ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG670000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG670000, which is the general permit authorizing discharges associated with hydrostatic testing of new and existing petroleum and natural gas pipelines. Please mark the "**Not Applicable**" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to

completed form to:

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

address any item below please continue answer on an attached sheet of paper. Mail

FOR ADEM USE ONLY

NPDES PERMIT NUMBER

FACILITY NUMBER

	PURPOSE OF THIS NOTICE OF INTENT				
[]	Initial request for coverage under NPDES General Permit Number ALG670000				
[]	Reissuance of coverage under NPDES General Permit Number ALG670000 (Current Permit No. ALG67)				
[]	[] Modification of coverage under NPDES General Permit Number ALG670000 (Current Permit No. ALG67)				
	FACILITY IDENTIFICATION INFORMATION				
A.	Name of Permittee:				
	Name of Facility:				
В.	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 (
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:				

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н.	Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
	 Discharges of hydrostatic test water from new and existing petroleum and petroleum product pipelines (DSN002) Discharges of hydrostatic test water from new and existing natural gas pipelines (DSN003)
l.	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:
Ο.	Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [] Yes [] No
Ρ.	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
Τ.	Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEN Administrative Code r. 335-6-1102? [] 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. 335-6-1102? [] Yes [] No
	If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
V.	Prior to discharge of hydrostatic test waters and/or prior to removing waters of the state for hydrostatic test discharges, your facility should contact the Corp of Engineers and Game and Fish with the Conservation Department. Are procedures in place to ensure this notification will be made? [] Yes [] No

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DSN002: DISCHARGES OF HYDROSTATIC TEST WATER FROM NEW AND EXISTING PETROLEUM AND PETROLEUM PRODUCT PIPELINES

NOT APPLICABLE []

A.	List the receiving streams to which your company intends to discharge within the county for which this NOI is being completed. All receiving streams that your company intends to discharge must be listed. A map must be included with your application showing the location of the pipeline through the county. Advanced written notification should be submitted to the Department at least 168 hours prior to discharge. The advanced notification must include the latitude and longitude (to seconds), receiving stream of discharge, and contact telephone number:			
	1. Receiving Stream			
	2. Receiving Stream			
	3. Receiving Stream			
	4. Receiving Stream			
	5. Receiving Stream			
В.	Has the test water been analyzed for presence of any known pollutants? [] Yes [] No			
	If YES, attach the most recent copy of the analysis.			
C.	Test water <u>primarily</u> discharges to (check <u>only</u> one):			
	[] Surface water			
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.	What product is piped through the line?			
G.	6. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [] Yes [] No If YES, to what extent?			
Н.	What erosion control measures will be taken?			

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I.	How will turbidity be kept to a level consistent with the receiving waters?		
J.	How will oil sheen be prevented?		
K.	Is the pipeline to be tested new? [] Yes [] No		
L.	Is chlorine present in the test water? [] Yes [] No		
M.	Will there be a product containing lead transported through this pipe within 30 days of any discharge? [] Yes [] No		

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DSN003: DISCHARGES OF HYDROSTATIC TEST WATER FROM NEW AND EXISTING NATURAL GAS PIPELINES

NOT APPLICABLE [
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A. List the receiving streams to which your company intends to discharge within the county for which this completed. All receiving streams that your company intends to discharge must be listed. A map must with your application showing the location of the pipeline through the county. Advanced written notifical submitted to the Department at least 168 hours prior to discharge. The advanced notification must include and longitude (to seconds), receiving stream of discharge, and contact telephone number:				nust be included cation should be			
	1. F	Receiving Stream					
	2. F	Receiving Stream					
	3. F	Receiving Stream					
	4. F	Receiving Stream					
	5. F	Receiving Stream					
B. Has the test water been analyzed for presence of any known pollutants? [] Yes [] No If YES, attach the most recent copy of the analysis.							
C.	Tes	st water <u>primarily</u> dis	scharges to (check	only one):			
	[]	Surface water]] Seeps into the g	round	[] Municipal storm s	ewer
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 				MP) Plan. Does		
E.	Do	es the facility have a	any of the following	other control meas	sures to prevent po	llution?	
	1.	Structural control n	neasures (basins, e	etc.) [] Yes	[] No		
	2.	Treatment of groun	ndwater (retention,	aeration) [] Yes	[] No		
	3.	Other. If so, please	e describe:				
F.	What product is piped through the line?						
G.		there any known in ES, to what extent?		ving water as a res	ult of any discharg	es under DSN003? []Yes []No
Н.	Wh	at erosion control m	neasures will be tak	en?			

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I.	How will turbidity be kept to a level consistent with the receiving waters?		
J.	How will oil sheen be prevented?		
K.	Is the pipeline to be tested new? [] Yes [] No		

L. Is chlorine present in the test water? [] Yes [] No

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GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

	<u>SIGNATURES</u>
Responsible Official Signature:	Date Signed:
Name (type or print):	Official Title:
proprietor of a sole proprietorship, a gene authorized representative for a unit of gover a manager assigned or delegated in accor required by the Department, who is respon	ned by the official representative of the facility who is: the owner, the sole eral partner for a partnership, or by a ranking elected official or other duly rnment or principal executive officer of at least the level of vice president, or dance with corporate procedures, with such delegation submitted in writing if sible for manufacturing, production, or operating facilities and is authorized to the operation of the regulated. If the Notice of Intent is not signed, or is found
RO Mailing Address:	
RO Phone Number:	RO Email Address:
DISCHARGE MONITOR	RING REPORTS (DMR) CONTACT – PLEASE COMPLETE
DMR Contact Name (type or print):	Official Title:
DMR Contact Address:	
DMR Contact Phone Number:	Email Address:
	NOI PREPARER
Name of Individual (type or print):	
Name of Firm:	
Address:	
Phone Number:	Email Address:

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