## **ADEM Form 498**

## Notice of Intent – NPDES General Permit Number ALG890000

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALG8900000, Notices of Intent for NPDES General Permit Number ALG890000 (ADEM Form 498) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <a href="https://adem.alabama.gov/AEPACS">https://adem.alabama.gov/AEPACS</a> is now the only method available for electronic submission of such Notices of Intent.

AEPACS allows for dynamic smart forms to be developed. Therefore, ADEM Form 498 has been transformed into multiple variations suited for the specific purpose of the Notice of Intent. This form package includes the following variations of this form in human readable format:

- 1. Small Mining (ALG890000) NOI New (Form 498)
- 2. Small Mining (ALG890000) NOI Information Update (Form 498)
- 3. Small Mining (ALG890000) NOI Modification/Transfer (Form 498)
- 4. Small Mining (ALG890000) NOI Reissuance (Form 498)

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 498 may not be accepted unless the Department first approves such waiver. **The hardcopy form is also include at the end of this form package**. There are differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

## Small Mining (ALG890000) - NOI - New (Form 498)

## **Notice of Intent - Small Mining General Permit Number ALG890000 (Form 498)**

NPDES permit ALG890000 is a general permit authorizing discharges associated with noncoal/nonmetallic mining and dry processing, and areas associated with these activities, where such activities will result in a cumulative land disturbance of <u>less</u> than five (5) acres of land at any one time over the life of the mining activity.

# Note: The following discharges not covered by General Permit ALG890000

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

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

Please click here for Information on Alabama TMDLs

Please click here for the permit fee schedule

## Instructions

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

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

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

#### **CONTACT INFORMATION**

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

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

## Small Mining (ALG890000) - NOI - New (Form 498)

Form Input

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

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Permittee						
Permittee Nan	ne					
Phone Type	Number		Extension			
Home						
Mobile						
Other						
Business						
Mailing Addre	ss		,			
Address Line						
Address Line	2					
City				State/Area	Posta	Code
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Business						
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Address Line						
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City				State/Area	Postal	l Code

## Additional Permit Contact(s)

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

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Prefix				
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Company Name				
Phone Type	Number	Extension		
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LLP	⊜ Muni	cipality (City or Town)		
Partnership		ool District or Board		
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Organization Name				
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Facility Contact	ionally displayed based or	ı arıswers provided in othe	n parts or the IOIIII						
Additional Site									
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	and Ball Clay Mining		© 212325-Clay and Cer		ctory Minerals Mining				
C 212321-Constru	uction Sand and Grav	el Mining	○ 212322-Industrial San	nd Mining					
C 212313-Crushed	d and Broken Granite	Mining and Quarryir	ng © 212319-Other Crushe	ed and Broken S	tone Mining and Quarrying				
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C 1411-Dimension			ed and Broken Limestone						
Primary SIC Code									
Latitude					Longitude				
	Gate Latitude and	Longitude							
Detailed Direction	ns to the Facility/Site	е							
(More Options Ava	ailable)								
Chambers CC	Chambers Cherokee								
	alhoun								
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C Barbour C Bi	aldwin								

Please Specify Material to be Mined: "Select All That Apply
□Dirt and/or Chert □Sand and/or Gravel
□Shale □Common Clay
□Other
Total Facility/Site Area (acres)
Total Disturbed Area (acres)
**Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area**
Anticipated Commencement Date
**Commencement date MUST BE ON OR BEFORE Completion Date**
Anticipated Completion Date
Will flocculants or other chemical stabilization products be used on site? Select One
C Yes C No
0.54.04.4(000)
Safety Data Sheet (SDS)  *This control is conditionally displayed based on answers provided in other parts of the form
Please attach an SDS sheet for *each* flocculant used.
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
Comment
Confidential (Reason for Confidentiality)
Inspection Status
Was this facility/site inspected and found to be either under construction or in operation prior to a NPDES permit application being submitted to the Department? 'Select One
C Yes C No
*This control is conditionally displayed based on answers provided in other parts of the form  Please be advised that a Greenfield fee may be assessed to the total permit fee since your facility/site was inspected prior to the submittal of your application and/or obtaining NPDES permit coverage.
Discharge Points/Receiving Waters
Feature Type "Select One
C Discharge Point(s)/Receiving Water(s)
Discharge Point - Point where discharge enters the receiving water.
Discharge Point Identifier should have a prefix of 'SW' (i.e. SW001, SW002)
Discharge Point Identifier
Topo Map Identifier-Provide the point label from the topo map that correlates to the Discharge Point above.
Receiving Water "Select One
C A W Dale Lake C Aaron Branch
C Abbie Creek C Abbott Branch
C Abeg Creek C Abel Lake
C Abercomby Branch C Abes Creek
C Abison Branch C Abramson Lake
(More Options Available)
Does the discharge enter the named receiving water via an unnamed tributary and/or a storm sewer system? Please also indicate if the storm sewer system is under an MS4 permit.
_MS4

