

**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> |
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**SECTION A – GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_
  - a. Operator Name: \_\_\_\_\_
  - b. Is the operator identified in A.1.a, the owner of the facility?     Yes     No  
If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.  
\_\_\_\_\_  
\_\_\_\_\_
  
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 Physical Location: **(Attach a map with location marked; street, route no. or other specific identifier)**  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Facility Location (Front Gate): Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
6. Facility Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. Responsible Official (as described on the last page of this application):  
Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
8. Designated Facility Contact:  
Name and Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

9. Designated Discharge Monitoring Report (DMR) Contact:

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

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

10. Type of Business Entity:

- Corporation     General Partnership     Limited Partnership     Limited Liability Company     Sole Proprietorship  
 Other (Please Specify) \_\_\_\_\_

11. 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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

14. Permit numbers for Applicant's previously issued NPDES Permits and identification of any other State of Alabama Environmental Permits presently held by the Applicant, its parent corporation, or subsidiary corporations within the State of Alabama:

| <u>Permit Name</u> | <u>Permit Number</u> | <u>Held By</u> |
|--------------------|----------------------|----------------|
| _____              | _____                | _____          |
| _____              | _____                | _____          |
| _____              | _____                | _____          |
| _____              | _____                | _____          |
| _____              | _____                | _____          |

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> |
|----------------------|----------------------|-----------------------|-----------------------|
| _____                | _____                | _____                 | _____                 |
| _____                | _____                | _____                 | _____                 |
| _____                | _____                | _____                 | _____                 |
| _____                | _____                | _____                 | _____                 |
| _____                | _____                | _____                 | _____                 |

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**SECTION B – BUSINESS ACTIVITY**

1. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes. If more than one applies, list in order of importance:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

2. 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" and should skip to question 2 of Section C.

3. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

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**SECTION C – WASTEWATER DISCHARGE INFORMATION**

Facilities that checked activities in B.2 and are considered Categorical Industrial Users should skip to C.2 of this section.

1. **For Non-Categorical Users Only:** Provide wastewater flows for each of the processes or proposed processes. Using the process flow schematic (Figure 1), enter the description that corresponds to each process. **(The flow schematic should include all treatment units as well as monitoring and discharge points).** [New facilities should provide estimates for each discharge.]

| Process Description | Last 12 Months<br>(gals/day)<br>Highest Month Avg. Flow | Highest Flow Year of Last 5<br>(gals/day)<br>Monthly Avg. Flow | Discharge Type<br>(batch, continuous,<br>intermittent) |
|---------------------|---|--|--|
| _____               | _____   | _____  | _____  |
| _____               | _____   | _____  | _____  |
| _____               | _____   | _____  | _____  |
| _____               | _____   | _____  | _____  |
| _____               | _____   | _____  | _____  |

If batch discharge occurs or will occur, indicate: [new facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

| Non-Process Discharges (e.g.<br>non-contact cooling water) | Last 12 Months<br>(gals/day)<br>Highest Month Avg. Flow | Highest Flow Year of Last 5<br>(gals/day)<br>Monthly Avg. Flow |
|--|---|--|
| _____  | _____   | _____  |
| _____  | _____   | _____  |

**2. Complete this Section only if you are subject to Categorical Standards and plan to directly discharge the associated wastewater to a water of the State.** If Categorical wastewater is discharged exclusively via an indirect discharge to a public or privately-owned treatment works, check "Yes" in the appropriate space below and proceed directly to part 2.c .

Yes

For Categorical Users: Provide the wastewater discharge flows or production (whichever is applicable by the effluent guidelines) for each of your processes or proposed processes. Using the process flow schematic (Figure 1, pg 14), enter the description that corresponds to each process. [New facilities should provide estimates for each discharge.]

2a.

| Regulated Process | Applicable Category | Applicable Subpart | Type of Discharge Flow<br>(batch, continuous, intermittent) |
|-------------------|---------------------|--------------------|---|
| _____             | _____               | _____              | _____   |
| _____             | _____               | _____              | _____   |

2b.

| Process Description | Last 12 Months<br>(gals/day), (lbs/day), etc.<br>Highest Month Average* | Highest Flow Year of Last 5<br>(gals/day), (lbs/day), etc.<br>Monthly Average* | Discharge Type<br>(batch, continuous,<br>intermittent) |
|---------------------|---|--|--|
| _____               | _____   | _____  | _____  |
| _____               | _____   | _____  | _____  |

**\* Reported values should be expressed in units of the applicable Federal production-based standard. For example, flow (MGD), production (pounds per day), etc.**

If batch discharge occurs or will occur, indicate: [new facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

2c.

| Non categorical<br>Process Description | Last 12 Months<br>(gals/day)<br>Highest Month Avg. Flow | Highest Flow Year of Last 5<br>(gals/day)<br>Monthly Avg. Flow | Discharge Type<br>(batch, continuous,<br>intermittent) |
|--|---|--|--|
| _____                                  | _____   | _____  | _____  |
| _____                                  | _____   | _____  | _____  |
| _____                                  | _____   | _____  | _____  |

