Minutes
Environmental Management Commission Meeting
Alabama Department of Environmental Management Building
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2400
August 18, 2017
This is to certify that the Minutes contained herein are a true and accurate account of actions taken by the Alabama Environmental Management Commission on August 18, 2017.

Terry D. Richardson, Vice Chair
Alabama Environmental Management Commission

Certified this 20th day of October 2017.
Minutes
Environmental Management Commission Meeting
Alabama Department of Environmental Management Building
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2400
August 18, 2017

Convened: 11:02 a.m.
Adjourned: 11:50 a.m.

Part A

Transcript
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Part B

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Part A
Alabama Environmental Management
Commission Meeting

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1 ALABAMA ENVIRONMENTAL MANAGEMENT
2 COMMISSION MEETING

1 CHAIRMAN BROWN: Call to
2 order the August 18th, 2017 meeting of the
3 Alabama Environmental Management
4 Commission. Chair acknowledges that we
5 have a quorum present. The first item on
6 the agenda is the consideration of the
7 minutes held — minutes of the meeting held
8 on June 16, 2017. The minutes have been
9 circulated prior to the meeting — this
10 meeting to all Commissioners, and Chair
11 will entertain a motion.
12 COMMISSIONER MARTIN: I move
13 that we approve the minutes as presented.
14 COMMISSIONER LAIER: Second.
15 CHAIRMAN BROWN: All in
16 favor?
17 (All Commissioners signify
18 with "aye.")
19 CHAIRMAN BROWN: Next is the
20 report from the Director. Good morning.
21 DIRECTOR LeFLEUR: Good
22 morning, Commissioners, and good morning to
23 others present this morning. And welcome

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1 APPEARANCES
2
3 COMMISSION MEMBERS PRESENT:
4 H. Lanier Brown, II, Esquire, Chair
5 James E. Laier, Ph.D., P.E.
6 N. Craig Martin, D.V.M.
7 Mary J. Merritt
8 Scott Promer, P.E., MBA
9
10 COMMISSION MEMBERS NOT PRESENT:
11 Terry D. Richardson, Ph.D., Vice Chair.
12 Samuel L. Miller, M.D.
13
14 ALSO PRESENT:
15 Tina Hammond, Office of the
16 Attorney General
17 Debi Thomas, AEMC Executive Assistant
18 Lance R. LeFleur, ADEM Director
19
20
21
22
23

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1 to the final FY 2017 meeting of the Alabama
2 Environmental Management Commission.
3 Today's report will update you on the
4 Department's budget status, review the
5 performance of the Department's Drinking
6 Water program using EPA dashboards;
7 highlight several Drinking Water
8 initiatives; give you a brief update on the
9 SSO initiatives; and, report on the current
10 situation at EPA.
11 On the budget front, the
12 Department continues to be on target with
13 its FY 2017 funding and expenditures.
14 There has been no action on the federal
15 portion of the Department's FY 2018 budget.
16 As noted in the April Commission meeting,
17 plans are in place to adjust operations as
18 necessary to meet all Departmental
19 obligations under the anticipated possible
20 federal funding scenarios.
21 The extent to which any of these
22 adjustments may need to occur will depend
23 on the final outcome of the federal
1. budgeting process. It continues to appear
2. that a reduction in the use of outside
3. contractors and normal attrition will make
4. it unnecessary for the Department to have
5. any layoffs.
6. In the past, by virtually every
7. objective measure, the Department has
8. consistently been a high performer. The
9. Department has been and will continue
10. taking the necessary steps to be a top
11. performer using whatever resources are
12. available. One of those steps is to
13. objectively measure performance against the
14. rest of the nation on a regular basis to
15. assure effective use of the resources with
16. which we have been entrusted. Reporting
17. those performance metrics to the Commission
18. and the public also helps ensure
19. Departmental accountability.

20. Today's report will review EPA
21. Interactive Visual Compliance and
22. Enforcement Metrics known as "dashboards"
23. for our Drinking Water program. In June

1. or interstate rest stops, shown in red; and
2. non-transient, non-community systems, such
3. as would be present at a commercial or
4. industrial facility, shown in green. The
5. total universe is 590 facilities, which has
6. been very steady in recent years.
7. Alabama has far fewer public
8. drinking water systems than most states as
9. a result of an intentional strategy
10. implemented in the 1980s. The program
11. encouraged the development of substantial
12. systems having the technical, financial,
13. and managerial ability to operate in
14. accordance with state and federal
15. regulations.
16. The next two slides will deal
17. with inspections.
18. This slide shows the percentage
19. of public water systems in the state that
20. have been visited by ADEM inspectors during
21. each of the last six fiscal years. More
22. than 99 percent of the systems in Alabama
23. have had a site visit in each of the last

1. 2016, shortly after the information from
2. EPA became available, the initial analysis
3. of the dashboards for the Drinking Water
4. activities of the Department was presented.
5. Review of those dashboards is now in the
6. regular rotation of performance analysis.
7. As is done in each dashboard
8. presentation, we will first look at the
9. size of the universe of regulated
10. facilities, then the rate of inspections,
11. the findings from those inspections, and
12. finally the enforcement actions taken where
13. violations are found. Please turn your
14. attention to the screen where I will walk
15. you through a few of 26 Drinking Water
16. graphs available for analysis of the
17. Drinking Water program through FY 2016.
18. This slide shows there are three
19. categories of Public Water Systems (PWSs):
20. Community systems, which are those serving
21. organized communities such as cities and
22. towns, shown in dark blue; transient,
23. non-community systems, such as campgrounds

1. six years compared to the national average
2. of about 40 percent.
3. What is known as a "Sanitary
4. Survey" in public drinking water systems,
5. is an in-depth review of all water sources,
6. treatment plants, storage tanks, and
7. pumping facilities along with an
8. administrative review of operating
9. procedures, plans, and other documentation.
10. A Sanitary Survey is required to be
11. performed at least once every three years,
12. meaning approximately 33 percent of the
13. universe must be surveyed each year. As
14. shown on this graph, in Alabama the rate
15. for Sanitary Surveys for both community
16. systems, shown in red, and non-community
17. systems, shown in orange, consistently
18. exceeds the 33 percent requirement as well
19. as the national average.
20. This next dashboard slide shows
21. the percentage of public water systems with
22. health-based violations. Health-based
23. violations are those potentially impacting
1. human health. The rates of Alabama's health-based violations, shown in green, are well below the national average. Represented by the orange line. Not shown in the EPA dashboard program is the statistic that more than 99 percent of Alabama's population served by water systems receive drinking water in compliance with all health-based standards, as compared to only 95 percent in the Region 4 and less than 93 percent nationally.

Of those systems with health-based violations, a portion falls into the category of Serious Violators, as shown on this graph. To become a serious violator, a water system accumulates a number of lesser violations without returning to compliance, or it has a few critical violations such as an acute health-based violation. Continual reporting violations can also cause a water system to be deemed a serious violator. As with other measures of violations, at less than one percent, Alabama has a much lower rate of serious violators, shown in red, than the three percent national average represented by the orange line.

Moving now to enforcement actions taken as a result of non-compliance, this next dashboard shows the percentage of public water systems with either formal or informal enforcement actions. It has been the Department's strategy to have high rates of inspections and high rates of informal enforcement actions as the best means to achieve compliance. In earlier graphs you saw the high inspection rates. In this graph you now see the high rate of informal enforcement actions as shown in light blue compared to national averages. EPA requires a state to take formal enforcement action if a water system remains a serious violator more than one quarter. The Department takes very few formal enforcement actions, shown in dark blue, compared to the national averages because nearly all of Alabama's violators return to compliance before a formal enforcement action is required. The rate of return to compliance is shown in this next dashboard graph. The graph reflects the percentage of the violating drinking water systems that returned all violations to compliance during at least one quarter of the fiscal year. Many of the violations included on this graph are monitoring or reporting violations which do not return to compliance until the next reporting period, which could be as long as 12 months. As you saw on previous slides, Alabama has a low occurrence of serious violations and formal enforcement actions yet, as shown in purple on this slide, Alabama is always above the national average, represented by the orange line, for returning those drinking water systems that are in non-compliance to compliance. These are exactly the results we want. To summarize, in the Drinking Water program, as in other Departmental regulatory programs, compliance is the objective. As shown in this dashboard analysis, the Department's strategy of high rates of inspections and high rates of informal enforcement results in lower levels of non-compliance; and when there is non-compliance, a rapid return to compliance. The strategy not only achieves higher levels of compliance, it does so more cost effectively. To provide an additional level of assurance in this critical program that potentially affects the health of every member of the public, in 2016 the Department established an independent internal review program to review drinking water procedures and protocols. This is now a regular part of the Department's internal review process.
Another contributing factor to compliance is the condition of the drinking water infrastructure in the state. Like other states, ADEM administers a low cost loan program to drinking water systems. The Department puts special emphasis on providing low cost loans to small systems that have limited access to the bond market or other forms of long-term financing needed to support infrastructure. Much has been reported in the media about aging infrastructure in the United States. Last month the American Society of Civil Engineers published a report assessing the condition of many types of infrastructure in each of the states throughout the nation. The nation as a whole received a drinking water infrastructure grade of D, while Alabama's drinking water infrastructure got a grade of C plus. The report ranked Alabama's drinking water quality in the top 10 percent of all states which, back when I was in school, would have been a cause for concern. However, few schools meet the EPA established criteria to be selected as sample sites so only a small portion of the total universe of schools is sampled. In 2016, the Department brought together the Alabama Department of Public Health and the Alabama Department of Education and developed a program to test for lead in the drinking water of every Alabama public school. The situation in Flint, Michigan, where citizens were exposed to elevated levels of lead in their drinking water occurred in part because there was not adequate statistical sampling.

1 convert into us being one of the five states receiving a grade of A for drinking water quality.

Also, in a May 2017 report by the Natural Resources Defense Council (NDRC) was a summary of the number of drinking water health-based violations in each state. The results are displayed on this map. The areas appearing in various shades of orange, red and black are those with one or more health-based violations, while the white areas are where there are no violations. That bright area in the southeast is Alabama. You can see Alabama is a clear leader. It's a bit difficult to see, but only two states have fewer absolute numbers of health-based drinking water violations, and those states are two of the smallest, Rhode Island and Hawaii. Of those two, only Rhode Island has a lower percentage of violations or serious violations. In keeping with the drinking water focus of today's report, I'm pleased to highlight several program initiatives related to drinking water. A program that has been in the process of planning, training, and funding for more than a year is coming to fruition. Existing EPA protocols call for statistical samplings for lead in drinking water for end-users, including institutions such as schools. However, few schools meet the EPA established criteria to be selected as sample sites so only a small portion of the total universe of schools is sampled. In 2016, the Department brought together the Alabama Department of Public Health and the Alabama Department of Education and developed a program to test for lead in the drinking water of every Alabama public school. The situation in Flint, Michigan, where citizens were exposed to elevated levels of lead in their drinking water occurred in part because there was not adequate statistical sampling.

1 for lead in drinking water. While Alabama has had a robust drinking water system statistical sampling program for many years, we added this new program to provide the parents of school aged children, who are the most vulnerable to the ill effects of elevated lead in drinking water, the peace of mind of knowing that no matter which Alabama public school their child attends, the drinking water there has been tested and found to be safe. It's been a recurring theme of the Department to promote efficient and effective innovation in how our work is done to make sure the public is getting the maximum benefit for the resources expended. In the drinking water arena, the Department has authorized drinking water systems to publish annual Consumer Confidence Reports electronically to those drinking water end-users electing to receive them in that format, thus reducing the printing and mailing costs associated with hard printed
1. copies.
2. One final initiative that
3. relates to drinking water involves
4. educating the public on the importance of
5. protecting our watersheds. The Department
6. brought together interested environmental
7. advocacy organizations and the Alabama
8. Department of Transportation to develop a
9. program to strategically place signage
10. along the interstates in Alabama notifying
11. drivers of when they are entering one of 12
12. major watersheds in the state.
13. The slide on the screen is an
14. example of how the signs will look. The
15. purpose is to first make people aware of
16. the watersheds, then to educate them about
17. watersheds, and finally to encourage
18. actions to protect the watersheds. The
19. signage will be tied into watershed
20. information at interstate rest stops. A
21. benefit, in addition to helping protect the
22. watersheds, is that the signage will help
23. reduce litter along interstates, and

1. possibly other roadways, which in turn
2. reduces taxpayers' costs for litter
3. removal.
4. This project is also an example
5. of how governmental and non-governmental
6. organizations can work together on
7. activities that benefit the public.
8. For those who have not already
9. done so, please take a moment to look at
10. the lobby display that shows the public
11. drinking water sources in Alabama along
12. with areas where special assessments are
13. done to assure the water quality -- the
14. quality of water resources, a larger
15. version of the health-based violations map
16. I showed you just a few moments ago, and
17. other information on drinking water.
18. In a related water matter, I am
19. pleased to report that on July 24th, 2017,
20. EPA approved the Water Quality Standards
21. submitted by the Department following our
22. standard Triennial Review process.
23. Moving away from drinking water

1. to wastewater for just a moment, we are
2. making progress with the Sanitary Sewer
3. Overflow (SSO) initiatives discussed in
4. previous Commission meetings. As of July
5. 1st, all new, modified, or reassigned NPDES
6. municipal wastewater discharge permits
7. contain a requirement that SSOs be reported
8. electronically using latitude and longitude
9. for precise locating. Although many
10. systems already have them in place, we are
11. likewise developing a permit condition to
12. require that all municipal wastewater
13. systems have written procedures to respond
14. to SSOs, including written public
15. notification procedures. Individual
16. systems and the public will have the
17. opportunity for input on the permit
18. requirement for SSO response procedures
19. during the permitting process. The
20. Department has also entered into a contract
21. with the Alabama Rural Water Association to
22. hold seven regional training sessions to
23. educate wastewater treatment system
1. result in increased activity by
2. environmental groups as well as the
3. regulated community.
4. An ongoing element of the
5. Department's Annual Operating Plan is to
6. promote professional development of our
7. workforce, which is necessary to support a
8. high performance organization. I am
9. pleased to recognize Daniel Arthur who
10. achieved the difficult and prestigious
11. milestone of designation as a Professional
12. Engineer.
13. Daniel, would you please rise
14. and be recognized.
15. (Audience applause)
16. DIRECTOR LeFLEUR:
17. Congratulations. You do get a raise with
18. that.
19. That completes my report for
20. today, if there are any questions?
21. CHAIRMAN BROWN: I have one
22. about the SSO ongoing rulemaking. You said
23. "written notification." Would that include

1. electronic, like, e-mails or social media
2. or anything like that?
3. DIRECTOR LeFLEUR: Well,
4. they have written procedures that set out
5. what the public notification process will
6. be for that particular wastewater treatment
7. facility, and it -- we are developing --
8. and we're going to be going over this with
9. the environmental folks. We do have, stood
10. up right now, an interactive map that has
11. all SSOs within five minutes of the time
12. they're reported to the Department, where
13. any person can have access to it, click on
14. the dot that -- that is in the area of
15. interest, and it will bring up all the
16. information that's available on it. We
17. also have, stood up, a notification -- an
18. opt-in notification program that will ping
19. your iPhone or your e-mail whenever there
20. is an SSO in whatever county you select or
21. throughout the entire state. So, yes, we
22. are having, as you mentioned, the ability
23. to have specific notification.

1. the environmental folks that have decided
2. to attend, Commissioner Promer and
3. Commissioner Merritt. Commissioner
4. Richardson is not here today, so he sends
5. his regrets for not being able to attend
6. that meeting. So the process is underway.
7. CHAIRMAN BROWN: Does
8. anybody else have any questions of the
9. director?
10. COMMISSIONER MARTIN: I have
11. one. You mentioned ADEM helps to
12. facilitate loans to these water facilities
13. through us. Is this from ADEM funds, or
14. where do they get the loans from?
15. DIRECTOR LeFLEUR: Good
16. question. EPA has for a number of years
17. made grants to each state to have a pool,
18. if you will, of funds that can be loaned
19. out at low interest rates for the expressed
20. purpose of building infrastructure at
21. drinking water systems and at wastewater
22. treatment systems. The loans are repaid
23. and go back into that fund, and it's a
revolving fund so that the loans are paid back, more loan money becomes available for others. And we have been doing that —

What was the first year for that, do you recall, for setting up the SRF?

Late '80s. It's been in place for quite some time. And a very successful program. We have made a billion dollars.

MR. KELLY: Probably 1.5 billion.

DIRECTOR LeFLEUR: $1.5 billion in loans over the life of that program that help infrastructure, and that is one of the key issues within the United States is the crumbling infrastructure that we have.

CHAIRMAN BROWN: Anything else?

(No response)

CHAIRMAN BROWN: Thank you.

DIRECTOR LeFLEUR: Thank you.

The comment period ending, one set of comments was received pertaining to ADEM Form 415. It's the Sanitary Sewer Overflow Event Reporting Form. As documented in the Department's Reconciliation Statement that's in your package, one minor change to this form was made based on one of these comments.

The Department respectfully requests your favorable consideration in changes. Now I yield for any questions.

CHAIRMAN BROWN: I will entertain a motion from the Commission regarding the proposed amendments to the General Administration Regulations.

COMMISSIONER MARTIN: So moved.

COMMISSIONER LAIER: Second.
1. CHAIRMAN BROWN: Passes.
2. Agenda Item 5 is the --
3. MR. KELLY: Thank you,
4. Chairman.
5. CHAIRMAN BROWN: Thank you.
6. Is there any other business any
7. Commissioner wants to bring forth?
8. (No response)
9. CHAIRMAN BROWN: There being
10. none, Chair notes the next Commission
11. meeting is October 20th, 2017. And all
12. Commissioners have previously indicated
13. their availability, but we do know things
14. can change.
15. Next we will move on to the
16. public comment period. Before this
17. Commission is a request from Michael Mullen
18. to present on Systemic Failures in ADEM's
19. Construction Stormwater Compliance
20. Enforcement Program, with Solution. The
21. Commission will vote on whether or not to
22. grant the request, and I will entertain a
23. motion to deny or grant the request.

1. COMMISSIONER PROMER: So
2. moved to grant.
3. COMMISSIONER MERRITT:
4. Second.
5. CHAIRMAN BROWN: All in
6. favor?
7. (All Commissioners signify
8. with "aye.")
9. CHAIRMAN BROWN: Come on up,
10. Mr. Mullen.
11. COMMISSIONER MARTIN: I
12. think there's a 10-minute limitation, if
13. I'm correct.
14. MR. MULLEN: Thank you-all
15. for allowing us today, and I want to
16. commend the Department for some of the
17. things that Lance brought up this morning.
18. We're doing some good work in a lot of
19. areas, but construction stormwater area is
20. an area that environmental advocates are
21. trying to get the Department to do a better
22. job on since long before Director LeFleur
23. became the director of the Department. And

1. there are systemic failures that make it
2. difficult even for the ADEM staff to be
3. effective. I commend the ADEM staff when
4. there's a complaint for getting out and
5. doing quick inspections and doing thorough
6. inspections, but there are basically, what
7. I would call, systemic problems that make
8. effective enforcement, at best, difficult.
9. And if you have an operator who does not
10. want to be compliant, it makes it even more
11. difficult.
12. If I look into the Troy area,
13. over approximately the last year there were
14. 25 environmental warning letters sent out
15. by the Department. Exactly 50 of those
16. were sites that were not registered. The
17. operators had chosen not to register the
18. sites. I've actually heard from at least
19. one or two QCPs in my area that some of
20. them were recommending -- there are folks
21. out there, professionals, recommending to
22. the site operators to not register. And
23. why do they do that? The chance of being

1. detected is not anywhere near 100 percent.
2. And if they are detected, there's no sign
3. that ADEM is doing anything to enhance the
4. penalties for people who haven't
5. registered. Pardon me, I'm getting to the
6. age I'm going to put these reading glasses
7. on.
8. So there is a solution to that.
9. When ADEM finds a site that doesn't have
10. any best management practices and there's
11. no registration, they ought to issue a
12. cease order. Until you register that site,
13. until you show us that you've got a
14. construction best management plan in place,
15. cease everything else. That's a pretty
16. easy solution. This particular site
17. received an environmental warning letter
18. early in June. Here it is August. They
19. finished the parking lot, since this was --
20. but the cut slope in the back still has no
21. stabilization.
22. You know, there's a 14-day rule
23. in the regulations and rules that if you
**Alabama Environmental Management**  
Commission Meeting  
August 18, 2017

