

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALR100000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES Permit Number ALR100000, which 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 information as needed.

PURPOSE OF THIS NOI

- | | |
|---|---|
| <input type="checkbox"/> Initial NOI for New Facility
<input type="checkbox"/> Modification of General Permit No. ALR _____
<input type="checkbox"/> Transfer of General Permit No. ALR _____ | <input type="checkbox"/> Reissuance of General Permit ALR _____
<input type="checkbox"/> Other _____ |
|---|---|

I. PERMITTEE INFORMATION

Permittee Name (Legal Name)		Responsible Official Phone Number (Provide at least one)	
Responsible Owner/Operator or Official Name	Responsible Official Title	Responsible Official Email Address	
Responsible Official (RO) Mailing Address		Mailing City, State, and Zip Code	
Responsible Official (RO) Location Street/Physical Address		Location City, State, and Zip Code	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Government Agency <input type="checkbox"/> Other _____			

II. FACILITY INFORMATION

Facility/Site Name		Facility/Site Contact Name	Facility/Site Contact Title
Facility/Site Street Address or Location Description		Facility/Site Contact Company Name	
City	Zip Code	Facility/Site Contact Phone Number (Provide at least one) Office: _____ Cell: _____	
County(s)		Facility/Site Contact Email Address	
Facility Latitude and Longitude (Decimal or Deg. Min. Sec.) [Provide the set of coordinates below appropriate for the project type, non-linear vs. linear]			
Non-Linear Project	<i>Front Gate Coordinates</i>		
	Latitude		Longitude
Linear Project	<i>Beginning Point Coordinates</i>		<i>Ending Point Coordinates</i>
	Latitude	Longitude	Longitude
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), showing the location of the Facility including site boundaries, area of disturbance, a 1 mile radius, perennial, intermittent, and ephemeral streams, lakes/springs/wells/wetlands and contour lines. The map should also show the point(s) at which stormwater runoff will exit (outfall) the facility and the point(s) where stormwater runoff from the site will enter the receiving water.

VII. RECEIVING WATERS

Does your project discharge stormwater into a Municipal Separate Storm Sewer System (MS4)? Yes No

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 refer to ADEM Admin. Code 335-6-11 for a detailed list of water use classifications. (Attach a separate list if necessary)

Receiving Water	Latitude	Longitude	Waterbody Classification

VIII. General Information

Will flocculants or other chemical stabilization products be used on site? Yes No

IX. QUALIFIED CREDENTIALLED 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: _____

X. 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 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: _____