

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NPDES INDIVIDUAL PERMIT APPLICATION (MINING OPERATIONS)**

Instructions: This form should be used to submit an application for an NPDES individual permit to authorize discharges from surface & underground mineral, ore, or mineral product mining, quarrying, excavation, borrowing, hydraulic mining, storage, processing, preparation, recovery, handling, loading, storing, or disposing activities, and associated areas including pre-mining site development, construction, excavation, clearing, disturbance, and reclamation. Please complete all questions. Respond with "N/A" as appropriate. Incomplete or incorrect answers or missing signatures will delay processing. Attach additional comments or information as needed. If space is insufficient, continue on an attached sheet(s) as necessary. Commencement of activities applied for as detailed in this application are not authorized until permit coverage has been issued by the Department. Please type or print legibly in blue or black ink.

Purpose of this Application

- Initial Permit Application for New Facility
 Initial Permit Application for Existing Facility (e.g., facility previously permitted less than 5 acres)
 Modification of Existing Permit
 Reissuance of Existing Permit
 Reissuance & Modification Existing Permit
 Reissuance & Transfer of Existing Permit
 Revocation and Reissuance of Existing Permit
 Other _____

I. GENERAL INFORMATION

NPDES Permit Number (Not applicable if initial permit application): <p align="center">AL</p>	County(s) in which Facility is Located:
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Company/Permittee and Facility Information					
Company/Permittee Name			Facility Name		
Mailing Address of Company/Permittee:			Physical Address of Operation (as near as possible to main entrance):		
City	State	Zip Code	City	State	Zip
Permittee Phone Number		Permittee Fax Number:		Latitude and Longitude of Main Entrance:	

Responsible Official (RO) Information					
RO Name (as described on Page 12 of this application):			RO Official Title:		
Mailing Address:			Physical Address:		
City	State	Zip Code	City	State	Zip Code
Phone Number:		Fax Number:		Email Address:	

Facility Contact Information					
Facility Contact Name:			Facility Contact Title:		
Physical Address:			Phone Number:		Fax Number:
City	State	Zip Code	Email Address:		

II. MEMBER INFORMATION

A. Identify the name, title/position, and unless waived in writing by the Department, the resident address of every officer (a PO Box is not acceptable), general partner, LLP partner, LLC member, investor, director, or person performing a function similar to a director, of the applicant, and each person who is the record or beneficial owner of 10 percent or more of any class of voting stock of the applicant, or any other responsible official(s) of the applicant with legal or decision making responsibility or authority for the facility:

Name	Title/Position	Physical Address of Residence

B. Other than the "Company/Permittee" listed in Part I, identify the name of each corporation, partnership, association, and single proprietorship for which any individual identified in Part II.A. is or was an officer, general partner, LLP partner, LLC member, investor, director, or individual performing a function similar to a director, or principal (10% or more) stockholder, that had an Alabama NPDES permit at any time during the five year (60 month) period immediately preceding the date on which this form is signed:

Name of Corporation, Partnership, Association, or Single Proprietorship	Name of Individual from Part II.A	Title/Position in Corporation, Partnership, Association, or Single Proprietorship

III. LEGAL STRUCTURE OF APPLICANT

A. Indicate the legal structure of the "Company/Permittee" listed in Part I:

Corporation
 Association
 Individual
 Single Proprietorship
 Partnership
 LLP
 LLC
 Government Agency

 Other

B. If not an individual, single proprietorship, or government agency, is the "Company/Permittee" listed in Part I. properly registered and in good standing with the Alabama Secretary of State's office. Yes No **(If the answer is "No," attach a letter of explanation.)**

C. Parent Corporation and Subsidiary Corporations of Applicant, if any:

D. Landowner(s):

E. Sub-contractor(s)/Operator(s), if known:

IV. COMPLIANCE HISTORY

A. Has the applicant ever had any of the following:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	(1) An Alabama NPDES, SID, or UIC permit suspended or terminated?
<input type="checkbox"/>	<input type="checkbox"/>	(2) An Alabama or federal environmental permit suspended/terminated?
<input type="checkbox"/>	<input type="checkbox"/>	(3) An Alabama State Oil & Gas Board permit or other approval suspended or terminated?
<input type="checkbox"/>	<input type="checkbox"/>	(4) An Alabama or federal performance/environmental bond, or similar security deposited in lieu of a bond, or portion thereof, forfeited?