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<td>1 have an area that's not going to have</td>
<td>1 site, it's pretty obvious. It shouldn't</td>
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<td>2 further construction on it they should get</td>
<td>2 take ADEM that long to look at a plan and</td>
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<td>3 some cover on it within 14 days, temporary</td>
<td>3 say. They have an adequate plan or they</td>
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<td>4 cover. Or if you're not going to touch it</td>
<td>4 don't. And if they obviously don't have an</td>
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<td>5 at all anymore, put permanent cover on it.</td>
<td>5 adequate plan, send it back to them. And</td>
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<td>6 They're not doing that, and that's—all</td>
<td>6 I'm going way too slow.</td>
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<td>7 these sites that are putting a lot of</td>
<td>7 Another problem is that the</td>
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<td>8 sediment out, you tend to see it, on almost</td>
<td>8 site — that the site that I showed you,</td>
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<td>9 all of those, the big part of the problem</td>
<td>9 and the one I'm about to show you, they're</td>
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<td>10 is they're not enforcing the 14-day rule.</td>
<td>10 both the same company. They also had a</td>
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<td>11 If you see — go out to a site</td>
<td>11 third site that's — by this time is</td>
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<td>12 and they don't have BMPs in place, they</td>
<td>12 completed and buttoned up, that received</td>
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<td>13 don't have a construction best management</td>
<td>13 a received notices and environmental</td>
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<td>14 plan, they're not following the plan that</td>
<td>14 warning letters. There doesn't seem to be</td>
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<td>15 they have, they ought to get a cease order.</td>
<td>15 any enhancement of penalties for serial</td>
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<td>16 You know, until you take care of this plan,</td>
<td>16 violators. It just does not seem to be</td>
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<td>17 then you should be focusing on that. You</td>
<td>17 happening. And if you've got a serial</td>
</tr>
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<td>18 know, I hate to have somebody have to send</td>
<td>18 violator and you've already seen them</td>
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<td>19 the nail drivers home, but they're not —</td>
<td>19 violate in one place and they do it in</td>
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<td>20 that's their responsibility if they don't</td>
<td>20 another place and another place, use the</td>
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<tr>
<td>21 have a plan and they're not following the</td>
<td>22 cease order, use the ability. And if the</td>
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<tr>
<td>22 plan.</td>
<td>22 Department does not have the legal ability</td>
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<tr>
<td>23 One of the problems is that only</td>
<td>23 to issue cease orders — I think they do.</td>
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<td>1 sites that are adjacent to or in the</td>
<td>1 They have issued them before — then you</td>
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<tr>
<td>2 watershed are special waters, are either</td>
<td>2 should help them get that authority or they</td>
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<tr>
<td>3 high quality waters or they're waters that</td>
<td>3 should go to the legislature and get that</td>
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<td>4 have a TMDL on them for sediment. They</td>
<td>4 authority.</td>
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<td>5 don't have to require — they're supposed</td>
<td>5 These sites — you know,</td>
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<tr>
<td>6 to do one, but they don't have to submit a</td>
<td>6 basically almost mud running down the</td>
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<td>7 construction best management plan. So a</td>
<td>7 streets. You know, this site was noticed</td>
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<tr>
<td>8 lot of these sites when you go to them they</td>
<td>8 with an environmental warning letter again</td>
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<td>9 don't have one or they're obviously not</td>
<td>9 early June, and there was no — no</td>
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<td>10 following it.</td>
<td>10 effective action. And if that's the case,</td>
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<td>11 So there's a solution to that</td>
<td>11 then, again, they ought to issue a cease</td>
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<td>12 too: Require them, in addition to the</td>
<td>12 order and immediately after that issue a</td>
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<td>13 construction best management plan — and I</td>
<td>13 penalty order or begin a consent order.</td>
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<td>14 have seen this on several occasions where</td>
<td>14 The next couple of slides —</td>
</tr>
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<td>15 there are plans — to send a materials</td>
<td>15 that's — that's upstream of the curb drain</td>
</tr>
<tr>
<td>16 list. And if you — if somebody looks at</td>
<td>16 downstream from the site I just showed you.</td>
</tr>
<tr>
<td>17 that materials list and they've got a site</td>
<td>17 And you can see the difference downstream.</td>
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<td>18 and they have no specification to have</td>
<td>18 These aren't particularly high-grade</td>
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<td>19 erosion control materials, you know, We</td>
<td>19 streams downstream, but many places in the</td>
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<td>20 don't have any straw or we don't have any</td>
<td>20 state you have — the receiving waters are</td>
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<td>21 erosion control blankets. We don't have</td>
<td>21 streams that have fisheries, you know, if</td>
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<td>22 that listed on our supply list of things that</td>
<td>22 there's a fishery involved there ought to</td>
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<td>23 we're going to fund to take care of this</td>
<td>23 be a penalty for damage to that receiving</td>
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1. stream to that fishery.
2. There are good operators out
3. there. I found this site about the same
4. time I found the others. I think they just
5. got caught with bad timing. The day after
6. the bigger rain event, they had to
7. stabilize. They had the whole area
8. stabilized and buttoned down. If people
9. care and they have a good plan, erosion
10. sediment control is not rocket science.
11. It's basically paying attention and having
12. a good plan.
13. Small projects. There are a
14. number of projects in town that maybe only
15. have one or two housing sites on it. BMPs
16. are not maintained at all. So it's —
17. basically the message is out there that
18. this isn't important. You know, the
19. response to them, the use of cease orders
20. penalty is not sufficient to -- to get
21. their attention.
22. And there's problems also on the
23. -- I am sorry. The problem was also out

1. summarizing some of this, but there is an
2. ultimate solution. And the ultimate
3. solution would be for the Department or the
4. Commission to hire some consultants and put
5. together an effluent standard or a set of
6. effluent standards. Our rainfall and soil
7. conditions are so different from north to
8. south Alabama, you might have an
9. effluent — set of effluent standards for
10. north Alabama and one for south Alabama.
11. But effluent standards for turbidity and
12. suspended solids.
13. What we have now is sort of a
14. menu of, Did they do the BMPs right or not
15. do the BMPs right, and it gets qualitative
16. or whatever and there's no real handle to
17. hang a violation on. And it would be a
18. great thing if we had an effluent standard.
19. We got the regulated community. We got the
20. QCPs. We got the professionals at the
21. Department to work together.
22. My experience is I -- EPA put
23. out a standard, and it got pushed back in

1. there in the professional QCPs community.
2. I know good QCPs. They're supposed to do
3. this. If there is an off-site pollution
4. problem, they're supposed to just -- like a
5. wastewater treatment plant, they're
6. supposed to notify the Department. Not
7. very many of them are doing that. You
8. know, our wastewater treatment plants, they
9. do discharge monitoring reports. If we
10. have a serious violation, the QCP or the
11. owner should be notifying the Department.
12. They shouldn't have to wait until there's a
13. complaint or inspection. They should be
14. noted in the Department. We have an upset
15. condition. We need to take care of it.
16. And here's how we're going to take care of
17. it. And they should begin within 72 hours,
18. unless there's week-long hurricane or
19. something. They ought to be doing things,
20. whether they're temporary or permanent to
21. solve that problem.
22. I don't think I have time to go
23. through a list of about 10 or 11 points
1. organizations will start using notices of
2. intent to sue. I would rather see the
3. Department do their job. Thank you.
4. I will take any questions.
5. CHAIRMAN BROWN: Thank you.
6. Anyone have any questions? Mr. Director,
7. do you have any comments in response?
8. DIRECTOR LeFLEUR: I will
9. say that Mr. Mullen's concerns about
10. enforcement are an agenda item for this
11. afternoon's meeting at one o'clock and that
12. results of that discussion, along with
13. Mr. Mullen's opinions, will be taken under
14. advisement by the Department.
15. CHAIRMAN BROWN: Couple of
16. things that seemed to stick out to me
17. that -- taking Mr. Mullen's word, that
18. seemed to me to address is the failure of
19. people to register or companies to register
20. and there being no repercussion for that.
21. It seems to me that, you know, anybody
22. operating without basic compliance with the
23. law should be shut down. That's been my

1. experience with, you know, whether it's a
2. store down the street, a convenience store
3. without a business license, they get shut
4. down. And so that sort of concerned me.
5. Another thing that stuck out was
6. the serial violators that think they can
7. just not -- do not register, not take
8. proper compliance measures, and I guess
9. they think they can get away with it. And
10. I don't know what can be done to address
11. that. But taking Mr. Mullen at his word,
12. that's a little concerning.
13. DIRECTOR LeFLEUR: As far as
14. the serial violators are concerned, one of
15. the six factors that's used in calculating
16. a penalty is the history that the permit
17. holder has with prior violations and
18. that -- that adds to the amount of the
19. penalty that they are assessed in
20. situations. So it is a factor that's
21. included in the penalty calculation.
22. As far as failure to have a
23. site -- a permit for the site, there are

1. occasions where new people to the industry
2. and smaller people in the industry did not
3. realize that they needed to have an ADEM
4. permit. They felt their building permit
5. was all that they really needed, and that's
6. an educational process there. When we do
7. have intentional failure to register a
8. site, that is one of the factors also that
9. we take into account with the enforcement
10. action.
11. COMMISSIONER MARTIN: Does
12. ADEM have the power to issue a cease and
13. desist order?
14. DIRECTOR LeFLEUR: I beg
15. your pardon?
16. COMMISSIONER MARTIN: Does
17. ADEM have the power to issue a cease and
18. desist order?
19. DIRECTOR LeFLEUR: We have
20. to go through a legal process, a due
21. process, for issuing a cease and desist
22. order, service, those kinds of things.
23. Oftentimes a cease and desist order -- when
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1. and dirt running down people's streets and
2. in front of people's homes. And, again,
3. taking Mr. Mullen at his word about the
4. circumstances that are leading to some of
5. these, it just seems unfortunate to the
6. homeowners and not to mention the violation
7. of the regulations and whatever can be done
8. to --
9. DIRECTOR LeFLEUR: Well,
10. none of us want to see that red water
11. coming down. I believe that these
12. photographs were during or shortly into --
13. after a two-inch rainfall that occurred --
14. or one-and-three-quarter inch rainfall that
15. occurred in a 30- to 60-minute period,
16. which, as Mr. Mullen mentioned, can
17. overwhelm BMPs.
18. CHAIRMAN BROWN: Absolutely.
19. DIRECTOR LeFLEUR: But you
20. want BMPs to do the job they're supposed to
21. do, and they only have to do their job if
22. it's raining. But we do appreciate
23. citizens notifying us when they observe a

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1. inspectors. I'm sure it does not match up.
2. And I think the thing that really has me
3. concerned, assuming what Mr. Mullen said is
4. correct, is that, you know, some people
5. think they can just not register and that
6. there will not be consequences, and I think
7. we need to make sure that --
8. DIRECTOR LeFLEUR: That's an
9. educational process for some of these
10. folks.
11. CHAIRMAN BROWN: Well, you
12. know, some lessons are learned easily; some
13. are learned hard.
14. DIRECTOR LeFLEUR: Correct.
15. Correct.
16. CHAIRMAN BROWN: And but
17. people need to learn. Thank you. Anybody
18. else have any questions or comments?
19. (No response)
20. CHAIRMAN BROWN: Thank you.
21. MR. MULLEN: Thank you.
22. CHAIRMAN BROWN: Nobody
23. signed up for the public comment period

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1. potential violation. We do between eight
2. and ten times the number of inspections
3. that EPA requires for construction
4. stormwater. But even with that high level
5. of inspections, we can't inspect every site
6. every day. And we do welcome those
7. complaints that come.
8. Two of these sites were already
9. involved with enforcement actions at the
10. time the complaint arrived, but two of them
11. were new complaints that we had not been
12. aware of the violations at the site. As
13. mentioned, we try to get on these
14. inspections quickly after a complaint comes
15. in. And on these two sites that we were
16. not aware of at the time, our inspection
17. did discover violations and enforcement
18. actions have been -- I don't know if
19. they're completed yet, but they're underway
20. with the site.
21. CHAIRMAN BROWN: I
22. appreciate it. I know that it's tough, the
23. number of sites compared to the number of

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1. today, so I will entertain a motion to
2. adjourn.
3. COMMISSIONER MARTIN: So
4. moved.
5. COMMISSIONER LAIER: Second.
6. COMMISSIONER MERRITT:
7. Second.
8. CHAIRMAN BROWN: All in
9. favor?
10. (All Commissioners signify
11. with "aye.")
12. CHAIRMAN BROWN: We're
13. adjourned. Thank you all for being here.
14. (The meeting concluded at
15. 11:50 a.m.)
16. ***************
17.
18.
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21.
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23.
STATE OF ALABAMA)
COUNTY OF MONTGOMERY)

I hereby certify that the above
proceedings were taken down by me and
transcribed by me using computer-aided
transcription and that the above is a true
and accurate transcript of said proceedings
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I further certify that I am
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parties nor in anywise financially
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I further certify that I am duly
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Reporting as a Certified Court Reporter as
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VICTORIA CASTILLO, ACCR #17, 9/30/17
FREELANCE COURT REPORTER
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Part B
Attachment Index

Attachment 1 Agenda

Attachment 2 Director’s Slides
   (Agenda Item 2)

Attachment 3 Resolution adopting amendments to ADEM Administrative Code 335-1, General Administration Regulations, Rules 335-1-1-.07, 335-1-1-.08, and 335-1-6-.04 and Attachment A – Adopted Revisions
   (Includes NPDES-Related Matter)
   (Agenda Item 4)
AGENDA*
MEETING OF THE
ALABAMA ENVIRONMENTAL MANAGEMENT COMMISSION
DATE: August 18, 2017
TIME: 11:00 a.m.
LOCATION: Alabama Department of Environmental Management (ADEM) Building
Alabama Room (Main Conference Room)
1400 Coliseum Boulevard
Montgomery, Alabama 36104-2400

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PUBLIC COMMENT PERIOD

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* The Agenda for this meeting will be available on the ADEM website, www.adem.alabama.gov, under Environmental Management Commission.

** The Minutes for this meeting will be available on the ADEM website under Environmental Management Commission.
1. **CONSIDERATION OF MINUTES OF MEETING HELD ON JUNE 16, 2017**

2. **REPORT FROM THE ADEM DIRECTOR**

3. **REPORT FROM THE COMMISSION CHAIR**

4. **CONSIDERATION OF PROPOSED AMENDMENTS TO ADEM ADMINISTRATIVE CODE 335-1, GENERAL ADMINISTRATION REGULATIONS, RULES 335-1-1-.07, 335-1-1-.08, AND 335-1-6-.04 (INCLUDES NPDES-RELATED MATTER)**

   The Commission will consider proposed amendments to ADEM Administrative Code 335-1, General Administration Regulations, Rules 335-1-1-.07, 335-1-1-.08, and 335-1-6-.04. The amendments include modifying forms, deleting Schedule F, and making minor administrative changes. The Department held a public hearing on the proposed amendments on July 13, 2017.

5. **OTHER BUSINESS**

6. **FUTURE BUSINESS SESSION**

**PUBLIC COMMENT PERIOD**

   **a. REQUEST TO MAKE PRESENTATION**

   (1) Request from Michael William Mullen, Choctawhatchee Riverkeeper, Inc.  
   SUBJECT: Systemic Failures in ADEM’s Construction Stormwater Compliance Enforcement Program With Solutions  
   (The full Commission will vote on whether or not to grant the request to make a presentation prior to moving to the Public Comment Period.)

   **b. BRIEF STATEMENTS BY MEMBERS OF THE PUBLIC REGISTERED TO SPEAK**

   Members of the public that wish to make a brief statement at a Commission meeting may do so by first signing in on a register maintained by the Commission office prior to each regularly scheduled meeting. The register will close ten minutes prior to convening each meeting of the Commission. Following completion of all agenda items, the Commission Chair will call on members of the public wishing to make a statement in the order their names appear on the register. Speakers are encouraged to limit their statement to matters that directly relate to the Commission's functions. Speakers will be asked to observe a three minute time limit. While an effort will be made to hear all members of the public signed on the register, the Commission may place reasonable limitations on the number of speakers to be heard. (Guideline 11, Guidelines for Public Comment).

   The Guidelines for Public Comment are used in the application of ADEM Administrative Code 335-2, Environmental Management Commission Regulations, Rule 335-2-3-.05, Agenda and Public Participation. The Guidelines for Public Comment serve to educate and inform the public as to how the Commission interprets and intends to apply the Rule. The revised Rule 335-2-3-.05 was effective October 7, 2016.
PWSs by Type

Community Water System: 510
Non-Transient Non-Community Water System: 49
Transient Non-Community Water System: 23
PWSs with Health-based Violations

Percentage of PWSs


Selected Jurisdiction National Average
PWSs Returned to Compliance

Percentage of PWSs

- FY2011
- FY2012
- FY2013
- FY2014
- FY2015
- FY2016

Selected Jurisdiction • National Average
Coosa River Watershed
Help Keep Our Waters Clean
Attachment 3
ENVIRONMENTAL MANAGEMENT COMMISSION
RESOLUTION


WHEREAS, a public hearing was held before a representative of the Alabama Department of Environmental Management designated by the Environmental Management Commission for the purpose of receiving data, views and arguments on the amendment of such proposed rules; and

WHEREAS, the Alabama Department of Environmental Management has reviewed the oral and written submissions introduced into the hearing record, and has prepared a concise statement of the principal reasons for and against the adoption of the proposed rules incorporating therein its reasons for the adoption of certain revisions to the proposed rules in response to oral and written submissions, such revisions, where appropriate, having been incorporated into the proposed rules attached hereto; and

WHEREAS, the Environmental Management Commission has considered fully all oral and written submissions respecting the proposed amendments and the Reconciliation Statement prepared by the Alabama Department of Environmental Management.

NOW THEREFORE, pursuant to Ala. Code §§ 22-22A-5, 22-22A-6, 22-22A-8 (2006 Rplc. Vol.), and Ala. Code. § 41-22-5 (2000 Rplc. Vol.), as duly appointed members of the Environmental Management Commission, we do hereby adopt and promulgate these revisions to division 335-1 [335-1-6-.07/Departmental Forms, Instructions, and Procedures (Amend); 335-1-1-.08/Communications with the Department (Amend); 335-1-6-.04/Permit Application Fees (Amend)] of the Department’s General Administration Program rules, administrative code attached hereto, to become effective forty-five days, unless otherwise indicated, after filing with the Alabama Legislative Reference Service.
ENVIRONMENTAL MANAGEMENT COMMISSION
RESOLUTION

ADEM Admin. Code division 335-1 – General Administration Program

IN WITNESS WHEREOF, we have affixed our signatures below on this 18th day of August 2017.

APPROVED:

Mary J. Gerett

Scott Per

James Brown

L. March

DISAPPROVED:


This is to certify that this Resolution is a true and accurate account of the actions taken by the Environmental Management Commission on this 18th day of August 2017.

H. Lanier Brown, III, Chair
Environmental Management Commission
Certified this 18th day of August 2017
ATTACHMENT A
335-1-1-.07 Departmental Forms, Instructions, and Procedures.

(1) Designation as the State Environmental Control Agency. The Department is the State Environmental Control Agency for the purposes of federal environmental law including the Federal Clean Air Act, 42 U.S.C. 7401 et seq., as amended; the Federal Clean Water Act, 33 U.S.C. 1251 et seq., as amended; the Federal Safe Drinking Water Act, 42 U.S.C. A 201 et seq., as amended. The Department is authorized to take all actions necessary and appropriate to secure the benefits of federal environmental laws. The Department operates in conformity with such federal laws, policies, and procedures, as provided in the Act.

(2) Policies and Procedures. The Commission, through the adoption of rules pursuant to Code of Alabama 1975, § 22-22A-7(c)(6), establishes environmental policies and procedures.

(3) Form and Instructions. The Director may require such forms within the rules as he deems necessary. The content of such forms and instructions for their completion may be prescribed by the Director including the changes of such from time to time. Federal forms as published by the Environmental Protection Agency may be used in lieu of state developed forms. Departmental forms prescribed by the Director shall be identified and numbered as follows:

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<td>487</td>
</tr>
<tr>
<td>Visible Emission Field Test Sheet</td>
<td>502</td>
</tr>
<tr>
<td>Voluntary Cleanup Program Application</td>
<td>521</td>
</tr>
<tr>
<td>Water and Wastewater Operator Exam Application <strong>M-1</strong></td>
<td>505</td>
</tr>
<tr>
<td>Water and Wastewater Operator Experience Verification <strong>M-1</strong></td>
<td>506</td>
</tr>
<tr>
<td>Water and Wastewater Operator for Multiple Systems <strong>M-1</strong></td>
<td>508</td>
</tr>
<tr>
<td>Water and Wastewater Reciprocal Application <strong>M-1</strong></td>
<td>507</td>
</tr>
<tr>
<td>Water Supply Construction Permit Application <strong>M-1</strong></td>
<td>488</td>
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<tr>
<td>Water Supply Permit Application (Modification)</td>
<td>489</td>
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<tr>
<td>Water Supply Permit Application (Renewal) <strong>M-12</strong></td>
<td>490</td>
</tr>
<tr>
<td>Water System Update</td>
<td>491</td>
</tr>
<tr>
<td>Water Treatment Plant Quarterly Report for the Disinfectants and Disinfection Byproducts Rule <strong>M-1</strong></td>
<td>547</td>
</tr>
<tr>
<td>Water Well Driller Reciprocal Application</td>
<td>194</td>
</tr>
<tr>
<td>Water Well Standards Program License Renewal</td>
<td>195</td>
</tr>
<tr>
<td>CBM NPDES Stormwater Discharge Monitoring Report</td>
<td>333</td>
</tr>
<tr>
<td>CBM Toxicity Test Report Summary</td>
<td>334</td>
</tr>
<tr>
<td>Coal Permit Precipitation Event Discharge Limitations Exemption Claim Report <strong>M-2</strong></td>
<td>342</td>
</tr>
<tr>
<td>Discharge Monitoring Report for CBM Coal—Type 60 Effluent</td>
<td>348</td>
</tr>
<tr>
<td>Discharge Monitoring Report for CBM Coal—Type 60 Manual</td>
<td>349</td>
</tr>
<tr>
<td>Discharge Monitoring Report for CBM Coal—Type 60 Standard</td>
<td>350</td>
</tr>
<tr>
<td>Discharge Monitoring Report for Coal—Type 1 &amp; Type 3</td>
<td>351</td>
</tr>
<tr>
<td>Discharge Monitoring Report for Coal—Type 11</td>
<td>352</td>
</tr>
<tr>
<td>Discharge Monitoring Report for Coal—Type 13</td>
<td>353</td>
</tr>
<tr>
<td>Discharge Monitoring Report for Coal—Type 14 Sand &amp; Gravel</td>
<td>354</td>
</tr>
<tr>
<td>Discharge Monitoring Report for Coal—Type 14 Fire Clay</td>
<td>355</td>
</tr>
<tr>
<td>Discharge Monitoring Report for Coal—Type 14 Shale—Common-Clay</td>
<td>356</td>
</tr>
<tr>
<td>Discharge Monitoring Report for Coal—Type 15</td>
<td>357</td>
</tr>
<tr>
<td>Discharge Monitoring Report for Coal—Type 38</td>
<td>358</td>
</tr>
<tr>
<td>Discharge Monitoring Report for Coal—Type 5 &amp; Type 7</td>
<td>359</td>
</tr>
<tr>
<td>Discharge Monitoring Report for Coal—Type 9</td>
<td>360</td>
</tr>
<tr>
<td>Discharge Monitoring Report for NonCoal—Type 30</td>
<td>361</td>
</tr>
<tr>
<td>Name of Forms</td>
<td>Form Number</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Discharge Monitoring Report for NonCoal—Type 32</td>
<td>362</td>
</tr>
<tr>
<td>Discharge Monitoring Report for NonCoal—Type 34</td>
<td>363</td>
</tr>
<tr>
<td>Discharge Monitoring Report for NonCoal—Type 36 &amp; Type 48 &amp; Type 50</td>
<td>364</td>
</tr>
<tr>
<td>Discharge Monitoring Report for NonCoal—Type 41</td>
<td>365</td>
</tr>
<tr>
<td>Discharge Monitoring Report for NonCoal—Type 42</td>
<td>366</td>
</tr>
<tr>
<td>Discharge Monitoring Report for NonCoal—Type 44 &amp; Type 45</td>
<td>367</td>
</tr>
<tr>
<td>Discharge Monitoring Report for NonCoal—Type 46</td>
<td>368</td>
</tr>
<tr>
<td>Individual NPDES Permit Noncompliance Notification (5-day Report)</td>
<td>401</td>
</tr>
<tr>
<td>NPDES Discharge Monitoring Report Form (Monthly)</td>
<td>430</td>
</tr>
<tr>
<td>NPDES Discharge Monitoring Report Form (Quarterly)</td>
<td>431</td>
</tr>
</tbody>
</table>

**Author:** Marilyn Elliott, Russell A. Kelly, Aubrey White, David Hutchinson.


**History:** August 1, 1988.

335-1-1.08 Communications with the Department.

