ADEM Form 024

Notice of Intent – NPDES General Permit Number ALR100000
(Construction Stormwater)

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALR100000, Notices of Intent for NPDES General Permit Number ALR100000 (ADEM Form 024) are currently required to be submitted electronically. ADEM’s Alabama Environmental Permitting and Compliance System (AEPACS) at https://adem.alabama.gov/AEPACS is now the only method available for electronic submission of such Notices of Intent.

AEPACS allows for dynamic smart forms to be developed. Therefore, ADEM Form 024 has been transformed into multiple variations suited for the specific purpose of the Notice of Intent. This form package includes the following variations of this form in human readable format:

1. Construction Stormwater (ALR100000) - NOI - New (Form 024)
2. Construction Stormwater (ALR100000) - NOI - Information Update (Form 024)
3. Construction Stormwater (ALR100000) - NOI - Modification/Transfer (Form 024)
4. Construction Stormwater (ALR100000) - NOI - Reissuance (Form 024)

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 024 may not be accepted unless the Department first approves such waiver. The hardcopy form is also included at the end of this form package. There are differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.
NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

Priority Construction Site means any site that discharges to a waterbody which is listed on the most recent EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, or any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

Please click here for the Alabama 303(d) list of Impaired Waters

Please click here for Information on Alabama TMDLs

Please click here for the permit fee schedule

Instructions

If your site meets the definition of a Priority Construction Site, a complete and comprehensive CBMPP must be attached to the application submittal. Click here for an ADEM CBMPP template.

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

***APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED***
**Form Input**

*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### Permittee Information

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<thead>
<tr>
<th>Permittee</th>
<th>Permittee Name</th>
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<td>Phone Type</td>
<td>Number Extension</td>
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**Mailing Address**

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### Are you adding a Co-Permittee? *Select One*

- Yes
- No

### Co-Permittee

*This control is conditionally displayed based on answers provided in the question above*

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<th>Co-Permittee Name</th>
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</table>
### Responsible Official

**Prefix**

**First Name** | **Last Name**
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**Title**

**Organization Name**

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<thead>
<tr>
<th><strong>Phone Type</strong></th>
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**Email**

**Physical/Delivery Address**

**Address Line 1**

**Address Line 2**

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### Additional Responsible Officials

*Required if Co-Permittee(s) are included*

**Responsible Official**

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### Additional Permit Contact(s)

*Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).*
## Permit Contact

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
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<th>Title</th>
<th>Company Name</th>
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## Facility/Site Information

**Facility/Site Name**

**Permittee Organization Type**
- (Select One)
  - Corporation
  - County Government/Commission
  - Federal
  - LLC
  - LLP
  - Municipality (City or Town)
  - Partnership
  - School District or Board
  - Sole Proprietorship (i.e. Owned by Individual)
  - State
  - (More Options Available)

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Detailed Directions to the Facility/Site

Facility/Site Front Gate Latitude and Longitude

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Is this a linear project?  
*Select One*
- Yes
- No

Beginning Location of Linear Project
*This control is conditionally displayed based on answers provided in other parts of the form*

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<th>Latitude</th>
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Ending Location of Linear Project
*This control is conditionally displayed based on answers provided in other parts of the form*

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Construction Site Type *Select All That Apply*
- Commercial
- Industrial
- Linear - Highway/Road
- Linear - Utilities
- Multi-Family Residential
- Other
- Single-Family Residential
- Support Activity (i.e. Borrow area)

Primary SIC Code  
*Select One*
- 1521-General Contractors-Single-Family Houses
- 1522-General Contractors-Residential Buildings, Other Than Single-Family
- 1541-General Contractors-Industrial Buildings and Warehouses
- 1611-Highway and Street Construction, Except Elevated Highways
- 1622-Bridge, Tunnel, and Elevated Highway Construction
- 1623-Water, Sewer, Pipeline, and Communications and Power Line Construction
- 1911-Mineral and Bureau Exploration and Mining
- 236115-New Single-Family Housing Construction (except For-Sale Builders)
- 236116-New Multifamily Housing Construction (except For-Sale Builders)
- 236117-New Housing For-Sale Builders
- 236210-Industrial Building Construction
- 236220-Commercial and Institutional Building Construction
- 237100-Heavy Construction
- 237105-Oil and Gas Pipeline and Related Structures Construction
- 237110-Water and Sewer Line and Related Structures Construction
- 237120-Oil and Gas Pipeline and Related Structures Construction
- 237125-Power and Communication Line and Related Structures Construction
- 237130-Power and Communication Line and Related Structures Construction
- 237140-Oil and Gas Pipeline and Related Structures Construction
- 237150-Power and Communication Line and Related Structures Construction
- 237160-Oil and Gas Pipeline and Related Structures Construction
- 237170-Power and Communication Line and Related Structures Construction
- 237180-Oil and Gas Pipeline and Related Structures Construction
- 237190-Power and Communication Line and Related Structures Construction
- 237200-Other Heavy and Civil Engineering Construction

Primary NAICS Code  
*Select One*
- 1521-New Single-Family Housing Construction (except For-Sale Builders)
- 1522-New Multifamily Housing Construction (except For-Sale Builders)
- 1541-New Housing For-Sale Builders
- 1611-Highway and Street Construction, Except Elevated Highways
- 1622-Bridge, Tunnel, and Elevated Highway Construction
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- 237130-Power and Communication Line and Related Structures Construction
- 237140-Oil and Gas Pipeline and Related Structures Construction
- 237150-Power and Communication Line and Related Structures Construction
- 237160-Oil and Gas Pipeline and Related Structures Construction
- 237170-Power and Communication Line and Related Structures Construction
- 237180-Oil and Gas Pipeline and Related Structures Construction
- 237190-Power and Communication Line and Related Structures Construction
- 237200-Other Heavy and Civil Engineering Construction