(If the response to any item of Part IV.A. is "Yes," attach a letter of explanation.)

B. Identify every Warning Letter, Notice of Violation (NOV), Administrative Action, or litigation issued to the applicant, parent corporation, subsidiary, general partner, LLP partner, or LLC Member and filed by ADEM or EPA during the three year (36 month) period preceding the date on which this form is signed. Indicate the date of issuance, briefly describe alleged violations, list actions (if any) to abate alleged violations, and indicate date of final resolution:

V. OTHER PERMITS/AUTHORIZATIONS

A. List any other NPDES, State Oil & Gas Board (OGB) Class II Injection well permits, or other environmental permits (including permit numbers), authorizations, or certifications that have been applied for or issued within the State by ADEM, EPA, Alabama Surface Mining Commission (ASMC), Alabama Department of Labor (ADOL), or other agency, to the applicant, parent corporation, subsidiary, or LLC member for this operation whether presently effective, expired, suspended, revoked or terminated:

B. List any other NPDES or other ADEM permits (including permit numbers), authorizations, or certifications that have been applied for or issued within the State by ADEM, EPA, OGB, ASMC, or ADOL to the applicant, parent corporation, subsidiary, or LLC member for other facilities whether presently effective, expired, suspended, revoked, or terminated:

VI. PROPOSED SCHEDULE

Anticipated Activity Commencement Date: _____ Anticipated Activity Completion Date: _____

VII. ACTIVITY DESCRIPTION & INFORMATION

A. Proposed Total Area of the Permitted Site: _____ acres Proposed Total Disturbed Area of the Permitted Site: _____ acres

B. Township(s), Range(s), Section(s): _____

C. Detailed Directions to Site: _____

D. Is/will this operation:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	(1) an existing facility which currently results in discharges to State waters?
<input type="checkbox"/>	<input type="checkbox"/>	(2) a proposed facility which will result in a discharge to State waters?
<input type="checkbox"/>	<input type="checkbox"/>	(3) be located within any 100-year flood plain?
<input type="checkbox"/>	<input type="checkbox"/>	(4) discharge to Municipal Separate Storm Sewer?
<input type="checkbox"/>	<input type="checkbox"/>	(5) discharge to waters of or be located in the Coastal Zone?
<input type="checkbox"/>	<input type="checkbox"/>	(6) need/have ADEM UIC permit coverage?
<input type="checkbox"/>	<input type="checkbox"/>	(7) be located on Indian/historically significant lands?
<input type="checkbox"/>	<input type="checkbox"/>	(8) need/have ADEM SID permit coverage?
<input type="checkbox"/>	<input type="checkbox"/>	(9) need/have ASMC permit coverage?
<input type="checkbox"/>	<input type="checkbox"/>	(10) need/have ADOL permit coverage?
<input type="checkbox"/>	<input type="checkbox"/>	(11) generate, treat, store, or dispose of hazardous or toxic waste? (If "Yes," attach a detailed explanation.)
<input type="checkbox"/>	<input type="checkbox"/>	(12) be located in or discharge to a Public Water Supply (PWS) watershed or be located within 1/2 mile of any PWS well?

VIII. MATERIAL TO BE REMOVED, PROCESSED, OR TRANSLOADED

List relative percentages of the mineral(s) or mineral product(s) that are proposed to be and/or are currently mined, quarried, recovered, prepared, processed, handled, transloaded, or disposed at the facility. **If more than one mineral is to be mined, list the relative percentages of each mineral by tonnage for the life of the mine.**

_____ Dirt &/or Chert	_____ Sand &/or Gravel	_____ Coal product, coke	_____ Talc	_____ Crushed rock (other)
_____ Bentonite	_____ Industrial Sand	_____ Shale &/or Common Clay	_____ Marble	_____ Sandstone
_____ Coal	_____ Kaolin	_____ Coal fines/refuse recovery	_____ Chalk	_____ Slag, Red Rock
_____ Fire clay	_____ Iron ore	_____ Dimension stone	_____ Granite	_____ Phosphate rock
_____ Bauxitic Clay	_____ Bauxite Ore	_____ Limestone, crushed limestone and dolomite		
_____ Gold, other trace minerals:		Other: _____		
Other: _____		Other: _____		
Other: _____		Other: _____		