(1) Correspondence, applications, reports, or other documents required to be submitted to the Department either by the ADEM Admin. Code, or any permit, order, or directive issued by the Department may be submitted as follows:

(a) By U.S. Mail, addressed to ADEM, at P. O. Box 301463, Montgomery, Alabama 36130-1463. The address shall specifically indicate the individual or program to whom the submission is to be delivered.

(b) By hand delivery or overnight or express mail, addressed to ADEM, 1400 Coliseum Blvd., Montgomery, Alabama 36110-20592400. The address shall specifically indicate the individual or program to whom the submission is to be delivered.

(c) By electronic means, in accordance with Ala. Code §§ 8-1A-1 to 8-1A-20 (2002 Rplc. Vol.).

(i) If e-mail is employed, it is the submitter’s responsibility to ascertain the correct e-mail address of the individual to whom the submission is to be sent. The correct recipient and his or her e-mail address may be obtained by calling the program to which the submission will be sent.

(ii) The electronic submittal shall contain all required information and be formatted in an electronic file format provided or approved by ADEM.

(iii) The documents may be submitted in electronic form on a compact disk and delivered via e-mail, U.S. mail, hand delivery, or overnight or express mail.

(iv) Where a signature is required but an electronic signature is not otherwise prohibited, a written signature is not necessary for documents sent electronically. An electronic signature, such as an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record is acceptable.

(v) The receipt date for an electronic submittal via e-mail shall be the date and time the document is received by the Department as indicated by the computer software accepting the submission, in accordance with Ala. Code §§8-1A-15 (2002 Rplc. Vol.).

Author: Olivia H. Rowell, David Hutchinson.
History: November 14, 2006.
Amended: XXXX XX, 2017.

EXPLANATORY NOTE FOR CHAPTER 335-1-1
GENERAL ADMINISTRATION REGULATIONS

On their effective date, August 1, 1988, portions of these regulations replaced existing regulations covering the issues of organization and availability of public information contained in chapters administered by the Air and Water Divisions of the Department. Specifically, the following regulations were repealed when this chapter was adopted:

1. ADEM Air Regulations Part 1.3--"Organization" of the Air Pollution Control Rules and Regulations.

2. ADEM Air Regulations Part 1.4--"Availability of Records and Information" of the Air Pollution Control Rules and Regulations.

3. ADEM Air Regulations Part 1.5--"Employee Responsibilities and Conduct" of the Air Pollution Control Rules and Regulations.

4. ADEM Water Quality Regulations chapter 335-6-1-.03--"Public Information" of the Water Division - Water Quality Program rules.
335-1-6-.04 Permit Application Fees.

(1) Except as provided in paragraph (2) of this rule, any person making application to the Department for the issuance, reissuance or modification of a permit shall be subject to a three-part application fee consisting of the following:

(a) a fee of $1,610 per application relating to a greenfield site. This fee shall not apply to Schedule B and Schedule F or to AFO/CAFO registration in Schedule D if continuing education certification is submitted with initial registration and each annual registration request as required by rule 335-6-7-.18;

(b) a fee which shall be the sum of the fees for each applicable type of permit application, and each action deemed necessary to complete evaluation of the application, as specified in Fee Schedules A through J; and

(c) a public hearing fee of $8,450 if a public hearing relating to the permit application is held.

(2) Any person making application to the Department for modification of a permit to change the name of the permittee only or to transfer the permit only shall be subject to a $800 fee per application.

(3) Fees required by AFO/CAFO registration may be suspended in part or whole by category by the Director to reflect the budgetary circumstances of the AFO/CAFO program.

Author: Marilyn Elliott, Russell Kelly, David Hutchinson.
## FEE SCHEDULE B
COASTAL USE PERMITS STATEWIDE WATER QUALITY CERTIFICATION AND PROJECT REVIEWS

<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial and/or Residential Development</strong></td>
<td></td>
</tr>
<tr>
<td>a) Commercial and Residential Development greater than 5 acres and less</td>
<td>$9,025</td>
</tr>
<tr>
<td>than 25 acres in size.</td>
<td></td>
</tr>
<tr>
<td>b) Commercial and Residential Development 25 acres or greater and less than</td>
<td>$19,070</td>
</tr>
<tr>
<td>100 acres in size.</td>
<td></td>
</tr>
<tr>
<td>c) Commercial and Residential Development 100 acres or greater and less</td>
<td>$25,920</td>
</tr>
<tr>
<td>than 250 acres in size.</td>
<td></td>
</tr>
<tr>
<td>Groundwater extraction from a well having capacity of 50 gpm or more (335 8 2 .09)</td>
<td>$3,995</td>
</tr>
<tr>
<td><strong>Construction on Beaches and Dunes (335-8-2-.08)</strong></td>
<td></td>
</tr>
<tr>
<td>a) 1 single family dwelling or 1 duplex.</td>
<td>$1,330</td>
</tr>
<tr>
<td>b) 2 single family dwellings or 2 duplexes.</td>
<td>$1,750</td>
</tr>
<tr>
<td>c) Commercial (non-residential) structure, multi-unit residential</td>
<td>$17,765</td>
</tr>
<tr>
<td>structure having more than 2 units, or any other combination of living units</td>
<td></td>
</tr>
<tr>
<td>not covered under a) or b) above.</td>
<td></td>
</tr>
<tr>
<td>d) Hardened erosion control structure, including retaining walls,</td>
<td>$2,035</td>
</tr>
<tr>
<td>seawalls, bulkheads and similar structure, or the placement of rip rap.</td>
<td></td>
</tr>
<tr>
<td><strong>Beach Nourishment Projects on Gulf Beaches</strong></td>
<td></td>
</tr>
<tr>
<td>a) Gulf Beach Nourishment Project filling less than 1,000 square feet of State</td>
<td>$1,895</td>
</tr>
<tr>
<td>waterbottoms.</td>
<td></td>
</tr>
<tr>
<td>b) Gulf Beach Nourishment Project filling 1,000 square feet to 100,000 square</td>
<td>$3,785</td>
</tr>
<tr>
<td>feet of State waterbottoms.</td>
<td></td>
</tr>
<tr>
<td>c) Gulf Beach Nourishment Project filling greater than 100,000 square feet of</td>
<td>$6,985</td>
</tr>
<tr>
<td>State waterbottoms.</td>
<td></td>
</tr>
<tr>
<td><strong>Projects Impacting Wetlands</strong></td>
<td></td>
</tr>
<tr>
<td>a) Project involving the dredging or filling of less than 1,000 square feet of</td>
<td>$2,125</td>
</tr>
<tr>
<td>wetlands.</td>
<td></td>
</tr>
<tr>
<td>b) Project involving the dredging or filling of 1,000 square feet or more of</td>
<td>$4,235</td>
</tr>
<tr>
<td>wetlands.</td>
<td></td>
</tr>
<tr>
<td>c) Pile Supported residential, multifamily or commercial structure (does not</td>
<td>$3,940</td>
</tr>
<tr>
<td>include piers, walkways, gazebos).</td>
<td></td>
</tr>
<tr>
<td><strong>Projects Impacting Water Bottoms</strong></td>
<td></td>
</tr>
<tr>
<td>a) Project involving the filling of less than 1,000 square feet of water bottom.</td>
<td>$2,125</td>
</tr>
<tr>
<td>b) Project involving the filling of 1,000 square feet or more of water bottom.</td>
<td>$4,235</td>
</tr>
<tr>
<td>Type of Activity</td>
<td>Fee</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>c) Project involving the dredging of less than 10,000 cubic yards of material from the water bottom.</td>
<td>$2,125</td>
</tr>
<tr>
<td>d) Project involving the dredging of 10,000 cubic yards to 100,000 cubic yards of material from the water bottom.</td>
<td>$4,235</td>
</tr>
<tr>
<td>e) Project involving the dredging of greater than 100,000 cubic yards of material from the water bottom.</td>
<td>$7,855</td>
</tr>
<tr>
<td>f) Project which involves the construction of coastal or inland marinas, canals, or creek relocation or modification.</td>
<td>$4,235</td>
</tr>
<tr>
<td>g) Raised creek crossing.</td>
<td>$800</td>
</tr>
<tr>
<td><strong>Shoreline Stabilization of Non Gulf-Fronting Properties</strong></td>
<td></td>
</tr>
<tr>
<td>a) Shoreline stabilization project involving less than 200 feet of shoreline stabilization, including bulkhead construction or placement of rip-rap.</td>
<td>$800</td>
</tr>
<tr>
<td>b) Shoreline stabilization project involving greater than 200 feet of shoreline stabilization including bulkhead construction or placement of rip-rap.</td>
<td>$1,330</td>
</tr>
<tr>
<td>Groin, jetty, and/or other sediment catching shoreline structure.</td>
<td>$1,680</td>
</tr>
<tr>
<td>Construction of pile supported pier, dock, boardwalk, or other similar structure.</td>
<td>$800</td>
</tr>
<tr>
<td>Siting, construction and operation of energy facility.</td>
<td>$24,480</td>
</tr>
<tr>
<td>Mitigation bank project.</td>
<td>$8,730</td>
</tr>
<tr>
<td>State agency permits subject to review, not otherwise specified in Schedule B.</td>
<td>$1,680</td>
</tr>
<tr>
<td>Federal license or permits not otherwise specified in Schedule B.</td>
<td>$1,680</td>
</tr>
<tr>
<td>Project requiring certification for a Federal Energy Regulatory Commission permit or authorization.</td>
<td>$6,550</td>
</tr>
<tr>
<td>All other projects and/or consistency reviews not otherwise specified in Schedule B which are subject to ADEM's Division 8 regulations.</td>
<td>$800</td>
</tr>
<tr>
<td>Certification transfer or to change the name of the applicant only.</td>
<td>$800</td>
</tr>
<tr>
<td>Modifications, and/or time extension, not requiring public notice.</td>
<td>$800</td>
</tr>
<tr>
<td>Modifications and/or time extension, requiring public notice shall be one half the fee listed in schedule B but in no case less than $655,800.</td>
<td>$800</td>
</tr>
<tr>
<td>Additive fee for variance request.</td>
<td>$3,275</td>
</tr>
</tbody>
</table>
FEE SCHEDULE F

NPDES CONSTRUCTION MATERIALS, NON-COAL, NON-METALLIC MINING, ETC.


<table>
<thead>
<tr>
<th>Description</th>
<th>Base Annual Registration Fee</th>
<th>Major Modification Fee-1/</th>
<th>Tier 1 Water Fee Additive Increment Fee-2/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Fee—Sites less than 5 acres (Sites 5 acres and greater require Individual NPDES Permit Coverage)</td>
<td>$670</td>
<td>$430</td>
<td>$305</td>
</tr>
</tbody>
</table>

1/ A Major Modification Additive Increment Fee is required for a request for Major Modification of an existing registration approval or authorization.

2/ An Impacted Watershed Additive Increment Fee, required for all registrations/authorizations for projects discharging to any Tier 1 water, shall be submitted with each initial registration/authorization request, and each Major Modification Request, and each subsequent annual registration/authorization request.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG850000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG850000, which is the general permit authorizing discharges from the mining and processing (wet or dry) of construction sand and gravel, chert, dirt, and/or red clay, and areas associated with these activities. Please complete all questions. Respond with "N/A" as appropriate. Incomplete or incorrect answers, or missing signatures will delay processing. If space is insufficient, continue on an attached sheet(s) as necessary. Attach other information as needed. Commencement of activities for which permit coverage is requested as detailed in this notice of intent are not authorized until permit coverage has been issued by the department. Please type or print legibly in blue or black ink. Mail completed form to:

ADEM-Water Division
Stormwater Management Branch
PO Box 301463
Montgomery, Alabama 36130-1463

DISCHARGES NOT COVERED BY GENERAL PERMIT ALG850000

If the facility will have any of the following discharges, please contact the Mining and Natural Resources Section of ADEM before proceeding:
A. Discharges to a waterbody designated as Outstanding National Resource Water (ONRW), Outstanding Alabama Water (OAW), or Treasured Alabama Lake (TAL);
B. Discharges to a waterbody that is included on Alabama’s current §303(d) list for a pollutant of concern;
C. Discharges to a waterbody included in an EPA approved or EPA established Total Maximum Daily Load (TMDL) for a pollutant of concern if the discharges are not consistent with the EPA approved or EPA established TMDL.

PURPOSE OF THIS NOTICE OF INTENT

☐ Initial NOI for New Facility ☐ Initial NOI for Existing Facility (Previous NPDES Permit AL_____) ☐ Modification of General Permit No. ALG_______
☐ Reissuance of General Permit No. ALG_______
☐ Transfer of General Permit No. ALG_______ ☐ Other_______

I. PERMITTEE INFORMATION

<table>
<thead>
<tr>
<th>Permittee Name</th>
<th>Responsible Official Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Official and Title</td>
<td>Responsible Official E-Mail Address</td>
</tr>
<tr>
<td>Responsible Official (RO) Street/Physical Address</td>
<td>City, State, and Zip Code</td>
</tr>
<tr>
<td>Responsible Official (RO) Mailing Address</td>
<td>City, State, and Zip Code</td>
</tr>
</tbody>
</table>

II. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Facility/Site Name</th>
<th>Facility/Site Contact and Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility/Site Street Address or Location Description</td>
<td>City, State, and Zip Code</td>
</tr>
<tr>
<td>Facility Front Gate Latitude and Longitude</td>
<td>Facility/Site Contact Phone Number</td>
</tr>
<tr>
<td></td>
<td>Facility/Site Contact Email Address</td>
</tr>
<tr>
<td>County(s)</td>
<td></td>
</tr>
<tr>
<td>Township(s), Range(s), Section(s)</td>
<td></td>
</tr>
<tr>
<td>Detailed Directions to Site</td>
<td></td>
</tr>
</tbody>
</table>
III. ACTIVITY DESCRIPTION

List relative percentages of the mineral(s) or mineral product(s) that are proposed to be and/or are currently mined, 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 and/or Chert
Red Clay
Other:

Sand and/or Gravel
Other:

Area of the permitted site: Total site area in acres: ____________________________ Total disturbed area in acres: ____________________________

Primary SIC Code: __________________________ Secondary SIC Code(s): __________________________

NAICS Code: __________________________ Description: __________________________

NAICS Code: __________________________ Description: __________________________

Narrative Description of Activity:

IV. MINING ACTIVITY TO BE CONDUCTED

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

- Surface mining
- Auger mining
- Hydraulic mining
- Mineral storing
- Mineral dry processing (crushing & screening)
- Mineral wet preparation
- Mineral loading
- Construction related temporary borrow pits/areas
- Mineral transportation___rail ___barge ___truck
- Excavation
- Pre-mining logging or land clearing
- Waterbody relocation or other alteration
- Creek/stream crossings
- Onsite construction debris or equipment storage/disposal
- ONSite mining debris or equipment storage/disposal
- Reclamation of disturbed areas
- Chemicals used in process or wastewater treatment (coagulant, biocide, etc.)
- Mining a portion of a larger unreclaimed area
- Other:

- Other:

V. 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:

<table>
<thead>
<tr>
<th>Volume</th>
<th>Contents</th>
<th>Volume</th>
<th>Contents</th>
<th>Volume</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>gallons</td>
<td></td>
<td>gallons</td>
<td></td>
<td>gallons</td>
<td></td>
</tr>
</tbody>
</table>

C. If “Yes,” a detailed SPCC Plan with acceptable format and content, including diagrams, must be attached to this NOI in accordance with ADEM Admin. Code R. 335-6-6-12(r).

VII. TOPOGRAPHIC MAP SUBMITTAL

Attach to this NOI a 7.5 minute series USGS topographic map(s) no larger than 11 by 17 inches (several pages may be necessary), of the area extending to at least one mile beyond property boundaries. The topographic 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 is located. The topographic 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) Proposed and existing discharge points
(d) Perennial, intermittent, and ephemeral streams

ADEM Form 26 10/17 m3
VIII. RECEIVING WATERS

List the requested permit action for each outfall (issue, reissue, delete, move, etc), outfall point number and designation denoting “E” for existing and “P” for proposed outfalls (ex. 001E or 002P), name of receiving water(s), latitude and longitude of location(s) of each discharge point, distance of receiving water from outfall in feet, and the waterbody use classification. If this NOI is for a modification to an existing permit do not change the numbering sequence of the permitted outfalls.

<table>
<thead>
<tr>
<th>Action</th>
<th>Outfall E/P</th>
<th>Receiving Water(s)</th>
<th>Latitude</th>
<th>Longitude</th>
<th>Distance to Rec. Water</th>
<th>Waterbody Use Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

IX. DISCHARGE STRUCTURE DESCRIPTION & ORIGIN

List the outfall point number and designation denoting “E” for existing and “P” for proposed outfalls (ex. 001E or 002P), as it appears on the map(s) required by this NOI, describe each discharge structure (e.g., pipe, spillway, channel, tunnel, conduit, well, discrete fissure, or container), and identify the method of discharge.

<table>
<thead>
<tr>
<th>Outfall E/P</th>
<th>Discharge Structure Description</th>
<th>Surface Discharge</th>
<th>Groundwater Discharge</th>
<th>Wet Prep -Other Production Plant</th>
<th>Pumped or Controlled Discharge</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

X. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN

A PAP Plan in accordance with Part III.C of the general permit, and ADEM Admin. Code r. 335-6-9-03, including Appendices A & B, must be completed and attached as part of this NOI.

XI. GENERAL INFORMATION

This NOI and the appropriate fees must be submitted concurrently. The fee for Mineral/Resource Extraction Mining, Storage, Transloading, and/or Dry Processing facilities and Wet Preparation, Processing, and/or Beneficiation facilities are in Fee Schedule D of ADEM Admin. Code div.335-1. An additional Greenfield Site fee must be submitted for the initial operation of a new facility or a facility or operation not previously permitted.
### XII. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN SUMMARY (must be completed for all outfalls)

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runoff from all areas of disturbance is controlled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drainage from pit area, stockpiles, and spoil areas directed to a sedimentation pond</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drainage from haul roads and other minor disturbed areas treated before discharge</td>
<td></td>
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</tr>
<tr>
<td>Sedimentation basin at least 0.25 acre/feet for every acre of disturbed drainage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sedimentation basin cleaned out when sediment accumulation is 60% of design capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trees, boulders, and other obstructions removed from pond during initial construction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Width of top of dam greater than 12'</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side slopes of dam no steeper than 3:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutoff trench at least 8' wide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side slopes of cutoff trench no less than 1:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutoff trench located along the centerline of the dam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutoff trench extends at least 2' into bedrock or impervious soil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutoff trench filled with impervious material</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embankments and cutoff trench 95% compaction standard proctor ASTM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embankment free of roots, tree debris, stones &gt;6&quot; diameter, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embankment constructed in lifts no greater than 12&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spillpipe sized to carry peak flow from a one year storm event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spillpipe will not chemically react with effluent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsurface withdrawal used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-seep collars extend radially at least 2' from each joint in spillpipe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Splashpad at the end of the spillpipe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Spillway sized for peak flow from 25-yr 24-hr event if discharge not into PWS classified stream</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency spillway sized for peak flow from 50-yr 24-hr event if discharge is into PWS classified stream</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency overflow at least 20' long</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side slopes of emergency spillway no steeper than 2:1</td>
<td></td>
<td></td>
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<tr>
<td>Emergency spillway lined with riprap or concrete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum of 1.5' of freeboard between normal overflow and emergency overflow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum of 1.5' of freeboard between max. design flow of emergency spillway and top of dam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All emergency overflows are sized to handle entire drainage area for ponds in series</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dam stabilized with permanent vegetation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustained grade of haul road &lt;10%</td>
<td></td>
<td></td>
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<tr>
<td>Maximum grade of haul road &lt;15% for no more than 300'</td>
<td></td>
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</tr>
<tr>
<td>Outer slopes of haul road no steeper than 2:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outer slopes of haul road vegetated or otherwise stabilized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detail drawings supplied for all stream crossings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-Term Stabilization/Grading and Temporary Vegetative Cover Plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-Term Stabilization/Grading and Permanent Reclamation or Water Quality Remediation Plans</td>
<td></td>
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</tbody>
</table>

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

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ADEM Form 26 10/17 m3
# XIII. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN REVIEW CHECKLIST

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<tr>
<td>PE Seal with License #</td>
<td></td>
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<tr>
<td>Name and Address of Operator</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Legal Description of Facility</td>
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**General Information:**

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<tr>
<td>Name of Company</td>
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<tr>
<td>Products to be Mined</td>
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<tr>
<td>Hours of Operation</td>
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<tr>
<td>Water Supply and Disposition</td>
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**Topographic Map:**

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<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Mine Location</td>
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<tr>
<td>Location of Prep Plant</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Location of Treatment Basins</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Location of Discharge Points</td>
<td></td>
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<tr>
<td>Location of Adjacent Streams</td>
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**1"-500' or Equivalent Facility Map:**

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<tr>
<td>Drainage Patterns</td>
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<tr>
<td>Mining Details</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>All Roads, Structures Detailed</td>
<td></td>
<td></td>
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<tr>
<td>All Treatment Structures Detailed</td>
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**Detailed Design Diagrams:**

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<tr>
<td>Plan Views</td>
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<tr>
<td>Cross-section Views</td>
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<tr>
<td>Method of Diverting Runoff to Treatment Basins</td>
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**Narrative of Operations:**

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<tr>
<td>Raw Materials Defined</td>
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<td>Processes Defined</td>
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<tr>
<td>Products Defined</td>
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**Schematic Diagram:**

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<tr>
<td>Points of Waste Origin</td>
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<tr>
<td>Collection System</td>
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<tr>
<td>Disposal System</td>
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</table>

**Post Treatment Quantity and Quality of Effluent:**

<table>
<thead>
<tr>
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<tbody>
<tr>
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<tr>
<td>Flow</td>
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<tr>
<td>Suspended Solids</td>
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<td>pH</td>
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**Description of Waste Treatment Facility:**

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<tr>
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<tr>
<td>Pre-Treatment Measures</td>
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<tr>
<td>Recovery System</td>
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<tr>
<td>Expected Life of Treatment Basin</td>
<td></td>
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<tr>
<td>Schedule of Cleaning and/or abandonment</td>
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**Other:**

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<tr>
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<tbody>
<tr>
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<tr>
<td>Precipitation/Volume Calculations/Diagram Attached</td>
<td></td>
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<tr>
<td>BMP Plan for Haul Roads</td>
<td></td>
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<tr>
<td>Measures for Minimizing Impacts to Adjacent Stream i.e., Buffer Strips, Berms, etc.</td>
<td></td>
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<tr>
<td>Methods for Minimizing Nonpoint Source Discharges</td>
<td></td>
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<tr>
<td>Facility Closure Plans</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>PE Rationale(s) For Alternate Standards, Designs or Plans</td>
<td></td>
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</table>

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

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ADEM Form 26 10/17 m3
XIV. 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 under penalty of law that the technical information and data contained in this application, and a comprehensive Pollution Abatement & Prevention (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 this Permit, and 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."

