ADEM Form 498
Notice of Intent – NPDES General Permit Number ALG8900000

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALG8900000, Notices of Intent for NPDES General Permit Number ALG8900000 (ADEM Form 498) 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 498 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. Small Mining (ALG890000) - NOI - New (Form 498)
2. Small Mining (ALG890000) - NOI - Information Update (Form 498)
3. Small Mining (ALG890000) - NOI - Modification/Transfer (Form 498)
4. Small Mining (ALG890000) - NOI - Reissuance (Form 498)

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 498 may not be accepted unless the Department first approves such waiver. The hardcopy form is also include 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.
Small Mining (ALG890000) - NOI - New (Form 498)

Notice of Intent – Small Mining General Permit Number ALG890000 (Form 498)

NPDES permit ALG890000 is a general permit authorizing discharges associated with noncoal/nonmetallic mining and dry processing, and areas associated with these activities, where such activities will result in a cumulative land disturbance of less than five (5) acres of land at any one time over the life of the mining activity.

**Note:** The following discharges not covered by General Permit ALG890000

1. Discharges from wet processing of mined materials;
2. Discharge(s) from any mining operation that at any time has a total area of land disturbance that equals or exceeds five (5) acres in size; or
3. Discharge(s) from any mining operations where the planned or proposed area of total land disturbance currently equals or exceeds, or will equal or exceed five (5) acres in size.

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**

A complete and comprehensive BMP Plan must be attached to the application submittal if the mining site will discharge 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 for which a TMDL has been finalized or approved by EPA for turbidity, siltation, or sedimentation, any waterbody assigned to 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 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***
Small Mining (ALG890000) - NOI - New (Form 498)

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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<th>Permittee Name</th>
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### Responsible Official

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#### Physical/Delivery Address

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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
Prefix
First Name  Last Name
Title
Company Name
Phone Type  Number  Extension
Home
Mobile
Other
Business
Email

Processing Information
Facility/Site Information
Facility/Site Name
Permittee Organization Type  Select One
- Corporation
- Federal
- LLP
- Partnership
- Sole Proprietorship (i.e. Owned by Individual)
- State
- (More Options Available)
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

Detailed Directions to the Facility/Site

Facility/Site Front Gate Latitude and Longitude

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

Primary SIC Code  Select One
- 1411-Dimension Stone
- 1422-Crushed and Broken Limestone
- 1423-Crushed and Broken Granite
- 1424-Crushed and Broken Stone, Not Elsewhere Classified
- 1442-Construction Sand and Gravel
- 1446-Industrial Sand
- 1455-Kaolin and Ball Clay
- 1459-Clay, Ceramic, and Refractory Minerals, Not Elsewhere Classified
- 1474-Potash, Soda, and Borate Minerals
- 1475-Phosphate Rock

Primary NAICS Code  Select One
- 212311-Dimension Stone Mining and Quarrying
- 212312-Crushed and Broken Limestone Mining and Quarrying
- 212313-Crushed and Broken Granite Mining and Quarrying
- 212319-Other Crushed and Broken Stone Mining and Quarrying
- 212321-Construction Sand and Gravel Mining
- 212322-Industrial Sand Mining
- 212324-Kaolin and Ball Clay Mining
- 212325-Clay and Ceramic and Refractory Minerals Mining
- 212391-Potash, Soda, and Borate Mineral Mining
- 212392-Phosphate Rock Mining

Additional Site Contact(s)

Facility Contact

Prefix

First Name  Last Name

Title

Organization Name

Phone Type  Only one phone number is accepted

<table>
<thead>
<tr>
<th>Number</th>
<th>Extension</th>
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Mailing Address

Address Line 1

Address Line 2

City  State/Area  Postal Code

Country

Project Information

Brief Description of activity(s):
Please Specify Material to be Mined:  
☐ Dirt and/or Chert  ☐ Sand and/or Gravel  
☐ Shale  ☐ Common Clay  
☐ Other

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?  
☐ 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)

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.