IX. PROPOSED ACTIVITY TO BE CONDUCTED

A. Type(s) of activity presently conducted at applicant's existing facility or proposed to be conducted at facility (check all that apply):

<input type="checkbox"/> Surface mining	<input type="checkbox"/> Underground mining	<input type="checkbox"/> Quarrying	<input type="checkbox"/> Auger mining	<input type="checkbox"/> Hydraulic mining
<input type="checkbox"/> Within-bank mining	<input type="checkbox"/> Solution mining	<input type="checkbox"/> Mineral storing	<input type="checkbox"/> Lime production	<input type="checkbox"/> Cement production
<input type="checkbox"/> Synthetic fuel production	<input type="checkbox"/> Alternative fuels operation	<input type="checkbox"/> Mineral dry processing (crushing & screening)	<input type="checkbox"/> Mineral wet preparation	
<input type="checkbox"/> Other beneficiation & manufacturing operations	<input type="checkbox"/> Mineral loading	<input type="checkbox"/> Chemical processing or leaching		
<input type="checkbox"/> Grading, clearing, grubbing, etc.	<input type="checkbox"/> Pre-construction ponded water removal	<input type="checkbox"/> Excavation		
<input type="checkbox"/> Pre-mining logging or land clearing	<input type="checkbox"/> Waterbody relocation or other alteration	<input type="checkbox"/> Creek/stream crossings		
<input type="checkbox"/> Construction related temporary borrow pits/areas	<input type="checkbox"/> Mineral transportation: <input type="checkbox"/> rail <input type="checkbox"/> barge <input type="checkbox"/> truck			
<input type="checkbox"/> Preparation plant waste recovery	<input type="checkbox"/> Hydraulic mining, dredging, instream or between stream-bank mining			
<input type="checkbox"/> Onsite construction debris or equipment storage/disposal	<input type="checkbox"/> Onsite mining debris or equipment storage/disposal			
<input type="checkbox"/> Reclamation of disturbed areas	<input type="checkbox"/> Chemicals used in process or wastewater treatment (coagulant, biocide, etc.)			
<input type="checkbox"/> Adjacent/associated asphalt/concrete plant(s)	<input type="checkbox"/> Low volume sewage treatment package plant			
<input type="checkbox"/> Other (Please describe): _____				

B. Primary SIC Code: _____ NAICS Code: _____ Description: _____
 Secondary SIC Code: _____ NAICS Code: _____ Description: _____

C. Narrative Description of the Activity: _____

X. FUEL – CHEMICAL HANDLING, STORAGE & SPILL PREVENTION CONTROL & COUNTERMEASURES (SPCC) PLAN

A. Will fuels, chemicals, compounds, or liquid waste be used or stored onsite? Yes No

B. If "Yes," identify the fuel, chemicals, compounds, or liquid waste and indicate the volume of each:

Volume (gallons)	Contents	Volume (gallons)	Contents	Volume (gallons)	Contents

C. If "Yes", a detailed SPCC Plan with acceptable format and content, including diagrams, must be attached to application in accordance with ADEM Admin. Code R. 335-6-6-.12(r). Unless waived in writing by the Department on a programmatic, categorical, or individual compound/chemical basis, Material Safety Data Sheets (MSDS) for chemicals/compounds used or proposed to be used at the facility must be included in the SPCC Plan submittal.

XI. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN

A. For non-coal mining facilities, a PAP Plan in accordance with ADEM Admin. Code r. 335-6-9-.03 has been completed and is attached as part of this application. Yes No

B. For coal mining facilities, a detailed PAP Plan has been submitted to ASMC according to submittal procedures for ASMC regulated facilities. Yes No

(1) If "Yes" to Part XI.B., provide the date that the PAP Plan was submitted to ASMC: _____

(2) If "No" to Part XI.B., provide the anticipated date that the PAP Plan will be submitted to ASMC: _____

XII. ASMC REGULATED ENTITIES

A. Is this coal mining operation regulated by ASMC? Yes No

B. If "Yes," provide copies as part of this application of any pre-mining hydrologic sampling reports and Hydrologic Monitoring Reports which have been submitted to ASMC within the 36 months prior to submittal of this application.