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

XV. OPERATOR - RESPONSIBLE OFFICIAL* SIGNATURE

This NOI must be signed 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 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.

"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.

"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 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."

Name (type or print)
Signature
Official Title
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;

(d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Form 26 10/17 m3
Alabama Tank Trust Fund
Cost Proposal
Part I

I.1 Cost Proposal Information:

<table>
<thead>
<tr>
<th>Cost Proposal Number:</th>
<th>Date of Cost Proposal (mm/dd/yy):</th>
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<table>
<thead>
<tr>
<th>UST or AST Incident Number:</th>
<th>Facility I.D. Number:</th>
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</table>

I.2 Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
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<table>
<thead>
<tr>
<th>Facility Address:</th>
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</table>

I.3 Owner Information:

<table>
<thead>
<tr>
<th>Owner Name:</th>
</tr>
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<table>
<thead>
<tr>
<th>Owner Address:</th>
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<table>
<thead>
<tr>
<th>Employer Tax Number (IRS):</th>
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I.4 Response Action Contractor Information:

<table>
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<tr>
<th>Approved Response Action Contractor Name:</th>
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<tr>
<th>Approved Response Action Contractor Address:</th>
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<table>
<thead>
<tr>
<th>Project Contact:</th>
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<table>
<thead>
<tr>
<th>Project Contact Phone #:</th>
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<table>
<thead>
<tr>
<th>Project Contact E-mail:</th>
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<table>
<thead>
<tr>
<th>Employer Tax Number (IRS):</th>
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</table>
I.5 Activity Information:

Indicate below the activities for which the cost proposal is submitted:

- Site Stabilization/Initial Abatement
- Preliminary Investigation
- Secondary Investigation / Additional Well Installation
- Alabama Risk Based Corrective Action (ARBCA)
- Groundwater Sampling
- Free Product Removal/Mobile Enhanced Multiphase Extraction (MEME)
- Corrective Action Plan Evaluation
- Develop Corrective Action Plan
- Corrective Action
- Stockpile Sampling / Management / Disposal
- Provision of Alternate Water Supply
- Pilot Test
- Monitoring/Recovery/Injection Well Abandonment
- System Decommissioning/Removal

Activities/Other/Brief Summary of Activities:

Provide proposed completion date for this phase of work activities:

Provide projected date of cleanup completed:

I.6 Subcontractor Information:

Indicate Subcontractors to be used during this phase of work:

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Service Provided</th>
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<tbody>
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</table>
Signatures must be provided in Sections 1.7 and 1.8 below for this proposal to be processed.

1.7 Certification of Unintentional Release of Motor Fuel & Cost Proposal - Owner Signature:

I certify that an unintentional release has occurred from a motor fuel underground or aboveground tank system at this site and I authorize this Cost Proposal amount for corrective action activities to be conducted at this site.

1. Owner or Operator Signature:
   
   Typed or Printed Name and Title:
   
   Email address:
   
   Date:

1.8 Cost Proposal - Contractor Signature:

2. Response Action Contractor Signature:
   
   Typed or Printed Name and Title:
   
   Date:

1.9 Trust Fund Obligation Information:

Estimated Total Cost of all
Anticipated Response Actions
(To be updated overtime):

Total of Previously Approved Cost Proposals:

Total Proposed Costs to Date
(Approved Costs Plus Costs Proposed in this Cost Proposal):

Estimate Percent Completion of entire project to date:

1.10 Cost Proposal Amount

Proposed Costs under this Cost Proposal:

Owners Required Contribution for UST Release($5,000): Applicable for CP#1 Only

Owners Required Contribution for AST Release($10,000): Applicable for CP#1 Only

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Field Equipment</th>
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<tr>
<td></td>
<td>Mileage</td>
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<td></td>
<td>Per Diem</td>
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<td>Drilling</td>
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<td>Analytical</td>
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Total of This Cost Proposal:
### Part II- Alabama Tank Trust Fund Itemization Form "A" Cost Proposal

Complete forms "A" through "G" as applicable to site activities and for supporting attachments to Part I.

#### Summary of ATTF Report and Plan Preparation Scenarios

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Unit $</th>
<th>Units</th>
<th>Quantity Requested $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Abatement Report (other than just MEME)</td>
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<tr>
<td>1-2 days in field</td>
<td>$1,897</td>
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<tr>
<td>Adder amount for every field day over 2 days (not to exceed 14 days)</td>
<td>$322</td>
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<td>Initial Abatement Free Product Recovery Report</td>
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<tr>
<td>Preliminary Investigation Report</td>
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<tr>
<td>Secondary Plan (on and offsite) (once per site)</td>
<td>$803</td>
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<tr>
<td>Secondary Report (up to 12 wells)</td>
<td>$5,376</td>
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<tr>
<td>Adder per Wells installed over 8</td>
<td>$143</td>
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<tr>
<td>Off-site access - Residential</td>
<td>$173</td>
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<tr>
<td>Off-site access - Commercial</td>
<td>$248</td>
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<tr>
<td>Off-site access - ALDOT</td>
<td>$1,411</td>
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<td>Additional Well Installation Plan (investigation 1-4 wells)</td>
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<tr>
<td>Additional Well Installation Plan (investigation &gt;4 wells)</td>
<td>$780</td>
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<td>Additional Well Installation Report (1-4 wells) (as an adder)</td>
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<td>Additional Well Installation Report (&gt;4 wells) (as an adder)</td>
<td>$1,352</td>
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<td>High Resolution Characterization Plan/Report (stand alone)</td>
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<td>Groundwater Monitoring Plan (GWM)</td>
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<td>NAMR/GWM-Report</td>
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<td>1-12 wells, BTEX/MTBE/Naphthalene</td>
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<td>1-12 wells, BTEX/MTBE+PAH</td>
<td>$1,353</td>
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<td>NAMR/GWM adder &gt;12 wells, BTEX/MTBE/Naphthalene</td>
<td>$35.75</td>
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<tr>
<td>NAMR/GWM adder &gt;12 wells, BTEX/MTBE + PAH</td>
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<tr>
<td>FPR Plan - All free product recovery</td>
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<td>FPR Report - All free product reports (except MEME)</td>
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<tr>
<td>FPR Report - MEME</td>
<td>$1,016</td>
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<td>MEME/Injection Events (adder to report)</td>
<td>$720</td>
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<td>ARBCCA Report Tier I/RM 1</td>
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<td>1-12 wells, BTEX/MTBE/Naphthalene</td>
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<td>1-12 wells, BTEX/MTBE+PAH</td>
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<td>ARBCCA Report Tier II/RM 2</td>
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<td>1-12 wells, BTEX/MTBE/Naphthalene</td>
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<tr>
<td>1-12 wells, BTEX/MTBE+PAH</td>
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<td>ARBCCA GRP Re Assessment (1-4 wells Diesel)</td>
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<td>ARBCCA Adder for Gas &gt; number of allocated wells</td>
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<td>ARBCCA Adder for Tier II WITH DECAY</td>
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<td>ARBCCA Evaluation with Decay (stand alone evaluation)</td>
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<td>CAP Development - CA Evaluation (once per site)</td>
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<td>CAP Development - RNA</td>
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<td>CAP Development - RNA with MEME</td>
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<td>CAP Development - Excavation</td>
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<tr>
<td>CAP Development - Liquid Injections</td>
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<tr>
<td>CAP Development (Class 1)- DPVE, P&amp;T with SVE</td>
<td>$6,644</td>
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</table>
Complete forms "A" through "G" as applicable to site activities and for supporting attachments to Part I.

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<th>Scenarios</th>
<th>Unit</th>
<th>Units</th>
<th>Quantity</th>
<th>Requested $</th>
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<td>CAP Implementation Report - Excavation</td>
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<td>CAP Implementation Report - Liquid Injections</td>
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<td>CA System Installation Report (all Classes same)</td>
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<td>SEMR - DPVE, P&amp;T Reports</td>
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<td>SEMR - Ozone, AS, SVE, Chemox, Biosparge - Reports</td>
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<td>SEMR adder &gt;12 wells, BTEX/MTBE+PAH</td>
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<td>SEMR adder &gt;12 wells, BTEX/MTBE+PAH</td>
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<td>IDW/Treatment Disposal Plan (stand alone)</td>
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<td>DPVE Pilot Test Report</td>
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<td>AS/SVE or Ozone Pilot Test Plan</td>
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<td>AS/SVE or Ozone Pilot Test Report</td>
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<td>ISCO or Bioremediation Pilot Test Plan</td>
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<td>System Purchase Letter</td>
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<td>Monitoring Well Abandonment Plan</td>
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<td>Monitoring Well Abandonment Report</td>
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<td>System Decommissioning Plan</td>
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<td>System Decommissioning Report</td>
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<td>Alternate Water Supply Plan</td>
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<td>Alternate Water Supply Report</td>
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<td>Public Water Line Replacement Plan</td>
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<td>Public Water Line Replacement Report</td>
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<td>Adjacent Property Owner Information (additional effort)</td>
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<td>UIC Permit Application Preparation</td>
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<td>UIC General Permit Application Preparation</td>
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<td>General NPDES Application Preparation</td>
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<td>ADEM Solid Waste Profile Preparation</td>
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<td>Municipal Sewer Application Process (ADEM or Others)</td>
<td>$445</td>
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<td>Environmental Covenant Preparation</td>
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<td>Cost Proposal Tier I Addendum Preparation</td>
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<td>ADEM Approved Amount</td>
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<tr>
<td>Other Plan/Report (use Form &quot;F&quot; for input)</td>
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Total Report and Plan Costs
# Part II - Alabama Tank Trust Fund Itemization Form "B" Cost Proposal

## Summary of ATTF Field Scenarios

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<tr>
<th>Scenarios</th>
<th>Unit $</th>
<th>Unit</th>
<th>Quantity</th>
<th>Requested $</th>
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<tr>
<td><strong>Well Installation Oversight</strong></td>
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<tr>
<td><strong>Type II Porous Media Drilling</strong></td>
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<tr>
<td>Porous material 0-10 feet</td>
<td>$196</td>
<td>well</td>
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<tr>
<td>Porous material 0-30 feet</td>
<td>$309</td>
<td>well</td>
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<tr>
<td>Porous material 0-50 feet</td>
<td>$571</td>
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<tr>
<td>Porous material 0-70 feet</td>
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<tr>
<td>Porous material 0-90 feet</td>
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<td>Porous material 0-110 feet</td>
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<td><strong>Type II Bedrock Drilling</strong></td>
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<td>Bedrock 0-40' Air Rotary Drilling</td>
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<td>Bedrock 0-60' Air Rotary Drilling</td>
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<td>Bedrock 0-80' Air Rotary Drilling</td>
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<td>Bedrock 0-20' Core Drilling</td>
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<tr>
<td>Bedrock 0-40' Core Drilling</td>
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<td>Bedrock 0-60' Core Drilling</td>
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<td>Bedrock 0-80' Core Drilling</td>
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<td><strong>Type III Well Porous (Depth of entire well)</strong></td>
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<tr>
<td>Type III Well 0-20' (entire well in porous material)</td>
<td>$351</td>
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<td>Type III Well 0-40' (entire well in porous material)</td>
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<td>Type III Well 0-60' (entire well in porous material)</td>
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<td>Type III Well 0-80' (entire well in porous material)</td>
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<td>Type III Well 0-100' (entire well in porous material)</td>
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<tr>
<td><strong>Type III Well Bedrock (Depth of entire well)</strong></td>
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<tr>
<td>Type III Well 0-20' (bedrock encountered)</td>
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<td>well</td>
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<tr>
<td>Type III Well 0-40' (bedrock encountered)</td>
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<tr>
<td>Type III Well 0-60' (bedrock encountered)</td>
<td>$784</td>
<td>well</td>
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<tr>
<td>Type III Well 0-80' (bedrock encountered)</td>
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<td>Type III Well 0-100' (bedrock encountered)</td>
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<td><strong>Soil Boring (no well set)/Direct Push oversight</strong></td>
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<tr>
<td>Soil Boring porous material 0-10 feet</td>
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<tr>
<td>Soil Boring porous material 0-30 feet</td>
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<tr>
<td>Soil Boring porous material 0-50 feet</td>
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<tr>
<td>Soil Boring porous material 0-70 feet</td>
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<tr>
<td>Direct Push (Geologist Daily Charge or 8 probe points)</td>
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<td>day</td>
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<tr>
<td><strong>Other Field Activities</strong></td>
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<tr>
<td>Well Re-Development (initial development included in drilling oversight costs)</td>
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<td>Slug Tests</td>
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<td>Private/Public Water Well Inventory (up to 5 wells)</td>
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<tr>
<td>Site Survey during Investigation (not a Licensed Surveyor)</td>
<td>$240</td>
<td>/sow</td>
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<tr>
<td>RW Vault Abandonment Oversight</td>
<td>$83</td>
<td>vault</td>
<td></td>
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<tr>
<td>MW/RW/IW Abandonment Oversight for Overdrilling</td>
<td>$249</td>
<td>well</td>
<td></td>
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<tr>
<td>MW/RW/IW Abandonment Oversight for Grouting in Casing</td>
<td>$125</td>
<td>well</td>
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<tr>
<td>Monitoring Well Pad/Cover Repair/Replacement</td>
<td>$120</td>
<td>well</td>
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</tr>
<tr>
<td>Groundwater Sampling Set-up (2hrs tech time)</td>
<td>$120</td>
<td>/sow</td>
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<tr>
<td>Purge/Development Water Handling (see Basis)</td>
<td>$90</td>
<td>/sow</td>
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<tr>
<td>Gauging Well (no sampling)</td>
<td>$15</td>
<td>well</td>
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<tr>
<td>Groundwater Sampling and Gauging 2' Well</td>
<td>$60</td>
<td>well</td>
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<tr>
<td>Groundwater Sampling and Gauging 4' Well</td>
<td>$69</td>
<td>well</td>
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</table>
### Part II - Alabama Tank Trust Fund Itemization Form "B" Cost Proposal

#### Summary of ATTF Field Scenarios

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Unit $ Unit</th>
<th>Quantity</th>
<th>Requested$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groundwater Sampling and Gauging 6&quot; Well</td>
<td>$75 /well</td>
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<tr>
<td>Sample Public Well</td>
<td>$120 /well</td>
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<tr>
<td>Sample Private Well</td>
<td>$90 /well</td>
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<tr>
<td>Sample Stream (up to 3 samples)</td>
<td>$90 /stream</td>
<td></td>
<td></td>
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<tr>
<td>Soil Sampling Setup (1-4 wells)</td>
<td>$166 /sow</td>
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</tr>
<tr>
<td>Soil Sampling Setup adder (each additional group of 4 wells)</td>
<td>$83 /sow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEME Event/Pilot Test/Injection Event (hourly rate)</td>
<td>$60 /hr</td>
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<td></td>
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<tr>
<td>DPVE Pilot Test/Aquifer Test (hourly rate)</td>
<td>$143 /hr</td>
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<tr>
<td>SVE/AS/Ozone Pilot Test</td>
<td>$747 /test</td>
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<tr>
<td>Site Visit by PE/PG (CAP Development, etc)</td>
<td>$920 /site</td>
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<tr>
<td>System Installation Oversight (up to 7 days in field)</td>
<td>$3,364 /system</td>
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<tr>
<td>System Installation Oversight Adder (per day over 7 doc req.)</td>
<td>$929 /day</td>
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<tr>
<td>System Startup</td>
<td>$1,564 /system</td>
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<tr>
<td>System Decommissioning</td>
<td>$986.50 /day</td>
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<tr>
<td>DPVE, Pump and Treat O&amp;M 3 months</td>
<td>$3,672 /quarter</td>
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<tr>
<td>DPVE, Pump and Treat O&amp;M 4 months</td>
<td>$4,632 /triannual</td>
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<tr>
<td>Ozone, biospargae, SVE, biovent and Air Sparge O&amp;M 3 months</td>
<td>$1,836 /quarter</td>
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<tr>
<td>Ozone, biospargae, SVE, biovent and Air Sparge O&amp;M 4 months</td>
<td>$2,316 /triannual</td>
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<tr>
<td>ADEM Approved Amount</td>
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<tr>
<td>Other Field Work not listed (use Form &quot;F&quot; for input)</td>
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<tr>
<td>Emergency Response (Contact ADEM for approval)</td>
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</table>

#### Travel

**Mileage Rate**

- Mileage (One way office to site)
  - Number of round trips to site

Other Mileage (enter total mileage not including office to site)

**Personnel Travel Time (entered in Hours)**

- Technician(s)-travel time $60 /hr
- Geologist/Engineer-travel time $83 /hr
- PG/PE-travel time $115 /hr
- Project Manager-travel time $99 /hr

**Per Diem**

- Per diem (6-12hrs) $11.25 /day
- Per diem (greater than 12hrs) $30 /ext. day
- Per diem (overnight)(invoice required) $75 /day

#### Equipment and Equipment Kits

- 55-Gallon Drums $50 /drum
- Sampling Expendables (gloves, ice, string, jars, foil, distilled water, paper towels, etc.) $50 /sow
- Expendables O&M $25 /day
- Monitoring Well Development $75 /day
- Monitoring Well/Boring Installation $60 /day
- Monitoring Well/Boring Abandonment $60 /day
- Encore Samplers $9 /sample
- Groundwater Monitoring $160 /day
- Bailers $7 /bailer
- MEME Event $70 /event
- Free Product Bailing $60 /sow
- DPVE, SVE, AS, P&T O&M $145 /day
- Ozone Sparging O&M $75 /day
- DPVE Pilot Test $70 /sow
- Pumping Test $165 /sow
- Specific Capacity $65 /sow
- Slug Test $110 /sow
- Initial Abatement $50 /day
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<tr>
<th>Method</th>
<th>Method Number</th>
<th>Unit $</th>
<th>Unit</th>
<th>Quantity</th>
<th>Requested $</th>
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<tr>
<td>BTEX/MTBE/Naph (water)</td>
<td>8021</td>
<td>$65</td>
<td>/sample</td>
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<tr>
<td>BTEX/MTBE/Naph (soil)</td>
<td>8021</td>
<td>$65</td>
<td>/sample</td>
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<tr>
<td>PAH (water)</td>
<td>8270</td>
<td>$130</td>
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<tr>
<td>PAH (soil)</td>
<td>8270</td>
<td>$130</td>
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<tr>
<td>Lead (water)</td>
<td>239.2</td>
<td>$25</td>
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<tr>
<td>Lead (soil)</td>
<td>239.2</td>
<td>$25</td>
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<td>TPH</td>
<td>418.1</td>
<td>$50</td>
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<tr>
<td>PAH Water Supply</td>
<td>525.1</td>
<td>$275</td>
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<td>VOC Water Supply</td>
<td>8260</td>
<td>$65</td>
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<tr>
<td>Dibromoethane1,2, EDB</td>
<td>8011</td>
<td>$65</td>
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<tr>
<td>Dichloroethane1,2 EDC</td>
<td>8260</td>
<td>$65</td>
<td>/sample</td>
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<tr>
<td>tert-Butyl alcohol</td>
<td>8015D</td>
<td>$65</td>
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<td>Ethanol</td>
<td>8015D</td>
<td>$65</td>
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<tr>
<td>Oil &amp; Grease</td>
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<td>$50</td>
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<td>Air Samples (System Influent)</td>
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<td>$100</td>
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<td>Dry Bulk Density</td>
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<td>Grain Size Analysis</td>
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<tr>
<td>Specific Gravity</td>
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<td>$20</td>
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<td>Moisture Content</td>
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<td>Nitrate</td>
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<td>Sulfate</td>
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<td>$20</td>
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<td>Iron</td>
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<td>FOM (ASTM 2947)</td>
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<td>$40</td>
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<tr>
<td>Total Organic Carbon (Walkley Black)</td>
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<tr>
<td>Chloride</td>
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<tr>
<td>Foaming Agents</td>
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<tr>
<td>Total Dissolved Solids</td>
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<td>/sample</td>
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<td>Other Have Hugh</td>
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<td>Other</td>
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<tr>
<td>Other</td>
<td></td>
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<td>/sample</td>
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</table>
### Part II- Alabama Tank Trust Fund Itemization Form "C" Cost Proposal