Discharge Points/Receiving Waters

Feature Type  
☐ Freshwater  ☐ Public Storm Drain System  ☐ Industrial Storm Drain System  ☐ Storm Sewer  ☐ Wet Weather Collection System  ☐ Other

Discharge Point(s)/Receiving Water(s)

Discharge Point - Point where discharge enters the receiving water.

Discharge Point Identifier should have a prefix of ‘SW’ (i.e. SW001, SW002)

Discharge Point Identifier

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

Receiving Water

☐ A W Dale Lake  ☐ Aaron Branch  
☐ Abbie Creek  ☐ Abbott Branch  
☐ Abeg Creek  ☐ Abel Lake  
☐ Abercomby Branch  ☐ Abes Creek  
☐ Abison Branch  ☐ Abrams Lake

... (More Options Available)

Does the discharge enter the named receiving water via an unnamed tributary and/or a storm sewer system? Please also indicate if the storm sewer system is under an MS4 permit?  
☐ MS4  ☐ Un-Named Tributary  ☐ Via Storm Sewer

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 use classification, select Fish and Wildlife. Please select ALL that apply.
Waterbody Classification  *Select All That Apply*

- Agricultural and Industrial Water Supply (A&I)
- Fish and Wildlife (F&W)
- Limited Warmwater Fishery (LWF)
- Outstanding Alabama Water (OAW)
- Outstanding National Resource Water (ONRW)
- Public Water Supply (PWS)
- Shellfish Harvesting (SH)
- Swimming and Other Whole Body Water-Contact Sports (S)

Location of Discharge Point/Receiving Water

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

<table>
<thead>
<tr>
<th>Outfall Identifier</th>
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Topo Map Identifier - Provide the point label from the topo map that correlates to the Outfall Point above.

<table>
<thead>
<tr>
<th>Location of Outfall</th>
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<tr>
<td>Latitude</td>
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Impaired, Total Maximum Daily Load (TMDL), and High Quality Waters

If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III.D of the permit.  *Select One*

- Yes
- No

Attach BMP Plan

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

Please attach a copy of the BMP Plan that meets the requirements of Part III.D of the 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,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWS,*.dws,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.HTM,*.HTM,*.HTML,*.HTML,*.HTM,*.HTM

Comment

- Confidential (Reason for Confidentiality)

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  *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

*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,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWS,*.dwe,*.Dwe,*.EML,*.eml,*.Eml,*.GIF,*.GIF,*.GPX,*.gpx,*.Gpx,*.HTM,*

Comment

Confidential (Reason for Confidentiality)
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The following information may be updated for permitted Operators 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)
- 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***
Small Mining (ALG890000) - NOI - Information Update (Form 498)

Form Input

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?  
- Yes  
- No

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

Are you deleting Discharge Points/Receiving Waters?  
- Yes  
- No

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

Are you adding Outfall Points (points where stormwater leaves site)?  
- Yes  
- No

Will the additional Outfall discharge to a previously permitted Discharge Point/Receiving Water?  
- Yes  
- No

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

Are you adding or changing Flocculants?  
- Yes  
- No

Are you requesting a Suspension of Monitoring?  
- Yes  
- No

Are you updating QCP Contact information?  
- Yes  
- No

Form Submission Reason

Minor Modification

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
Responsible Official
Prefix
First Name  Last Name
Title
Organization Name
Phone Type  Number  Extension
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Mobile
Other
Business
Email
Physical/Delivery Address
Address Line 1
Address Line 2
City  State/Area  Postal Code
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
*This section is conditionally displayed based on answers provided in other parts of the form
Facility/Site Name
Facility Contact

Prefix

First Name

Last Name

Title

Organization Name

Phone Type

Only one phone number is accepted

Number

Extension

Home

Mobile

Other

Business

Email

Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Country

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**

Discharge Points/Receiving Waters

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

Feature Type

*Select One

- Discharge Point(s)/Receiving Water(s)

Discharge Point - Point where discharge enters the receiving water.