Additional Site Contact(s)  
*This section is conditionally displayed based on answers provided in other parts of the form*
Facility Contact

Prefix

First Name          Last Name

Title

Organization Name

Phone Type  Number  Extension

Home

Mobile

Other

Business

Email

Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Country

Project Information

Brief Description of activity(s):

Total Facility/Site Area (acres)

Total Disturbed Area (acres)

**Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area**

Anticipated Commencement Date

**Commencement date MUST BE ON OR BEFORE Completion Date**

Anticipated Completion Date

Will flocculants or other chemical stabilization products be used on site?  *Select One*

- Yes
- No

Safety Data Sheet (SDS)

* This control is conditionally displayed based on answers provided in other parts of the form

Please attach an SDS sheet for *each* flocculant used.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

Comment

- Confidential (Reason for Confidentiality)

Are there any surface waters within 25 feet of your project's land disturbances?  *Select One*

- Yes
- No

Reminder:

* This control is conditionally displayed based on answers provided in other parts of the form
Site CBMPP must meet Part III.B. of the permit.

Inspection Status

Was this facility/site inspected and found to be either under construction or in operation prior to a NPDES permit application being submitted to the Department?  
- Yes  - No

*This control is conditionally displayed based on answers provided in other parts of the form

Please be advised that a Greenfield fee may be assessed to the total permit fee since your facility/site was inspected prior to the submittal of your application and/or obtaining NPDES permit coverage.

Priority Construction Site

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? If yes, please attach a copy of the CBMPP that meets or exceeds the requirements of the construction stormwater general permit.  
- Yes  - No

*This control is conditionally displayed based on answers provided in other parts of the form

Attach CBMPP

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

Comment

"Confidential (Reason for Confidentiality)"

Outfalls

Feature Type  
- Outfall

Outfall - Point where the discharge leaves the site.

Outfall Identifier should have a prefix of "OF" (i.e. OF001, OF002)

Outfall Identifier

Topo Map Identifier-Provide the point label from the topo map that correlates to the Outfall Point above.

Location of Outfall

<table>
<thead>
<tr>
<th>Latitude</th>
<th>Longitude</th>
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Receiving Water(s)

RECEIVING WATER(S)

<table>
<thead>
<tr>
<th>ID</th>
<th>Receiving Water</th>
<th>UT</th>
<th>Strm Sewer</th>
<th>MS4</th>
<th>A&amp;I</th>
<th>F&amp;W</th>
<th>LWF</th>
<th>PWS</th>
<th>SH</th>
<th>S</th>
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</table>

WATER USE CLASSIFICATION DESCRIPTIONS:
- A&I - Agricultural and Industrial Water Supply
- F&W - Fish and Wildlife
- LWF - Limited Warmwater Fishery
- PWS - Public Water Supply
- SH - Shell Harvesting
- S - Swimming and Other Whole Body Contact Sports

Topographic Map Submittal

Topographic Map

File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

Comment

"Confidential (Reason for Confidentiality)"
Qualified Credentialed Professional (QCP) Certification

QCP Designation

☐ AL National Resources Conservation Service Professional certified by the State Conservationist
☐ Certified Professional in Erosion and Sediment Control (CPESC)
☐ Certified Professional Soil Scientist (CPSS)
☐ Professional Engineer (PE)
☐ Professional Geologist (PG)
☐ Registered Environmental Manager (REM)
☐ Registered Forester
☐ Registered Landscape Architect

Registration / Certification Number

Qualified Credentialed Professional

Prefix

First Name

Last Name

Title

Organization Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Address Line 1

Address Line 2

City

State/Area

Postal Code

Duly Authorized Representative (DAR)

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

(a) In the case of a corporation, by a 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;

(b) In the case of a partnership, by a general partner;

(c) In the case of a sole proprietorship, by the proprietor; or

(d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);

(b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;

(c) The written authorization is submitted to the Department.

Will a duly authorized representative be submitting this NOI?

☐ Yes  ☐ No

DAR Documentation

*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:


Comment

☐ Confidential (Reason for Confidentiality)
**Authorized Rep**

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Construction Stormwater (ALR100000) - NOI - Information Update (Form 024)

Construction Stormwater-Information Update for Permitted Facilities/Sites

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

The following information may be updated for permitted facilities/sites on this form:

- Change in Responsible Official
- Change in Facility Contact information
- Change in QCP for the site/facility
- Change in Duly Authorized Representative (DAR)
- Suspension of Monitoring Request
- Decrease in Disturbed Area (acreage)
- Deletion of Receiving Water(s)
- Addition and/or Deletion of Outfalls Only
- Change in Flocculant Details

Instructions

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

***No Fee Required***
Processing Information

Brief description of the action/change that has resulted in the request for permit modification(s):

Are you updating Responsible Official Contact information? *Select One
- Yes
- No

Are you updating Facility/Site Contact information? *Select One
- Yes
- No

Are you deleting Receiving Waters that the site discharges to? *Select One
- Yes
- No

Please provide a list of receiving waters that the permittee no longer discharges to:

Are you deleting Outfall Points (points where stormwater leaves site)? *Select One
- Yes
- No

Are you adding Outfall Points (points where stormwater leaves site) associated with CURRENTLY permitted receiving waters? *Select One
- Yes
- No

Will the additional Outfall discharge to a previously permitted Receiving Water? *Select One
- Yes
- No

Are you decreasing Facility/Site acreage and/or Total Disturbed acreage? *Select One
- Yes
- No