#### Drilling

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Unit $</th>
<th>Unit</th>
<th>Quantity</th>
<th>Requested $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage Rate (Current Federal Rate)</td>
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</tr>
<tr>
<td>Mileage (drilling device driven or ATV) (ONE WAY mileage up to 150 miles)</td>
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<td></td>
</tr>
<tr>
<td>Number of Mobilizations (includes $200 mob/demob amount)</td>
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</tr>
<tr>
<td>Mileage (drilling device &quot;hauled&quot; to the site)(ONE WAY mileage up to 150 miles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(direct push, skid steer, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Mobilizations (includes $200 mob/demob amount)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Well Completions</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Well Pad Completions for Monitoring Wells (2&quot; and 4&quot;) (up to 8&quot; cover)</td>
<td>$150.00</td>
<td>well</td>
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<tr>
<td>Well Pad Completions for Monitoring Wells (2&quot; and 4&quot;) (12&quot; cover)</td>
<td>$200.00</td>
<td>well</td>
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<tr>
<td>Well Pad Completions for Recovery/Extraction Wells (2&quot;x2&quot;)</td>
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<tr>
<td>Well Pad Completions Recovery/Extraction Wells non hinged lid (2&quot;x2)</td>
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<tr>
<td>Alternate Screen for Recovery/Extraction Wells per/ft/Quotes Required</td>
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<tr>
<td>Unconsolidated Media Drilling</td>
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<tr>
<td>1&quot; / 2&quot; Monitoring Well/Injection Well (HSA)</td>
<td>$43.00</td>
<td>foot</td>
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<tr>
<td>4&quot; Monitoring Well (HSA)</td>
<td>$45.00</td>
<td>foot</td>
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<tr>
<td>Type III Well (HSA)</td>
<td>$95.00</td>
<td>foot</td>
<td></td>
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</tr>
<tr>
<td>Soil Boring (HSA) per ft (includes tremie grout abandonment)</td>
<td>$22.00</td>
<td>foot</td>
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<tr>
<td>Temporary Well (HSA) per ft (includes tremie grout abandonment)</td>
<td>$28.00</td>
<td>foot</td>
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<tr>
<td>Sonic Drilling</td>
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<tr>
<td>Bedrock Drilling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Rotary Rock Drilling per ft (2&quot;)</td>
<td>$55.00</td>
<td>foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Rotary Rock Drilling per ft (4&quot;)</td>
<td>$60.00</td>
<td>foot</td>
<td></td>
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<tr>
<td>Type III Well</td>
<td>$95.00</td>
<td>foot</td>
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<tr>
<td>Air Compressor</td>
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<tr>
<td>Rock Coring</td>
<td>$38.00</td>
<td>foot</td>
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<tr>
<td>Direct Push Technology</td>
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<tr>
<td>Direct Push per day (includes all personnel time)</td>
<td>$1,800</td>
<td>day</td>
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<tr>
<td>Direct Push well install materials per foot</td>
<td>$5.00</td>
<td>ft</td>
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<tr>
<td>Other Drilling Related Items</td>
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<tr>
<td>MW/RW Pad Removal (if pad removed)</td>
<td>$75.00</td>
<td>pad</td>
<td></td>
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<tr>
<td>2&quot; MW/RW Abandonment by Overdrilling then tremie grouted</td>
<td>$25.00</td>
<td>foot</td>
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</tr>
<tr>
<td>4&quot; MW/RW Abandonment by Overdrilling then tremie grouted</td>
<td>$30.00</td>
<td>foot</td>
<td></td>
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<tr>
<td>MW/RW Tremie Grout Abandonment</td>
<td>$10.00</td>
<td>foot</td>
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<tr>
<td>(remove well casing to at least 3' and fill remainder)</td>
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<tr>
<td>Recovery Well Vault removal and backfill w/concrete (2&quot;x2&quot;)</td>
<td>$400.00</td>
<td>vault</td>
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<tr>
<td>Recovery Well Vault backfill w/concrete only (2&quot;x2)</td>
<td>$165.00</td>
<td>vault</td>
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<tr>
<td>Drums</td>
<td>$50.00</td>
<td>drum</td>
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<tr>
<td>Shelby Tubes</td>
<td>$50.00</td>
<td>tube</td>
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<tr>
<td>Per Diem (overnight) (man days) (hotel receipts required)</td>
<td>$75.00</td>
<td>day</td>
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<td>Other (receipts required)</td>
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<td>Other (receipts required)</td>
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<tr>
<td>Other (receipts required)</td>
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</tbody>
</table>

#### Total Drilling Costs

1. Mileage (enter ONE WAY miles) for any and all support vehicles, trailers, equipment, and personnel travel time
2. Includes labor, concrete, forms (if needed), bolt down covers, caps, vaults, and locks
3. Includes personnel, screen, risers, bentonite, sand, silt sleeves, dec, skid steer, saw cutting, coring, safety equipment, plastic sheathing, water, etc
4. If an alternative type screen is warranted instead of typical PVC slotted screen (i.e. continuous screen, stainless steel, etc)
5. Includes personnel, outer and inner casing of entire well, screen, auger, dec, skid steer, saw cutting, coring, safety equipment, plastic sheathing, water, etc.
6. Includes well pad removal and surface completion as per surrounding
7. If costs are to exceed this amount a detailed quote should be included and costs listed on "form U"
<table>
<thead>
<tr>
<th>Sub Contractors/ Vendors/ Utilities</th>
<th>Pass Through</th>
<th>Quoted Amount</th>
<th>Requested $</th>
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<tbody>
<tr>
<td>8-hr MEME Event</td>
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<tr>
<td>12-hr MEME Event</td>
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<tr>
<td>24-hr MEME Event</td>
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<tr>
<td>MEME Water Disposal Amount includes hauling</td>
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<tr>
<td>ADEM Solid Waste Profile (ADEM review fee)</td>
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<td>ALDOT Permit Fee</td>
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<td>Carbon Disposal</td>
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<td>Carbon Recycling</td>
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<td>Corrective Action System Decommissioning</td>
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<td>Corrective Action System Install</td>
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<td>Corrective Action System Purchase</td>
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<td>Oxidizer Rental</td>
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<td>Excavation</td>
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<td>Injection Events</td>
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<td>NPDES Permit Application (permit fee)</td>
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<td>Phone Costs (telemetry)</td>
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<td>Power Costs</td>
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<td>Propane Costs</td>
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**Part II - Alabama Tank Trust Fund Itemization Form "D" Cost Proposal**

All Vendor quotes should be detailed, itemized and attached to Form "D"

Use "Quote Details" tab for guidance

<table>
<thead>
<tr>
<th>Sub Contractors/ Vendors/ Utilities</th>
<th>Pass Through</th>
<th>Quoted Amount</th>
<th>Requested$</th>
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**Total Subs / Vendors / Utilities**
## Part II- Alabama Tank Trust Fund Itemization Form "E" Cost Proposal

Per diem allowed for Alabama Tank Trust Fund Contractor Personnel Only

Maximum allowable rates are referenced on the "Maximum Rates" Tab in this document.

This page should be submitted whenever per diem is being claimed.

<table>
<thead>
<tr>
<th>Points of Travel</th>
<th>Projected Date mm/dd/yy</th>
<th>Personnel Classification</th>
<th>Hour of Departure am/pm</th>
<th>Hour of Return am/pm</th>
<th>City of Overnight Stay</th>
<th>Amount Per diem claimed</th>
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Use this section to enter claims for daily per diems

Total number of daily per diems: 0

Use this section to enter claims for extended daily per diems

Total number of ext. daily per diems: 0

Use this section to enter claims for overnight per diems

Total number of overnight per diems: 0
### Part II - Alabama Tank Trust Fund Itemization Form "F" Cost Proposal

Use this form to list hours where a Unit Rate is not available, **NOT FOR ADDING HOURS TO UNITS**

Detailed description of activities must be entered where hours are claimed.

#### Other Plan /Report NOT Listed

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<th>Hours</th>
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**Other Plan Report:** $0.00

#### Other Field Tasks NOT Listed

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**Other Field Task:** $0.00
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**CAP Modification**

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**Emergency Response**

*Emergency Response* (written ADEM approval is required)

*Detailed description of activities must be entered where hours are claimed*
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<td>Electrician</td>
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<td>Fuel Surcharge</td>
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</tbody>
</table>
## Alabama Tank Trust Fund
### Payment Request
#### Part I

### I.1 Payment Request Information:

<table>
<thead>
<tr>
<th>Payment Request Number:</th>
<th>Date of Payment Request (mm/dd/yy):</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>UST or AST Incident Number:</th>
<th>Facility I.D. Number:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

### I.2 Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Address:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### I.3 Owner Information:

<table>
<thead>
<tr>
<th>Owner Name:</th>
<th>Owner Address:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Employer Tax Number (IRS):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### I.4 Response Action Contractor Information:

<table>
<thead>
<tr>
<th>Approved Response Action Contractor Name:</th>
<th>Approved Response Action Contractor Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Contact:</th>
<th>Project Contact phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Contact E-mail:</th>
<th>Employer Tax Number (IRS):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### I.5 Designation of Payment:

<table>
<thead>
<tr>
<th>Name of Person or Firm to whom Payment is to be made:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADEM USE ONLY</th>
<th>Contract/Owner Number:</th>
<th>Invoice No:</th>
<th>Approved Payment:</th>
</tr>
</thead>
</table>
I.6 Activity Information:

Indicate below the activities for which the Payment Request is submitted:

<table>
<thead>
<tr>
<th>Site Stabilization/Initial Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary Investigation</td>
</tr>
<tr>
<td>Secondary Investigation / Additional Well Installation</td>
</tr>
<tr>
<td>Alabama Risk Based Corrective Action (ARBCA)</td>
</tr>
<tr>
<td>Groundwater Sampling</td>
</tr>
<tr>
<td>Free Product Removal/Mobile Enhanced Multiphase Extraction (MEME)</td>
</tr>
<tr>
<td>Corrective Action Plan Evaluation</td>
</tr>
<tr>
<td>Develop Corrective Action Plan</td>
</tr>
<tr>
<td>Corrective Action</td>
</tr>
<tr>
<td>Stockpile Sampling / Management / Disposal</td>
</tr>
<tr>
<td>Provision of Alternate Water Supply</td>
</tr>
<tr>
<td>Pilot Test</td>
</tr>
<tr>
<td>Monitoring Well Abandonment</td>
</tr>
<tr>
<td>System Decommissioning/Removal</td>
</tr>
</tbody>
</table>

Activities/Other/Brief Summary of Activities:

Provide completion date for this phase of work activities:

Provide proposed completion date for all site activities:

I.7 Subcontractor Information:

Indicate Subcontractors used during this phase of work:

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Service Provided</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

ADEM Form 32 10/17 m1
### I.8 Certification of Payment:

**Signature must be provided below for this request to be processed**

<table>
<thead>
<tr>
<th>Check to owner</th>
<th>1. I certify that all costs incurred under this payment request have been paid to the contractor.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>The above certification will result in a check written to the owner or operator.</strong></td>
</tr>
<tr>
<td>Check to Contractor</td>
<td>2. I certify that all costs incurred under this payment request have <strong>NOT</strong> been paid to the contractor.</td>
</tr>
<tr>
<td></td>
<td><strong>The above certification will result in a check written to the contractor.</strong></td>
</tr>
</tbody>
</table>

**Typed or Printed Name and Title:**

**Owner Operator Signature:**

**Date:**

*The signature above is to certify that either option 1 or option 2 above applies, and I certify that an unintentional release has occurred from a motor fuel underground storage tank system or aboveground storage tank system at the site and I certify that to the best of my knowledge and belief: that the costs presented herein represents actual costs incurred in the performance of response actions at this site during the period of time indicated on this application; and that no charges are presented as part of this application that did not result from the performance of response actions which were necessary due to the release of motor fuels at this site.*

### I.9 Certification of Payment Request Information:

**Signature must be dated with an original signature by a responsible corporate official or a person to which signature authority has been delegated in writing. Documentation of such delegation should be maintained on record by each company, and shall be made available to the Department upon request.**

*I certify that to the best of my knowledge and belief: that the costs presented herein represents actual costs incurred in the performance of response actions at this site during the period of time indicated on this application; and that no charges are presented as part of this application that did not result from the performance of response actions which were necessary due to the release of motor fuels at this site.*

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this payment request and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in this payment request, I believe that the information is true, accurate, complete, and that this payment request does not duplicate any request for payment for any charge previously submitted to the Department.*

**Contractor’s Signature:**

**Typed or printed name and title:**

**Date:**

*Sections I.8 and I.9 must be signed by appropriate person for Request to be processed*
I.10 Trust Fund Obligation Information:

<table>
<thead>
<tr>
<th>Total of Previously Approved Payment Requests:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total of Payment Requests to Date: (Approved Payment Requests plus amount proposed in this request)</td>
</tr>
<tr>
<td>Estimate Percent Completion of Entire Project to Date:</td>
</tr>
</tbody>
</table>

I.11 Payment Request Amount:

<table>
<thead>
<tr>
<th>Proposed</th>
<th>Adjusted</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment Request Amount from Forms:</td>
<td></td>
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</tr>
<tr>
<td>Owners Required Contribution for UST Release($5,000): Applicable for CP#1 Only</td>
<td></td>
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<tr>
<td>Owners Required Contribution for AST Release($10,000): Applicable for CP#1 Only</td>
<td></td>
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<tr>
<td>Total of This Payment Request:</td>
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<tr>
<td>CP approved amount</td>
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</table>

This Payment Request exceeds the approved Cost Proposal by _______________________.
Please describe the cause of the exceedance below and include appropriate invoices

I.12 ADEM Approval Signatures:

<table>
<thead>
<tr>
<th>Approve for Payment</th>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>____________________</td>
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I certify that all costs incurred under this payment are due and payable.

ADEM Director
## Part II - Alabama Tank Trust Fund Itemization Form "A" Payment Request

Complete forms "A" through "G" as applicable to site activities and as supporting attachments.

### Summary of ATTF Report and Plan Preparation Scenarios

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Unit $</th>
<th>CP</th>
<th>PR</th>
<th>Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Abatement Report (other than just MEME)</td>
<td>$1,897</td>
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<tr>
<td>1-2 days in field</td>
<td>$322</td>
<td></td>
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<tr>
<td>Adder amount for every field day over 2 days (not to exceed 14 days)</td>
<td>$455</td>
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<tr>
<td>Initial Abatement Free Product Recovery Report</td>
<td>$4,664</td>
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<tr>
<td>Preliminary Investigation Report</td>
<td>$803</td>
<td></td>
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<tr>
<td>Secondary Plan (on and offsite)</td>
<td>$5,376</td>
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<tr>
<td>Secondary Report (up to 12 wells)</td>
<td>$143</td>
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<tr>
<td>Adder per Wells over 8</td>
<td>$137</td>
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<tr>
<td>Off-site access - Residential</td>
<td>$248</td>
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<tr>
<td>Off-site access - Commercial</td>
<td>$1,411</td>
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<tr>
<td>Additional Well Installation Plan (investigation 1-4 wells)</td>
<td>$455</td>
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<tr>
<td>Additional Well Installation Plan (investigation &gt;4 wells)</td>
<td>$780</td>
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<tr>
<td>Additional Well Installation Report (1-4 wells) (as an adder)</td>
<td>$1,110</td>
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<tr>
<td>Additional Well Installation Report (&gt;4 wells) (as an adder)</td>
<td>$1,352</td>
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<tr>
<td>High Resolution Characterization Report (stand alone)</td>
<td>$1,852</td>
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<tr>
<td>Groundwater Monitoring Plan (GWM)</td>
<td>$478</td>
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<tr>
<td>NAMR/GWM-Report</td>
<td>$1,127</td>
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<tr>
<td>1-12 wells, BTEX/MTBE/Naphthalene</td>
<td>$1,353</td>
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<tr>
<td>NAMR/GWM adder &gt;12 wells, BTEX/MTBE/Naphthalene</td>
<td>$35.75</td>
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<tr>
<td>NAMR/GWM adder &gt;12 wells, BTEX/MTBE + PAH</td>
<td>$50.05</td>
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<tr>
<td>FPR Plan - All free product recovery</td>
<td>$752</td>
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<td>FPR Report - all free product reports (except MEME)</td>
<td>$933</td>
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<td>FPR Report - MEME</td>
<td>$1,016</td>
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<td>MEME/Injection Events (adder to report)</td>
<td>$720</td>
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<tr>
<td>Adder amount for &gt;3MEME/Injection Events (per approved period)</td>
<td>$281</td>
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<td>ARBCA Report Tier 1/RM 1</td>
<td>$3,793</td>
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<td>1-12 wells, BTEX/MTBE/Naphthalene</td>
<td>$4,019</td>
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<tr>
<td>ARBCA Report Tier II/ RM 2</td>
<td>$3,793</td>
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<td>1-12 wells, BTEX/MTBE/Naphthalene</td>
<td>$4,019</td>
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<tr>
<td>ARBCA GRP Re Assessment (1-4 wells Gas)</td>
<td>$489</td>
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<tr>
<td>ARBCA GRP Re Assessment (1-4 wells Diesel)</td>
<td>$770</td>
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<tr>
<td>ARBCA adder for Gas &gt; number of allocated wells</td>
<td>$35.75</td>
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<tr>
<td>ARBCA adder for Diesel &gt; number of allocated wells</td>
<td>$42.90</td>
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<tr>
<td>ARBCA Adder for Tier II WITH DECAY</td>
<td>$2,172</td>
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<tr>
<td>ARBCA Evaluation with Decay (stand alone evaluation)</td>
<td>$3,286</td>
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<tr>
<td>CAP Development - CA Evaluation (once per site)</td>
<td>$3,252</td>
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<tr>
<td>CAP Development - RNA</td>
<td>$1,507</td>
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<tr>
<td>CAP Development - RNA with MEME</td>
<td>$1,606</td>
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<td>CAP Development - Excavation</td>
<td>$1,571</td>
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<tr>
<td>CAP Development - Surfactant Injection</td>
<td>$4,441</td>
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<tr>
<td>CAP Development (Class 1) - DPVE, P&amp;T, SVE</td>
<td>$6,644</td>
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</tr>
</tbody>
</table>
### Part II- Alabama Tank Trust Fund Itemization Form "A" Payment Request

Complete forms "A" through "G" as applicable to site activities and as supporting attachments.

#### Summary of ATTF Report and Plan Preparation Scenarios

| Description                                                                 | Cost
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CAP Development (Class 2) - Ozone/SVE, AS/SVE, Liquid Chemox/Biox</td>
<td>$5,861</td>
</tr>
<tr>
<td>CAP Development (Class 3) - Ozone, AS, SVE</td>
<td>$5,401</td>
</tr>
<tr>
<td>CAP Modification (requires detailed attachment)</td>
<td></td>
</tr>
<tr>
<td>CAP Implementation Report - Excavation</td>
<td>$1,968</td>
</tr>
<tr>
<td>CAP Implementation Report - Liquid Injections</td>
<td>$2,509</td>
</tr>
<tr>
<td>CA System Installation Report (all Classes same)</td>
<td>$7,210</td>
</tr>
<tr>
<td>SEMR Qtrly DPVE, P&amp;T Reports</td>
<td></td>
</tr>
<tr>
<td>1-12 wells, BTEX/MTBE/Naphthalene</td>
<td>$4,704</td>
</tr>
<tr>
<td>1-12 wells, BTEX/MTBE+PAH</td>
<td>$4,930</td>
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<tr>
<td>SEMR Qtrly Ozone, AS, SVE, Chemox, Biosparg - Reports</td>
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<tr>
<td>1-12 wells, BTEX/MTBE/Naphthalene</td>
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<tr>
<td>1-12 wells, BTEX/MTBE+PAH</td>
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<td>IDW/Treatment Disposal Report (stand alone)</td>
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<td>DPVE Pilot Test Plan (not for Slug Test)</td>
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<td>DPVE Pilot Test Report</td>
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<td>ISCO or Bioremediation Pilot Test Report</td>
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<td>Monitoring Well Abandonment Plan</td>
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<td>Monitoring Well Abandonment Report</td>
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<td>UIC Permit Application Preparation</td>
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<td>UIC General Permit Application Preparation</td>
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<td>NPDES General Permit Application Preparation</td>
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<td>ADEM Solid Waste Profile Preparation</td>
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<td>Other Plan/Report (hours and documentation required)</td>
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#### Total CP Approved Amount

#### Total Report and Plan Costs
## Part II- Alabama Tank Trust Fund Itemization Form "B" Payment Request

### Summary of ATT Field Scenarios

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Unit $</th>
<th>CP</th>
<th>PR</th>
<th>Requested</th>
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<td><strong>Well Installation Oversight Time</strong></td>
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<td>Porous material 0-10 feet</td>
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<tr>
<td>Porous material 0-30 feet</td>
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<td></td>
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<tr>
<td>Porous material 0-50 feet</td>
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<td>Porous material 0-70 feet</td>
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<td>Porous material 0-90 feet</td>
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<tr>
<td><strong>Type III Well Bedrock (Depth of entire well)</strong></td>
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<td>Type III Well 0-20' (bedrock encountered)</td>
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<td>Soil Boring porous material 0-10 feet</td>
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<td>Soil Boring porous material 0-30 feet</td>
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<td>Soil Boring porous material 0-50 feet</td>
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<td>Direct Push (Geologist Daily Charge or 8 probe points)</td>
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<td><strong>Other Field Activities</strong></td>
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<td>Well Re-Development (initial development included in drilling oversight costs)</td>
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<td>Slug Tests</td>
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<td>Private/Public Water Well inventory (up to 5 wells)</td>
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<td>Site Survey during Investigation (not a Licensed Surveyor)</td>
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<td>MW/RWIV/W Abandonment Oversight for Grouting in Casing</td>
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<tr>
<td>Monitoring Well Pad/Cover Repair/Replacement</td>
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<tr>
<td>Groundwater Sampling Set-up</td>
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<tr>
<td>Purge/Development Water Handling (see Basis)</td>
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<td>Gauging Well (no sampling)</td>
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<td>Groundwater Sampling and Gauging 2&quot; Well</td>
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<tr>
<td>Groundwater Sampling and Gauging 4&quot; Well</td>
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### Part II- Alabama Tank Trust Fund Itemization Form "B" Payment Request