Discharge Point Identifier should have a prefix of 'SW' (i.e. SW001, SW002)

Discharge Point Identifier

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

Receiving Water

*Select One

- A W Dale Lake
- Aaron Branch
- Abbie Creek
- Abbott Branch
- Abig Creek
- Abel Lake
- Abercomby Branch
- Abes Creek
- Abison Branch
- Abramson Lake
- ... (More Options Available)

Does the discharge enter the named receiving water via an unnamed tributary and/or a storm sewer system? Please also indicate if the storm sewer system is under an MS4 permit.

*MS4

*Un-Named Tributary

*Via Storm Sewer

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 use classification, select Fish and Wildlife. Please select ALL that apply.
Location of Discharge Point/Receiving Water
<table>
<thead>
<tr>
<th>Latitude</th>
<th>Longitude</th>
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</table>

Outfalls
- **Outfall** - Point where the discharge leaves the site.

Outfall Identifier

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

Location of Outfall
<table>
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</table>

Project Information
- **Anticipated Commencement Date**
- **Anticipated Completion Date**

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

Safety Data Sheet (SDS)

Suspension of Monitoring

Suspension Request
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,* ... 05,*.R06,*.r06,*.R07,*.r07,*.R08,*.r08,*.R09,*.r09,*.R10,*.r10,*.R11,*.r11,*.R12,*.r12,*.R13,*.r13,*.R14,*.r14,*.R15,*.r15 

Confidential (Reason for Confidentiality) 

Qualified Credentialed Professional (QCP) Certification 

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

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 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 
Country 

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 335-6-6-.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: *.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWSL,*.dws,*.Dwsl,*.DWF,*.dwf,*.EML,*.eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.htm*

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

Only one phone number is accepted

Number

Extension

Home

Mobile

Other

Business

Email

Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Country

Topographic Map Submittal
*This control 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)

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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<td>Confidential (Reason for Confidentiality)</td>
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</table>
Small Mining (ALG890000) - NOI - Modification/Transfer (Form 498)

Small Mining-Modification and/or Transfer of Permit Coverage

NPDES Permit ALG890000 is a general permit authorizing discharges associated with noncoal/nonmetallic mining and dry processing, and areas associated with these activities, where such activities will result in a cumulative land disturbance of less than five (5) acres of land at any one time over the life of the mining activity.

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 receiving water(s) and/or discharge point(s)
- *BMP Plan will need to be resubmitted if adding receiving water and/or discharge point

*A complete and comprehensive BMP Plan must be attached to the application submittal if the mining site will discharge 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 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 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 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

Instructions

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***
Small Mining (ALG890000) - NOI - Modification/Transfer (Form 498)

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

Attaching Transfer Agreement (Form 466)
*This control is conditionally displayed based on answers provided in other parts of the form*

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:

Comment

"Confidential (Reason for Confidentiality)"

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

Are you adding a Co-Permittee?  *Select One
- Yes
- No

This is the current Facility/Site Name:  Calculated

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

Are you adding/changing receiving water coordinates? If discharging to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for a pollutant of concern, a waterbody for which a TMDL has been approved or established by EPA for a pollutant of concern, a waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-.09, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-.10, an updated BMP Plan may be required.  *This control is conditionally displayed based on answers provided in other parts of the form*
- Yes
- No

Are you adding/changing outfall coordinates? If discharging to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for a pollutant of concern, a waterbody for which a TMDL has been approved or established by EPA for a pollutant of concern, a waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-.09, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-.10, an updated BMP Plan may be required.  *This control is conditionally displayed based on answers provided in other parts of the form*
- Yes
- No

Are you adding additional acreage? 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.  *This control is conditionally displayed based on answers provided in other parts of the form*
- Yes
- No

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

Form Submission Reason  Calculated

Permit Information
## Permittee

<table>
<thead>
<tr>
<th>Permittee Name</th>
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<tbody>
<tr>
<td><strong>Phone Type</strong></td>
<td><strong>Number</strong></td>
</tr>
<tr>
<td>Home</td>
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<tr>
<td>Mobile</td>
<td></td>
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<tr>
<td>Other</td>
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<tr>
<td>Business</td>
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### Mailing Address