Are you adding or changing Flocculants? *Select One
- Yes
- No

Are you requesting a Suspension of Monitoring? *Select One
- Yes
- No

Are you updating QCP Contact information? *Select One
- Yes
- No

Form Submission Reason

Minor Modification

Permit Information

This section is conditionally displayed based on answers provided in other parts of the form

Permit Number

Permittee

Permittee Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Responsible Official Contact(s)

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### Responsible Official

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<td>Address Line 2</td>
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<thead>
<tr>
<th>City</th>
<th>State/Area</th>
<th>Postal Code</th>
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<tr>
<th>Country</th>
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</table>

### Additional Permit Contact(s)

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

<table>
<thead>
<tr>
<th>Permit Contact</th>
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<td>Prefix</td>
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<tr>
<th>Phone Type</th>
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<tr>
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</table>

### Facility/Site Information

*This section is conditionally displayed based on answers provided in other parts of the form*

<table>
<thead>
<tr>
<th>Facility/Site Name</th>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Facility/Site Contact

Prefix

First Name  Last Name

Title

Organization Name

Phone Type  Number  Extension
Home
Mobile
Other
Business
Email

Do you have additional contacts associated with this site?  Select One
- Yes
- No

Facility/Site Address or Location Description

Address Line 1

Address Line 2

Location Description

City  State/Area  Postal Code

Facility/Site County  Select One
- Autauga  - Baldwin
- Barbour  - Bibb
- Blount  - Bullock
- Butler  - Calhoun
- Chambers  - Cherokee
- (More Options Available)

Detailed Directions to the Facility/Site

Facility/Site Front Gate Latitude and Longitude

Latitude  Longitude

Is this a linear project?  Select One
- Yes
- No

Beginning Location of Linear Project
*This control is conditionally displayed based on answers provided in other parts of the form

Latitude  Longitude

Ending Location of Linear Project
*This control is conditionally displayed based on answers provided in other parts of the form

Latitude  Longitude

Additional Site Contact(s)
*This section is conditionally displayed based on answers provided in other parts of the form
Facility Contact
 Prefix

 First Name Last Name

 Title

 Organization Name

 Phone Type Phone Number Extension
 Home
 Mobile
 Other
 Business
 Email

 Mailing Address
 Address Line 1
 Address Line 2

 City State/Area Postal Code

 Country

 Project Information

 Anticipated Commencement Date

 **Commencement date MUST BE ON OR BEFORE Completion Date**

 Anticipated Completion Date

 Flocculants or other chemical stabilization products used on site will be added or changed.

 Select One

 Safety Data Sheet (SDS)

 Please attach an SDS sheet for "each" flocculant used.

 Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

 Comment

 **Confidential (Reason for Confidentiality)**

 Acreage

 **This section is conditionally displayed based on answers provided in other parts of the form**

 NOTE
 You may "ONLY DECREASE" Facility/Site acreage and/or Total Disturbed acreage. Please enter both Facility/Site acreage and Total Disturbed acreage below.

 Total Facility/Site Area (acres)

 Total Disturbed Area (acres)

 **Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area**

 Outfalls

 **This section is conditionally displayed based on answers provided in other parts of the form**
Outfall - Point where the discharge leaves the site.

Outfall Identifier should have a prefix of 'OF' (i.e. OF001, OF002)

Outfall Identifier

Topo Map Identifier - Provide the point label from the topo map that correlates to the Outfall Point above.

Location of Outfall

Latitude

Longitude

Receiving Water(s)

<table>
<thead>
<tr>
<th>ID</th>
<th>Receiving Water</th>
<th>UT</th>
<th>Strm Sewer</th>
<th>MS4</th>
<th>A&amp;W</th>
<th>F&amp;W</th>
<th>LWF</th>
<th>PWS</th>
<th>SH</th>
<th>S</th>
</tr>
</thead>
</table>

Suspension of Monitoring

Suspension Request

Please attach the written request for suspension. Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

*.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dng,*.Dwg,*.EML,*.eml,*.GIF,*.gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.HTM

Comment

[* Confidential (Reason for Confidentiality)]

Inspection Report

Please attach the most recent Inspection Report. Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

*.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dng,*.Dwg,*.EML,*.eml,*.GIF,*.gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.HTM

Comment

[* Confidential (Reason for Confidentiality)]

Qualified Credentialed Professional (QCP) Certification

QCP Designation

* Select One

- AL National Resources Conservation Service Professional certified by the State Conservationist
- Certified Professional in Erosion and Sediment Control (CPESC)
- Certified Professional Soil Scientist (CPSS)
- Professional Engineer (PE)
- Professional Geologist (PG)
- Registered Environmental Manager (REM)
- Registered Forster
- Registered Landscape Architect
- Registered Land Surveyor (LS)

Registration / Certification Number
Qualified Credentialed Professional

Prefix

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Title

Organization Name

Phone Type  | Number | Extension |
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<tr>
<td>Business</td>
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</table>

Email

Address Line 1

Address Line 2

City  | State/Area  | Postal Code |
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</table>

Country

Duly Authorized Representative (DAR)

Pursuant to ADEM Administrative Code Rule 335-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

(a) In the case of a corporation, by a 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;
(b) In the case of a partnership, by a general partner;
(c) In the case of a sole proprietorship, by the proprietor; or
(d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
(b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
(c) The written authorization is submitted to the Department.

Will a duly authorized representative be submitting this NOI? *Select One*

- Yes
- No

DAR Documentation

*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

*.7Z, .7z, .AVI, .avi, .BMP, .bmp, .CSV, .csv, .DAT, .dat, .DOC, .doc, .Doc, .DOCX, .docx, .Docx, .Dwg, .Dwg, .dxf, .EML, .eml, .GIF, .gif, .GIF, .GPX, .gpx, .Gpx, .HTM, .HTM, ...