#### Summary of ATTF Field Scenarios

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Unit $</th>
<th>CP</th>
<th>PR</th>
<th>Requested</th>
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<tbody>
<tr>
<td>Groundwater Sampling and Gauging 6&quot; Well</td>
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<td>Sample Public Well</td>
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<td>Sample Private Well</td>
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<td>Sample Stream (up to 3 samples)</td>
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<td>Soil Sampling Setup (1-4 wells)</td>
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<tr>
<td>Soil Sampling Setup adder (each additional group of 4 wells)</td>
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<tr>
<td>MEME Event/Pilot Test/Injection Event (hourly rate)</td>
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<td>DPVE Pilot Test/Aquifer Test (hourly rate)</td>
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<td>SVE/ AS/ Ozone Pilot Test</td>
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<td>Site Visit by PE/PG (CAP Development, etc)</td>
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<td>System Installation Oversight (up to 7 days)</td>
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<td>System Start up</td>
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<td>System Decommissioning</td>
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<td>DPVE, Pump and Treat O&amp;M 3 months</td>
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<tr>
<td>DPVE, Pump and Treat O&amp;M 4 months</td>
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<td>Ozone, biospargue, SVE, biovent and Air Sparge O&amp;M 3 months</td>
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<td>Ozone, biospargue, SVE, biovent and Air Sparge O&amp;M 4 months</td>
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<tr>
<td>Other Field Work not listed (hours and documentation required)</td>
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<tr>
<td>Emergency Response</td>
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</tbody>
</table>

#### Travel

| Mileage Rate                                                                 |        |    |    |           |
| Mileage (One way office to site)                                           |        |    |    |           |
| Other Mileage (enter total mileage not including office to site)           |        |    |    |           |
| Travel Time                                                                 |        |    |    |           |
| Technicians(s)-travel time                                                 | $60/hr |    |    |           |
| Geologist/Engineer-travel time                                              | $83/hr |    |    |           |
| PG/PE-travel time                                                          | $115/hr|    |    |           |
| Project Manager-travel time                                                 | $99/hr |    |    |           |
| Per Diem                                                                    | $11.25/day |    |    |           |
| Per diem (greater than 12hrs)                                               | $30/ ext. day |    |    |           |
| Per diem (overnight)(invoice required)                                      | $75/ day |    |    |           |

#### Equipment and Equipment Kits

<p>| 55-Gallon Drums                                                            | $50/drum |    |    |           |
| Sampling Expendables                                                       | $50/ sow |    |    |           |
| Expendables O&amp;M                                                            | $25/ day |    |    |           |
| Monitoring Well Development                                                | $75/ day |    |    |           |
| Monitoring Well/ Boring Installation                                       | $60/ day |    |    |           |
| Monitoring Well/ Boring Abandonment                                        | $60/ day |    |    |           |
| Encore Samplers                                                            | $9/ sampler |    |    |           |
| Groundwater Monitoring                                                     | $160/ day |    |    |           |
| Ballers                                                                    | $7/baller |    |    |           |
| MEME Event                                                                 | $70/ event |    |    |           |
| Free Product Bailing                                                       | $60/ sow |    |    |           |
| DPVE, SVE, AS, P&amp;T O&amp;M                                                     | $145/ day |    |    |           |
| Ozone Sparge O&amp;M                                                           | $75/ day |    |    |           |
| DPVE Pilot Test                                                            | $70/ sow |    |    |           |
| Pumping Test                                                               | $165/ sow |    |    |           |
| Specific Capacity                                                          | $65/ sow |    |    |           |
| Slug Test                                                                  | $110/ sow |    |    |           |
| Initial Abatement                                                          | $50/ day |    |    |           |</p>
<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Unit $</th>
<th>CP</th>
<th>PR</th>
<th>Requested</th>
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</thead>
<tbody>
<tr>
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<td>Postage / Shipping (documentation required)</td>
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### Analytical Samples

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<th>CP Number of Samples</th>
<th>PR Approved Amount Per Sample</th>
<th>PR Number of Samples</th>
<th>Actual Amount Per Sample</th>
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<td>BTEX/MTBE/Naph (soil)</td>
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<td>Iron</td>
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<td>FOM (ASTM 2947)</td>
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<td>Total Organic Carbon (Walkley Black)</td>
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<td>Chloride</td>
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<td>Foaming Agent</td>
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<td>Total Dissolved Solids</td>
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<td>Other</td>
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<table>
<thead>
<tr>
<th>Total CP Approved Amount</th>
<th>Total Field Costs</th>
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## Part II- Alabama Tank Trust Fund Itemization Form "C" Payment Request

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Unit</th>
<th>Unit</th>
<th>CP</th>
<th>PR</th>
<th>Requested</th>
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<tbody>
<tr>
<td>Mileage Rate (Current Federal Rate)</td>
<td></td>
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<tr>
<td>Mileage (drilling device driven or ATV)(up to 150 one way miles)</td>
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<tr>
<td>Number of Mobilizations (Includes $200 Mob/Demob amount)</td>
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<tr>
<td>Mileage (drilling device &quot;hauled&quot; to the site)(up to 150 one way miles)</td>
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<tr>
<td>(direct push, skid steer, etc.)</td>
<td></td>
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<tr>
<td>Number of Mobilizations (Includes $200 Mob/Demob amount)</td>
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<tr>
<td>Well Completions</td>
<td></td>
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<tr>
<td>Well Pad Completions (2&quot; and 4&quot;) (up to 8&quot; cover)</td>
<td>$150</td>
<td>/well</td>
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<tr>
<td>Well Pad Completions (2&quot; and 4&quot;) (12&quot; cover)</td>
<td>$200</td>
<td>/well</td>
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<tr>
<td>Well Pad Completions RW/EW non hinged lid (2'x2')</td>
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<td>/well</td>
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<tr>
<td>Well Pad Completions for Recovery/Extraction Wells (2'x2')</td>
<td></td>
<td>/well</td>
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<tr>
<td>Alternate Screen for Recovery/Extraction/Injection Wells per ft</td>
<td></td>
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<tr>
<td>(Quote and Invoices Required)</td>
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<tr>
<td>Unconsolidated Media Drilling</td>
<td></td>
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<tr>
<td>1&quot; / 2&quot; Monitoring Well (HSA)</td>
<td>$43</td>
<td>/foot</td>
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<tr>
<td>4&quot; Monitoring Well (HSA)</td>
<td>$45</td>
<td>/foot</td>
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<tr>
<td>Type III Well (HSA)</td>
<td>$95</td>
<td>/foot</td>
<td></td>
<td></td>
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<tr>
<td>Soil Boring (HSA) per ft (includes tremie grout abandonment)</td>
<td>$22</td>
<td>/foot</td>
<td></td>
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<td></td>
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<tr>
<td>Temporary Well (HSA) per ft (includes tremie grout abandonment)</td>
<td>$28</td>
<td>/foot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sonic Drilling</td>
<td></td>
<td></td>
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<tr>
<td>Bedrock Drilling</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Air Rotary Rock Drilling per ft (2&quot;)</td>
<td>$55</td>
<td>/foot</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Air Rotary Rock Drilling per ft (4&quot;)</td>
<td>$60</td>
<td>/foot</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Type III Well</td>
<td>$95</td>
<td>/foot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Compressor</td>
<td></td>
<td>/day</td>
<td></td>
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</tr>
<tr>
<td>Rock Coring</td>
<td>$38</td>
<td>/foot</td>
<td></td>
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</tr>
<tr>
<td>Direct Push per day (includes all personnel time)</td>
<td>$1,800</td>
<td>/day</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Direct Push well install materials per foot</td>
<td>$5</td>
<td>/foot</td>
<td></td>
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<tr>
<td>Other Items</td>
<td></td>
<td></td>
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<tr>
<td>MWR/RW Pad Removal</td>
<td>$75</td>
<td>/foot</td>
<td></td>
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</tr>
<tr>
<td>2&quot; MWR/W Abandonment by Overdrilling then tremie grout</td>
<td>$25</td>
<td>/foot</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4&quot; MWR/W Abandonment by Overdrilling then tremie grout</td>
<td>$30</td>
<td>/foot</td>
<td></td>
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<tr>
<td>MWR/RW Tremie Grout Abandonment</td>
<td>$10</td>
<td>/foot</td>
<td></td>
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<tr>
<td>(remove well casing to at least 3' and fill remainder)</td>
<td>$400</td>
<td>/vaut</td>
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<tr>
<td>Recovery Well Vault removal and backfill w/concrete (2'x2')</td>
<td>$165</td>
<td>/vaut</td>
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<tr>
<td>Recovery Well Vault removal and backfill w/concrete (2'x2')</td>
<td>$50</td>
<td>/dru</td>
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<tr>
<td>Drums</td>
<td>$50</td>
<td>/tube</td>
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<tr>
<td>Shelby Tubes</td>
<td>$75</td>
<td>/day</td>
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<tr>
<td>Per Diem (overnight) (man days)(hotel receipts required)</td>
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<tr>
<td>Other (receipts required)</td>
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<td>Other (receipts required)</td>
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<td>Other (receipts required)</td>
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<tr>
<td>Pass Through (if appropriate) Enter &quot;10&quot; or &quot;5&quot; as appropriate</td>
<td></td>
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</tbody>
</table>

1 Mileage (enter ONE WAY miles) for any and all support vehicles, trailers, equipment, and personnel time
2 Includes labor, concrete, forms (if needed), bolt down covers, caps, vaults, and locks
3 Includes personnel, screen, risers, bentonite, sand, silt sleeves, decon, skid steer, saw cutting, coring, safety equipment, plastic sheeting, water, well developing, etc.
4 If an alternative type screen is warranted instead of typical pvc slotted screen (i.e. continuous screen, stainless steel, etc.)
5 Includes personnel, outer and inner casing of entire well, screen, grout, decon, skid steer, saw cutting, coring, safety equipment, plastic sheeting, water, etc.
6 Includes well pad removal and surface completion as per surrounding
7 If costs are to exceed this amount a detailed quote should be included and costs listed on "Form D"

### Total CP Approved Amount

### Total Drilling Costs

ADEM Form 32 10/17 m1
### Part II: Alabama Tank Trust Fund Itemization Form "D" Payment Request

All Vendor Invoices should be detailed, itemized and attached to Form "D"

<table>
<thead>
<tr>
<th>Sub Contractors/ Vendors/ Utilities</th>
<th>Cost Proposal Approved Amount</th>
<th>Enter Actual Amount Here</th>
<th>Pass Through</th>
<th>Requested</th>
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<tbody>
<tr>
<td>8-hr MEME Event</td>
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<tr>
<td>12-hr MEME Event</td>
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<tr>
<td>24-hr MEME Event</td>
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<tr>
<td>MEME Water Disposal amount</td>
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<tr>
<td>ADEM Solid Waste Profile (ADEM review fee)</td>
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<tr>
<td>ALDOT Permit Fee</td>
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<tr>
<td>Carbon Disposal</td>
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<tr>
<td>Carbon Recycling</td>
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<tr>
<td>Corrective Action System Decommissioning</td>
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<tr>
<td>Corrective Action System Install</td>
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<td>Corrective Action System Purchase</td>
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<td>Corrective Action System Rental</td>
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<tr>
<td>Oxidizer Rental</td>
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<tr>
<td>Excavation</td>
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<tr>
<td>Injection Events</td>
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<tr>
<td>NPDES Permit Application (permit fee)</td>
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<tr>
<td>Phone Costs (telemetry)</td>
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<td>Power Costs</td>
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<td>Propane Costs</td>
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<td>Rentals</td>
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<td>Roll Off Dumpster (includes hauling/handling)</td>
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<td>Sewer Disposal Costs</td>
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<td>Solid Waste Soil Disposal (to include hauling/handling)</td>
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<tr>
<td>UIC Permit Application (permit fee)</td>
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<td>UIC Permit Greenfield Fee</td>
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<td>Water Supply for Liquid Ring Pump</td>
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<tr>
<td>Water Treatment/Disposal (to include hauling/handling)</td>
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<tr>
<td>Professional Survey (Licensed Surveyor)</td>
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<td>Other Miscellaneous items/rentals (receipts required)</td>
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<td>Other Miscellaneous items/rentals (receipts required)</td>
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<td>Other Miscellaneous items/rentals (receipts required)</td>
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<td>Other Miscellaneous items/rentals (receipts required)</td>
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<td>Other Miscellaneous items/rentals (receipts required)</td>
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</table>
### Part II- Alabama Tank Trust Fund Itemization Form "D" Payment Request

All Vendor Invoices should be detailed, itemized and attached to Form "D"

<table>
<thead>
<tr>
<th>Sub Contractors/ Vendors/ Utilities</th>
<th>Cost Proposal Approved Amount</th>
<th>Enter Actual Amount Here</th>
<th>Pass Through</th>
<th>Requested</th>
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</thead>
<tbody>
<tr>
<td>Other/Misc. (receipts required)</td>
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<tr>
<td>Other/Misc. (receipts required)</td>
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<td>Other/Misc. (receipts required)</td>
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<td>Other/Misc. (receipts required)</td>
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<td>Other/Misc. (receipts required)</td>
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<td>Other/Misc. (receipts required)</td>
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<tr>
<td>Other/Misc. (receipts required)</td>
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</tbody>
</table>

**Total CP Approved Amount**

**Total Subs/Vendors/Utilities**
## Part II- Alabama Tank Trust Fund Itemization Form "E" Payment Request

Per diem allowed for Alabama Tank Trust Fund Contractor Personnel Only

Maximum allowable rates are referenced on the "Maximum Rates" Tab in this document.

This page should be submitted whenever per diem is being claimed.

<table>
<thead>
<tr>
<th>Points of Travel</th>
<th>Actual Date mm/dd/yy</th>
<th>Name of Personnel</th>
<th>Hour of Departure am/pm</th>
<th>Hour of Return am/pm</th>
<th>City of Overnight Stay</th>
<th>Amount Per diem claimed</th>
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</thead>
<tbody>
<tr>
<td>From</td>
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<tr>
<td>To</td>
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</tr>
</tbody>
</table>

Use this section to enter claims for daily per diems

<table>
<thead>
<tr>
<th>Total number of daily per diems</th>
</tr>
</thead>
</table>

Use this section to enter claims for extended daily per diems

<table>
<thead>
<tr>
<th>Total number of ext. daily per diems</th>
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</thead>
</table>

Use this section to enter claims for overnight per diems

<table>
<thead>
<tr>
<th>Total number of overnight per diems</th>
</tr>
</thead>
</table>
Part II- Alabama Tank Trust Fund Itemization Form "F" Payment Request

Use this form to list hours where a Unit Rate is not available, **NOT FOR ADDING HOURS TO UNITS**

Detailed description of activities must be entered where hours are claimed

<table>
<thead>
<tr>
<th>Other Plan /Report NOT Listed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Activities</strong></td>
</tr>
<tr>
<td>Project Manager:</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>$99.00</td>
</tr>
</tbody>
</table>

| PE/PG:                        |
| $115.00                      |

| Staff Geologist/ Engineer:    |
| $83.00                       |

| Staff Scientist:              |
| $77.00                       |

| Draftsman:                    |
| $60.00                       |

| Clerical:                     |
| $49.00                       |

<table>
<thead>
<tr>
<th>Other Plan/ Report time not already listed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Activities</strong></td>
</tr>
<tr>
<td>Project Manager:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>$99.00</td>
</tr>
</tbody>
</table>

| PE/PG:                                      |
| $115.00                                    |

| Staff Geologist: Engineer                   |
| $83.00                                     |

| Staff Scientist:                            |
| $77.00                                     |

| Technician:                                 |
| $60.00                                     |

<table>
<thead>
<tr>
<th>Other Field Tasks NOT Listed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Activities</strong></td>
</tr>
<tr>
<td>Project Manager:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>$99.00</td>
</tr>
</tbody>
</table>

| PE/PG:                                      |
| $115.00                                    |

| Staff Geologist: Engineer                   |
| $83.00                                     |

| Staff Scientist:                            |
| $77.00                                     |

<p>| Technician:                                 |
| $60.00                                     |</p>
<table>
<thead>
<tr>
<th>Description of Activities</th>
<th>$99.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>PE/PG</td>
<td>$115.00</td>
</tr>
<tr>
<td>Staff Geologist/Engineer</td>
<td>$83.00</td>
</tr>
<tr>
<td>Staff Scientist</td>
<td>$77.00</td>
</tr>
<tr>
<td>Draftsman</td>
<td>$60.00</td>
</tr>
<tr>
<td>Clerical</td>
<td>$49.00</td>
</tr>
</tbody>
</table>

CAP Modification
<table>
<thead>
<tr>
<th></th>
<th>Description of Site Activities (written ADEM approval is required)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager:</td>
<td></td>
<td></td>
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<tr>
<td>$148.50</td>
<td></td>
<td></td>
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<tr>
<td>PE/PG:</td>
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<tr>
<td>$172.50</td>
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<tr>
<td>Staff Geologist/ Engineer:</td>
<td></td>
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<tr>
<td>$124.50</td>
<td></td>
<td></td>
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<tr>
<td>Technician:</td>
<td></td>
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<tr>
<td>$90.00</td>
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</tbody>
</table>
### Part II - Alabama Tank Trust Fund Invoice Details Form "G" Payment Request

Each invoiced item should have the appropriate detail amount listed below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mob/Demob</td>
<td></td>
</tr>
<tr>
<td>Trackhoe</td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
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<tr>
<td>Weekly</td>
<td></td>
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<tr>
<td>Backhoe</td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td>Backfill (driver and transport) /ton</td>
<td></td>
</tr>
<tr>
<td>/yard</td>
<td></td>
</tr>
<tr>
<td>/loaded mile</td>
<td></td>
</tr>
<tr>
<td>Compaction</td>
<td></td>
</tr>
<tr>
<td>Disposal transport (includes driver) /ton</td>
<td></td>
</tr>
<tr>
<td>/yard</td>
<td></td>
</tr>
<tr>
<td>/loaded mile</td>
<td></td>
</tr>
<tr>
<td>Equipment Operator /Hr /week</td>
<td></td>
</tr>
<tr>
<td>Laborer</td>
<td></td>
</tr>
<tr>
<td>/Hr /week</td>
<td></td>
</tr>
<tr>
<td>Water Disposal /gallon</td>
<td></td>
</tr>
<tr>
<td>Soil/Solid Waste Disposal fee (Name Landfill) /ton</td>
<td></td>
</tr>
<tr>
<td>Sawcutting concrete base fee /ft</td>
<td></td>
</tr>
<tr>
<td>Horizontal Trenching Soil (ft)</td>
<td></td>
</tr>
<tr>
<td>Horizontal Trenching Concrete (ft)</td>
<td></td>
</tr>
<tr>
<td>Crane /job</td>
<td></td>
</tr>
<tr>
<td>Skid steer /daily</td>
<td></td>
</tr>
<tr>
<td>Electrician /hr</td>
<td></td>
</tr>
<tr>
<td>Fencing /ft /single gate /double gate</td>
<td></td>
</tr>
<tr>
<td>Concrete /yd /bag</td>
<td></td>
</tr>
<tr>
<td>Asphalt /yd /bag</td>
<td></td>
</tr>
<tr>
<td>Fuel Surcharge</td>
<td></td>
</tr>
</tbody>
</table>

ADEM Form 32 10/17 m1
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
STATE INDIRECT DISCHARGE (SID) PERMIT APPLICATION

Instructions: This form should be used to submit an application for a State Indirect Discharge (SID) permit. The completed application should be submitted to ADEM in duplicate. A copy of the application should also be submitted to the receiving POTW. If insufficient space is available to address any item, please continue on an attached sheet of paper. Please mark "N/A" in the appropriate box when an item is not applicable to the applicant. Please type or print legibly in blue or black ink. Mail the completed application to:

ADEM-Water Division
Industrial/Municipal Branch
P O Box 301463
Montgomery, AL 36130-1463

PURPOSE OF THIS APPLICATION

☐ Initial Permit Application for New Facility*
☐ Modification of Existing Permit
☐ Revocation & Reissuance of Existing Permit
☐ Initial Permit Application for Existing Facility*
☐ Reissuance of Existing Permit

* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittees to electronically submit reports as required.

SECTION A – GENERAL INFORMATION

1. Facility Name: ________________________________________________________
   a. Operator Name: ______________________________________________________
   b. Is the operator identified in 1.a., the owner of the facility? Yes ______ No ______
      If no, provide the name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.

2. SID Permit Number: IU _______ _______ _______ _______ _______ _______

3. NPDES or General NPDES Permit Numbers (if applicable) ______________________________________________________

4. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)
   Street: ______________________________________________________
   City: __________________________________ County: __________ State: _______ Zip: _______
   Latitude: __________________________ Longitude: __________________________

5. Facility Mailing Address (Street or Post Office Box):
   City: __________________________ State: __________ Zip: _______

6. Responsible Official (as described on the last page of this application):
   Name and Title: ______________________________________________________
   Address: ______________________________________________________
   City: __________________________ State: __________ Zip: _______
   Phone Number: __________________________
   Email Address: ______________________________________________________

7. Designated Facility Contact:
   Name and Title: ______________________________________________________
   Phone Number: __________________________
   Email Address: ______________________________________________________

ADEM Form 186 10/17 m5
8. Designated Discharge Monitoring Report Contact:
   Name and Title: ________________________________
   Phone Number: ________________________________
   Email Address: ________________________________

9. Type of Business Entity: __Corporation   __General Partnership   __Limited Partnership
   __Sole Proprietorship   __Other (Please Specify) ________________________________

10. Complete this section if the Applicant’s business entity is a corporation:
    Location of Incorporation:
    Address: ________________________________________________
    City: __________________________ County: __________________ State: __________ Zip: __________

    Parent Corporation of Applicant:
    Name: ________________________________
    Address: ________________________________
    City: __________________________ State: __________ Zip: __________

    Subsidiary Corporation(s) of Applicant
    Name: ________________________________
    Address: ________________________________
    City: __________________________ State: __________ Zip: __________

    Corporate Officers:
    Name: ________________________________
    Address: ________________________________
    City: __________________________ State: __________ Zip: __________

    Agent designated by the corporation for purposes of service:
    Name: ________________________________
    Address: ________________________________
    City: __________________________ State: __________ Zip: __________

11. If the Applicant’s business entity is a Partnership, please list the general partners.
    Name: ________________________________
    Address: ________________________________
    City: __________________________ State: __________ Zip: __________
    Name: ________________________________
    Address: ________________________________
    City: __________________________ State: __________ Zip: __________
12. Please complete this section if the Applicant’s business entity is a Proprietorship.