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. If the segment of the receiving water to which the facility discharges has not been assigned a use classifications, select & Fish and Wildlife . Please select ALL that apply.

□Via Storm Sewer

Waterbody Classification *Select All That Apply		
	□Fish and Wildlife (F&W)	
☐Limited Warmwater Fishery (LWF)	□Outstanding Alabama Water (OAW)	
☐Outstanding National Resource Water (ONRW)	□Public Water Supply (PWS)	
☐Shellfish Harvesting (SH)	☐Swimming and Other Whole Body Water-Contac	t Sports (S)
Location of Discharge Point/Receiving Water		
Latitude		Longitude
Outfalls		
Feature Type *Select One		
O Outfall		
	_	
Outfall - Point where the discharge leaves the si	te.	
Outfall Identifier should have a prefix of 'OF' (i.e. OFC	001, OF002)	
Outfall Identifier		
Topo Map Identifier-Provide the point label from	the topo map that correlates to the Outfall Poi	nt above.
Topo map identalier i Tovide die politicadernen	Tale tope map and correlates to the Gallan Co	in aboto.
Location of Outfall		
Latitude		Longitude
Impaired, Total Maximum Daily Load (	TMDL), and High Quality Waters	
If yes, attach/submit a copy of the BMP Plan tha	at meets the requirements of Part III.D of the pe	mit. *Select One
C Yes ⊂ No		
AU I DMD DI		
Attach BMP Plan  *This control is conditionally displayed based on answers provide		
Please attach a copy of the BMP Plan that meets	the requirements of Part III D. of the permit.	
	aware that files exceeding 500 MB in size are not all	owed. The following file types are accepted: *.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*
	74, 1884, 1884, 1874, 1884, 1884, 1886, 1886, 1886	.500A, .800A, .500A, .5110, .811g, .511g, .511ii, .511i, .511 , .9ii, .61i, .61 A, .9pA, .6pA, .111ii,
Comment		
☐Confidential (Reason for Confidentiality)		
Topographic Map Submittal		
Topograpriic map Submittai		
Topographic Map File types are limited to: .gif, .jpeg, .jpg, .pdf, or .pi		
Multiple attachments are not allowed. Please be a	ware that files exceeding 500 MB in size are not all	owed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
Comment		
☐Confidential (Reason for Confidentiality)		
Qualified Credentialed Professional (C	(CP) Certification	
QCP Designation *Select One		
	ofessional certified by the State Conservationist	Certified Professional in Erosion and Sediment Control (CPESC)
© Certified Professional Soil Scientist (CPSS)		Professional Engineer (PE)
○ Professional Geologist (PG)		Registered Environmental Manager (REM)
© Registered Forester		Registered Land Surveyor (LS)
-		

○ Registered Landscape Architect

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

Country

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

## Small Mining-Information Update for Permitted Facilities/Sites

NPDES Permit ALG890000 is a general permit authorizing discharges associated with noncoal/nonmetallic mining and dry processing, and areas associated with these activities, where such activities will result in a cumulative land disturbance of less than five (5) acres of land at any one time over the life of the mining activity.