Comment

- Confidential (Reason for Confidentiality)
**Authorized Rep**

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**Topographic Map Submittal**

*This section is conditionally displayed based on answers provided in other parts of the form*

**Topographic Map**

File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

<table>
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*Confidential (Reason for Confidentiality)*

**Additional Document Submittals**

**Additional Documents (Optional)**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.bmp,* .jpeg,* .jpg,* .pdf,* .png,* .tif,* .tiff

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*Confidential (Reason for Confidentiality)*
Construction Stormwater (ALR100000) - NOI - Modification/Transfer (Form 024)

Construction Stormwater-Modification and/or Transfer of Permit Coverage

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

A modification to your current permit may include one or more of the following:

- Permittee name change (Requires a signed Transfer Agreement, Form 466)
- Change of ownership (Requires a signed Transfer Agreement, Form 466)
- Facility name change
- Addition of a Co-Permittee
- Addition of receiving water(s) and outfalls associated with the additional receiving waters
- For Priority sites – CBMPP will need to be resubmitted if adding receiving waters

Please contact the appropriate permitting staff member if you are unsure whether a modification or new permit is required for your project. Please contact the appropriate permitting staff based on the county where the site is located prior to beginning the application process. Please see the link on the right side of this screen for area assignments for Construction Stormwater Permit staff.

Please click here for the Transfer Agreement, Form 466
Please click here for the Alabama 303(d) list of Impaired Waters
Please click here for Information on Alabama TMDLs
Please click here for the permit fee schedule

Priority Construction Site means any site that discharges to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, and any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

Instructions

If your site meets the definition of a Priority Construction Site, a complete and comprehensive CBMPP must be attached to the application submittal. Click here for an ADEM CBMPP template.

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

***APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED***
Construction Stormwater (ALR100000) - NOI - Modification/Transfer (Form 024)

Form Input
* This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form

Processing Information

Brief description of the action/change that has resulted in the request for permit modification(s):

Please indicate which of the following applies to this submission:
- Modification
- Modification with Transfer of Ownership
- Transfer of Ownership Only

Please download, print, and sign the following:
Transfer Agreement (Form 466)

Attach Transfer Agreement (Form 466)

Please attach the signed Transfer Agreement (Form 466) here.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:
*.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.htm,*.Htm,*.HTML,*.html,*.I门户,*.JPG,*.jpg,*.Jpg,*.JPEG,*.jpeg,*.Jpeg,*.PDF,*.pdf,*.Pdf,*.PNG,*.png,*.Png,*.R06,*.r06,*.R07,*.r08,*.R09,*.r09,*.R10,*.r10,*.R11,*.r11,*.R12,*.r12,*.R13,*.r13,*.R14,*.r14,*.R15,*.r15

Comment

Confidential (Reason for Confidentiality)

Are you adding a Co-Permittee?
- Yes
- No

This is the current Facility/Site Name:
Calculated

Are you changing the Facility/Site Name?
- Yes
- No

Do you have additional contacts associated with this site?
- Yes
- No

Are you adding/changing receiving waters? If a priority site, submittal of updated CBMPP may be required.
- Yes
- No

Are you adding/changing outfall coordinates? If a priority site, submittal of updated CBMPP may be required.
- Yes
- No

Are you adding additional acreage? If a priority site, submittal of updated CBMPP is required. Please note, depending on the additional acreage request, issuance of a new, separate permit may be required. Please contact the permit writer for your county.
- Yes
- No

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit?
- Yes
- No

Form Submission Reason
Calculated

Permit Information

Permit Number
Permittee

Permittee Name

Phone Type  Number  Extension
Home
Mobile
Other
Business

Mailing Address

Address Line 1

Address Line 2

City  State/Area  Postal Code

Co-Permittee

Co-Permittee Name

Phone Type  Number  Extension
Home
Mobile
Other
Business

Address Line 1

Address Line 2

City  State/Area  Postal Code

Responsible Official

Prefix

First Name  Last Name

Title

Organization Name

Phone Type  Number  Extension
Home
Mobile
Other
Business

Email

Physical/Delivery Address

Address Line 1

Address Line 2

City  State/Area  Postal Code

Additional Responsible Officials

This section is conditionally displayed based on answers provided in other parts of the form.

This control is conditionally displayed based on answers provided in other parts of the form.
Responsible Official

Prefix

First Name  Last Name

Title

Organization Name

Phone Type  Number  Extension

Home

Mobile

Other

Business

Email

Address Line 1

Address Line 2

City

State/Area

Postal Code

Country

Additional Permit Contact(s)

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

Permit Contact

Prefix

First Name  Last Name

Title

Company Name

Phone Type  Number  Extension

Home

Mobile

Other

Business

Email

Facility/Site Information

Facility/Site Name

*This control is conditionally displayed based on answers provided in other parts of the form*

Permittee Organization Type  *Select One*

- Corporation
- County Government/Commission
- Federal
- LLC
- LLP
- Municipality (City or Town)
- Partnership
- School District or Board
- Sole Proprietorship (i.e. Owned by Individual)
- State
- (More Options Available)
### Facility/Site Contact

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
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### Facility/Site Address or Location Description

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**Facility/Site County**
- Autauga
- Baldwin
- Barbour
- Bibb
- Blount
- Bullock
- Butler
- Calhoun
- Chambers
- Cherokee
- (More Options Available)

### Detailed Directions to the Facility/Site

*This control is conditionally displayed based on answers provided in other parts of the form*

