

**Cooling Water Supplemental Information**  
**ADEM Form 510**

**Cooling Water Intake Structures**

This form must be completed by those facilities with a cooling water intake structure (CWIS). Also those facilities where the provider of their source water operates a CWIS must complete this form.

**FACILITY IDENTIFICATION INFORMATION**

A. Name of Facility to be shown on Permit: \_\_\_\_\_

B. Name of permittee if different from above: \_\_\_\_\_

C. Mailing Address of Facility: – PO Box or Street Route \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

D. Location (STREET ADDRESS) of Facility: \_\_\_\_\_

City, County: \_\_\_\_\_

E. Has the facility been issued an NPDES **INDIVIDUAL** wastewater permit?

Yes [  ] No [  ] NPDES Permit No. AL00 \_\_\_\_\_

F. Has the facility been issued an NPDES **General** permit?

Yes [  ] No [  ] NPDES Permit No. ALG \_\_\_\_\_

G. Has the facility been issued a State Indirect Discharge (SID) Permit?

Yes [  ] No [  ] SID Permit No. IU \_\_\_\_\_

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1. a) Is this a new facility, other than offshore oil and gas, which began operation after January 17, 2002?

Yes [  ] No [  ]

b) Is there a cooling water intake structure (CWIS) associated with this facility? Yes [  ] No [  ]

If more than one intake, provide information for each intake separately.

c) Do any of the CWIS have an intake design rate of 2 mgd or more? Yes [  ] No [  ]

d) Is 25% or more (using the average monthly measurements, or estimates for new facilities, over a 12-month period) of the CWIS used for cooling purposes? Yes [  ] No [  ]

If the answers to all of 1.a) – 1.d) are 'Yes', the facility may not be able to be covered under this general permit. Please contact the Industrial Municipal Branch of ADEM before proceeding.

If the answer to any of 1.a) – 1.d) are 'No', then continue with 2. below.

2. Does the provider of your source water operate a CWIS? Yes [  ] No [  ] No Provider [  ]  
 If "Yes," provide name and location of provider, including the latitude and longitude of the intake, and provide responses to questions 3. through 6. If "No," stop.
3. Is the provider in 2. a public water system (defined as a system which provides water to the public for human consumption or which provides only treated water, not raw water, to the industry with the NPDES permit)?  
 Yes [  ] No [  ] No Provider [  ]  
 If "Yes," stop. If "No," answer questions 4 through 6.
4. Is any water withdrawn from the source water used for cooling? Yes [  ] No [  ]  
 If "No," stop. If "Yes," continue.
5. Approximately what percent (using the average monthly measurements over any 12-month period) of water withdrawn is used exclusively for cooling purposes? \_\_\_\_\_%
6. Does the cooling water consist of treated effluent that would otherwise be discharged? Yes [  ] No [  ]  
 If "Yes," stop. If "No," continue.
7. Is the cooling water used in a once-through or closed cycle cooling system? Yes [  ] No [  ]
8. When was the intake installed? (Please provide dates for all major construction/installation of intake components including screens.)
9. What is the location and configuration of the intake pipe in the source water? (e.g., source water name, onshore/offshore, at what depth, location in relation to bottom, etc.)
10. What is the maximum design intake volume (maximum pumping capacity in gallons per day)?
11. What is the average intake volume (average intake pump rate in gallons per day average in any 30-day period)?
12. How is the intake operated (e.g., continuously, intermittently, batch)?
13. What is the mesh size of the screen on your intake?
14. What is the intake screen flow-through area?
15. What is the through screen design intake flow velocity? \_\_\_\_\_ft/sec
16. What is the mechanism for cleaning the screen? (e.g., does it rotate for cleaning?)
17. Do you have any additional fish detraction technology on your intake? Yes [  ] No [  ]
18. Have there been any studies to determine the impact of the intake on aquatic organisms? Yes [  ] No [  ]  
 If yes, please provide.
19. Latitude and Longitude of CWIS Location:  
 Latitude ( \_\_\_\_\_ )° ( \_\_\_\_\_ )' ( \_\_\_\_\_ )" N      Longitude ( \_\_\_\_\_ )° ( \_\_\_\_\_ )' ( \_\_\_\_\_ )" W
20. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.

This form must be signed by the official representative of the facility who is: **the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or an executive officer of at least the level of vice president for a corporation, having overall responsibility for the operation of the facility.** If the responsible official delegates a duly authorized representative, that written delegation should accompany this form and specify either the individual or position having responsibility for the overall operation of the regulated facility or activity.

\*If this form is not signed appropriately, or is found to be incomplete, it will be returned.

**CERTIFICATION:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations.

Permit Number (\*if already a permitted facility) \_\_\_\_\_

Name of Permittee \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Responsible Official Signature:** \_\_\_\_\_

Name and Official title (type or print) \_\_\_\_\_

Date signed \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (       ) \_\_\_\_\_ Email address: \_\_\_\_\_