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<tr>
<td>Address Line 2</td>
<td></td>
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<tr>
<td>City</td>
<td>State/Area</td>
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</tbody>
</table>

## Co-Permittee

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

<table>
<thead>
<tr>
<th>Co-Permittee Name</th>
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<tbody>
<tr>
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<tr>
<td>City</td>
<td>State/Area</td>
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## Responsible Official

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<tr>
<td>First Name</td>
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<td>Title</td>
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<tr>
<td>Organization Name</td>
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</tbody>
</table>

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

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<tr>
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<td>Address Line 2</td>
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<tr>
<td>City</td>
<td>State/Area</td>
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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>
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<th>Prefix</th>
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- 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

- Corporation
- Federal
- Federal
- County Government/Commission
- LLP
- Municipality (City or Town)
- Partnership
- School District or Board
- Sole Proprietorship (i.e. Owned by Individual)
- State

... (More Options Available)

#### Facility/Site Contact

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- Home
- Mobile
- Other
- Business
- Email

#### Facility/Site Address or Location Description

<table>
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<tr>
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Detailed Directions to the Facility/Site

Facility/Site Front Gate Latitude and Longitude

<table>
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<th>Latitude</th>
<th>Longitude</th>
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Primary SIC Code

- 1411-Dimension Stone
- 1422-Crushed and Broken Limestone
- 1429-Crushed and Broken Stone, Not Elsewhere Classified
- 1442-Construction Sand and Gravel
- 1446-Industrial Sand
- 1455-Kaolin and Ball Clay
- 1459-Clay, Ceramic, and Refractory Minerals, Not Elsewhere Classified
- 1474-Potash, Soda, and Borate Minerals
- 1475-Phosphate Rock

Primary NAICS Code

- 212311-Dimension Stone Mining and Quarrying
- 212312-Crushed and Broken Limestone Mining and Quarrying
- 212313-Crushed and Broken Granite Mining and Quarrying
- 212319-Other Crushed and Broken Stone Mining and Quarrying
- 212321-Construction Sand and Gravel Mining
- 212322-Industrial Sand Mining
- 212324-Kaolin and Ball Clay Mining
- 212325-Clay and Ceramic and Refractory Minerals Mining
- 212391-Potash, Soda, and Borate Mineral Mining
- 212392-Phosphate Rock Mining

Additional Site Contact(s)

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

*This section is conditionally displayed based on answers provided in other parts of the form*
Brief Description of activity(s):

Please Specify Material to be Mined:  [ ] Dirt and/or Chert  [ ] Sand and/or Gravel  
 [ ] Shale  [ ] Common Clay  
 [ ] Other

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?  [ ] 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)

Discharge Points/Receiving Waters

Feature Type  [ ] Select One

Discharge Point(s)/Receiving Water(s)

Discharge Point - Point where discharge enters the receiving water.

Discharge Point Identifier should have a prefix of 'SW' (i.e. SW001, SW002)

Discharge Point Identifier

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

Receiving Water  [ ] Select One

- A W Dale Lake
- Aaron Branch
- Abbie Creek
- Abbott Branch
- Abeg Creek
- Abel Lake
- Abercomby Branch
- Abes Creek
- Abison Branch
- Abramson Lake
- [ ] (More Options Available)

Does the discharge enter the named receiving water via an unnamed tributary and/or a storm sewer system? Please also indicate if the storm sewer system is under an MS4 permit.

[ ] MS4
[ ] Un-Named Tributary
[ ] Via Storm Sewer

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 use classifications, select Fish and Wildlife. Please select ALL that apply.
Waterbody Classification  "Select All That Apply"

- Agricultural and Industrial Water Supply (A&I)
- Fish and Wildlife (F&W)
- Limited Warmwater Fishery (LWF)
- Outstanding Alabama Water (OAW)
- Outstanding National Resource Water (ONRW)
- Public Water Supply (PWS)
- Shellfish Harvesting (SH)
- Swimming and Other Whole Body Water-Contact Sports (S)

Location of Discharge Point/Receiving Water

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

Outfalls

- Outfall - Point where the discharge leaves the site.