<table>
<thead>
<tr>
<th>Facility/Site Front Gate Latitude and Longitude</th>
<th>Latitude</th>
<th>Longitude</th>
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**Is this a linear project?**
- Yes
- No

### Beginning Location of Linear Project

*This control is conditionally displayed based on answers provided in other parts of the form*

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<th>Latitude</th>
<th>Longitude</th>
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### Ending Location of Linear Project

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<th>Latitude</th>
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### Construction Site Type

*This control is conditionally displayed based on answers provided in other parts of the form*

- Commercial
- Industrial
- Linear - Highway/Road
- Linear - Utilities
- Multi-Family Residential
- Single-Family Residential
- Support Activity (i.e. Borrow area)
### Additional Site Contact(s)

**Facility Contact**

<table>
<thead>
<tr>
<th>Prefix</th>
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**Mailing Address**

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### Project Information

**Brief Description of activity(s):**

- This control is conditionally displayed based on answers provided in other parts of the form

**Total Facility/Site Area (acres):**

- This control is conditionally displayed based on answers provided in other parts of the form

**Total Disturbed Area (acres):**

- This control is conditionally displayed based on answers provided in other parts of the form

- **Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area**

**Anticipated Commencement Date**

- **Commencement date MUST BE ON OR BEFORE Completion Date**

**Anticipated Completion Date**
Will flocculants or other chemical stabilization products be used on site? *Select One

- Yes
- No

Safety Data Sheet (SDS)

- This control is conditionally displayed based on answers provided in other parts of the form

Please attach an SDS sheet for *each* flocculant used.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

Comment

- Confidential (Reason for Confidentiality)

Are there any surface waters within 25 feet of your project or land disturbances? *Select One

- Yes
- No

Reminder:

- This control is conditionally displayed based on answers provided in other parts of the form

Site CBMPP must meet Part III.B. of the permit.

Priority Construction Site

- This section is conditionally displayed based on answers provided in other parts of the form

Attach CBMPP

Please attach a copy of the CBMPP that meets or exceeds the requirements of Parts III A. and E. of the construction stormwater general permit.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.7Z,*.7z,*.AVI,*.avi,*.BMP,*.bmp,*.CSV,*.csv,*.Dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.htm

Comment

- Confidential (Reason for Confidentiality)

Outfalls

- This section is conditionally displayed based on answers provided in other parts of the form

Feature Type *Select One

- Outfall

Outfall - Point where the discharge leaves the site.

Outfall Identifier should have a prefix of "OF" (i.e. OF001, OF002)

Outfall Identifier

Topo Map Identifier - Provide the point label from the topo map that correlates to the Outfall Point above.

Location of Outfall

<table>
<thead>
<tr>
<th>Latitude</th>
<th>Longitude</th>
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</thead>
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</tbody>
</table>

Receiving Water(s)

- This section is conditionally displayed based on answers provided in other parts of the form

Please select at least one Waterbody Use Classification using an "X". For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. If the segment of the receiving water to which the facility discharges has not been assigned a water use classification, select "F&W" (Fish and Wildlife).

Topographic Map Submittal

- This section is conditionally displayed based on answers provided in other parts of the form
Topographic Map
File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

Comment

*Confidential (Reason for Confidentiality)

Qualified Credentialed Professional (QCP) Certification

QCP Designation [Select One]
- AL National Resources Conservation Service Professional certified by the State Conservationist
- Certified Professional in Erosion and Sediment Control (CPESC)
- Certified Professional Soil Scientist (CPSS)
- Professional Engineer (PE)
- Professional Geologist (PG)
- Registered Environmental Manager (REM)
- Registered Forester
- Registered Land Surveyor (LS)
- Registered Landscape Architect

Registration / Certification Number

Qualified Credentialed Professional

Prefix

First Name  Last Name

Title

Organization Name

Phone Type  Number  Extension
- Home
- Mobile
- Other
- Business
- Email

Address Line 1

Address Line 2

City  State/Area  Postal Code

Duly Authorized Representative (DAR)

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

(a) In the case of a corporation, by a 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;
(b) In the case of a partnership, by a general partner;
(c) In the case of a sole proprietorship, by the proprietor; or
(d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:
(a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
(b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
(c) The written authorization is submitted to the Department.

Will a duly authorized representative be submitting this NOI? [Select One]
- Yes
- No
DAR Documentation

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

*.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.Dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.GIF,*.gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.html

Comment

☐ Confidential (Reason for Confidentiality)

Authorized Rep

This control is conditionally displayed based on answers provided in other parts of the form

Prefix

First Name Last Name

Title

Organization Name

Phone Type

Home Mobile Other Business

Number Extension

Email

Mailing Address

Address Line 1

Address Line 2

City State/Area Postal Code

Country

Additional Attachment(s) for Permit Transfers Only

This section is conditionally displayed based on answers provided in other parts of the form

Please provide an updated topographic map.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.jpeg,*.jpg,*.pdf,*.png

Comment

☐ Confidential (Reason for Confidentiality)

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? * Select One

☐ Yes ☐ No
Please provide an updated CBMPP.

* This control is conditionally displayed based on answers provided in other parts of the form

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.pdf

**Comment**

*Confidential (Reason for Confidentiality)*
NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

Any Permittee authorized to discharge under the April 1, 2016 NPDES Construction General Permit, who wishes to continue to discharge upon the expiration of that permit, shall submit a complete NOI to be covered by this reissued General Permit. Such NOI shall be submitted at least 30 days prior to the expiration date of the April 1, 2016 NPDES Construction General Permit.