Name: ____________________________

Address: _____________________________

City: ______________  State: ___________  Zip: ______________

13. Permit numbers for Applicant’s previously issued NPDES and SID permits; and identification of any other State of Alabama environmental permits presently held by the Applicant, its parent corporation, or subsidiary corporations within the State of Alabama:

<table>
<thead>
<tr>
<th>Permit Name</th>
<th>Permit Number</th>
<th>Held By</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Permit Number</th>
<th>Type of Action</th>
<th>Date of Action</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

15. Name of Publicly or Privately Owned Treatment Works (POTW) receiving the Applicant’s wastewater (attach letter of acceptance):

POTW NPDES Permit Number: ____________________________

Location: ____________________________

Mailing Address: ____________________________

City: ___________________  State: ___________  Zip: ______________

POTW Contact: ____________________________  Phone Number: ____________________________
SECTION B – BUSINESS ACTIVITY

1. If your facility conducts or will be conducting any of the processes listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply):

   Industrial Categories

   [ ] Aluminum Forming
   [ ] Asbestos Manufacturing
   [ ] Battery Manufacturing
   [ ] Can Making
   [ ] Canned and Preserved Fruit and Vegetables
   [ ] Canned and Preserved Seafood
   [ ] Cement Manufacturing
   [ ] Centralized Waste Treatment
   [ ] Carbon Black
   [ ] Coal Mining
   [ ] Coil Coating
   [ ] Copper Forming
   [ ] Electric and Electronic Components Manufacturing
   [ ] Electroplating
   [ ] Explosives Manufacturing
   [ ] Feedlots
   [ ] Ferroalloy Manufacturing
   [ ] Fertilizer Manufacturing
   [ ] Foundries (Metal Molding and Casting)
   [ ] Glass Manufacturing
   [ ] Grain Mills
   [ ] Gum and Wood Chemicals Manufacturing
   [ ] Inorganic Chemicals
   [ ] Iron and Steel
   [ ] Leather Tanning and Finishing
   [ ] Metal Finishing
   [ ] Meat Products
   [ ] Metal Molding and Casting
   [ ] Metal Products
   [ ] Nonferrous Metals Forming
   [ ] Nonferrous Metals Manufacturing
   [ ] Oil and Gas Extraction
   [ ] Organic Chemicals Manufacturing
   [ ] Paint and Ink Formulating
   [ ] Paving and Roofing Manufacturing
   [ ] Pesticides Manufacturing
   [ ] Petroleum Refining
   [ ] Phosphate Manufacturing
   [ ] Photographic
   [ ] Pharmaceutical
   [ ] Plastic & Synthetic Materials
   [ ] Plastics Processing Manufacturing
   [ ] Porcelain Enamel
   [ ] Pulp, Paper, and Fiberboard Manufacturing
   [ ] Rubber
   [ ] Soap and Detergent Manufacturing
   [ ] Steam and Electric
   [ ] Sugar Processing
   [ ] Textile Mills
   [ ] Timber Products
   [ ] Transportation Equipment Cleaning
   [ ] Waste Combustion
   [ ] Other (specify) __________________________

   A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency’s (EPA) categorical pretreatment standards. These facilities are termed “categorical users”.

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

   __________________________________________

   __________________________________________

3. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes (If more than one applies, list in order of importance):

   a. __________________________
   b. __________________________
   c. __________________________
   d. __________________________
   e. __________________________
SECTION C – WATER SUPPLY

Water Sources (check as many as are applicable):
[ ] Private Well  [ ] Surface Water
[ ] Municipal Water Utility (Specify City): __________________ [ ] Other (Specify): __________________

If more than one well or surface intake, provide data for each on an attachment

City: _____ *MGD  Well: _____ *MGD
Surface Intake Volume*: _____ *MGD
Name of Surface Water Source: __________________
Intake Elevation: _____ Ft.  Latitude: _______ Longitude: _______

* - MGD = Million Gallons Per Day
** - If the surface water intake amount is greater than 2.0 MGD, is 25% or more used for cooling purposes?
[ ] Yes  [ ] No

SECTION D – SEWER INFORMATION

Briefly describe the location of monitoring/sampling points and discharge points to the POTW (the point at which wastewater enters a sewer not owned by the applicant) for each outfall included in the SID permit application [Narrative description is required]

Outfall Number: __________________
Monitoring/Sampling point: __________________
Discharge point: __________________

Outfall Number: __________________
Monitoring/Sampling point: __________________
Discharge point: __________________

SECTION E – WASTEWATER DISCHARGE INFORMATION

Facilities that checked activities in question 1 of Section B and are considered Categorical Industrial Users should skip to question 2 of this section.

1. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Using the process flow schematic (Figure 1, pg 16), enter the description that corresponds to each process. (The flow schematic should include all treatment units as well as monitoring and discharge points)[New facilities should provide estimates for each discharge.]

<table>
<thead>
<tr>
<th>Process Description</th>
<th>Last 12 Months (gals/day)</th>
<th>Highest Month Avg. Flow</th>
<th>Highest Flow Year of Last 5 (gals/day)</th>
<th>Monthly Avg. Flow</th>
<th>Discharge Type (batch, continuous, intermittent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

ADEM Form 186  10/17 m5  Page 5 of 15
If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

a. Number of batch discharges: _______________ per day
b. Average discharge per batch: _______________ (GPD)
c. Time of batch discharges __________________ at __________________
   (days of week) __________________ (hours of day)
d. Flow rate: __________________ gallons/minute
e. Percent of total discharge: __________________

Complete this section only if you are subject to Categorical Pretreatment Standards.

2. For Categorical Users: Provide the wastewater discharge flows or production rates (whichever is applicable, according to effluent guidelines) for each of your processes or proposed processes. Using the process flow schematic (Figure 1), enter the description that corresponds to each process. [New facilities should provide estimates for each discharge.]

2a.

<table>
<thead>
<tr>
<th>Regulated Process</th>
<th>Applicable Category</th>
<th>Applicable Subpart</th>
<th>Type of Discharge Flow (batch, continuous, intermittent)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

2b.

<table>
<thead>
<tr>
<th>Process Description</th>
<th>Last 12 Months (gals/day)</th>
<th>Highest Month Average</th>
<th>Highest Flow Year of Last 5 (gals/day)</th>
<th>Monthly Average</th>
<th>Discharge Type (batch, continuous, intermittent)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

*Reported values should be expressed in units of the applicable Federal production-based standard. For example, flow (MGD), production (pounds per day), etc.

2c.

<table>
<thead>
<tr>
<th>Product(s) Manufactured (Brand Name)</th>
<th>Last 12 Months (Highest Month)</th>
<th>Highest Production Year of Last 5 (Monthly Avg Production)</th>
<th>Average Production of Last 5 Years (5 yr. avg. production)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

ADEM Form 186 10/17 m5
If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

a. Number of batch discharges: __________________ per day
b. Average discharge per batch: __________________ (GPD)
c. Time of batch discharges __________________ at __________________
   (days of week) (hours of day)
d. Flow rate: __________________ gallons/minute
e. Percent of total discharge: __________________

2d.  

<table>
<thead>
<tr>
<th>Non Categorical Process Description</th>
<th>Last 12 Months (gals/day)</th>
<th>Highest Flow Year of Last 5 (gals/day)</th>
<th>Discharge Type (batch, continuous, intermittent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highest Month Avg. Flow</td>
<td>Monthly Avg. Flow</td>
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</tbody>
</table>

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

a. Number of batch discharges: __________________ per day
b. Average discharge per batch: __________________ (GPD)
c. Time of batch discharges (days of week) at __________________
d. Flow rate: __________________ gallons/minute
e. Percent of total discharge: __________________

2e.  

<table>
<thead>
<tr>
<th>Non-Process Discharges (e.g. non-contact cooling water)</th>
<th>Last 12 Months (gals/day)</th>
<th>Highest Flow Year of Last 5 (gals/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highest Month Avg. Flow</td>
<td>Monthly Avg. Flow</td>
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</tbody>
</table>

3. Has a Baseline Monitoring Report (BMR) been submitted in accordance with 335-6-5-.05(3)? Yes ____ No ____

Each existing categorical industrial user is required to submit a BMR within 180 days after the effective date of the standard. New sources are required to submit this application or at least 90 days prior to commencement of discharge, a BMR excluding certification and compliance schedules.

4. Categorical Users subject to Total Toxic Organic (TTO) Requirements, please provide the following TTO information:

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA? Yes ____ No ____

b. Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information? Yes ____ No ____

c. If TTO monitoring was not included in the BMR, was alternate oil and grease monitoring included? Yes ____ No ____
   (Must be allowed by the applicable guideline)

d. Has a Toxic Organics Management Plan (TOMP) been developed? Yes ____ No ____
   (If yes, please attach a copy if not previously submitted to the Department.)
5. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

<table>
<thead>
<tr>
<th>Flow Metering</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH Sampling Equipment</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________


6. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.  

____ Yes ______ No (If no, skip Question 7)

7. Briefly describe these changes and their anticipated effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

SECTION F – CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data (collected within the last 12 months) on all pollutants that are known or suspected to be present or are regulated by applicable Federal Effluent Guidelines and/or in the facility’s existing SID Permit specific to each process. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For monitoring results at or below detection, the detection level should be reported. For pollutants known not to be present a (0) should be placed in the column for the maximum and average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure the methods used conform to 40 CFR Part 136; if they do not, indicate the method used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams. In the absence of effluent data from similar facilities, the facility may estimate the quantity expected. For pollutants expected not to be present a (0) should be placed in the column for maximum and average reported values.
<table>
<thead>
<tr>
<th>Pollutant (Outfall Number)</th>
<th>Detection Level Used</th>
<th>Maximum Daily Value Conc.</th>
<th>Maximum Daily Value Mass</th>
<th>Average of Analyses Conc.</th>
<th>Average of Analyses Mass</th>
<th>Number of Analyses</th>
<th>Units</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acenaphthene</td>
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<td>Acrylonitrile</td>
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<td>Chlorobenzene</td>
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<td>1,2,4-Trichlorobenzene</td>
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SECTION G – TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility? Yes ____ No ____

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years? Yes ____ No ____
   If yes, please describe:

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).
   - Air flotation
   - Centrifuge
   - Chemical precipitation
   - Chlorination
   - Cyclone
   - Filtration
   - Flow equalization
   - Grease or oil separation, type: ______________
   - Grease trap
   - Grinding filter
   - Grit removal
   - Ion exchange
   - Neutralization, pH correction
   - Ozonation
   - Reverse osmosis
   - Screen
   - Sedimentation
   - Septic tank
   - Solvent separation
   - Spill protection
   - Sump
   - Biological treatment, type: ______________
   - Rainwater diversion or storage
   - Other chemical treatment, type: ______________
   - Other physical treatment, type: ______________
   - Other, type: ______________

4. Attach a process flow diagram for the proposed or existing treatment system. Include process equipment, by-products, by-product disposal method, and waste and by-product volumes. (reference Figure 1)

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

Indicate whether the facility discharge is:
   - [ ] Continuous through the year, or
   - [ ] Seasonal – Circle the months of the year during which the business activity occurs:
     J F M A M J J A S O N D
     Comments: _______________________________________

SECTION I- NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system? _____ Yes, please describe below _____ No, skip the remainder of Section I.
   Waste Generated                                               Quantity (lbs/day)                                               Disposal Method*
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

   * Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of onsite. If any wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.
2. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a. Name: ____________________________________________________________
   Address: __________________________________________________________
   City: __________________ State: ___________ Zip: ______________

b. Name: ____________________________________________________________
   Address: __________________________________________________________
   City: __________________ State: ___________ Zip: ______________

The information contained in this form must be certified by a responsible official as defined in ADEM Administrative Code r. 335-6-5-14 "signatories to permit applications and reports" (see below).

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

"I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."

Signature of Responsible Official: ___________________________ Date Signed: __________

Name of Responsible Official: ___________________________ (Please Type or Print)
Title of Responsible Official: ___________________________
Mailing Address: _______________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
Area Code & Phone Number: _____________________________

Email Address: _______________________________________

335-6-5-14 SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS.

(1) The application for a SID permit shall be signed by a responsible official, a request for variance from categorical pretreatment standards, and a category determination request 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;
(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.
FIGURE 1

RAW MATERIALS
10,000 GPD

10,000 GPD

40,000 GPD

20,000 GPD

10,000 GPD

40,000 GPD

45,000 GPD

15,000 GPD

45,000 GPD

30,000 GPD

MUNICIPAL WATER SUPPLY

BLUE RIVER

10,000 GPD

COOLING WATER

TO ATMOSPHERE

5,000 GPD

TO PRODUCT

5,000 GPD

WASTE TREATMENT PLANT - 2

OUTFALL 002

50,000 GPD

34,000 GPD

36,000 GPD

GRIT SEPARATOR

NEUTRALIZATION TANK

LOSS

6,000 GPD

WASTE TREATMENT PLANT - 1

70,000 GPD + STORM WATER

OUTFALL 001

STORM WATER

MAX: 20,000 GPD

FIBER PREPARATION

DYEING

WASHING

DRYING

BLUE RIVER

10,000 GPD

SCHEMATIC OF WATER FLOW
BROWN MILLS INC
CITY, COUNTY, STATE

ADEM Form 186 10/17 m5 Figure 1
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NPDES INDIVIDUAL PERMIT APPLICATION
SUPPLEMENTARY INFORMATION FOR INDUSTRIAL FACILITIES

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

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

PURPOSE OF THIS APPLICATION

☐ Initial Permit Application for New Facility*  ☐ Initial Permit Application for Existing Facility*
☐ Modification of Existing Permit  ☐ Reissuance of Existing Permit
☐ Revocation & Reissuance of Existing Permit

* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittees to electronically submit reports as required.

SECTION A – GENERAL INFORMATION

1. Facility Name: ____________________________
   a. Operator Name: ____________________________
   b. Is the operator identified in A.1.a, the owner of the facility?  ☐ Yes  ☐ No
      If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.

2. NPDES Permit Number: AL  ____________ ____________ (not applicable if initial permit application)
3. SID Permit Number (if applicable): IU  ____________ ____________
4. NPDES General Permit Number (if applicable): ALG  ____________
5. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)
   Street: ____________________________
   City: ____________________________ County:  ____________ State:  ____________ Zip:  ____________
   Facility Location (Front Gate): Latitude:  ____________ Longitude:  ____________
6. Facility Mailing Address:
   City: ____________________________ County:  ____________ State:  ____________ Zip:  ____________
7. Responsible Official (as described on the last page of this application):
   Name and Title: ____________________________
   Address: ____________________________
   City: ____________________________ State:  ____________ Zip:  ____________
   Phone Number: ____________________________ Email Address: ____________________________
8. Designated Facility Contact:
   Name and Title: ____________________________
   Phone Number: ____________________________ Email Address: ____________________________
9. Designated Discharge Monitoring Report (DMR) Contact:
   Name and Title: ____________________________________________________________
   Phone Number: __________________________ Email Address: ______________________

10. Type of Business Entity:
    ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ Sole Proprietorship
    ☐ Other (Please Specify) ______________________________________________________

11. Complete this section if the Applicant's business entity is a Corporation
    a) Location of Incorporation:
       Address: ________________________________________________________________
       City: __________________________ County: __________________________ State: __________ Zip: __________
    b) Parent Corporation of Applicant:
       Name: ________________________________________________________________
       Address: ______________________________________________________________
       City: __________________________ State: __________________________ Zip: __________
    c) Subsidiary Corporation(s) of Applicant:
       Name: ________________________________________________________________
       Address: ______________________________________________________________
       City: __________________________ State: __________________________ Zip: __________
    d) Corporate Officers:
       Name: ________________________________________________________________
       Address: ______________________________________________________________
       City: __________________________ State: __________________________ Zip: __________
       Name: ________________________________________________________________
       Address: ______________________________________________________________
       City: __________________________ State: __________________________ Zip: __________
    e) Agent designated by the corporation for purposes of service:
       Name: ________________________________________________________________
       Address: ______________________________________________________________
       City: __________________________ State: __________________________ Zip: __________

12. If the Applicant's business entity is a Partnership, please list the general partners.
    Name: ________________________________________________________________
    Address: ______________________________________________________________
    City: __________________________ State: __________ Zip: __________
    Name: ________________________________________________________________
    Address: ______________________________________________________________
    City: __________________________ State: __________ Zip: __________
13. If the Applicant's business entity is a Proprietorship, please enter the proprietor's information.

Name:

Address:

City: State: Zip:

14. Permit numbers for Applicant's previously issued NPDES Permits and identification of any other State of Alabama Environmental Permits presently held by the Applicant, its parent corporation, or subsidiary corporations within the State of Alabama:

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<thead>
<tr>
<th>Permit Name</th>
<th>Permit Number</th>
<th>Held By</th>
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15. Identify all Administrative Complaints, Notices of Violation, Directives, Administrative Orders, or Litigation concerning water pollution, if any, against the Applicant, its parent corporation or subsidiary corporations within the State of Alabama within the past five years (attach additional sheets if necessary):

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Permit Number</th>
<th>Type of Action</th>
<th>Date of Action</th>
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SECTION B – BUSINESS ACTIVITY

1. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes. If more than one applies, list in order of importance:

   a. 
   b. 
   c. 
   d. 
   e. 
   f.
2. If your facility conducts or will be conducting any of the processes listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply):

**Industrial Categories**

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Canned and Preserved Fruit and Vegetables
- Canned and Preserved Seafood
- Cement Manufacturing
- Centralized Waste Treatment
- Carbon Black
- Coal Mining
- Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Explosives Manufacturing
- Feedlots
- Ferroalloy Manufacturing
- Fertilizer Manufacturing
- Foundries (Metal Casting and Molding)
- Glass Manufacturing
- Grain Mills
- Gum and Wood Chemicals Manufacturing
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Meat Products
- Metal Molding and Casting
- Metal Products
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Oil and Gas Extraction
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Phosphate Manufacturing
- Photographic
- Pharmaceutical
- Plastic & Synthetic Materials
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam and Electric
- Sugar Processing
- Textile Mills
- Timber Products
- Transportation Equipment Manufacturing
- Waste Combustion
- Other (specify)

A facility with processes inclusive in these business areas may be covered by Environmental Protection (EPA) categorical standards. These facilities are termed "categorical users" and should skip to question 2 of Section C.

3. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

**SECTION C – WASTEWATER DISCHARGE INFORMATION**

Facilities that checked activities in B.2 and are considered Categorical Industrial Users should skip to C.2 of this section.

1. For Non-Categorical Users Only: Provide wastewater flows for each of the processes or proposed processes. Using the process flow schematic (Figure 1), enter the description that corresponds to each process. (The flow schematic should include all treatment units as well as monitoring and discharge points). [New facilities should provide estimates for each discharge.]

<table>
<thead>
<tr>
<th>Process Description</th>
<th>Last 12 Months (gals/day)</th>
<th>Highest Month Avg. Flow</th>
<th>Highest Flow Year of Last 5 (gals/day)</th>
<th>Monthly Avg. Flow</th>
<th>Discharge Type (batch, continuous, intermittent)</th>
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</table>
If batch discharge occurs or will occur, indicate: [new facilities may estimate.]

a. Number of batch discharges: ______________ per day

b. Average discharge per batch: ______________ (GPD)

c. Time of batch discharges: ______________ at ______________ (days of week) (hours of day)

d. Flow rate: ______________ gallons/minute

e. Percent of total discharge: ______________

<table>
<thead>
<tr>
<th>Non-Process Discharges (e.g. non-contact cooling water)</th>
<th>Last 12 Months (gals/day) Highest Month Avg. Flow</th>
<th>Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow</th>
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2. Complete this Section only if you are subject to Categorical Standards and plan to directly discharge the associated wastewater to a water of the State. If Categorical wastewater is discharged exclusively via an indirect discharge to a public or privately-owned treatment works, check “Yes” in the appropriate space below and proceed directly to part 2.c.

☐ Yes

For Categorical Users: Provide the wastewater discharge flows or production (whichever is applicable by the effluent guidelines) for each of your processes or proposed processes. Using the process flow schematic (Figure 1, pg 14), enter the description that corresponds to each process. [New facilities should provide estimates for each discharge.]

2a. Regulated Process | Applicable Category | Applicable Subpart | Type of Discharge Flow (batch, continuous, intermittent)
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</table>

2b. Process Description | Last 12 Months (gals/day), (lbs/day), etc. Highest Month Average* | Highest Flow Year of Last 5 (gals/day), (lbs/day), etc. Monthly Average* | Discharge Type (batch, continuous, intermittent)
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* Reported values should be expressed in units of the applicable Federal production-based standard. For example, flow (MGD), production (pounds per day), etc.

If batch discharge occurs or will occur, indicate: [new facilities may estimate.]

a. Number of batch discharges: ______________ per day

b. Average discharge per batch: ______________ (GPD)

c. Time of batch discharges: ______________ at ______________ (days of week) (hours of day)

d. Flow rate: ______________ gallons/minute

e. Percent of total discharge: ______________
2c.  
<table>
<thead>
<tr>
<th>Non-categorical Process Description</th>
<th>Last 12 Months (gals/day) Highest Month Avg. Flow</th>
<th>Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow</th>
<th>Discharge Type (batch, continuous, intermittent)</th>
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</table>

If batch discharge occurs or will occur, indicate: [new facilities may estimate.]

a. Number of batch discharges: __________________ per day

b. Average discharge per batch: __________________ (GPD)

c. Time of batch discharges __________________ at __________________

d. Flow rate: __________________ gallons/minute

e. Percent of total discharge: __________________

2d.  
<table>
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<tr>
<th>Non-Process Discharges (e.g. non-contact cooling water)</th>
<th>Last 12 Months (gals/day) Highest Month Avg. Flow</th>
<th>Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow</th>
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All Applicants must complete C.3 – C.6.