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

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

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

Impaired, Total Maximum Daily Load (TMDL), and High Quality Waters

- Yes
- No

Attach BMP Plan

Please attach a copy of the BMP Plan that meets the requirements of Part III D of the 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,*.Avi,*.BMP,*.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, *

Comment

- Confidential (Reason for Confidentiality)

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,*

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 (AL)
- 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
- Registered Land Surveyor (LS)
- Registered Land Surveyor (LS)
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

*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:

*.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWS,*.dws,*.Dwg,*.eml,*.Eml,*.GIF,*.GIF,*.GPX,*.gpx,*.Gpx,*.HTML,*
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<tr>
<td><strong>City</strong></td>
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<tr>
<td><strong>Country</strong></td>
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</tbody>
</table>

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

*Only one phone number is accepted*
Small Mining (ALG890000) - NOI - Reissuance (Form 498)

Small Mining – Reissuance (Form 498)

NPDES Permit Number ALG890000 is a 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 will delay processing. Attach BMP Plan and other information as needed.

Reissuance/Modifications include one or more of the following:

- Addition of a Co-permittee
- Addition of a New Receiving Stream/Discharge Point
- Change of Ownership (also requires a Transfer Agreement, Form 466)
- Facility Name Change
- For Priority Sites: adding additional acreage not originally covered by the original NOI (an updated BMP Plan would be required to be submitted)
- Permittee Name Change

Instructions

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***
Small Mining (ALG890000) - NOI - Reissuance (Form 498)

Form Input

Processing Information

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

This is the current Facility/Site Name: Calculated

Are you changing the Facility/Site Name?  
Select One
- 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 contacts associated with this site?  
Select One
- Yes  - No

Are you adding/changing receiving water coordinates? If a priority site, submittal of updated BMP Plan may be required.  
Select One
- Yes  - No

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

Are you adding additional acreage? If a priority site, submittal of updated BMP Plan 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.  
Select One
- Yes  - No

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

Form Submission Reason
Reissuance

Permit Information

Permit Number
<table>
<thead>
<tr>
<th>Permittee</th>
<th>Permittee Name</th>
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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>
<th>Last Name</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Company Name</th>
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<td>Email</td>
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</tbody>
</table>

### Facility/Site Information

<table>
<thead>
<tr>
<th>Facility/Site Name</th>
</tr>
</thead>
</table>

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

### Permittee Organization Type

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

### Facility/Site Contact

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

<table>
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<th>Address Line 2</th>
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<table>
<thead>
<tr>
<th>Location Description</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State/Area</th>
<th>Postal Code</th>
</tr>
</thead>
</table>
Facility/Site County  Select One
- Autauga
- Baldwin
- Barbour
- Blount
- Butler
- Calhoun
- Chambers
- Cherokee
- ... (More Options Available)

Detailed Directions to the Facility/Site

Facility/Site Front Gate Latitude and Longitude
<table>
<thead>
<tr>
<th>Latitude</th>
<th>Longitude</th>
</tr>
</thead>
</table>

Primary SIC Code  Select One
- 1411-Dimension Stone
- 1422-Crushed and Broken Limestone
- 1423-Crushed and Broken Granite
- 1429-Crushed and Broken Stone, Not Elsewhere Classified
- 1442-Construction Sand and Gravel
- 1446-Industrial Sand
- 1456-Kaolin and Ball Clay
- 1459-Clay, Ceramic, and Refractory Minerals, Not Elsewhere Classified
- 1474-Potash, Soda, and Borate Minerals
- 1475-Phosphate Rock
- ... (More Options Available)

Primary NAICS Code  Select One
- 212311-Dimension Stone Mining and Quarrying
- 212312-Crushed and Broken Limestone Mining and Quarrying
- 212313-Crushed and Broken Granite Mining and Quarrying
- 212319-Other Crushed and Broken Stone Mining and Quarrying
- 212321-Construction Sand and Gravel Mining
- 212322-Industrial Sand Mining
- 212324-Kaolin and Ball Clay Mining
- 212325-Clay and Ceramic and Refractory Minerals Mining
- 212391-Potash, Soda, and Borate Mineral Mining
- 212392-Phosphate Rock Mining
- ... (More Options Available)

