

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
REQUEST TO REMOVE TREATMENT BASIN/POND OR OTHER TREATMENT STRUCTURE
(NPDES-PERMITTED MINING OPERATIONS)**

Instructions: Certain information must be provided in writing to ADEM in order to obtain approval to remove an existing treatment basin/pond or other approved discharge structure for a permitted outfall and its associated drainage area. **Use one form per outfall.** Please complete all questions. Use "N/A" where appropriate. Incorrect/Incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances. Please type or print legibly in blue or black ink. **In lieu of this form, ASMC permitted facilities may submit written approval from ASMC to remove the treatment structure.**

Mail the completed request form or written approval from ASMC (if applicable) to: ADEM-Water Division, Stormwater Management Branch, P O Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee: _____
2. Postal Address of Permittee: _____
3. Facility Name: _____
4. NPDES/SID Permit Number: _____
5. ASMC/ADOL Permit Number(s): _____ (if applicable)
6. Phone: _____ Fax: _____ Email Address: _____
7. Point Source (Outfall) Number: _____
8. Location of Outfall:
County: _____ Township: _____ Range: _____ Section: _____

ASMC PERMITTED OR BONDED FACILITIES

9. **Yes** **No** The Permittee has received a Phase II bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin (if a Phase II release from ASMC for the treatment pond(s) cannot be obtained prior to removal of the treatment pond(s), the Permittee must attach a copy of their pond removal/reclamation plan to this request), associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ASMC release(s) is attached.

NON-ASMC PERMITTED OR BONDED FACILITIES

10. **Yes** **No** The Permittee, in order to expedite review/approval of this request, has attached inspection report(s) prepared and certified by 1) a Professional Engineer (PE) registered in the State of Alabama or a qualified professional under the PE's direction, or 2) a Certified Professional in Sediment And Erosion Control (CPESC), which certifies that the facility has been fully regraded and perennial vegetative cover has been planted and established.

ALL FACILITIES

11. **Yes** **No** All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.
12. **Yes** **No** All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.
13. **Yes** **No** The Permittee's request for removal of the treatment structure is supported by monitoring data covering a period of at least six consecutive months or such longer period as is necessary to assure that the data reflect discharges occurring during varying climatological conditions.
14. **Yes** **No** The Permittee hereby certifies that the samples collected and reported in the monitoring data submitted in support of the Permittee's request for treatment structure removal are representative of the discharge and were collected in accordance with all permit terms and conditions respecting sampling times (e.g., rainfall events) and methods and were analyzed in accordance with all permit terms and conditions respecting analytical methods and procedures.
15. **Yes** **No** The Permittee hereby certifies that during at least the previous twelve (12) months prior to this request, there was no chemical treatment in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall.

16. **Yes** **No** Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department's determination regarding this request, or 3) explain a "no" response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.
17. Attach a copy of the pond removal plan which details the procedures and Best Management Practices (BMPs) that will be implemented and maintained during and after removal to ensure protection of water quality.
18. Print or type the name and title of the principal executive officer or authorized agent whose signature appears 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.

"I understand that the treatment structure cannot be removed until the Department grants approval of this request in writing. I understand that pursuant to requirements of the permit, monitoring and reporting of discharges must continue after the structure is removed. Representative samples will be taken at the end of the ditch, channel, swale, etc. or other acceptable discharge conveyance which remains after removal of the treatment structure.

"I understand that if effluent quality cannot be maintained within permit limits after removal of the treatment structure, reconstruction of the treatment structure may be required.

"I understand that it is the Permittee's responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

Name and Title of Responsible Corporate Official or Authorized Agent

Signature

Date