

ADEM NPDES CONSTRUCTION STORMWATER NONCOMPLIANCE NOTIFICATION REPORT

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Complete this form, attach additional information as necessary, and send report to ADEM.

Item I.

Permittee Name		Facility/Site Name	
NPDES ALR10	County	Facility Contact and Title	
Facility Street Address <u>or</u> Location Description		City	State Zip
Phone Number	Fax Number	E-Mail Address	

Item II.

DESCRIPTION OF NONCOMPLIANCE OR NONCOMPLIANT DISCHARGE: _____
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Item III.

INSPECTION AND BMP CERTIFICATION REPORT(S), ANY PHOTOGRAPHS, AND ANY SAMPLING RESULTS <u>ARE ATTACHED</u> . IF NOT, PLEASE EXPLAIN: _____
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Item IV.

CAUSE OF NONCOMPLIANCE: _____

Item V.

PERIOD OF NONCOMPLIANCE: (Include exact date(s) and time(s) or, if not corrected, the anticipated time the noncompliance is expected to continue): _____

Item VI.

DESCRIPTION OF STEPS TAKEN AND/OR BEING TAKEN (PROPOSED COMPLIANCE SCHEDULE) TO REDUCE AND/OR ELIMINATE THE NONCOMPLYING DISCHARGE, REPAIR/REPLACE/UPGRADE BMPs, AND TO PREVENT ITS RECURRENCE: _____ _____

“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 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 am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Name & Designation of QCP	Signature	Date
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Name & Title of Permittee Responsible Official	Signature	Date
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