XIII. TOPOGRAPHIC MAP SUBMITTAL

Attach to this application a 7.5 minute series U.S.G.S. topographic map(s) or equivalent map(s) no larger than, or folded to a size of 8.5 by 11 inches (several pages may be necessary), of the area extending to at least one mile beyond property boundaries. The topographic or equivalent map(s) must include a caption indicating the name of the topographic map, name of the applicant, facility name, county, and township, range, & section(s) where the facility are located. Unless approved in advance by the Department, the topographic or equivalent map(s), at a minimum, must show:

- (a) An accurate outline of the area to be covered by the permit
- (b) An outline of the facility
- (c) All existing and proposed disturbed areas
- (d) Location of intake and discharge areas
- (e) Proposed and existing discharge points
- (f) Perennial, intermittent, and ephemeral streams
- (g) Lakes, springs, water wells, wetlands
- (h) All known facility dirt/improved access/haul roads
- (i) All surrounding unimproved/improved roads
- (j) High-tension power lines and railroad tracks
- (l) Contour lines, township-range-section lines
- (m) Drainage patterns, swales, washes
- (n) All drainage conveyance/treatment structures (ditches, berms, etc.)
- (o) Any other pertinent or significant feature

XIV. DETAILED FACILITY MAP SUBMITTAL

Attach to this application a 1:500 scale or better, detailed auto-CAD map(s) or equivalent map(s) no larger than, or folded to a size of 8.5 by 11 inches (several pages may be necessary), of the facility. The facility map(s) must include a caption indicating the name of the facility, name of the applicant, facility name, county, and township, range, & section(s) where the facility is located. Unless approved in advance by the Department, the facility or equivalent map(s), at a minimum, must show:

- (a) Information listed in Item XIII (a) – (o) above
- (b) If noncoal, detailed, planned mining progression
- (c) If noncoal, location of topsoil storage areas
- (d) Location of ASMC bonded increments (if applicable)
- (e) Location of mining or pond cleanout waste storage/disposal areas
- (f) Other information relevant to facility or operation
- (g) Location of facility sign showing Permittee name, facility name, and NPDES Number

XV. RECEIVING WATERS

List the requested permit action for each outfall (issue, reissue, add, delete, move, *etc.*); outfall designation including denoting “E” for existing and “P” for proposed outfalls; name of receiving water(s); latitude and longitude (to seconds) of location(s) of each discharge point; distance of receiving water from the discharge point; number of disturbed acres; the number of drainage acres which will drain through each outfall; and if the outfall discharges to an ADEM listed CWA Section 303(d) waterbody segment or is included in a TMDL at the time of application submittal.

Action	Outfall E/P	Receiving Water	Latitude	Longitude	Distance to Rec. Water (ft)	Disturbed Area (acres)	Drainage Area (acres)	ADEM WUC	303(d) Segment (Y/N)	TMDL Segment* (Y/N)
				-						
				-						
				-						
				-						
				-						
				-						
				-						
				-						
				-						

*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); (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department including sample collection dates, analytical results in mass and concentration, methods utilized, and RL and MDL; (3) Requested interim limitations, if applicable; (4) Date of final compliance with the TMDL limitations; and (5) Any other additional information available to support the requested compliance schedule.

XVI. DISCHARGE CHARACTERIZATION

A. EPA Form 2C, EPA Form 2D, and/or ADEM Form 567 Submittal

- Yes, pursuant to 40 CFR 122.21, the applicant requests a waiver for completion of EPA Form 2C, EPA Form 2D, and ADEM Form 567 and certifies that the operating facility will discharge treated stormwater only; that chemical/compound additives are not used (unless waived in writing by the Department on a programmatic, categorical, or individual compound/chemical basis); that there are no process, manufacturing, or other industrial operations or wastewaters, including but not limited to lime or cement production and synfuel operations; and that coal and coal products are not mined nor stored onsite.
- No, the applicant does not request a waiver and a complete EPA Form 2C, EPA Form 2D, and/or ADEM Form 567 is attached.

