

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
PERMIT APPLICATION SUPPLEMENTARY INFORMATION**

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
WATER DIVISION – INDUSTRIAL SECTION  
POST OFFICE BOX 301463  
MONTGOMERY, ALABAMA 36130-1463

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**INSTRUCTIONS:** APPLICATIONS SHOULD BE TYPED OR PRINTED IN INK AND SUBMITTED TO THE DEPARTMENT IN DUPLICATE. PLEASE CONTINUE ON AN ATTACHED SHEET OF PAPER IF INSUFFICIENT SPACE IS AVAILABLE TO ADDRESS ANY ITEM BELOW. PLEASE MARK N/A IN THE APPROPRIATE BOX WHEN AN ITEM IS NON-APPLICABLE TO THE APPLICANT.

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**PURPOSE OF THIS APPLICATION**

- |  |   |
|--|---|
| <input type="checkbox"/> INITIAL PERMIT APPLICATION FOR NEW FACILITY | <input type="checkbox"/> INITIAL PERMIT APPLICATION FOR EXISTING FACILITY |
| <input type="checkbox"/> MODIFICATION OF EXISTING PERMIT             | <input type="checkbox"/> REISSUANCE OF EXISTING PERMIT                    |
| <input type="checkbox"/> REVOCATION & REISSUANCE OF EXISTING PERMIT  |   |
- 
- 

1. Facility Name: \_\_\_\_\_

a. Operator Name: \_\_\_\_\_

b. Is the operator identified in 1.a., the owner of the facility? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, provide the name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.

2. NPDES Permit Number AL \_\_\_\_\_

3. SID Permit Number (if applicable): IU \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

4. NPDES General Permit Number (if applicable) ALG \_\_\_\_\_

5. Facility Location: (Attach a map with location marked; street, route no. or other specific identifier)

Street: \_\_\_\_\_

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

6. Facility Mailing Address (Street or Post Office Box): \_\_\_\_\_

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

7. Responsible Official (as described on page 11 of this application):

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

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

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

Phone Number: \_\_\_\_\_

8. Designated Facility Contact:

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

Phone Number: \_\_\_\_\_

9. Type of Business Entity:

Corporation     General Partnership     Limited Partnership

Sole Proprietorship     Other (Please Specify) \_\_\_\_\_

10. Complete this section if the Applicant's business entity is a Corporation

a) Location of Incorporation:

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

City: \_\_\_\_\_ 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: \_\_\_\_\_

11. Please complete this section if the Applicant's business entity is a Partnership

a) General Partners:

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

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

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

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

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

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

12. Please complete this section if the Applicant's business entity is a Proprietorship

a) Proprietor:

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

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

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

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

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Identify all Administrative Complaints, Notices of Violation, Directives, or Administrative Orders, or Litigation concerning water pollution, if any, against the Applicant, its parent corporation or subsidiary corporations within the State 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION B – BUSINESS ACTIVITY**

1. If your facility conducts or will be conducting any of the processes listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), 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 Mat'ls                |
| <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".



1. For Non-Categorical Users Only: List highest monthly flow in the past 12 months, highest flow year of last 5 years, and average flow for the past 5 years, and the type of discharge for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

Process Description	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 Years (gals/day) Monthly Avg. Flow	Average Flow of Last 5 Years (gals/day) 5 Year Avg. Flow	Discharge Type (batch, cont., none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: \_\_\_\_\_

**Answer questions 2, 3, and 4 only if you are subject to Categorical Standards and plan to directly discharge the associated wastewater directly 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

2. 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. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

<u>a. Regulated Process</u>	<u>Applicable Category</u>	<u>Applicable Subpart</u>	<u>Type of Discharge Flow (batch, continuous, none)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



3. 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 indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, skip Question 5)

Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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5. List the trade name and chemical composition of all biocides and corrosion inhibitors used:

<u>Trade Name</u>	<u>Chemical Composition</u>
_____	_____
_____	_____
_____	_____

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):

<input type="checkbox"/> Private Well	<input type="checkbox"/> Surface Water
<input type="checkbox"/> Municipal Water Utility (Specify City): _____	<input type="checkbox"/> 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: \_\_\_\_\_ Ft. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Name of Surface Water Source: \_\_\_\_\_

\* - MGD = Million Gallons Per Day

\*\* - If the surface water intake amount is greater than 2.0 MGD, is 25% or more used for cooling purposes?

- Yes
- No

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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., that 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 10-foot elevation of Mobile or Baldwin County?

Yes  No  If yes, then complete items A through M below:

	YES	NO
A. Does the project require new construction?	_____	_____
B. Will the project be a source of new air emissions?	_____	_____
C. Does the project involve dredging and/or filling?	_____	_____

Has the Corps of Engineers (COE) permit been received? \_\_\_\_\_

Corps Project Number \_\_\_\_\_

- D. Does the project involve wetlands and/or submersed grassbeds? \_\_\_\_\_
- E. Are oyster reefs located near the project site?  
(Include a map showing project and discharge location with respect to oyster reefs) \_\_\_\_\_
- E. Does the project involve the siting, construction and operation of an energy facility as defined in ADEM Admin. Code R. 335-8-1-.02(bb)? \_\_\_\_\_
- G. Does the project involve shoreline erosion mitigation? \_\_\_\_\_
- H. Does the project involve construction on beaches and dunes? \_\_\_\_\_
- I. Will the project interfere with public access to coastal waters? \_\_\_\_\_
- J. Does the project lie within the 100-year floodplain? \_\_\_\_\_
- K. Does the project involve the registration, sale, use, or application of pesticides? \_\_\_\_\_
- L. Does the project propose to construct a new well or alter an existing well to pump more than 50 GPD? \_\_\_\_\_
- M. Has the applicable permit been obtained? \_\_\_\_\_

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**SECTION G – ANTI-DEGRADATION EVALUATION**

In accordance with 40 CFR 131.12 and the Alabama Department of Environmental Management Administrative Code, Section 335-6-10-.04 for antidegradation, 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 question 2 below. If no, do not complete this section.

