

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG890000

NPDES PERMIT NUMBER ALG890000 IS A GENERAL PERMIT AUTHORIZING DISCHARGES FROM SMALL NONCOAL/NONMETALLIC MINING AND DRY PROCESSING AND AREAS ASSOCIATED WITH THESE ACTIVITIES.

**Mail to: Alabama Department of Environmental Management
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

FOR OFFICE USE ONLY
NPDES PERMIT NUMBER _____
RECEIPT NUMBER _____

PLEASE COMPLETE ALL QUESTIONS. RESPOND WITH "N/A" AS APPROPRIATE. INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL DELAY PROCESSING. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. ATTACH OTHER INFORMATION AS NEEDED. COMMENCEMENT OF ACTIVITIES APPLIED FOR IN THIS APPLICATION ARE NOT AUTHORIZED UNTIL PERMIT COVERAGE HAS BEEN ISSUED BY THE DEPARTMENT. PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK.

DISCHARGES NOT COVERED BY GENERAL PERMIT ALG890000

If the facility will have any of the following discharges, please contact the Mining and Natural Resources Section of ADEM before proceeding:

1. Discharges from wet processing of mined materials;
2. Discharge(s) from any mining operation that at any time has a total area of land disturbance that equals or exceeds five (5) acres in size; or
3. Discharge(s) from any mining operations where the planned or proposed area of total land disturbance equals, exceeds, will equal or exceed, or is predicted to equal or exceed five (5) acres in size

PURPOSE OF THIS APPLICATION

- | | |
|---|---|
| <input type="checkbox"/> Initial NOI for New Facility | <input type="checkbox"/> Initial NOI for Existing Facility (Previous NPDES Permit AL _____) |
| <input type="checkbox"/> Modification of General Permit No. ALG89 _____ | <input type="checkbox"/> Reissuance of General Permit ALG89 _____ |
| <input type="checkbox"/> Transfer of General Permit No. ALG89 _____ | <input type="checkbox"/> Other _____ |

I. PERMITTEE INFORMATION

| | |
|---|-------------------------------------|
| Permittee Name | Responsible Official Phone Number |
| Responsible Owner/Operator or Official, and Title | Responsible Official E-Mail Address |
| Responsible Official (RO) Mailing Address | City, State, and Zip Code |
| Responsible Official (RO) Street/Physical Address | City, State, and Zip Code |

II. FACILITY INFORMATION

| | |
|---|------------------------------------|
| Facility/Site Name | Facility/Site Contact and Title |
| Facility/Site Street Address or Location Description | City, State, and Zip Code |
| Facility Front Gate Latitude and Longitude (decimal or deg,min,sec) | Facility/Site Contact Phone Number |
| County(s) _____ | |
| Detailed Directions to Site _____ _____ | |

III. ACTIVITY DESCRIPTION

Please Specify Material to be Mined:

Dirt and/or Chert Sand and/or Gravel Shale Common Clay Crushed Rock Dimension Stone

Other _____

Area of the permitted site: Total site area in acres: _____ Total disturbed area in acres: _____

Narrative Description of Activity: _____

IV. TOPOGRAPHIC MAP SUBMITTAL

Attach to this application a 7.5 minute series USGS topographic map(s) no larger than 11 by 17 inches (several pages may be necessary), of the area extending to at least one mile beyond property boundaries. The topographic map(s) must include a caption indicating the name of the topographic map, name of the applicant, facility name, county, and township, range, & section(s) where the facility is located. The topographic map(s) must show the location of the facility including the site boundaries.

V. RECEIVING WATERS

List discharge point number, name of receiving water(s), latitude & longitude (decimal or deg,min,sec) of location(s) that run-off enters the receiving water, and the waterbody use classification.

| Discharge Point No. | Receiving Water | Latitude | Longitude | Waterbody Use Classification |
|---------------------|-----------------|----------|-----------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

VI. IMPAIRED, TOTAL MAXIMUM DAILY LOAD (TMDL), AND HIGH QUALITY WATERS

Does the mining site discharge to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for a pollutant of concern, a waterbody for which a TMDL has been approved or established by EPA for a pollutant of concern, a waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-.09, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-.10? Yes No If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III.D of the permit.

VII. GENERAL INFORMATION

Please be sure to submit a check for the appropriate application fee with the application. **DO NOT SUBMIT THE APPLICATION AND PERMIT FEE SEPARATELY.**

VIII. QUALIFIED CREDENTIALLED PROFESSIONAL (QCP) CERTIFICATION

“I certify under penalty of law that the technical information and data contained in this application, and a comprehensive Best Management Practices Plan (BMP Plan) for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this facility and associated regulated areas/activities. The BMP Plan meets the requirements of this permit and if properly implemented and maintained by the permittee, discharges of pollutants in stormwater runoff can reasonably be expected to be effectively minimized to the maximum extent practicable according to the requirements of ADEM Administrative Code Chapter 335-6-6-.23 and this Permit. The permittee has been advised that appropriate best management practices, pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices as detailed in the BMP Plan must be fully implemented and regularly maintained as needed at the facility in accordance with sound sediment, erosion, and other pollution control practices, permit requirements, and other ADEM requirements to ensure protection of groundwater and surface water quality.”

QCP Designation/Description: _____
 Address _____ Registration/Certification # _____
 Name and Title (type or print) _____ Phone Number _____
 Signature _____ Date Signed _____

IX. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE

Pursuant to ADEM Administrative Code Rule 335-6-6-.09, this NOI must be signed by a Responsible Official of the permittee who is the operator, owner, the sole proprietor of a sole proprietorship, a general/controlling member or partner, a ranking elected official or other duly authorized representative for a unit of government; or an executive officer of at least the level of vice-president for a corporation, having overall responsibility and decision making for the site/activity. “I certify under penalty of law that this form, the BMP Plan, and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the qualified credentialed professional (QCP) and other 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, correct, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I further certify that the proposed discharges described in this application have been evaluated for the presence of any non-stormwater discharges and/or coal/mineral stormwater, or process wastewaters have been fully identified.”

Name (type or print) _____ Official Title _____
 Signature _____ Date Signed _____