Failure of the Permittee to submit a complete NOI for reauthorization under this permit at least 30 days prior to the permit’s expiration will void the automatic continuation of the authorization to discharge under that permit as provided by ADEM Admin. Code r. 335-6-6-.06. Should the permit not be reissued for any reason prior to its expiration date, Permittees who failed to meet the 30-day submittal deadline will be illegally discharging without a permit after the expiration date of the April 1, 2016 permit.

Priority Construction Site means any site that discharges to waterbody which is listed on the most recent EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, and any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

Please click here for the Alabama 303(d) list of Impaired Waters
Please click here for Information on Alabama TMDLs
Please click here for the permit fee schedule

Instructions

If your site meets the definition of a Priority Construction Site, as described above, a complete and comprehensive CBMPP must be attached to the application submittal. Click here for an ADEM CBMPP template.

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

***APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED***
Form Input

*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form.

Processing Information

Does this reissuance include a Permittee name or ownership change? (Requires Transfer Form 466)  
- Yes  
- No

Please download, print, and sign the following:

Transfer Agreement (Form 466)

Attach Transfer Agreement (Form 466)

Please attach the signed Transfer Agreement (Form 466) here.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

*.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.htm

Comment

[ Confidential (Reason for Confidentiality) ]

Are you adding a Co-Permittee?  
- Yes  
- No

This is the current Facility/Site Name:

Calculated

Are you changing the Facility/Site Name?  
- Yes  
- No

* This control is conditionally displayed based on answers provided in other parts of the form.

Selecting No to the question above will display "None Specified" under the Facility/Site Name indicating it will no longer be editable or displayed on this Modification form. The current Facility/Site Name is still stored in the AEPACS system.

Do you have additional facility contacts associated with this site?  
- Yes  
- No

Are you adding/changing receiving waters? If a priority site, submittal of updated CBMP may be required.  
- Yes  
- No

Are you adding/changing outfall coordinates? If a priority site, submittal of updated CBMP may be required.  
- Yes  
- No

Has the total and/or disturbed acreage changed from the previous NOI submitted?  
- Yes  
- No

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit?  
- Yes  
- No

Form Submission Reason

Reissuance

Permit Information

Permit Number
## Permittee

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<th>Postal Code</th>
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## Co-Permittee

*This content is conditionally displayed based on answers provided in other parts of the form*

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## Responsible Official

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**Physical/Delivery Address**

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## Additional Responsible Officials

*This section is conditionally displayed based on answers provided in other parts of the form*
Responsible Official

Prefix

First Name  Last Name

Title

Organization Name

Phone Type  Number  Extension
Home
Mobile
Other
Business
Email

Address Line 1
Address Line 2

City  State/Area  Postal Code

Country

Additional Permit Contact(s)

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

Permit Contact

Prefix

First Name  Last Name

Title

Organization Name

Phone Type  Number  Extension
Home
Mobile
Other
Business
Email

Facility/Site Information

Facility/Site Name

Permittee Organization Type  *Select One
- Corporation
- Federal
- LLP
- Partnership
- State
- County Government/Commission
- LLC
- Municipality (City or Town)
- School District or Board
- Sole Proprietorship (i.e. Owned by Individual)

... (More Options Available)
### Facility/Site Contact

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
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### Facility/Site Address or Location Description

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<th>Location Description</th>
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### Facility/Site County

- Autauga
- Baldwin
- Barbour
- Bibb
- Blount
- Bullock
- Butler
- Calhoun
- Chambers
- Cherokee
- (More Options Available)

### Detailed Directions to the Facility/Site

- [ ] Yes
- [ ] No

### Facility/Site Front Gate Latitude and Longitude

<table>
<thead>
<tr>
<th>Latitude</th>
<th>Longitude</th>
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### Is this a linear project?

- [ ] Yes
- [ ] No

### Beginning Location of Linear Project

*This control is conditionally displayed based on answers provided in other parts of the form*

<table>
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<th>Latitude</th>
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### Ending Location of Linear Project

*This control is conditionally displayed based on answers provided in other parts of the form*

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</table>

### Construction Site Type

- [ ] Commercial
- [ ] Industrial
- [ ] Linear - Highway/Road
- [ ] Linear - Utilities
- [ ] Multi-Family Residential
- [ ] Other
- [ ] Single-Family Residential
- [ ] Support Activity (i.e. Borrow area)

### Primary SIC Code

- [ ] 1521-General Contractors-Single-Family Houses
- [ ] 1522-General Contractors-Residential Buildings, Other Than Single-Family
- [ ] 1541-General Contractors-Industrial Buildings and Warehouses
- [ ] 1542-General Contractors-Nonresidential Buildings, Other than Industrial Buildings and Warehouses
- [ ] 1611-Highway and Street Construction, Except Elevated Highways
- [ ] 1622-Bridge, Tunnel, and Elevated Highway Construction
- [ ] 1623-Water, Sewer, Pipeline, and Communications and Power Line Construction
- [ ] 1629-Heavy Construction
Additional Site Contact(s)

Additional Site Contact(s) is conditionally displayed based on answers provided in other parts of the form.

**Facility Contact**

Prefix

First Name

Last Name

Title

Organization Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Country

**Project Information**

Brief Description of activity(s):

Total Facility/Site Area (acres)

Total Disturbed Area (acres)

**Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area**

Anticipated Commencement Date

**Commencement date MUST BE ON OR BEFORE Completion Date**

Anticipated Completion Date

Will flocculants or other chemical stabilization products be used on site? (Select one)

- Yes
- No
Safety Data Sheet (SDS)

Please attach an SDS sheet for *each* flocculant used.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png

Comment

☐ Confidential (Reason for Confidentiality)

Are there any surface waters within 25 feet of your project’s land disturbances? *Select One

☐ Yes  ☐ No

Reminder: Site CBMPP must meet Part III.B. of the permit.