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

- Change in Responsible Official
- Change in Facility Contact Information
- Change in QCP for the site/facility
- Change in Duly Authorized Representative (DAR)
- Deletion of Receiving Water(s)
- Addition and/or Deletion of Outfalls Only
- Change in Flocculant Details

#### CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch

Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: <a href="mailto:cswmail@adem.alabama.gov">cswmail@adem.alabama.gov</a>

ADDITIONAL LINKS

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

## Instructions

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

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

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

State/Area

Mailing Address
Address Line 1

City

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

Prefix  First Name Last Name  Title  Organization Name  Phone Type Number Extension  Home  Mobile  Other  Business  Email  Physical/Delivery Address  Address Line 1  City State/Area	Prefix  First Name  Last Name  Droganization Name  Phone Type Number  Extension  Hobite  Other  Susiness  Email  Physical/Delivery Address Address Line 1  Address Line 2  Sity  State/Area  dittional Permit Contact(s)  ase provide the contact information for any person needing notifications regarding this No mit Contact	enoneible Official		
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Facility/Site Information

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

Facility/Site Name

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

Additional Site Contact(s)

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

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

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. If the segment of the receiving water to which the facility discharges has not been assigned a use classifications, select & Fish and Wildlife . Please select ALL that apply.

Waterbody Classification *Select All That Apply		
Agricultural and Industrial Water Supply (A&I)	□Fish and Wildlife (F&W)	
☐Limited Warmwater Fishery (LWF)	☐Outstanding Alabama Water (OAW)	
☐Outstanding National Resource Water (ONRW)	□Public Water Supply (PWS)	
☐Shellfish Harvesting (SH)	☐Swimming and Other Whole Body Water-Contact	Sports (S)
Location of Discharge Point/Receiving Water		
Latitude		Longitude
Outfalls  *This section is conditionally displayed based on answers prov	vided in other parts of the form	
Feature Type *Select One C Outfall		
Outfall - Point where the discharge leaves the s	site.	
Outfall Identifier should have a prefix of 'OF' (i.e. OF	-001, OF002)	
Outfall Identifier		
горо мар іdentітіer-Provide the point label from	m the topo map that correlates to the Outfall Poin	т ароче.
Location of Outfall		
Latitude		Longitude
Project Information	**************************************	
*This section is conditionally displayed based on answers prov	naea in other parts of the form	
Anticipated Commencement Date		
**Commencement date MUST BE ON OR BEF	ORE Completion Date**	
Anticipated Completion Date		
		land Care
riocculants or other chemical stabilization pro	oducts used on site will be added or changed. *Se	eca Unie
U les		
Safety Data Sheet (SDS) *This control is conditionally displayed based on answers prov	vided in other parts of the form	
Please attach an SDS sheet for *each* flocculant		
Multiple attachments are not allowed. Please be	aware that files exceeding 500 MB in size are not allo	owed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
Comment		
Confidential (December Confidentiality)		
Confidential (Reason for Confidentiality)		
•		
Suspension of Monitoring		
*This section is conditionally displayed based on answers prov	vided in other parts of the form	
Suspension Request		
Please attach the written request for suspension.		
Multiple attachments are not allowed. Please be *.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.C	aware that files exceeding 500 MB in size are not allo CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*	owed. The following file types are accepted: .DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*
Comment		
1		
Confidential (Reason for Confidentiality)		
11		

nspection Report				
	not allowed. Please be aw		e are not allowed. The following file types .doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG	are accepted: ,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.
Comment				
☐Confidential (Reason fo	or Confidentiality)			
Qualified Credentiale *This section is conditionally disp				
QCP Designation "Select One				
		essional certified by the State Conserva	vationist C Certified Professional in Eros	on and Sediment Control (CPESC)
Certified Professional Sc			© Professional Engineer (PE)	
Professional Geologist (F	PG)		© Registered Environmental Ma	
Registered Forester			© Registered Land Surveyor (LS	5)
Registered Landscape A	Architect			
Registration / Certification	n Number			
Qualified Credentialed Pro	ofoccional			
Prefix	olessional			
FIEIX				
E: (N				
First Name	Last Name			
Title				
Organization Name				
Phone Type	Number	Extension		
Home				
Mobile				
Other				
Business				
Email				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
Country		,		,

## **Duly Authorized Representative (DAR)**

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

(a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;

- (b) In the case of a partnership, by a general partner;(c) In the case of a sole proprietorship, by the proprietor; or(d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

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

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

- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and; (c) The written authorization is submitted to the Department.

