



**COAL PERMIT PRECIPITATION EVENT ALTERNATIVE DISCHARGE LIMITATIONS REPORT,  
continued**

12. Precipitation Event Description - Please check the appropriate event

<input type="checkbox"/>	▶ 10-Year, 24-Hour Event
<input type="checkbox"/>	> 1-Year, 24-Hour Event, but ▶ 10-Year, 24-Hour Event
<input type="checkbox"/>	▶ 2-Year, 24 Hour Event
<input type="checkbox"/>	> 2-Year, 24-Hour Event, but ▶ 10-Year, 24-Hour Event
<input type="checkbox"/>	> 10-Year, 24-Hour Event

13. List the day and time at which the 24-hour precipitation event commenced and ceased.

\_\_\_\_\_

14. Volume, or amount in inches of the applicable precipitation event \_\_\_\_\_

15. List the date and time that the discharge was sampled in accordance to the effluent limitations described in Part I,A.,3. The sample must be taken within 48 hours after the commencement of the applicable 24-hour precipitation event and prior to the cessation of the discharge or increased discharge.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

16. List the date and time that the Permittee collected a sample for the purposes of analyzing the sample for the effluent limitations described in Part I,A.,1, or Part I,A.,2., whichever is applicable. This sample of the discharge must be taken within 24 to 36 hours after that cessation of the applicable 24-hour event and prior to the cessation of discharge. However, this sample is only required after the first time each calendar month that the Permittee submits a written claim of exemption from the effluent limits.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

17. Did the discharge(s) for which you are claiming this exemption fail to meet the precipitation event discharge limitations pursuant to applicable permit conditions?

NO \_\_\_\_\_ YES \_\_\_\_\_

If "yes", you **must** also submit a 5-Day Notice of Noncompliance Report if the discharge(s) for which you are claiming this exemption fails to meet the precipitation event discharge limitations.

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 it is the Permittee's responsibility to ensure and verify receipt of this report by the Department, submit any additional information or explanation requested by the Department, and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this report, change."

\_\_\_\_\_  
Name and Title of Responsible Corporate Official or Authorized Agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date