## ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) NPDES/SID NON-COMPLIANCE NOTIFICATION FORM

**Instructions:** This form should be used to notify the Department of non-compliance with permit requirements in accordance with ADEM Admin. Code r. 335-6-6-.12(1)6.(iii) [NPDES permits] or 335-6-5-.15(12)(f)2. (SID permits) and should be submitted with the Discharge Monitoring Reports (DMR) for the respective monitoring period/reporting period, if applicable. If submitting with a DMR, a separate form should be used for each monitoring period/reporting.

| Permittee Name:              | Permit No: |  |
|------------------------------|------------|--|
| Facility Name:               | County:    |  |
| Monitoring/Reporting Period: |            |  |

1. Description of non-compliance associated with an outfall(s) (attach additional pages if necessary):

| Effluent Violations (if applicable) |                            |   |                                 |  |  |
|-------------------------------------|----------------------------|---|---------------------------------|--|--|
| Outfall<br>Number(s)                | Noncompliant Parameters(s) | Result Reported<br>(include units)              | Permit Limit<br>(include units) |  |  |
|                                     |                            |   |                                 |  |  |
|                                     |                            |   |                                 |  |  |
|                                     |                            |   |                                 |  |  |
|                                     |                            |   |                                 |  |  |
|                                     |                            |   |                                 |  |  |
|                                     |                            |   |                                 |  |  |
|                                     | Monitoring / R             | eporting Violations (if applicable)             |                                 |  |  |
| Outfall<br>Number(s)                | Noncompliant Parameter(s)  | Description of Monitoring / Reporting Violation |                                 |  |  |
|                                     |                            |   |                                 |  |  |
|                                     |                            |   |                                 |  |  |
|                                     |                            |   |                                 |  |  |
|                                     |                            |   |                                 |  |  |
|                                     |                            |   |                                 |  |  |
|                                     |                            |   |                                 |  |  |

2. Description of non-compliance that is <u>not</u> associated with an outfall (i.e. not suitable to be reported in Item 1.):

3. Cause of non-compliance (attach additional pages if necessary):

4. Period of noncompliance [include exact date(s) and time(s) or, if not corrected, the anticipated duration of the noncompliance]:

5. Description of steps taken and/or being taken to reduce or eliminate the noncomplying discharge and to prevent its recurrence (attach additional pages if necessary):

6. General Comments (attach additional pages if necessary):

"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."

| Responsible Official Signature: | Date Signed: |
|---------------------------------|--------------|
|                                 |              |

Name and Title (type or print):

Email Address: