

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG280000

THIS NOTICE OF INTENT IS FOR DISCHARGES ASSOCIATED WITH OFFSHORE OIL AND GAS EXPLORATION AND PRODUCTION ACTIVITIES. **THE DISCHARGE OF PRODUCED WATER, DRILLING MUDS AND CUTTINGS, AND DISCHARGES INCIDENTAL TO THE NORMAL AND PROPER OPERATION OF A VESSEL WHILE BEING USED AS A MEANS OF TRANSPORTATION ARE NOT AUTHORIZED BY THIS PERMIT, NOR ARE ANY DISCHARGES TO AREAS OF BIOLOGICAL CONCERN.**

Mail to: **Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

FOR OFFICE USE ONLY

NPDES PERMIT NUMBER _____

FACILITY NUMBER _____

ANSWER ALL QUESTIONS IN APPLICABLE SECTIONS. PLEASE MARK THE “**NOT APPLICABLE**” BOX IF A SECTION IS NOT APPLICABLE. INCOMPLETE OR WRONG ANSWERS COULD RESULT IN MORE STRINGENT PERMIT REQUIREMENTS. IF SPACE IS INSUFFICIENT TO ADDRESS ANY ITEM BELOW PLEASE CONTINUE ANSWER ON AN ATTACHED SHEET OF PAPER.

FACILITY IDENTIFICATION INFORMATION

A. Name of the Permittee: _____

(Permit issued will cover all facility operations per company per tract. If more than one platform operation is in the same tract, please provide additional descriptive information below for each additional platform).

B. Permittee Mailing Address: – PO Box or Street Route _____

City, State and Zip Code _____

C. Tract Number and County: _____

D. Latitude and Longitude of Facility Location (use Main Platform if one located in tract):

Latitude ()° ()' ()" N Longitude ()° ()' ()" W

E. Permittee Contact and Job Title: _____

Telephone Number: () _____

F. Standard Industrial Code (SIC) (Names and Codes): _____

G. Description of industrial activity: _____

H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:

- Deck drainage from work areas and non-work areas of platform complexes, remote well structures, pigging platforms, temporary rigs, floating construction facilities, and waste collection barges
- Treated sanitary and galley wastewater of less than 10,000 gallons per day from continuously manned facilities, intermittently manned facilities, floating construction and/or maintenance facilities
- Treated domestic wastewater of less than 10,000 gallons per day from continuously manned facilities, intermittently manned facilities, floating construction and/or maintenance facilities
- Non-contact cooling water and boiler blowdown
- Low volume miscellaneous discharges, such as desalinization unit discharges, fire control system test water, hydrostatic test water, diverter test water, etc (Please refer to the permit for complete description.) ADEM

- I. Please indicate which, if any, of the discharges in H. are combined. _____
- J. Has the facility ever been issued an NPDES Permit? Yes [] No []
 Please provide the permit number and facility name at time of permitting.
 Permit Number: _____
 Facility Name: _____
- K. Has the facility been issued an NPDES **INDIVIDUAL** permit?
 Yes [] No [] NPDES Permit No. AL00
 Do you intend to replace your individual permit with this General Permit? Yes [] No []
- L. Is this Notice of Intent for (mark one):
 1. First time issuance of a **GENERAL** Permit
 2. Renewal of **GENERAL** Permit No. ALG
 3. Modification of **GENERAL** Permit No. ALG
- M. Date operations began within the tract: _____
- N. Will the discharges from this facility be located within 1,000 feet of an active or closed oyster reef? Yes [] No []
 If yes, briefly describe the discharge _____
- O. Does the facility now or in the future plan to discharge produced water and/or drilling muds and cuttings?
 Yes [] No []
If yes, you must apply for an individual permit. Please contact the Industrial Section of ADEM.
- P. Will the discharges from this facility be located within 1,000 feet of submerged grassbeds or oyster reefs?
 Yes [] No []
If yes, you must apply for an individual permit. Please contact the Industrial Section of ADEM.
- Q. Discharges associated with vessels affixed to the bottom of the waterbody for the purposes of oil and gas activity are covered under this permit. Discharges incidental to the normal and proper operations of a vessel while being used as a means of transportation are **not** covered by this permit. However, many vessel discharges, occurring while the vessel is used as a means of transportation, are subject to EPA's NPDES vessel permit requirements.
- R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? Yes [] No []
 (A list of the impaired waters can be found at <http://www.adem.state.al.us/programs/water/303d.cnt> for 303(d) listed waters and <http://www.adem.state.al.us/programs/water/approvedTMDLs.htm> for waters subject to a TMDL.)
 If yes, do your discharges contain pollutants of concern listed for the impaired water(s)? Yes [] No []
If yes, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial/Municipal Branch of ADEM before proceeding.