B. The applicant is required to supply the following information separately for every proposed or existing outfall. (Attach extra sheets if necessary.) List expected average daily discharge flow rate in cfs and gpd; frequency of discharge in hours per day and days per month; average summer and winter temperature of discharge(s) in degrees centigrade; average pH in standard units; and average daily discharges in pounds per day of BOD₅, Total Suspended Solids, Total Iron, Total Manganese, and Total Aluminum (if bauxite or bauxitic clay or if otherwise believed present):

Outfall E/P	Information Source - # of Samples	Flow (cfs)	Flow (gpd)	Frequency (hours/day)	Frequency (days/month)	Sum/Win Temp, (°C)	pH (s.u.)	BOD ₅ (lbs/day)	TSS (lbs/day)	Tot Fe (lbs/day)	Tot Mn (lbs/day)	Tot Al (lbs/day)

C. The applicant is required to supply the following information separately for every proposed or existing outfall. (Attach extra sheets if necessary.) Identify and list expected average daily discharge of any other pollutant(s) listed in EPA Form 2C Tables A, B, C, D, and E that are not ^{referenced} in Part XVI.B. or otherwise submitted elsewhere, that you know is present or have reason to believe could be present in the discharge(s) at levels of concern:

Outfall E/P	Reason Believed Present	Information Source - # of Samples								
			lbs/day	mg/L	lbs/day	mg/L	lbs/day	mg/L	lbs/day	mg/L

XVII. DISCHARGE STRUCTURE DESCRIPTION & POLLUTANT SOURCE

The applicant is required to supply outfall number(s) as it appears on the map(s) required by this application [if this application is for a modification to an existing permit do not change the numbering sequence of the permitted outfalls], describe each, (e.g., pipe, spillway, channel, tunnel, conduit, well, discrete fissure, or container), and identify the origin of pollutants. The response must be precise for each outfall. If the discharge of pollutants from any outfall is the result of commingling of waste streams from different origins, each origin must be completely described.

Outfall	Discharge structure Description	Description of Origin of pollutants	Surface Discharge	Groundwater Discharge	Wet Prep -Other Production Plant	Pumped or Controlled Discharge	Low Volume STP

Origin of Pollutants – typical examples: (1) Discharge of drainage from the underground workings of an underground coal mine, (2) Discharge of drainage from a coal surface mine, (3) Discharge of drainage from a coal preparation plant and associated areas, (4) Discharge of process wastewater from a gravel-washing plant, (5) Discharge of wastewater from an existing source coal preparation plant, (6) Discharge of drainage from a sand and gravel pit, (7) Pumped discharge from a limestone quarry, (8) Controlled surface mine drainage (pumped or siphoned), (9) Discharge of drainage from mine reclamation, (10) Other (please describe):

XVIII. COOLING WATER

A. Does your facility use cooling water? Yes No

B. If “Yes,” identify the source of the cooling water:

XIX. VARIANCE REQUEST

A. Do you intend to request or renew one or more of the CWA technology variances authorized at 40 CFR 122.21(m)? Yes No

B. If “Yes,” select all that apply:

- Fundamentally different factors (CWA Section 301(n))
- Water quality related effluent limitations (CWA Section 302(b)(2))
- Non-conventional pollutants (CWA Section 301(c) and (g))
- Thermal discharges (CWA Section 316(a))

XXI. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN SUMMARY (must be completed for all outfalls)

Yes	No	N/A	Outfall(s):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Runoff from all areas of disturbance is controlled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Drainage from pit area, stockpiles, and spoil areas directed to a sedimentation pond
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Sedimentation basin at least 0.25 acre/feet for every acre of disturbed drainage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Sedimentation basin cleaned out when sediment accumulation is 60% of design capacity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Trees, boulders, and other obstructions removed from pond during initial construction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Width of top of dam greater than 12'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Side slopes of dam no steeper than 3:1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Cutoff trench at least 8' wide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Side slopes of cutoff trench no less than 1:1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Cutoff trench located along the centerline of the dam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Cutoff trench extends at least 2' into bedrock or impervious soil
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Cutoff trench filled with impervious material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Embankments and cutoff trench 95% compaction standard proctor ASTM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Embankment free of roots, tree debris, stones >6" diameter, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Embankment constructed in lifts no greater than 12"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Spillpipe sized to carry peak flow from a one year storm event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Spillpipe will not chemically react with effluent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Subsurface withdrawal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Anti-seep collars extend radially at least 2' from each joint in spillpipe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Splashpad at the end of the spillpipe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Emergency Spillway sized for peak flow from 25-yr 24-hr event if discharge not into PWS classified stream
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Emergency spillway sized for peak flow from 50-yr 24-hr event if discharge is into PWS classified stream
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Emergency overflow at least 20' long
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Side slopes of emergency spillway no steeper than 2:1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Emergency spillway lined with riprap or concrete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Minimum of 1.5' of freeboard between normal overflow and emergency overflow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Minimum of 1.5' of freeboard between max. design flow of emergency spillway and top of dam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. All emergency overflows are sized to handle entire drainage area for ponds in series
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Dam stabilized with permanent vegetation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Sustained grade of haul road <10%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Maximum grade of haul road <15% for no more than 300'
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Outer slopes of haul road no steeper than 2:1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Outer slopes of haul road vegetated or otherwise stabilized
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Detail drawings supplied for all stream crossings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Short-Term Stabilization/Grading And Temporary Vegetative Cover Plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Long-Term Stabilization/Grading And Permanent Reclamation or Water Quality Remediation Plans

