

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
 NPDES GENERAL PERMIT ALG890000 (SMALL MINING) – NONCOMPLIANCE NOTIFICATION REPORT**

Instructions: Respond with “N/A” as appropriate. Forms with incomplete or incorrect answers, or missing signatures will be returned and may result in appropriate compliance action by the Department. If space is insufficient, continue on an attached sheet(s) as necessary. Please type or print legibly in blue or black ink. Complete this form, attach additional information as necessary, and submit to the ADEM Montgomery office, ATTN: Water Division.

Item I.

Permittee Name		Facility/Site Name	
NPDES Permit Number ALG89____	County	Facility Contact Name	Facility Contact Title
Facility Street Address <u>or</u> Location Description		City, State, Zip	
Phone Number	Fax Number	E-Mail Address	

Item II.

Description of Noncompliant Event:

Item III.

Cause (if known), and Location of Noncompliant Event:

Item IV.

Period of Noncompliance: (Include exact date(s) and time(s) or, if not corrected, the anticipated time the noncompliance is expected to continue):
--

Item V.

Description of steps taken and/or being taken (proposed compliance schedule) to reduce and/or eliminate the noncomplying discharge, repair/replace/upgrade BMPS, and to prevent its recurrence:

Item VI.

Inspection and BMP certification report(s), any photographs, and any sampling results <u>are attached</u> . If not, please explain:

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

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