Priority Construction Site

Attach CBMPP

Please attach a copy of the CBMPP that meets or exceeds the requirements of Parts III A. and E. of the construction stormwater general permit.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

*.7Z,*.7z,*.AVI,*.avi,*.BMP,*.bmp,*.CSV,*.csv,*.DAT,*.dat,*.DOC,*.doc,*.DOCX,*.docx,*.DWS,*.dws,*.Dwg,*.dwg,*.EML,*.eml,*.GIF,*.gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.HTM

Comment

☐ Confidential (Reason for Confidentiality)

Outfalls

Feature Type *Select One

☐ Outfall

Outfall - Point where the discharge leaves the site.

Outfall Identifier should have a prefix of 'OF' (i.e. OF001, OF002)

Outfall Identifier

Topo Map Identifier-Provide the point label from the topo map that correlates to the Outfall Point above.

Location of Outfall

Latitude

Longitude

Receiving Water(s)

RECEIVING WATER(S)

<table>
<thead>
<tr>
<th>ID</th>
<th>Receiving Water</th>
<th>UT</th>
<th>Stm Sewer</th>
<th>MS4</th>
<th>A&amp;I</th>
<th>F&amp;W</th>
<th>LWF</th>
<th>PWS</th>
<th>SH</th>
<th>S</th>
</tr>
</thead>
</table>

WATER USE CLASSIFICATION DESCRIPTIONS:

A&I - Agricultural and Industrial Water Supply

F&W - Fish and Wildlife

LWF - Limited Warmwater Fishery

PWS - Public Water Supply

SH - Shell Harvesting

S - Swimming and Other Whole Body Contact Sports

Topographic Map Submittal
**Topographic Map**

File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: .gif, .jpeg, .jpg, .pdf, .png

**Comment**

*Confidential (Reason for Confidentiality)*

**Qualified Credentialed Professional (QCP) Certification**

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<thead>
<tr>
<th>QCP Designation</th>
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<tbody>
<tr>
<td>AL National Resources Conservation Service Professional certified by the State Conservationist</td>
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<tr>
<td>Certified Professional Soil Scientist (CPSS)</td>
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<tr>
<td>Professional Geologist (PG)</td>
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<tr>
<td>Registered Forester</td>
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<tr>
<td>Certified Professional in Erosion and Sediment Control (CPESC)</td>
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<td>Professional Engineer (PE)</td>
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<td>Registered Environmental Manager (REM)</td>
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<tr>
<td>Certified Professional Soil Scientist (CPSS)</td>
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<td>Registered Land Surveyor (LS)</td>
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Registration / Certification Number

**Qualified Credentialed Professional**

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Email

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<table>
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<tr>
<th>City</th>
<th>State/Area</th>
<th>Postal Code</th>
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**Duly Authorized Representative (DAR)**

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

(a) In the case of a corporation, by a 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;

(b) In the case of a partnership, by a general partner;

(c) In the case of a sole proprietorship, by the proprietor; or

(d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(Q):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);

(b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;

(c) The written authorization is submitted to the Department.

Will a duly authorized representative be submitting this NOI? Select One

- [ ] Yes
- [x] No
Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

*.7Z,*.7z,*.AVI,*.avi,*.BMP,*.Bmp,*.CSV,*.csv,*.DAT,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*...05,*.R06,*.r06,*.R07,*.r07,*.R08,*.r08,*.R09,*.r09,*.R10,*.r10,*.R11,*.r11,*.R12,*.r12,*.R13,*.r13,*.R14,*.r14,*.R15,*.r15

Comment

[ ] Confidential (Reason for Confidentiality)

Authorized Rep

Prefix

First Name  |  Last Name
-----------  |  -----------

Title

Organization Name

Phone Type  |  Number  |  Extension
-----------  |  --------  |  -------
Home        |  |  
Mobile      |  |  
Other       |  |  
Business    |  |  

Email

Mailing Address

Address Line 1

Address Line 2

City  |  State/Area  |  Postal Code
--------  |  -----------  |  -------

Country
**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
**NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALR100000**  
(CONSTRUCTION STORMWATER)

**Instructions:** This form may be used to submit a Notice of Intent for coverage under NPDES Permit Number ALR100000 ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-04(6). NPDES Permit Number ALR100000 is the general permit authorizing discharges associated with construction activities that result in a total land disturbance of one (1) acre or greater and sites less than one (1) acre but are part of a larger common plan of development or sale. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing. Attach CBMPP and other additional information as needed.

**PURPOSE OF THIS NOI**
- Initial NOI for New Facility
- Modification of General Permit No. ALR______
- Transfer of General Permit No. ALR______
- Other ____________________________

## I. PERMITTEE INFORMATION

<table>
<thead>
<tr>
<th>Permittee Name (Legal Name)</th>
<th>Responsible Official Phone Number (Provide at least one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Owner/Operator or Official Name</td>
<td>Responsible Official Title</td>
</tr>
<tr>
<td>Responsible Official (RO) Mailing Address</td>
<td>Mailing City, State, and Zip Code</td>
</tr>
<tr>
<td>Responsible Official (RO) Location Street/Physical Address</td>
<td>Location City, State, and Zip Code</td>
</tr>
<tr>
<td>Corporation</td>
<td>Partnership</td>
</tr>
</tbody>
</table>

**Co-Permittee**  
(Leave blank if only one permittee will hold the permit. If more than one Co-Permittee is requested, include below information for each on a separate page)

<table>
<thead>
<tr>
<th>Permittee Name (Legal Name)</th>
<th>Responsible Official Phone Number (Provide at least one)</th>
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<tr>
<td>Responsible Official (RO) Location Street/Physical Address</td>
<td>Location City, State, and Zip Code</td>
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<tr>
<td>Corporation</td>
<td>Partnership</td>
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</tbody>
</table>