Additional Site Contact(s)

Facility Contact
Prefix
First Name
Last Name
Title
Organization Name
Phone Type  Only one phone number is accepted
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):
Please Specify Material to be Mined: □ Dirt and/or Chert □ Sand and/or Gravel □ Shale □ Common Clay □ Other

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)

Discharge Points/Receiving Waters

Feature Type Select One

□ Discharge Point(s)/Receiving Water(s)

Discharge Point - Point where discharge enters the receiving water.

Discharge Point Identifier should have a prefix of 'SW' (i.e. SW001, SW002)

Discharge Point Identifier

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

Receiving Water Select One

□ A W Dale Lake □ Aaron Branch □ Abbie Creek □ Abbott Branch □ Abeg Creek □ Abel Lake □ Abercomby Branch □ Abes Creek □ Abison Branch □ Abramson Lake ...

[More Options Available]

Does the discharge enter the named receiving water via an unnamed tributary and/or a storm sewer system? Please also indicate if the storm sewer system is under an MS4 permit. Select All That Apply

□ MS4 □ Un-Named Tributary □ Via Storm Sewer

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 use classification, select Fish and Wildlife. Please select ALL that apply.

Waterbody Classification Select All That Apply

□ Agricultural and Industrial Water Supply (AAI) □ Fish and Wildlife (F&W) □ Limited Warmwater Fishery (LWF) □ Outstanding Alabama Water (OAW) □ Outstanding National Resource Water (ONRW) □ Public Water Supply (PWS) □ Shellfish Harvesting (SH) □ Swimming and Other Whole Body Water-Contact Sports (S)

Location of Discharge Point/Receiving Water

Latitude

Longitude
**Outfalls**

**Feature Type** *(Selected 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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<tbody>
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</table>

**Impaired, Total Maximum Daily Load (TMDL), and High Quality Waters**

If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III D of the permit. *(Selected One)*

- Yes
- No

**Attach BMP Plan**

Please attach a copy of the BMP Plan that meets the requirements of Part III D of the permit.


**Comment**

- Confidential (Reason for Confidentiality)

---

### 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*, *.pdf*, *.png

**Comment**

- Confidential (Reason for Confidentiality)

---

### Qualified Credentialed Professional (QCP) Certification

**QCP Designation** *(Selected 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 Landscape Architect
- Registered Land Surveyor (LS)

**Registration / Certification Number**

<table>
<thead>
<tr>
<th>Registration / Certification Number</th>
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</table>
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-.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,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dng,*.Dwg,*.EML,*.eml,*.Emil,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.HTM

Comment

- Confidential (Reason for Confidentiality)
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**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG890000**

**Instructions:** This form may be used to submit a Notice of Intent for coverage under NPDES Permit Number ALG890000 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 ALG890000 is the general permit authorizing discharges from small noncoal/nonmetallic mining and dry processing and areas associated with these activities. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing. Attach BMP plan and/or other information as needed. Commencement of activities applied for in this Notice of Intent (NOI) are not authorized until permit coverage has been issued by the Department.

**DISCHARGES NOT COVERED BY GENERAL PERMIT NO. ALG890000**

If the facility will have any of the following discharges, please contact the Mining and Natural Resources Section of ADEM before proceeding:

1. Discharges from wet processing of mined materials;
2. Discharge(s) from any mining operation that at any time has a total area of land disturbance that equals or exceeds five (5) acres in size; or
3. Discharge(s) from any mining operations where the planned or proposed area of total land disturbance currently equals or exceeds, or will equal or exceed five (5) acres in size.