○Yes ○No

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

## **Additional Document Submittals**

# Additional Documents (Optional) Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.bmp,\*.jpeg,\*.jpg,\*.pdf,\*.png,\*.tif,\*.tiff Comment Confidential (Reason for Confidentiality)

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

## Small Mining-Modification and/or Transfer of Permit Coverage

NPDES Permit ALG890000 is a general permit authorizing discharges associated with noncoal/nonmetallic mining and dry processing, and areas associated with these activities, where such activities will result in a cumulative land disturbance of less than five (5) acres of land at any one time over the life of the mining activity.

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

- Permittee name change (Requires a signed Transfer Agreement, Form 466)
- Change of ownership (Requires a signed Transfer Agreement, Form 466)
- Facility name change
- Addition of receiving water(s) and/or discharge point(s)
- \*BMP Plan will need to be resubmitted if adding receiving water and/or discharge point

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

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

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

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

Please click here for the Transfer Agreement, Form 466

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

Please click here for Information on Alabama TMDLs

Please click here for the permit fee schedule

## Instructions

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

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

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

# **Form Input Processing Information** Brief description of the action/change that has resulted in the request for permit modification(s): Please indicate which of the following applies to this submission: \*Select One Modification C Modification with Transfer of Ownership C Transfer of Ownership Only \*This control is conditionally displayed based on answer. Please download, print, and sign the following: Attach Transfer Agreement (Form 466) Please attach the signed Transfer Agreement (Form 466) here. Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.7Z,\*.7Z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DoC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*. Comment Confidential (Reason for Confidentiality) Are you adding a Co-Permittee? \*Select One This is the current Facility/Site Name: Are you changing the Facility/Site Name? \*Select One ○Yes ○No \*This control is conditionally displayed based on answers provided in other parts of the form Selecting 'No' to the question above will display "None Specified" under the Facility/Site Name indicating it will no longer be editable or displayed on this Modification form. The current Facility/Site Name is still stored in the AEPACS system. Do you have additional facility contacts associated with this site? "Select One Are you adding/changing receiving water coordinates? If discharging to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for a pollutant of concern, a waterbody for which a TMDL has been approved or established by EPA for a pollutant of concern, a waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-10, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-10, an updated BMP Plan may be This control is conditionally displayed based on answers provided in other parts of the form ○Yes ○No Are you adding/changing outfall coordinates? If discharging to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for a pollutant of concern waterbody for which a TMDL has been approved or established by EPA for a pollutant of concern, a waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-09, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-10, an updated BMP Plan may be required. \*This control is conditionally displayed based on answers provided in other parts of the form ○Yes ○No Are you adding additional acreage? Please note, depending on the additional acreage request, issuance of a new, separate permit may be required. Please contact the permit writer for your county.

## Permit Information

Form Submission Reason

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

Permit Number

○Yes ○No

Permittee						
Permittee Nan	ne					
Phone Type	Number		Extension			
Home						
M-1:11-						
Mobile						
Other						
Business						
Mailing Addre	98					
Address Line						
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City				State/Area		Postal Code
Co-Permittee *This control is cond		based on answers	provided in other p	earts of the form		
Phone Type	Number		Extension			
Home						
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Other						
Business						
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Address Line	2					
City				State/Area		Postal Code
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Other						
Business						
Email	1	,				
Physical/Deliv						
Address Line	2					
Address Line	۷					
City				State/Area		Postal Code
Опу				State/Area		r osiai code
J				J		