## II. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Facility/Site Name</th>
<th>Facility/Site Contact Name</th>
<th>Facility/Site Contact Title</th>
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</thead>
<tbody>
<tr>
<td>Facility/Site Street Address or Location Description</td>
<td>Facility/Site Contact Company Name</td>
<td></td>
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<tr>
<td>City</td>
<td>Zip Code</td>
<td>Facility/Site Contact Phone Number (Provide at least one)</td>
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<tr>
<td>County(s)</td>
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</tbody>
</table>

**Facility Latitude and Longitude (Decimal or Deg. Min. Sec.)** [Provide the set of coordinates below appropriate for the project type, non-linear vs. linear]

<table>
<thead>
<tr>
<th>Non-Linear Project</th>
<th>Front Gate Coordinates</th>
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<tbody>
<tr>
<td>Latitude</td>
<td>Longitude</td>
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<table>
<thead>
<tr>
<th>Linear Project</th>
<th>Beginning Point Coordinates</th>
<th>Ending Point Coordinates</th>
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<tbody>
<tr>
<td>Latitude</td>
<td>Longitude</td>
<td>Latitude</td>
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</tbody>
</table>

Detailed Directions to Facility/Site
III. ACTIVITY DESCRIPTION

Brief Description of Construction / Land disturbance activity(s):

(For Modifications Only) Brief description of the action/change that has resulted in the request for permit modification:

Primary SIC Code: ____________________________ Primary NAICS Code: ____________________________

IV. PROPOSED SCHEDULE

Anticipated Activity Schedule: Commencement Date: ____________________________ Completion Date: ____________________________

Area of Permitted Facility/Site: Total Site Area in Acres: ____________________________ Total Disturbed Area in Acres: ____________________________

V. PRIORITY CONSTRUCTION SITE

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit?  □ Yes  □ No

If yes, attach/submit a copy of the CBMPP that meets or exceeds the requirements of Parts III A. and E. of the construction stormwater general permit.

VI. TOPOGRAPHIC MAP SUBMITTAL

Attach a recent 7.5 minute series USGS topographic map(s) no larger than 11 by 17 inches (several pages may be necessary). The map(s) at a minimum must include the following, which should be clearly identified (please include a key for symbols and a scale) on the map(s):

(1) Site/project boundaries;
(2) Proposed permit boundaries;
(3) Property boundaries (non linear project only);
(4) Area(s) of disturbance;
(5) One (1) mile radius;
(6) Entrance(s)/Exit(s);
(7) Outfall(s);
(8) Receiving stream(s); and
(9) Begin and End Project Locations (Linear project only).

For subdivisions and/or common plans of development or sale, please provide a current plat map of the development.

VII. OUTFALLS

List the locations of all outfalls (points where discharges leave the site) including the label for each outfall from the topo map. (Attach a separate list if necessary)

<table>
<thead>
<tr>
<th>Topo Map Identifier</th>
<th>Latitude</th>
<th>Longitude</th>
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VIII. RECEIVING WATERS

Are there any surface waters within 25 feet of your project’s earth disturbances?  □ Yes  □ No

List name of receiving water(s), latitude & longitude (Decimal degrees or Degrees Minutes Seconds) of location(s) that run-off enters the receiving water, and the waterbody classification. Please also indicate if the discharges enter an unnamed tributary to the receiving water. In addition, indicate enters a storm sewer prior to the receiving water, and if the storm sewer is under the jurisdictions of an MS4. Please refer to ADEM Admin. Code 335-6-11 for a detailed list of water use classifications. (Attach a separate list if necessary)

<table>
<thead>
<tr>
<th>Receiving Water</th>
<th>UT</th>
<th>Storm Sewer</th>
<th>MS4</th>
<th>Waterbody Classification (At least one must be selected)</th>
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IX. GENERAL INFORMATION

Will flocculants or other chemical stabilization products be used on site?  [ ] Yes  [ ] No
If [Yes], attach a Safety Data Sheet (SDS) for each flocculant used.

X. QUALIFIED CREDENTIALED PROFESSIONAL (QCP) CERTIFICATION

“I certify under penalty of law that a comprehensive Construction Best Management Practices Plan (CBMPP) 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 site/activity, and associated regulated areas/activities. The CBMPP meets the requirements of this permit and if properly implemented and maintained by the operator, 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 CBMPP describes the erosion and sediment control measures that must be fully implemented and regularly maintained as needed at the permitted site in accordance with sound sediment and erosion control practices to ensure the protection of water quality.”

QCP Designation/Description:

Name: ___________________________ Title: ___________________________ Registration/Certification #: ___________________________
Address: ___________________________ Phone Number: ___________________________ Email: ___________________________
Signature ___________________________ Date Signed: ___________________________

XI. DULY AUTHORIZED REPRESENTATIVE (DAR)

If a Duly Authorized Representative will be signing this NOI, the DAR must provide the following information and attach the appropriate documentation meeting the requirements below for a duly authorized representative. The document must be dated within the last 12 months

Name (including prefix): ___________________________ Title: ___________________________
Organization Name: ___________________________
Mailing Address: ___________________________
Phone Number: ___________________________ Email: ___________________________
Signature ___________________________ Date Signed: ___________________________

XII. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE

“I certify under penalty of law that this form, the CBMPP, 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 registration have been evaluated for the presence of any non-construction and/or coal/mineral mining stormwater, or process wastewaters have been fully identified.”

Name ___________________________ Official Title ___________________________
Signature ___________________________ Date Signed: ___________________________

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

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