**DSN001 – DECK DRAINAGE FROM WORK AREAS AND NON-WORK AREAS OF PLATFORM COMPLEXES,
REMOTE WELL STRUCTURES, PIGGING PLATFORMS AND TEMPORARY RIGS, FLOATING CONSTRUCTION
FACILITIES, AND WASTE COLLECTION BARGES**

NOT APPLICABLE []

A. List latitude and longitude (to seconds) and name of receiving water body:

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

B. This permit requires the development and implementation of a Best Management Practices (BMP) Plan. Does the facility have any of the following other control measures to prevent pollution? Yes [] No []

(check one)

Structural control measures (basins, etc.)

Other. If so, please describe: _____

C. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

D. Have there been any spill incidents in the last three years which have resulted in adverse impacts to the water quality of the receiving water body? Yes [] No []

If yes, please explain: _____

DSN003 – TREATED SANITARY AND GALLEY WASTEWATER OF LESS THAN 10,000 GALLONS PER DAY FROM CONTINUOUSLY MANNED FACILITIES, INTERMITTENTLY MANNED FACILITIES, FLOATING CONSTRUCTION AND/OR MAINTENANCE FACILITIES

NOT APPLICABLE []

A. List latitude and longitude (to seconds) and name of receiving water body:

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

B. Is the daily maximum discharge volume less than 10,000 gallons per day? Yes [] No [] **If no, coverage under the general permit cannot be granted.**

C. Is the discharge located within 1,000 feet of an active or closed oyster reef? Yes [] No [] **If yes, coverage under the general permit cannot be granted.**

D. Will the discharge be treated using a sewage treatment device which meets or exceeds all requirements of Coast Guard Specification 33 CFR Part 159.3 for a Type II Marine Sanitation device? Yes [] No []

E. Will domestic wastewater be commingled and co-treated with sanitary or galley wastewater? Yes [] No []

F. Will the discharge be introduced below the surface of the water? Yes [] No []

G. Will the discharge be from floating construction and/or maintenance facilities? Yes [] No [] If yes, are the discharges incidental to normal and proper operation of the vessel while being used as a means of transportation? Yes [] No []

H. Will the discharge be from a continuously manned facility? Yes [] No []

If no, what frequency is the facility manned? _____

I. Will the discharge be to waters listed as Shellfish Harvesting? Yes [] No []

J. Will the discharge be to pathogen impaired waters? Yes [] No []

K. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

DSN004 – TREATED DOMESTIC WASTEWATER OF LESS THAN 10,000 GALLONS PER DAY FROM CONTINUOUSLY MANNED FACILITIES, INTERMITTENTLY MANNED FACILITIES, FLOATING CONSTRUCTION AND/OR MAINTENANCE FACILITIES

NOT APPLICABLE []

A. List latitude and longitude (to seconds) and name of receiving water body:

1. Latitude ()° ()′ ()″ N Longitude ()° ()′ ()″ W

Water body (& Tract) _____

2. Latitude ()° ()′ ()″ N Longitude ()° ()′ ()″ W

Water body (& Tract) _____

3. Latitude ()° ()′ ()″ N Longitude ()° ()′ ()″ W

Water body (& Tract) _____

4. Latitude ()° ()′ ()″ N Longitude ()° ()′ ()″ W

Water body (& Tract) _____

B. Is the daily maximum discharge volume less than 10,000 gallons per day? Yes [] No [] **If no, coverage under the general permit cannot be granted.**

C. Is the discharge located within 1,000 feet of an active or closed oyster reef? Yes [] No [] **If yes, coverage under the general permit cannot be granted.**

D. Will the discharge be treated using a sewage treatment device which meets or exceeds all requirements of Coast Guard Specification 33 CFR Part 159.3 for a Type II Marine Sanitation device? Yes [] No []

E. Will domestic wastewater be commingled and co-treated with sanitary or galley wastewater? Yes [] No []

F. Will the discharge be introduced below the surface of the water? Yes [] No []

G. Will the discharge be from floating construction and/or maintenance facilities? Yes [] No [] If yes, are the discharges incidental to normal and proper operation of the vessel while being used as a means of transportation? Yes [] No []

H. Will the discharge be from a continuously manned facility? Yes [] No []

If no, what frequency is the facility manned? _____

I. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

DSN007 – NON-CONTACT COOLING WATER AND BOILER BLOWDOWN

NOT APPLICABLE []

A. List latitude and longitude (to seconds) and name of receiving water body:

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

B. If there are more than one of these discharges, can they be sampled separately? Yes [] No []

C. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []

D. If answer to C. is yes, can they all be sampled separately? Yes [] No []

E. Does surface water intake total 2 million gallons per day or more? Yes [] No []

F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []

G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
Yes [] No []

If no, please include the estimated gallons per day of discharge: _____ GPD

H. Do you use biocides, corrosion inhibitors or chemical additives in your cooling or blowdown water? Yes [] No []
If yes, please submit a list of the biocide, corrosion inhibitor or chemical additive with this NOI. The applicant must also provide:

(1) name and general composition of biocide or chemical,

(2) 48-hour or 96-hour LC50 data for the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) for fresh water discharges. For salt water, the mysid shrimp, and sheepshead minnow or inland silverside. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is submitted.