## Additional Permit Contact(s)

Prefix				
First Name	Last Name			
Title				
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Company Name				
Phone Type	Number	Extension		
Home				
Mobile				
Mobile				
Other				
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acility/Site Name *This control is conditionally disp	played based on answers provided in other	er parts of the form		
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acility/Site	County *Select One				
C Autauga	○ Baldwin				
○ Barbour	○ Bibb				
Blount	○ Bullock				
Butler	○ Calhoun				
Chambers	⊙ Cherokee				
(More Optio	ons Available)				
etailed Dire	ections to the Fa	cility/Site			
-	Front Gate Latitu	ide and Longitude			
Latitude				Longitude	
rimary SIC	Code *Select One				
ា 1411-Dim	ension Stone	C 1422-Crushed	I and Broken Limestone		
○ 1423-Crus	shed and Broken (	Granite C 1429-Crushed	I and Broken Stone, Not Elsewhere Clas	sified	
ា 1442-Con	struction Sand and	d Gravel © 1446-Industria	Il Sand		
ា 1455-Kao	lin and Ball Clay	⊜ 1459-Clay, Ce	eramic, and Refractory Minerals, Not Else	ewhere Classified	
	ash, Soda, and Bo ons Available)	rate Minerals 0 1475-Phospha	ate Rock		
	CS Code *Select On	e			
-		lining and Quarrying	© 212312-Crushed and Broken Limes	tone Mining and Quarrying	
			© 212319-Other Crushed and Broken		
	onstruction Sand		○212322-Industrial Sand Mining		
	aolin and Ball Clay		© 212325-Clay and Ceramic and Refr	actory Minerals Mining	
212391-P	otash, Soda, and	Borate Mineral Mining	C 212392-Phosphate Rock Mining		
(More Optio	ons Available)				
	Site Contact	t <mark>(S)</mark> ad based on answers provided in other p	parts of the form		
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Title					
Tide					
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Organiza	uon Name				
Phone Ty	pe *Only one phone number is	Number E	extension		
	number is accepted		Action		
Home					
Mobile					
Other					
Business					
Email					
Mailing A					
Address	Line 2				
	-				
City			State/Area		Postal Code
, ,					
0- 1			1		1

Project Information

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

Brief Description of activity(s):
Please Specify Material to be Mined: *Select All That Apply
□Dirt and/or Chert □Sand and/or Gravel
□Shale □Common Clay
□Other
Total Facility/Site Area (acres)
*This control is conditionally displayed based on answers provided in other parts of the form
Total Disturbed Area (acres)  *This control is conditionally displayed based on answers provided in other parts of the form
© **Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area**
Anticipated Commencement Date
3 **Commencement date MUST BE ON OR BEFORE Completion Date**
Anticipated Completion Date
Will flocculants or other chemical stabilization products be used on site? 'Select One
○Yes ○No
Safety Data Sheet (SDS)
*This control is conditionally displayed based on answers provided in other parts of the form  Please attach an SDS sheet for *each* flocculant used.
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
Comment
Somment Comments
Confidential (Reason for Confidentiality)
Decinicinal (Neason to Conicinality)
Discharge Points/Receiving Waters  *This section is conditionally displayed based on answers provided in other parts of the form
Feature Type *Select One
C Discharge Point(s)/Receiving Water(s)
Discharge Brind Drind and State and
Discharge Point - Point where discharge enters the receiving water.
Discharge Point Identifier should have a prefix of 'SW' (i.e. SW001, SW002)
Discharge Point Identifier
Topo Map Identifier-Provide the point label from the topo map that correlates to the Discharge Point above.
Receiving Water "Select One
C A W Dale Lake C Aaron Branch
C Abbie Creek C Abbott Branch
C Abeg Creek C Abel Lake
© Abercomby Branch © Abes Creek
C Abison Branch C Abramson Lake
(More Options Available)
Does the discharge enter the named receiving water via an unnamed tributary and/or a storm sewer system? Please also indicate if the storm sewer system is under an MS4 permit.
*This control is conditionally displayed based on answers provided in other parts of the form

For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. If the segment of the receiving water to which the facility discharges has not been assigned a use classifications, select & Fish and Wildlife . Please select ALL that apply.

Waterbody Classification *Select All That Apply	
☐ Agricultural and Industrial Water Supply (A&I) ☐ Fish and Wildlife (F&W)	
□Limited Warmwater Fishery (LWF) □Outstanding Alabama Water (OAW)	
□Outstanding National Resource Water (ONRW) □Public Water Supply (PWS)	
□Shellfish Harvesting (SH) □Swimming and Other Whole Body Water-Cor	tact Sports (S)
Location of Discharge Point/Receiving Water	
Latitude	Longitude
Outfalls  *This section is conditionally displayed based on answers provided in other parts of the form	
Feature Type *Select One C Outfall	
Outfall - Point where the discharge leaves the site.	
Outfall Identifier should have a prefix of 'OF' (i.e. OF001, OF002)	
Outfall Identifier	
Topo Map Identifier-Provide the point label from the topo map that correlates to the Outfall I	Point above.
Location of Outfall	
Latitude	Longitude
Impaired, Total Maximum Daily Load (TMDL), and High Quality Waters  *This section is conditionally displayed based on answers provided in other parts of the form	
If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III.D of the $_{\rm CYes}$ $_{\rm CNo}$	permit. "Select One
Attach BMP Plan  *This control is conditionally displayed based on answers provided in other parts of the form	
Please attach a copy of the BMP Plan that meets the requirements of Part III D. of the permit.	
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are no *7Z*7Z*AVL*avi.*Avi.*BMP.*bmp.*Bmp.*CSV.*csv.*CSV.*DAT.*dat.*Dat.*DOC.*doc.*D	t allowed. The following file types are accepted: oc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,
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Topographic Map Submittal	
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Topographic Map    File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png	
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are no	t allowed. The following file times are accounted: * aif * incg * ing * ndf * nng
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Comment	
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Out the development of the Copy of the Cop	
Qualified Credentialed Professional (QCP) Certification	
QCP Designation *Select One	
C AL National Resources Conservation Service Professional certified by the State Conservationist	© Certified Professional in Erosion and Sediment Control (CPESC)
C Certified Professional Soil Scientist (CPSS)	© Professional Engineer (PE)
⊙ Professional Geologist (PG)	○ Registered Environmental Manager (REM)
	Tregistered Environmental Manager (TEM)