IDENTIFY AND PROVIDE DETAILED EXPLANATION FOR ANY "N" OR "N/A" RESPONSE(S):

XXII. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN REVIEW CHECKLIST

Yes	No	N/A	
General Information:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PE Seal with License #
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name and Address of Operator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Description of Facility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of Company
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of Employees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Products to be Mined
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hours of Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Supply and Disposition
Maps:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Topographic Map including Information from Part XIII (a) – (o) of this Application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1" – 500' or Equivalent Facility Map including Information from Part XIV of this Application
Detailed Design Diagrams:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan Views
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cross-section Views
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Method of Diverting Runoff to Treatment Basins
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Line Drawing of Water Flow through Facility with Water Balance or Pictorial Description of Water Flow
Narrative of Operations:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raw Materials Defined
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processes Defined
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Products Defined
Schematic Diagram:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Points of Waste Origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collection System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal System
Post Treatment Quantity and Quality of Effluent:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspended Solids
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Iron Concentration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pH
Description of Waste Treatment Facility:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Treatment Measures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recovery System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expected Life of Treatment Basin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measures for Ensuring Access to All Treatment Structures and Related Appurtenances including Outfall Locations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule of Cleaning and/or Abandonment
Other:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Precipitation/Volume Calculations/Diagram Attached
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BMP Plan for Haul Roads
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measures for Minimizing Impacts to Adjacent Stream (e.g., Buffer Strips, Berms)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measures for Ensuring Appropriate Setbacks are Maintained at All Times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methods for Minimizing Nonpoint Source Discharges
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Chemical Treatment Used, Methods for Ensuring Appropriate Dosage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility Closure Plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PE Rationale(s) For Alternate Standards, Designs or Plans

IDENTIFY AND PROVIDE DETAILED EXPLANATION FOR ANY "N" OR "N/A" RESPONSE(s):

XXIII. INFORMATION

Contact the Department prior to submittal with any questions or to request acceptable alternate content/format.

Be advised that you are not authorized to commence regulated activity until this application can be processed, publicly noticed, and approval to proceed is received in writing from the Department.

EPA Form(s) 1 and 2F need not be submitted unless specifically required by the Department. EPA Form(s) 2C and/or 2D are required to be submitted unless the applicant is eligible for a waiver and the Department grants a waiver, or unless the relevant information required by EPA Form(s) 2C and/or 2D are submitted to the Department in an alternative format acceptable to the Department.

Planned/proposed mining sites that are greater than 5 acres, that mine/process coal or metallic mineral/ore, or that have wet or chemical processing, must apply for and obtain coverage under an Individual or General NPDES Permit prior to commencement of any land disturbance. Such Individual NPDES Permit coverage may be requested via this ADEM Form 315.

The applicant is advised to contact:

- (1) The Alabama Surface Mining Commission (ASMC) if coal, coal fines, coal refuse, or other coal related materials are mined, transloaded, processed, *etc.*;
- (2) The Alabama Department of Labor (ADOL) if conducting non-coal mining operations;
- (3) The Alabama Historical Commission for requirements related to any potential historic or culturally significant sites;
- (4) The Alabama Department of Conservation and Natural Resources (ADCNR) for requirements related to potential presence of threatened/endangered species; and
- (5) The US Army Corps of Engineers, Mobile or Nashville Districts, if this project could cause fill to be placed in federal waters or could interfere with navigation.