**PURPOSE OF THIS NOI**

- Initial NOI for New Facility
- Modification of General Permit No. ALG89________
- Reissuance of General Permit ALG89________
- Transfer of General Permit No. ALG89________
- Other __________________________________________

**I. PERMITTEE INFORMATION**

<table>
<thead>
<tr>
<th>Permitee 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>
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<tr>
<td>Corporation</td>
<td>Partnership</td>
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**II. FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Facility/Site Name</th>
<th>Facility/Site Contact Name</th>
<th>Facility/Site Contact Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility/Site Street Address or Location Description</td>
<td>Facility/Site Contact Company Name</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Zip Code</td>
<td>County(s)</td>
</tr>
<tr>
<td>Facility Front Gate Latitude and Longitude (Decimal or Deg. Min. Sec.)</td>
<td>Facility/Site Contact Phone Number (Provide at least one)</td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td>Cell</td>
<td></td>
</tr>
<tr>
<td>Detailed Directions to Facility/Site</td>
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<td></td>
</tr>
</tbody>
</table>

**III. ACTIVITY DESCRIPTION**

Please Specify Material to be Mined
- [ ] Dirt and/or Chert
- [ ] Sand and/or Gravel
- [ ] Shale
- [ ] Common Clay
- [ ] Other

Narrative Description of Activity

Primary SIC Code: ____________________________
Primary NAICS Code: __________________________

**IV. PROPOSED SCHEDULE**

<table>
<thead>
<tr>
<th>Anticipated Activity Schedule:</th>
<th>Commencement Date:</th>
<th>Completion Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area of Permitted Facility/Site:</td>
<td>Total Site Area in Acres:</td>
<td>Total Disturbed Area in Acres:</td>
</tr>
</tbody>
</table>
V. TOPOGRAPHIC MAP SUBMITTAL

Attach a portion or copy of a recent U.S. Geological Survey map at an appropriate contour interval, including perineal, intermittent, and ephemeral streams, lakes/springs/wells/wetlands. Several maps/pages may be necessary depending on the size and scope of your project.

The map(s) at a minimum must include the following, and be clearly labeled:
1. Location of the Facility/Site;
2. Site boundaries, to include property boundaries and proposed permit boundaries;
3. Area of disturbance;
4. 1 mile radius;
5. Entrance(s)/Exit(s), to include proposed/existing roads;
6. Outfall(s) - point where stormwater in a discernible, confined and discrete conveyance, leaves the Facility/Site, and;
7. Discharge point(s)/receiving water(s) - point where the stormwater discharge from the Facility/Site enters the receiving water;
8. Provide a key for symbols and a scale.

VI. DISCHARGE POINTS/RECEIVING WATERS

List discharge point number as identified on the topo map, 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>Topo Map ID</th>
<th>Latitude/Longitude</th>
<th>Receiving Water</th>
<th>UT Storm Sewer</th>
<th>MS4 A&amp;I F&amp;W LWF PWS SH S Waterbody Classification (At least one must be selected)</th>
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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)

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<tr>
<th>Topo Map Identifier</th>
<th>Latitude</th>
<th>Longitude</th>
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VIII. IMPAIRED, TOTAL MAXIMUM DAILY LOAD (TMDL), AND HIGH QUALITY WATERS

Does the mining site discharge to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for a pollutant of concern, a waterbody for which a TMDL has been approved or established by EPA for a pollutant of concern, a waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-.09, or a waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-.10? ☐ Yes ☐ No If yes, attach/submit a copy of the BMP Plan that meets the requirements of Part III.D of the permit.

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 the technical information and data contained in this NOI, and a comprehensive Best Management Practices Plan (BMP Plan) 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 and associated regulated areas/activities. The BMP Plan meets the requirements of this permit and if properly implemented and maintained by the permittee, 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 permittee has been advised that appropriate best management practices, pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices as detailed in the BMP Plan must be fully implemented and regularly maintained as needed at the facility in accordance with sound sediment, erosion, and other pollution control practices, permit requirements, and other ADEM requirements to ensure protection of groundwater and surface 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: __________________________

XI. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE

“I certify under penalty of law that this form, the BMP Plan, 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 NOI have been evaluated for the presence of any non-stormwater discharges and/or coal/mineral 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:

(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.