○ Registered Landscape Architect

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

Country

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

## **Small Mining - Reissuance (Form 498)**

NPDES Permit Number ALG890000 is a general permit authorizing discharges associated with construction activities that result in a total land disturbance of one (1) acre or greater and sites less than one (1) acre but are part of a larger common plan of development or sale.

Please complete all questions. Incomplete or incorrect answers will delay processing. Attach BMP Plan and other information as needed.

Reissuance/Modifications include one or more of the following:

- Addition of a Co-permittee
- Addition of a New Receiving Stream/Discharge Point
- Change of Ownership (also requires a Transfer Agreement, Form 466)
- Facility Name Change
- For Priority Sites: adding additional acreage not originally covered by the original NOI (an updated BMP Plan would be required to be submitted)
- Permittee Name Change

#### CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

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

## Instructions

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

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

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

### **Form Input**

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

#### **Processing Information**

Does this reissuance include a Permittee name or ownership change? (Requires Transfer Form 466) "Select One \*This control is conditionally displayed based on answers provided in other parts of the form Please download, print, and sign the following: Transfer Agreement (Form 466) Attach Transfer Agreement (Form 466) \*This control is conditionally displayed based on answers provided in other parts Please attach the signed Transfer Agreement (Form 466) here. Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:
\*.7Z,\*.7z,\*.AVI,\*.avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.CSv,\*.CSv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.DOCX,\*.docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*. Confidential (Reason for Confidentiality) Are you adding a Co-Permittee? \*Select One ○Yes ○No This is the current Facility/Site Name: Calculated Are you changing the Facility/Site Name? \*Select One \*This control is conditionally displayed based on answers provided in other parts of the form
Selecting 'No' to the question above will display "None Specified" under the Facility/Site Name indicating it will no longer be editable or displayed on this Modification form. The current Facility/Site Name is still stored in the AEPACS system Do you have additional contacts associated with this site? \*Select One Are you adding/changing receiving water coordinates? If a priority site, submittal of updated BMP Plan may be required. Are you adding/changing outfall coordinates? If priority site, submittal of updated BMP may be required. "Select One Are you adding additional acreage? If a priority site, submittal of updated BMP Plan is required. Please note, depending on the additional acreage request, issuance of a new, separate permit may be required. Please contact the permit writer for your county. Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? Form Submission Reason

## **Permit Information**

Permit Number

Permittee						
Permittee Nan	ne					
Phone Type	Number		Extension			
Home						
M-1:11-						
Mobile						
Other						
Business						
Mailing Addre	98					
Address Line						
Address Line	2					
City				State/Area		Postal Code
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Business						
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Address Line	۷					
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## Additional Permit Contact(s)

Prefix				
First Name	Last Name			
Title				
Tide				
Company Name				
Phone Type	Number	Extension		
Home				
Mobile				
Mobile				
Other				
Dunings				
Business				
Email				
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	and Ball Clay Mining		© 212325-Clay and Cer		ctory Minerals Mining		
C 212321-Constru	uction Sand and Grav	el Mining	○ 212322-Industrial San	nd Mining			
C 212313-Crushed	d and Broken Granite	Mining and Quarryir	ng © 212319-Other Crushe	ed and Broken S	tone Mining and Quarrying		
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C 1411-Dimension			ed and Broken Limestone				
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Latitude					Longitude		
	Gate Latitude and	Longitude					
Detailed Direction	ns to the Facility/Site	е					
(More Options Available)							
Chambers CC							
	alhoun						
OButler OC							
CBlount CB							
C Barbour C Bi	aldwin						