The Department must be in receipt of a completed version of this form, including any supporting documentation, and the appropriate processing fee [including Greenfield Fee and Biomonitoring & Toxicity Limits fee(s), if applicable], prior to development of a draft NPDES permit. The completed form, supporting documentation, and the appropriate fees must be submitted to:

Water Division
Alabama Department of Environmental Management
Post Office Box 301463
Montgomery, Alabama 36130-1463
Phone: (334) 271-7823
Fax: (334) 279-3051
h2omail@adem.alabama.gov
adem.alabama.gov

XXIV. PROFESSIONAL ENGINEER (PE) CERTIFICATION

A detailed, comprehensive Pollution Abatement & Prevention (PAP) Plan must be prepared, signed, and certified by a professional engineer (PE), registered in the State of Alabama, and the PE must certify as follows:

“I certify on behalf of the applicant, that I have completed an evaluation of discharge alternatives (Item XVIII) for any proposed new or increased discharges of pollutant(s) to Tier 2 waters and reached the conclusions indicated. I certify under penalty of law that technical information and data contained in this application, and a comprehensive PAP Plan including any attached SPCC plan, maps, engineering designs, etc. acceptable to ADEM, for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this facility utilizing effective, good engineering and pollution control practices and in accordance with the provisions of ADEM Admin. Code Division 335-6, including Chapter 335-6-9 and Appendices A & B. If the PAP Plan is properly implemented and maintained by the Permittee, discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other permit requirements. The applicant has been advised that appropriate pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices as detailed in the PAP Plan must be fully implemented and regularly maintained as needed at the facility in accordance with good sediment, erosion, and other pollution control practices, permit requirements, and other ADEM requirements to ensure protection of groundwater and surface water quality.”

Name (type or print): _____	PE Registration # _____
Title: _____	Phone Number _____
Address: _____	
Signature: _____	Date Signed _____

XXV. RESPONSIBLE OFFICIAL SIGNATURE*

This application must be signed and initialed by a Responsible Official of the applicant pursuant to ADEM Admin. Code Rule 335-6-6-.09 who has overall responsibility for the operation of the facility.

“I certify under penalty of law that this document, including technical information and data, the PAP Plan, including any SPCC plan, maps, engineering designs, and all other 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 PE and other person or persons under my supervision 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 or imprisonment for knowing violations. _____ (initial here)

“A comprehensive PAP Plan to prevent and minimize discharges of pollution to the maximum extent practicable has been prepared at my direction by a PE for this facility utilizing effective, good engineering and pollution control practices and in accordance with the provisions of ADEM Admin. Code Division 335-6, including Chapter 335-6-9 and Appendices A & B, and information contained in this application, including any attachments. I understand that regular inspections must be performed by, or under the direct supervision of, a PE and all appropriate pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices identified by the PE must be fully implemented prior to and concurrent with commencement of regulated activities and regularly maintained as needed at the facility in accordance with good sediment, erosion, and other pollution control practices and ADEM requirements. I understand that the PAP Plan must be fully implemented and regularly maintained so that discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other requirements to ensure protection of groundwater and surface water quality. I understand that failure to fully implement and regularly maintain required management practices for the protection of groundwater and surface water quality may subject the Permittee to appropriate enforcement action. _____ (initial here)

“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. _____ (initial here)

“I further certify that the discharges described in this application have been tested or evaluated for the presence of non-stormwater discharges and any non-mining associated beneficiation/process pollutants and wastewaters have been fully identified.” _____ (initial here)

“I acknowledge my understanding that if coal, coal fines, coal refuse, or other coal related materials are mined, transloaded, processed, etc., that I may be required to obtain a permit from the ASMC. _____ (initial here)

“I acknowledge my understanding that if non-coal, non-limestone materials are mined, transloaded, processed, etc., that I may be required to obtain a permit from the ADOL. _____ (initial here)

“I acknowledge my understanding that if the proposed activities will be conducted in or potentially impact waters of the state or waters of the US (including wetlands), that I may be required to obtain a permit from the USACE.” _____ (initial here)

Name (type or print): _____ Official Title: _____

Signature: _____ Date Signed _____

*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.