(3) quantities to be used,

(4) frequencies of use,

(5) proposed discharge concentrations, and

(6) EPA registration of number, if applicable.

* **BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS PERMIT**

I. Is the discharge to the Gulf of Mexico? Yes [] No []

J. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

K. Will the discharge be introduced below the surface of the water, when feasible? Yes [] No []

L. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

M. Is there a cooling water intake structure (CWIS) associated with this facility? Yes [] No []

N. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions M and N is no, then the Cooling Water Intake Structure section does not need to be completed. If the answer to either or both questions M and N is yes, then the following Cooling Water Intake Structure section must be completed.

COOLING WATER INTAKE STRUCTURE

1. a) Is this an offshore oil and gas facility for which construction began after July 17, 2006? Yes [] No []
- b) Is there a cooling water intake structure (CWIS) associated with this facility? Yes [] No []
If more than one intake, provide information for each intake separately.
- c) Do any of the CWISs have an intake design rate of 2 mgd or more? Yes [] No []
- d) Is 25% or more (using the average monthly measurements, or estimates for new facilities, over a 12-month period) of the CWIS used for cooling purposes? Yes [] No []

If the answers to all of 1.a) – 1.d) are 'Yes', the facility may not be able to be covered under this general permit. Please contact the Industrial/Mining Permit Section of ADEM before proceeding.

If the answer to any of 1.a) – 1.d) are 'No', then continue with 2. below.

2. Does the provider of your source water operate a CWIS? Yes [] No [] N/A []
If "Yes," provide name and location of provider, including the latitude and longitude of the intake, and provide responses to questions 3 through 6.. If "No," stop.
3. Is the provider in 2. 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, to the industry with the NPDES permit)?
Yes [] No [] N/A []
If "Yes," stop. If "No," answer questions 4 through 6.
4. Is any water withdrawn from the source water used for cooling? Yes [] No []
If "No," stop. If "Yes," continue.
5. Approximately what percent (using the average monthly measurements over any 12-month period) of water withdrawn is used exclusively for cooling purposes? _____%
6. Does the cooling water consist of treated effluent that would otherwise be discharged? Yes [] No []
If "Yes," stop. If "No," continue.
7. Is the cooling water used in a once-through or closed cycle cooling system? Yes [] No []
8. When was the intake installed? (Please provide dates for all major construction/installation of intake components including screens.)
9. What is the location and configuration of the intake pipe in the source water? (e.g., source water name, onshore/offshore, at what depth, location in relation to bottom, etc.)
10. What is the maximum design intake volume? (maximum pumping capacity in gallons per day)

11. What is the average intake volume? (average intake pump rate in gallons per day average in any 30-day period)
12. How is the intake operated? (e.g., continuously, intermittently, batch)
13. What is the mesh size of the screen on your intake?
14. What is the intake screen flow-through area?
15. What is the through screen design intake flow velocity? _____ 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. Latitude and Longitude of CWIS Location:

Latitude ()° ()' ()" N Longitude ()° ()' ()" W

20. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.

DSN016 – LOW VOLUME MISCELLANEOUS DISCHARGES, SUCH AS DESALINIZATION UNIT DISCHARGES; FIRE CONTROL SYSTEM TEST WATER; HYDROSTATIC TEST WATER; DIVERTER TEST WATER; WASHDOWN OF CEMENT HANDLING PIPES, AND EQUIPMENT; EXCESS CEMENT SLURRY THAT HAS NOT BEEN DOWNHOLE; BULK TANK VENT DISCHARGES; BALLAST WATER AND BILGE WATER WHICH HAS NOT COME INTO CONTACT WITH PRODUCT, WASTE OR WASTE RESIDUAL; AND WASTEWATER RESULTING FROM MAINTENANCE AND REPAIR ACTIVITIES ASSOCIATED WITH CLEANING, PRESSURE WASHING, BLASTING AND PAINTING OF PLATFORMS, REMOTE WELL STRUCTURES, PIGGING PLATFORMS AND TEMPORARY RIGS.

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) and name of receiving water body:

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Water body (& Tract) _____

- B. Will the discharges be introduced below the surface of the water, when feasible? Yes [] No []

- C. Will the desalinization unit be acidized periodically to remove scale? Yes [] No [] If yes, list the expected interval of treatment. _____

- D. Are there any known impacts on the receiving water as a result of the discharges? Yes [] No []

If yes, to what extent? _____

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

****Have you included the survey map for areas of biological concern? Yes [] No []**

This Notice of Intent must be signed by the official representative of the facility who is: **the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.**

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

SIGNATURES

Responsible Official Name and Title (type or print): _____

Physical Address: _____

Phone Number: () _____

Responsible Official Signature: _____ Date _____

Printed Name: _____

Email Address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

Please attach a map showing the location of the facilities to be permitted.

Please also attach the survey map for areas of biological concern