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

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

Outfalls	
Feature Type *Select One C Outfall	
Outfall - Point where the discharge leaves the site.	
Outfall Identifier should have a prefix of 'OF' (i.e. OF001, OF002)	
Outfall Identifier	
Topo Map Identifier-Provide the point label from the topo map that correlates to the Outfall Po	oint above.
Location of Outfall Latitude	Longitude
1	
Impaired, Total Maximum Daily Load (TMDL), and High Quality Waters	
If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III.D of the p	ermit. *Select One
Attach BMP Plan  *This control is conditionally displayed based on answers provided in other parts of the form  Please attach a copy of the BMP Plan that meets the requirements of Part III D. of the permit.	
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not	allowed. The following file types are accepted:
*.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc	ic,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*
Comment	
□Confidential (Reason for Confidentiality)	
Topographic Map Submittal	
Topographic Map    File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png	
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not	allowed. The following file types are accepted: *.gif,*.jpeg,*.pdf,*.png
Comment	
Confidential (Reason for Confidentiality)	
_ confidential (reason to confidentiality)	
Qualified Credentialed Professional (QCP) Certification	
QCP Designation *Select One	
${\tt CAL\ National\ Resources\ Conservation\ Service\ Professional\ certified\ by\ the\ State\ Conservation ist}$	C Certified Professional in Erosion and Sediment Control (CPESC)
© Certified Professional Soil Scientist (CPSS)	C Professional Engineer (PE)
© Professional Geologist (PG)	C Registered Environmental Manager (REM)
€ Registered Forester	C Registered Land Surveyor (LS)
© Registered Landscape Architect	
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City		State/Area	Postal Code
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Prefix				
First Name	Last Name		_	
Title				
Organization Name				
Organization Name				
Phone Type *Only one phone number is	Number	Extension		
Home				
Mobile				
Other				
Business				
Email				
Mailing Address				
Address Line 1				
Address Line 2				
Citv		State/Area		Postal Code

Country

# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG890000

Instructions: This form may be used to submit a Notice of Intent for coverage under NPDES Permit Number ALG890000 ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6). NPDES Permit Number ALG890000 is the general permit authorizing discharges from small noncoal/nonmetallic mining and dry processing and areas associated with these activities. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing. Attach BMP plan and/or other information as needed. Commencement of activities applied for in this Notice of Intent (NOI) are not authorized until permit coverage has been issued by the Department.

## DISCHARGES NOT COVERED BY GENERAL PERMIT No. ALG890000

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

1. Discharges from wet processing of mined materials;

• • • • • • • • • • • • • • • • • • • •	ning ope		•					als or exceeds five (5) acres in size; or ce currently equals or exceeds, or will equal
☐ Initial NOI for New Facility ☐ Modification of General Perm ☐ Transfer of General Perm	ermit No.			Reis	l NOI suanc		it ALG	
Permittee Name (Legal Name)					Resn	oonsible Official Pho	one Nur	mber (Provide at least one)
Responsible Owner/Operator or	· Official l	Name 1	Responsible Offic	cial Title				sponsible Official Email Address
Responsible Official (RO) Mail	ing Addre	ss			Mail	ing City, State, and	Zip Co	de
Responsible Official (RO) Loca	tion Stree	t/Physical Add	ress		Loca	ntion City, State, and	l Zip Co	ode
☐ Corporation ☐ Partnership	☐ Sole I	Proprietorship	LLC L	LP [	LP	State Cou	nty [	Municipality Other
II. FACILITY INFORMATION								
Facility/Site Name				Facility/Site Contact Name				Facility/Site Contact Title
Facility/Site Street Address or L	Location D	Description		Facilit	y/Site	Contact Company N	lame	
City Zip	p Code	County(s)		Facility/Site Contact Phone Number (Provide at least one) Office: Cell:				
Facility Front Gate Latitude and	l Longitud	le (Decimal or	Deg. Min. Sec.)	Facility/Site Contact Email Address				
Detailed Directions to Facility/S	Site							
III. ACTIVITY DESCRIPTION								
Please Specify Material to be M  Dirt and/or Chert Sa	lined and and/or	: Gravel	] Shale	Commoi	n Clay	Other		
Narrative Description of Activit	ty							
Primary SIC Code:					Pri	imary NAICS Code:	:	
IV. PROPOSED SCHEDULE								
Anticipated Activity Schedule		Commencen			Completion Date:			
Area of Permitted Facility/Site	e:	Total Site Area	in Acres:			Total Di	sturbed	1 Area in Acres:

ADEM Form 498 06/22 m6 Page 1 of 3

### V. TOPOGRAPHIC MAP SUBMITTAL

Attach a portion or copy of a recent U.S. Geological Survey map at an appropriate contour interval, including perineal, intermittent, and ephemeral streams, lakes/springs/wells/wetlands. Several maps/pages may be necessary depending on the size and scope of your project.

The map(s) at a minimum must include the following, and be clearly labeled:

- (1) Location of the Facility/Site;
- (2) Site boundaries, to include property boundaries and proposed permit boundaries;
- (3) Area of disturbance;
- (4) 1 mile radius;
- (5) Entrance(s)/Exit(s), to include proposed/existing roads;
- (6) Outfall(s) point where stormwater in a discernible, confined and discrete conveyance, leaves the Facility/Site, and;
- (7) Discharge point(s)/receiving water(s) point where the stormwater discharge from the Facility/Site enters the receiving water;
- (8) Provide a key for symbols and a scale.

## VI. DISCHARGE POINTS/RECEIVING WATERS

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

Тор			t of water use classifications. (Attach a separ			Waterbody Classification (At least one must be selected)					
Map ID	Latitude/Longitude	Receiving Water	UT	Storm Sewer	MS4	А&Г	F&W	LWF	PWS	SH	S

#### VII. OUTFALLS

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

## VIII. IMPAIRED, TOTAL MAXIMUM DAILY LOAD (TMDL), AND HIGH QUALITY WATERS

Does the mining site discharge to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for a pollutant of concern, a waterbody					
for which a TMDL has been approved or established by EPA for a pollutant of concern, a waterbody assigned the Outstanding Alabama Water use classification in					
accordance with ADEM Admin. Code r. 335-6-1009, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-1010?					
Yes No If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III.D of the permit.					

IX.	GENERAL	INFORMATION
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Will flocculants or other chemical stabilization products be used on site?	☐ Yes	☐ No			
If Yes, attach a Safety Data Sheet (SDS) for each flocculant used.					

ADEM Form 498 06/22 m6 Page 2 of 3

#### X. QUALIFIED CREDENTIALED PROFESSIONAL (QCP) CERTIFICATION

permittee, discharges of pollutants in requirements of ADEM Administra pollution abatement/prevention facil in the BMP Plan must be fully imple	n stormwater runoff can reasonably be a utive Code Chapter 335-6-623 and thi lities and structural & nonstructural man	expected to be effect is Permit. The perm nagement practices o eded at the facility in	is of this permit and if properly implemented and maintained by the ively minimized to the maximum extent practicable according to the littee has been advised that appropriate best management practices, r Department approved equivalent management practices as detailed accordance with sound sediment, erosion, and other pollution control ter and surface water quality."
QCP Designation/Description:			
Name:	Title:		Registration/Certification #
Address:			
Phone Number:		Email:	
Signature		Date Signed:	
(I. DULY AUTHORIZED REPRESE	ENTATIVE (DAR)		

"I certify under penalty of law that the technical information and data contained in this NOI, and a comprehensive Best Management Practices Plan (BMP Plan) for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision

If a Duly Authorized Representative will be signing this NOI, the DAR must provide the following information and attach the appropriate documentation meeting the requirements <b>below</b> for a duly authorized representative. The document must be dated within the last 12 months		
Name (including prefix):	Title:	
Organization Name:		
Mailing Address:		
Phone Number:	Email:	
Signature	Date Signed:	

### XI. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE

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

Name	Official Title
Signature	Date Signed:

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

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

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

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

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

ADEM Form 498 06/22 m6 Page 3 of 3