If batch discharge occurs or will occur, indicate: [new facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

2d.

| Non-Process Discharges<br>(e.g. non-contact cooling water) | Last 12 Months<br>(gals/day)<br>Highest Month Avg. Flow | Highest Flow Year of Last 5<br>(gals/day)<br>Monthly Avg. Flow |
|--|---|--|
| _____  | _____   | _____  |
| _____  | _____   | _____  |

**All Applicants must complete C.3 – C.6.**

- 3. Do you share an outfall with another facility?  Yes  No (If no, continue to C.4)  
For each shared outfall, provide the following:

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

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

- Current:** Flow Metering  Yes  No  N/A  
Sampling Equipment  Yes  No  N/A
- Planned:** Flow Metering  Yes  No  N/A  
Sampling Equipment  Yes  No  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:

\_\_\_\_\_

- 5. 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.6)

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

\_\_\_\_\_

6. 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):

- Private Well  Surface Water  
 Municipal Water Utility (Specify City): \_\_\_\_\_  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.

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**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 |
|----------------------|---------------------------------|
|                      |                                 |
|                      |                                 |
|                      |                                 |

Provide a description of the location of the ultimate disposal sites of solid or liquid waste by-products (such as sludges) from any wastewater treatment system located at the facility.

| Description of Waste | Quantity (lbs/day) | Disposal Method* |
|----------------------|--------------------|------------------|
|                      |                    |                  |
|                      |                    |                  |
|                      |                    |                  |

\*Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site. If any wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

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**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"/> |



|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 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"/> |

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**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)

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**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.

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**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 and Title: \_\_\_\_\_

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

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

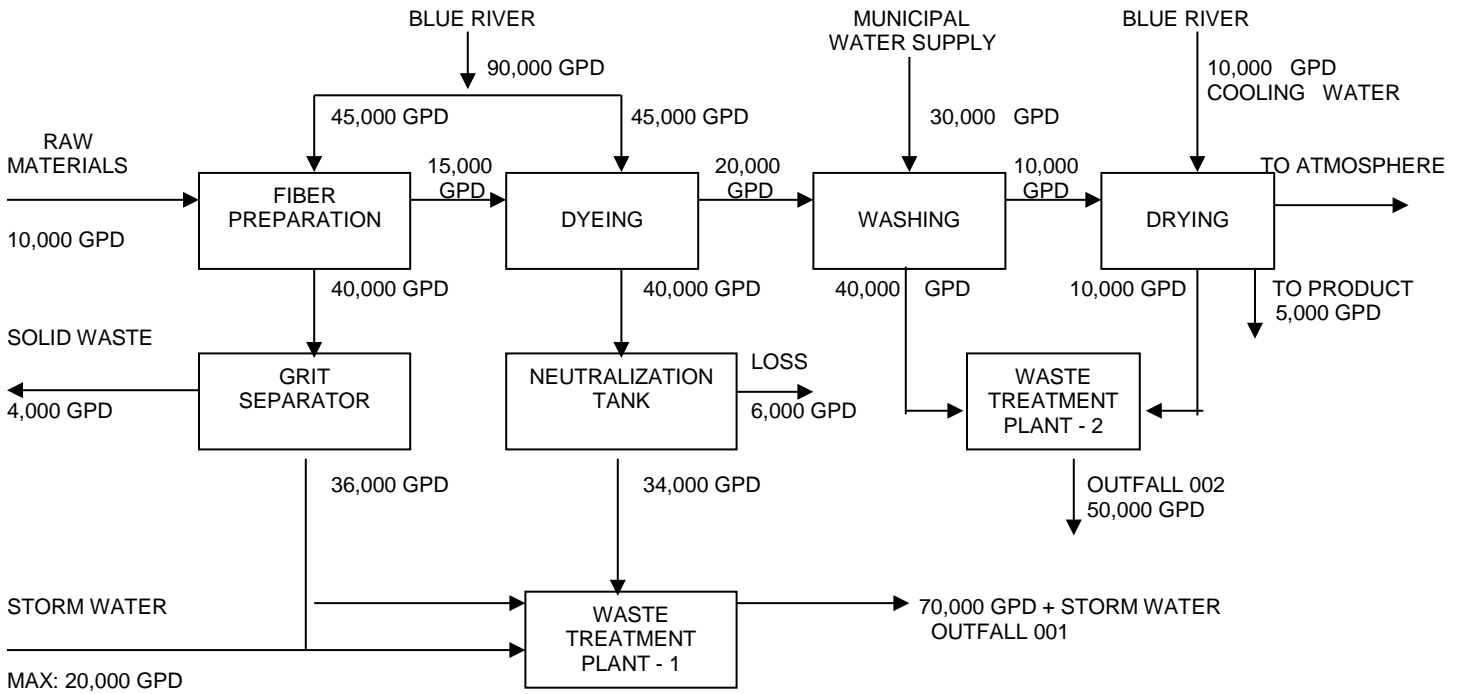
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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.

**FIGURE 1**



SCHEMATIC OF WATER FLOW  
BROWN MILLS INC  
CITY, COUNTY, STATE