comments, or on an extra sheet. Remember to include your EPA Identification Number on the bottom of each page.

b. Estimate Short Tons of Excluded HSM to be Managed Annually

In the box provided, enter your estimated tonnage (using short tons) of hazardous secondary material you expect to manage annually. Convert all physical quantities (e.g., gallons, cubic yards, kilograms, metric tons, etc.) to short tons (1 short ton = 2,000 pounds) and round to the nearest ton (no decimals). Note: Your estimated tonnage should be for the entire amount of hazardous secondary material to be reclaimed NOT just the quantity of constituent or product reclaimed.

c. Actual Short Tons of Excluded HSM Managed During the Most Recent Year

Report the tonnage (using short tons) of each hazardous secondary material you actually managed during the most recent year. For example, if you are submitting this notification on February 15, 2016, enter the amount you actually managed during 2015 (i.e., the tonnage you managed from February 15, 2015 to February 16, 2016).

Convert all physical quantities (e.g., gallons, cubic yards, kilograms, metric tons, etc.) to short tons (1 short ton = 2,000 pounds) and round to the nearest ton (no decimals).

Note: Your actual tonnage should be for the entire amount of hazardous secondary material that was sent for reclamation, NOT just the quantity of constituent or product reclaimed. If this is your initial notification, enter "0."

d. Amount of hazardous secondary material to be managed in a land-based unit(s)

Report for each hazardous secondary material, whether the hazardous waste secondary material, or any portion thereof, will be managed in a land-based unit.

**ITEM 3 – FACILITY HAS FINANCIAL ASSURANCE PURSUANT TO ADEM Admin. Code r. 335-14-2-.08(1)(a).**

Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under ADEM Admin. Code rs. 335-14- 335-14-2-.01(4)(a)(23),(24).

- Mark "Yes," if you have financial assurance pursuant to ADEM Admin. Code r. 335-14-2-.08.
- Mark "No," if you do NOT have financial assurance pursuant to ADEM Admin. Code r. 335-14-2-.08.

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**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.

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# **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 3-4 - EMERGENCY CONTACT INFORMATION**

Provide an emergency contact phone number and contact name for the individual who should be contacted regarding the information relating to this episodic event.

### **ITEM 5-6 - 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 7- WASTE**

For each waste stream produced as a result of the episodic event, provide a description of the waste generated, the estimated quantity generated, and the applicable federal and/or state hazardous waste codes. If necessary, attach a separate sheet of paper.

**Fee Note:** There is no fee for submitting only the Addendum.



# Addendum

## LQG Consolidation of VSQG Waste

The Hazardous Waste Generator Improvements Final Rule allows LQGs to receive and consolidate hazardous wastes from VSQGs if the VSQGs are under the control of the same “person” as defined in ADEM Admin. Code r. 335-14-3-.01(7)(f). If you are an LQG taking advantage of the provision found at ADEM Admin. Code r. 335-14-3-.01(7)(f), you must notify (or re-notify) ADEM.

### I. LQG Receiving Hazardous Waste from VSQGs

#### ITEM 1 - EPA ID NUMBER

Provide the EPA Identification Number for the LQG.

#### ITEM 2- FACILITY NAME

Provide the legal name of the LQG.

#### ITEM 3-6- SITE LOCATION

Provide the complete location address for the LQG. Please note that the address must be a physical address, not a post office box or route number.

#### ITEM 7-9- CONTACT INFORMATION

Enter the telephone number, name of the individual who should be contacted for information about the LQG, and their email address.

### II. VSQGs Under the Control of LQG

#### ITEM 1 - EPA ID NUMBER

Provide the EPA Identification Number for the VSQG whose waste you are consolidating, if applicable. A VSQG may have an EPA ID Number either because it's State requires it, or because it may have been an SQG or LQG at one time, or for another reason. If the VSQG does not have an EPA ID Number, leave this blank.

#### ITEM 2- FACILITY NAME

Provide the legal name of the VSQG.

#### ITEM 3-6- SITE LOCATION

Provide the complete location address for the VSQG. Please note that the address must be a physical address, not a post office box or route number.

#### ITEM 7-9- CONTACT INFORMATION

Enter the telephone number, name of the individual who should be contacted for information about the VSQG, and their email address.

**Note:** In order for this addendum to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees.

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### Rough Conversion Table

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1 ton	=	2000 pounds
1 kilogram	=	2.204 pounds
1 metric ton	=	2204.58 pounds
1 gallon of water	=	8.34 pounds
1 gallon of solvent	=	6.9 pounds
1 gallon of motor oil	=	7.7 pounds

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The logo for ADEM (Alabama Department of Environmental Management) features the word "ADEM" in a bold, green, sans-serif font. The letter "D" is stylized with a yellow outline of the state of Alabama inside it. The entire logo is positioned between a thin green horizontal line above and a thick black horizontal line below.

**ADEM**

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