2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in question 1? Yes [ ] No [ ].

If no, complete questions A through F below and ADEM forms 311 and 313 (attached). Form 313 must be provided for each alternative considered technically viable. If yes, do not complete this section.

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 there. The EPA application forms are found on the Department’s website at <http://www.adem.state.al.us/>. 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) that discharge process wastewater must submit Form 2C.
3. Applicants for new industrial facilities that propose to discharge process wastewater must submit Form 2D.
4. Applicants for new and existing industrial facilities that 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 – APPLICATION CERTIFICATION**

*THE INFORMATION CONTAINED IN THIS FORM MUST BE CERTIFIED BY A RESPONSIBLE OFFICIAL AS DEFINED IN ADEM ADMINISTRATIVE RULE 335-6-6-.09 “SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS” (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.”*

*“I FURTHER CERTIFY UNDER PENALTY OF LAW THAT ALL ANALYSES REPORTED AS LESS THAN DETECTABLE IN THIS APPLICATION OR ATTACHMENTS THERETO WERE PERFORMED USING THE EPA APPROVED TEST METHOD HAVING THE LOWEST DETECTION LIMIT FOR THE SUBSTANCE TESTED.”*

SIGNATURE OF  
RESPONSIBLE OFFICIAL:

DATE  
SIGNED: \_\_\_\_\_

(TYPE OR PRINT)

\_\_\_\_\_

NAME OF RESPONSIBLE OFFICIAL:

\_\_\_\_\_

OFFICIAL TITLE OF RESPONSIBLE OFFICIAL:

\_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

AREA CODE & PHONE NUMBER:

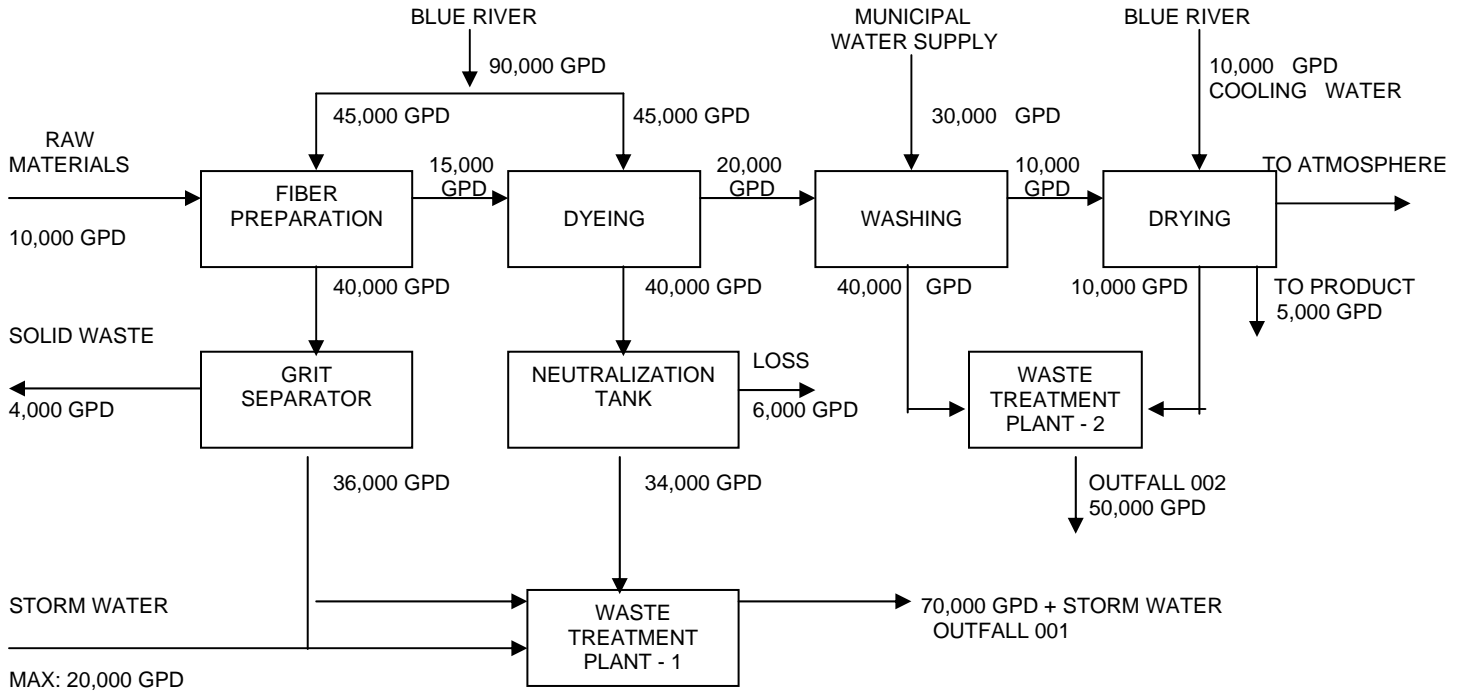
\_\_\_\_\_

### SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS

**Responsible official** is defined as follows:

1. In the case of a corporation, by a principal 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;
2. In the case of a partnership, by a general partner;
3. In the case of a sole proprietorship, by the proprietor; or
4. In the case of a municipal, state, federal, or other public facility, by either a principal executive officer, or ranking elected official.

**FIGURE 1**



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