

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NPDES INDIVIDUAL PERMIT APPLICATION
SUPPLEMENTARY INFORMATION FOR INDUSTRIAL FACILITIES

Instructions: This form should be used to submit the required supplementary information for an application for an NPDES individual permit for industrial facilities. The completed application should be submitted to ADEM in duplicate. If insufficient space is available to address any item, please continue on an attached sheet of paper. Please mark "N/A" in the appropriate box when an item is not applicable to the applicant. **Please type or print legibly in blue or black ink.** Mail the completed application to:

ADEM-Water Division
Industrial Section
P O Box 301463
Montgomery, AL 36130-1463

PURPOSE OF THIS APPLICATION

- | | |
|--|--|
| <input type="checkbox"/> Initial Permit Application for New Facility* <input type="checkbox"/> Modification of Existing Permit <input type="checkbox"/> Revocation & Reissuance of Existing Permit | <input type="checkbox"/> Initial Permit Application for Existing Facility* <input type="checkbox"/> Reissuance of Existing Permit <i>* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.</i> |
|--|--|

SECTION A – GENERAL INFORMATION

1. Permittee Name: _____
2. NPDES Permit Number: AL_____ (not applicable if initial permit application)
3. SID Permit Number (if applicable): IU_____
4. NPDES General Permit Number (if applicable): ALG_____
5. Facility Location (Front Gate): Latitude: _____ Longitude: _____
6. Responsible Official (as described on the last page of this application):
Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____
7. Designated Discharge Monitoring Report (DMR) Contact:
Name: _____ Title: _____
Phone Number: _____ Email Address: _____
8. Type of Business Entity:
 Corporation General Partnership Limited Partnership Limited Liability Company Sole Proprietorship
 Other (Please Specify) _____
8. Complete this section if the Applicant's business entity is a Corporation
 - a) Location of Incorporation:
Address: _____
City: _____ County: _____ 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: _____

9. If the Applicant's business entity is a Partnership, please list the general partners.

Name: _____ Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

10. If the Applicant's business entity is a Proprietorship, please enter the proprietor's information.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

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

If your facility conducts or will be conducting any of the processes listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), 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 Materials |
| <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”.

SECTION C – WASTEWATER DISCHARGE INFORMATION

1. Do you share an outfall with another facility? Yes No (If no, continue to C.2)

For each shared outfall, provide the following:

| Applicant's Outfall No. | Name of Other Permittee/Facility | NPDES Permit No. | Where is sample collected by Applicant? |
|----------------------------|----------------------------------|---------------------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Cooling Water Intake Structure Information

Complete D.1 and D.2 if your water supply is provided by an outside source and not by an onsite water intake structure? (e.g., another industry, municipality, etc...)

1. Does the provider of your source water operate a surface water intake? Yes No
(If yes, continue, if no, go to Section E.)
- a) Name of Provider: _____ b) Location of Provider: _____
- c) Latitude: _____ Longitude: _____
2. Is the provider a public water system (defined as a system which provides water to the public for human consumption or which provides only treated water, not raw water)? Yes No (If yes, go to Section E, if no, continue.)

Only to be completed if you have a cooling water intake structure or the provider of your water supply uses an intake structure and does not treat the raw water.

3. Is any water withdrawn from the source water used for cooling? Yes No
4. Using the average monthly measurements over any 12-month period, approximately what percentage of water withdrawn is used exclusively for cooling purposes? _____%
5. Does the cooling water consist of treated effluent that would otherwise be discharged? Yes No
(If yes, go to Section E, if no, complete D.6 – D.17)
6. a. Is the cooling water used in a once-through cooling system? Yes No
b. Is the cooling water used in a closed cycle cooling system? Yes No
7. When was the intake installed? _____
(Please provide dates for all major construction/installation of intake components including screens)
8. What is the maximum intake volume? _____
(maximum pumping capacity in gallons per day)
9. What is the average intake volume? _____
(average intake pump rate in gallons per day average in any 30-day period)
10. What is the actual intake flow (AIF) as defined in 40 CFR §125.92(a)? _____ MGD
11. How is the intake operated? (e.g., continuously, intermittently, batch) _____
12. What is the mesh size of the screen on your intake? _____
13. What is the intake screen flow-through area? _____
14. What is the through-screen design intake flow velocity? _____ ft/sec
15. What is the through-screen actual velocity (in ft/sec)? _____ ft/sec
16. What is the mechanism for cleaning the screen? (e.g., does it rotate for cleaning) _____
17. Do you have any additional fish detraction technology on your intake? Yes No
18. Have there been any studies to determine the impact of the intake on aquatic organisms? Yes No (If yes, please provide.)
19. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.

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., which 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 |
|----------------------|---------------------------------|
| | |
| | |
| | |

SECTION F – COASTAL ZONE INFORMATION

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County? Yes No
 If yes, complete items F.1 – F.12:

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Does the project require new construction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the project be a source of new air emissions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the project involve dredging and/or filling of a wetland area or water way? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, has the Corps of Engineers (COE) permit been received? | <input type="checkbox"/> | <input type="checkbox"/> |
| COE Project No. _____ | | |
| 4. Does the project involve wetlands and/or submersed grassbeds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are oyster reefs located near the project site? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include a map showing project and discharge location with respect to oyster reefs | | |
| 6. Does the project involve the site development, construction and operation of an energy facility as defined in ADEM Admin. Code r. 335-8-1-.02(bb)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the project involve mitigation of shoreline or coastal area erosion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the project involve construction on beaches or dune areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will the project interfere with public access to coastal waters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the project lie within the 100-year floodplain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the project involve the registration, sale, use, or application of pesticides? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, has the applicable permit for groundwater recovery or for groundwater well installation been obtained? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION G – ANTI-DEGRADATION EVALUATION

In accordance with 40 CFR §131.12 and the ADEM Admin. Code r. 335-6-10-.04 for anti-degradation, 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 G.2 below. If no, go to Section H.
2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in G.1? Yes No

If yes, do not complete this section. If no, and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete G.2.A – G.2.F below and ADEM Forms 311 and 313 (attached). ADEM Form 313 must be provided for each alternative considered technically viable.

SECTION J- RECEIVING WATERS

| Outfall No. | Receiving Water(s) | 303(d) Segment? | | Included in TMDL?* | |
|-------------|--------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

- (1) Justification for the requested Compliance Schedule (e.g. time for design and installation of control equipment, etc.);
- (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be submitted as available);
- (3) Requested interim limitations, if applicable;
- (4) Date of final compliance with the TMDL limitations; and,
- (5) Any other additional information available to support requested compliance schedule.

SECTION K – APPLICATION CERTIFICATION

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-6-.09 "signatories to permit applications and reports" (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."

Signature of Responsible Official: _____ Date Signed: _____

Name: _____ Title: _____

If the Responsible Official signing this application is not identified in Section A.7, provide the following information:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

335-6-6-.09 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.

- (1) The application for an NPDES permit shall 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.