3. Do you share an outfall with another facility?  
   □ Yes  □ No (If no, continue to C.4)

   For each shared outfall, provide the following:
   
<table>
<thead>
<tr>
<th>Applicant's Outfall No.</th>
<th>Name of Other Permittee/Facility</th>
<th>NPDES Permit No.</th>
<th>Where is sample collected by Applicant?</th>
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4. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

   Current:  
   Flow Metering  
   □ Yes  □ No  □ N/A
   Sampling Equipment  
   □ Yes  □ No  □ N/A

   Planned:  
   Flow Metering  
   □ Yes  □ No  □ N/A
   Sampling Equipment  
   □ Yes  □ No  □ N/A

If so, please attach a schematic diagram of the sewer system indicating the present or future location of this equipment and describe the equipment below:

5. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?  
   □ Yes  □ No (If no, continue to C.8)

   Briefly describe these changes and their anticipated effects on the wastewater volume and characteristics:
6. List the trade name and chemical composition of all biocides and corrosion inhibitors used:

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<tr>
<th>Trade Name</th>
<th>Chemical Composition</th>
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For each biocide and/or corrosion inhibitor used, please include the following information:

1. 96-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach,
2. quantities to be used,
3. frequencies of use,
4. proposed discharge concentrations, and
5. EPA registration number, if applicable.

SECTION D – WATER SUPPLY

Water Sources (check as many as are applicable):

☐ Private Well
☐ Municipal Water Utility (Specify City):
☐ Surface Water
☐ Other (Specify): __________________________

IF MORE THAN ONE WELL OR SURFACE INTAKE, PROVIDE DATA FOR EACH ON AN ATTACHMENT

Latitude: ______ Longitude: ______

Surface Intake Volume: ______ MGD*  Intake Elevation in Relation to Bottom: ______ Ft.
Intake Elevation: ______ Ft.
Latitude: ______ Longitude: ______

Name of Surface Water Source: __________________________

* MGD = Million Gallons per Day

Cooling Water Intake Structure Information

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

1. Does the provider of your source water operate a surface water intake? Yes [ ] No [ ]
   (If yes, continue, if no, go to Section E.)
   a) Name of Provider: __________________________
   b) Location of Provider: __________________________
   c) Latitude: __________ Longitude: __________

2. Is the provider a public water system (defined as a system which provides water to the public for human consumption or which provides only treated water, not raw water)? Yes [ ] No [ ] (If yes, go to Section E, if no, continue.)

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

3. Is any water withdrawn from the source water used for cooling? Yes [ ] No [ ]

4. Using the average monthly measurements over any 12-month period, approximately what percentage of water withdrawn is used exclusively for cooling purposes? ________% 

5. Does the cooling water consist of treated effluent that would otherwise be discharged? Yes [ ] No [ ]
   (If yes, go to Section E, if no, complete D.6 – D.17)

6. a. Is the cooling water used in a once-through cooling system? Yes [ ] No [ ]
   b. Is the cooling water used in a closed cycle cooling system? Yes [ ] No [ ]
7. When was the intake installed?  
(Please provide dates for all major construction/installation of intake components including screens)

8. What is the maximum intake volume?  
(maximum pumping capacity in gallons per day)

9. What is the average intake volume?  
(average intake pump rate in gallons per day average in any 30-day period)

10. What is the actual intake flow (AIF) as defined in 40 CFR §125.92(a)?  
_______ MGD

11. How is the intake operated?  (e.g., continuously, intermittently, batch)

12. What is the mesh size of the screen on your intake?

13. What is the intake screen flow-through area?

14. What is the through-screen design intake flow velocity?  
_______ ft/sec

15. What is the through-screen actual velocity (in ft/sec)?  
_______ ft/sec

16. What is the mechanism for cleaning the screen?  (e.g., does it rotate for cleaning)

17. Do you have any additional fish detraction technology on your intake?  
☐ Yes  ☐ No

18. Have there been any studies to determine the impact of the intake on aquatic organisms?  
☐ Yes  ☐ No  (If yes, please provide.)

19. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.

SECTION E – WASTE STORAGE AND DISPOSAL INFORMATION

Provide a description of the location of all sites involved in the storage of solids or liquids that could be accidentally discharged to a water of the state, either directly or indirectly via such avenues as storm water drainage, municipal wastewater systems, etc., which are located at the facility for which the NPDES application is being made. Where possible, the location should be noted on a map and included with this application:

<table>
<thead>
<tr>
<th>Description of Waste</th>
<th>Description of Storage Location</th>
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</table>

Provide a description of the location of the ultimate disposal sites of solid or liquid waste by-products (such as sludges) from any wastewater treatment system located at the facility:

<table>
<thead>
<tr>
<th>Description of Waste</th>
<th>Quantity (lbs/day)</th>
<th>Disposal Method*</th>
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*Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site. If any wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

SECTION F – COASTAL ZONE INFORMATION

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County?  
☐ Yes  ☐ No

If yes, complete items F.1 – F.12:

1. Does the project require new construction?  
[ ] Yes  [ ] No

2. Will the project be a source of new air emissions?  
[ ] Yes  [ ] No

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Page 8 of 11
3. Does the project involve dredging and/or filling of a wetland area or waterway? ...........................................  
   If Yes, has the Corps of Engineers (COE) permit been received? ...........................................  
   COE Project No. ...........................................  
   No  

4. Does the project involve wetlands and/or submerged grass beds? ...........................................  
   No  

5. Are oyster reefs located near the project site? ...........................................  
   If Yes, include a map showing project and discharge location with respect to oyster reefs  
   No  

6. Does the project involve the site development, construction and operation of an energy facility as defined in ADEM Admin. Code r. 335-8-1-02(bb)? ...........................................  
   No  

7. Does the project involve mitigation of shoreline or coastal area erosion? ...........................................  
   No  

8. Does the project involve construction on beaches or dune areas? ...........................................  
   No  

9. Will the project interfere with public access to coastal waters? ...........................................  
   No  

10. Does the project lie within the 100-year floodplain? ...........................................  
    No  

11. Does the project involve the registration, sale, use, or application of pesticides? ...........................................  
    No  

12. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)? ...........................................  
    If yes, has the applicable permit for groundwater recovery or for groundwater well installation been obtained? ...........................................  
    No  

SECTION G – ANTI-DEGRADATION EVALUATION

In accordance with 40 CFR §131.12 and the ADEM Admin. Code r. 335-6-10-.04 for anti-degradation, the following information must be provided, if applicable. It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity. If further information is required to make this demonstration, attach additional sheets to the application.

1. Is this a new or increased discharge that began after April 3, 1991?  
   □ Yes  □ No  
   If yes, complete G.2 below. If no, go to Section H.

2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in G.1?  
   □ Yes  □ No  
   If yes, do not complete this section. If no, and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete G.2.A – G.2.F below and ADEM Forms 311 and 313 (attached). ADEM Form 313 must be provided for each alternative considered technically viable.

Information required for new or increased discharges to high quality waters:

A. What environmental or public health problem will the discharger be correcting?

B. How much will the discharger be increasing employment (at its existing facility or as the result of locating a new facility)?

C. How much reduction in employment will the discharger be avoiding?

D. How much additional state or local taxes will the discharger be paying?

E. What public service to the community will the discharger be providing?

F. What economic or social benefit will the discharger be providing to the community?
SECTION H – EPA Application Forms

All Applicants must submit EPA permit application forms. More than one application form may be required from a facility depending on the number and types of discharges or outfalls found. The EPA application forms are found on the Department’s website at http://www.adem.alabama.gov/programs/water/waterforms.cnt. The EPA application forms must be submitted in duplicate as follows:

1. All applicants must submit Form 1.
2. Applicants for existing industrial facilities (including manufacturing facilities, commercial facilities, mining activities, and silvicultural activities) which discharge process wastewater must submit Form 2C.
3. Applicants for new industrial facilities which propose to discharge process wastewater must submit Form 2D.
4. Applicants for new and existing industrial facilities which discharge only non-process wastewater (i.e., non-contact cooling water and/or sanitary wastewater) must submit Form 2E.
5. Applicants for new and existing facilities whose discharge is composed entirely of storm water associated with industrial activity must submit Form 2F, unless exempted by § 122.26(c)(1)(ii). If the discharge is composed of storm water and non-storm water, the applicant must also submit Forms 2C, 2D, and/or 2E, as appropriate (in addition to Form 2F).

SECTION I – ENGINEERING REPORT/BMP PLAN REQUIREMENTS

See ADEM 335-6-6-.08(i) & (j)

SECTION J – RECEIVING WATERS

<table>
<thead>
<tr>
<th>Outfall No.</th>
<th>Receiving Water(s)</th>
<th>303(d) Segment?</th>
<th>Included in TMDL?*</th>
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*If a TMDL Compliance Schedule is requested, the following should be attached as supporting documentation:

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

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

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

Signature of Responsible Official: ___________________________ Date Signed: ___________________________

Name and Title: __________________________________________

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

Mailing Address: _________________________________________

City: ___________________________ State: ________________ Zip: ________________

Phone Number: ___________________________ Email Address: ___________________________

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

(1) The application for an NPDES permit shall be signed by a responsible official, as indicated below:

(a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;

(b) In the case of a partnership, by a general partner;

(c) In the case of a sole proprietorship, by the proprietor; or

(d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.
FIGURE 1

SCHEMATIC OF WATER FLOW
BROWN MILLS INC
CITY, COUNTY, STATE
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NPDES INDIVIDUAL PERMIT APPLICATION
SUPPLEMENTARY INFORMATION FOR PUBLICLY-OWNED TREATMENT WORKS (POTW), OTHER TREATMENT WORKS TREATING DOMESTIC SEWAGE (TWTDS), AND PUBLIC WATER SUPPLY TREATMENT PLANTS

Instructions: This form should be used to submit the required supplementary information for an application for an NPDES individual permit for Publicly Owned Treatment Works (POTW) and other Treatment Works Treating Domestic Sewage (TWTDS). The completed application should be submitted to ADEM in duplicate. If insufficient space is available to address any item, please continue on an attached sheet of paper. Please mark "N/A" in the appropriate box when an item is not applicable to the applicant. Please type or print legibly in blue or black ink. Mail the completed application to:

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

PURPOSE OF THIS APPLICATION

☐ Initial Permit Application for New Facility*
☐ Modification of Existing Permit
☐ Revocation & Reissuance of Existing Permit
☐ Initial Permit Application for Existing Facility*
☐ Reissuance of Existing Permit

* An application for participation in the ADEM's Electronic Environmental (E2) Reporting must be submitted to allow permittee to electronically submit reports as required.

SECTION A – GENERAL INFORMATION

1. Facility Name: __________________________
   a. Operator Name: __________________________
   b. Is the operator identified in A.1.a., the owner of the facility?  ☐ Yes  ☐ No
      If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.
      __________________________
   c. Name of Permitee* if different than Operator: __________________________
      "Permitee will be responsible for compliance with the conditions of the permit"

2. NPDES Permit Number: AL_______________ (Not applicable if initial permit application)

3. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)
   Street: __________________________
   City: __________________________ County: __________________________ State: __________________________ Zip: __________________________
   Facility Location (Front Gate): Latitude: __________________________ Longitude: __________________________

4. Facility Mailing Address: __________________________
   City: __________________________ County: __________________________ State: __________________________ Zip: __________________________

5. Responsible Official (as described on last page of this application):
   Name and Title: __________________________
   Address: __________________________
   City: __________________________ State: __________________________ Zip: __________________________
   Phone Number: __________________________ Email Address: __________________________

ADEM Form 188 10/17 m3
6. Designated Facility/DMR Contact:
   Name and Title: ________________________________
   Phone Number: ______________________________ Email Address: ____________________________

7. Designated Emergency Contact:
   Name and Title: ________________________________
   Phone Number: ______________________________ Email Address: ____________________________

8. Please complete this section if the Applicant's business entity is a Proprietorship or Limited Liability Company (LLC) with a responsible official not listed in A.5.
   Name and Title: ________________________________
   Address: ________________________________
   City: __________________ State: __________________ Zip: __________________
   Phone Number: ______________________________ Email Address: ____________________________

9. Permit numbers for Applicant's previously issued NPDES Permits and identification of any other State Environmental Permits presently held by the Applicant within the State of Alabama:

<table>
<thead>
<tr>
<th>Permit Type</th>
<th>Permit Number</th>
<th>Held By</th>
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10. Identify all Administrative Complaints, Notices of Violation, Directives, or Administrative Orders, Consent Decrees, or Litigation concerning water pollution or other permit violations, if any against the Applicant within the State of Alabama in the past five years (attach additional sheets if necessary):

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Permit Number</th>
<th>Type of Action</th>
<th>Date of Action</th>
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</table>
SECTION B – WASTEWATER DISCHARGE INFORMATION

1. List the following historical monthly flow rates recorded for the past five years for each outfall:

<table>
<thead>
<tr>
<th>Outfall No.</th>
<th>Highest Flow in Last 12 Months (MGD)</th>
<th>Highest Daily Flow (MGD)</th>
<th>Average Flow (MGD)</th>
</tr>
</thead>
<tbody>
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</table>

2. Attach a process flow schematic of the treatment process, including the size of each unit operation and sample collection locations.

3. Do you share an outfall with another facility? ☐ Yes ☐ No (If no, continue to B.4)
   For each shared outfall, provide the following:

<table>
<thead>
<tr>
<th>Applicant’s Outfall No.</th>
<th>Name of Other Permittee/Facility</th>
<th>NPDES Permit No.</th>
<th>Where is sample collected by Applicant?</th>
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</thead>
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</tbody>
</table>

4. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

   | Current: Flow Metering | Yes | No | N/A |
   | Sampling Equipment     | Yes | No | N/A |

   | Planned: Flow Metering | Yes | No | N/A |
   | Sampling Equipment     | Yes | No | N/A |

   If so, please attach a schematic diagram of the sewer system indicating the present or future location of this equipment and describe the equipment below:

   ________________________________________________________________

5. Are any wastewater collection or treatment modifications or expansions planned during the next three years that could alter wastewater volumes or characteristics (Note: Permit Modification may be required)? ☐ Yes ☐ No

   Briefly describe these changes and any potential or anticipated effects on the wastewater quality and quantity; (Attach additional sheets if needed.)

   ________________________________________________________________

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

Describe the location of all sites used for the storage of solids or liquids that have any potential for accidental discharge to a water of the state, either directly or indirectly via storm sewer, municipal sewer, municipal wastewater treatment plants, or other collection or distribution systems that are located at or operated by the subject existing or proposed NPDES-permitted facility. Indicate the location of any potential release areas and provide a map or detailed narrative description of the areas of concern as an attachment to this application:

<table>
<thead>
<tr>
<th>Description of Waste</th>
<th>Description of Storage Location</th>
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<table>
<thead>
<tr>
<th>Description of Waste</th>
<th>Description of Storage Location</th>
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</thead>
</table>

ADEM Form 188 10/17 m3
Describe the location of any sites used for the ultimate disposal of solid or liquid waste materials or residuals (e.g. sludges) generated by any wastewater treatment system located at the facility.

<table>
<thead>
<tr>
<th>Description of Waste</th>
<th>Quantity (lbs/day)</th>
<th>Disposal Method*</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

*Indicate any wastes disposed at an off-site treatment facility and any wastes that are disposed on-site

**SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS**

a. List the existing and proposed industrial source wastewater contributions to the municipal wastewater treatment system (Attach other sheets if necessary)

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Description of Industrial Wastewater</th>
<th>Existing or Proposed</th>
<th>Flow (MGD)</th>
<th>Subject to SID Permit?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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</tbody>
</table>

b. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance? ☐ Yes ☐ No

If yes, please attach a copy of the ordinance.

**SECTION E – COASTAL ZONE INFORMATION**

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County? ☐ Yes ☐ No

If yes, complete items E.1 – E.12 below:

1. Does the project require new construction? ☐ Yes ☐ No
2. Will the project be a source of new air emissions? ☐ Yes ☐ No
3. Does the project involve dredging and/or filling of a wetland area or waterway? ☐ Yes ☐ No

   If Yes, has the Corps of Engineers (COE) permit been received? ☐ Yes ☐ No

   COE Project No. ______________________

4. Does the project involve wetlands and/or submersed grassbeds? ☐ Yes ☐ No

5. Are oyster reefs located near the project site? ☐ Yes ☐ No

   If Yes, include a map showing project and discharge location with respect to oyster reefs

6. Does the project involve the site development, construction and operation of an energy facility as defined in ADEM Admin. Code r. 335-8-1-.02(bb)? ☐ Yes ☐ No

7. Does the project involve mitigation of shoreline or coastal area erosion? ☐ Yes ☐ No

8. Does the project involve construction on beaches or dune areas? ☐ Yes ☐ No

9. Will the project interfere with public access to coastal waters? ☐ Yes ☐ No

10. Does the project lie within the 100-year floodplain? ☐ Yes ☐ No

11. Does the project involve the registration, sale, use, or application of pesticides? ☐ Yes ☐ No

12. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)? ☐ Yes ☐ No

   If yes, has the applicable permit for groundwater recovery or for groundwater well installation been obtained? ☐ Yes ☐ No
SECTION F – ANTI-DEGRADATION EVALUATION

In accordance with 40 CFR §131.12 and the ADEM Admin. Code r. 335-6-10-.04 for anti-degradation, the following information must be provided, if applicable. It is the applicant’s responsibility to demonstrate the social and economic importance of the proposed activity. If further information is required to make this demonstration, attach additional sheets to the application.

1. Is this a new or increased discharge that began after April 3, 1991?    ☐ Yes    ☐ No
   If yes, complete F.2 below. If no, go to Section G.

2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in F.1?    ☐ Yes    ☐ No
   If yes, do not complete this section.
   If no and the discharge is to a Tier II waterbody as defined in ADEM. Admin. Code r. 335-6-10-.12(4), complete F.2.A – F.2.F below, ADEM Form 311-Alternatives Analysis, and either ADEM Form 312 or ADEM Form 313- Calculation of Total Annualized Project Costs (Public-Sector Projects or Private-Sector Projects, whichever is applicable). ADEM Form 312 or ADEM Form 313, whichever is applicable, must be provided for each treatment discharge alternative considered technically viable. ADEM forms can be found on the Department’s website at http://adem.alabama.gov/DeplForms/.

Information required for new or increased discharges to high quality waters:

A. What environmental or public health problem will the discharger be correcting?

B. How much will the discharger be increasing employment (at its existing facility or as the result of locating a new facility)?

C. How much reduction in employment will the discharger be avoiding?

D. How much additional state or local taxes will the discharger be paying?

E. What public service to the community will the discharger be providing?

F. What economic or social benefit will the discharger be providing to the community?

SECTION G – EPA Application Forms

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a POTW or other TWTDS depending on the number and types of discharges or outfalls. The EPA application forms are found on the Department’s website at http://adem.alabama.gov/programs/water/waterforms.cnt. The EPA application forms must be submitted in duplicate as follows:

1. All applicants must submit Form 1.

2. Applicants for new or existing discharges of sanitary wastewater from Publicly-Owned Treatment Works (POTW) and Other Treatment Works Treating Domestic Sewage (TWTDS) must submit Form 2A.

3. Applicants for new or existing land application of sanitary wastewater must submit Form 2A and, if the land application site is not completely bermed to prevent runoff, applicants must also submit Form 2F.

4. Applicants for new and existing discharges of process wastewater from water treatment facilities (i.e. public water supply treatment plants) must submit Form 2C.

5. Applicants that generate sewage sludge, derive a material from sewage sludge, or dispose of sewage sludge must submit Part 2 of Form 2S.
SECTION H- ENGINEERING REPORT/BMP PLAN REQUIREMENTS

Any Engineering Report or Best Management Practice (BMP) Plans required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-6-.08(i) & (j).

SECTION I- RECEIVING WATERS

<table>
<thead>
<tr>
<th>Outfall No.</th>
<th>Receiving Water(s)</th>
<th>303(d) Segment?</th>
<th>Included in TMDL?*</th>
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<tr>
<td></td>
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<td>Yes</td>
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<td>Yes</td>
<td>No</td>
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</table>

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

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

SECTION J – APPLICATION CERTIFICATION

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

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

Signature of Responsible Official: ___________________________ Date Signed: ___________________________

Name and Title: ______________________________________________

If the Responsible Official signing this application is not identified in Section A.5 or A.8, provide the following information:

Mailing Address: ______________________________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

Phone Number: ___________________________ Email Address: ___________________________

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

(1) The application for an NPDES permit shall be signed by a responsible official, as indicated below:

(a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
(b) In the case of a partnership, by a general partner;
(c) In the case of a sole proprietorship, by the proprietor; or
(d) In the case of a municipal, state, federal, or other public entity, by either a principal executive officer, or ranking elected official.
### Draft Notification for Aboveground Storage Tanks

<table>
<thead>
<tr>
<th>FOR TANKS IN AL</th>
<th>Alabama Dept. of Environmental Management Groundwater Branch P.O. Box 301463 Montgomery, AL 36130-1463</th>
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<tbody>
<tr>
<td>STATE USE ONLY</td>
<td>I.D. Number</td>
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</table>

#### Instructions
Please type or print all items except "signature" in Section XII. This form must be completed for each location containing aboveground storage tanks. If more than 5 tanks are owned at this location, photocopy, and staple continuation sheets to this form.

#### I. Ownership of Tank(s)
- Facility I.D. #
- Owner Name (Corporation, Individual, Public Agency, or Other Entity)
- Mailing Address
- City, State, Zip
- Contact
- Phone #, Fax #, E-mail
- Type of Owner:
  - [ ] State Gov't
  - [ ] Federal Gov't
  - [ ] Local Gov't
  - (GSA Facility I.D. No.)

#### II. Location of Tank(s)
- Facility Name:
  - or Company Site Identifier, as applicable
- Street
- County Road, Highway, or State Road, as applicable
- County
- City, State, Zip (Nearest)
- Contact
- Phone #

Indicate number of aboveground storage tanks at this location
- [ ] Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

Indicate number of underground storage tanks at this location

#### III. Operator of Tanks
- Name (If same as section I, mark box here)
- Operator Name (Corporation, Individual, Public Agency, or Other Entity)
- Mailing Address
- City, State, Zip
- Contact
- Phone Number

#### IV. Contact Person at Tank Location
- Name (If same as section III, mark box here)
- Name of Individual
- Job Title
- Phone Number

#### V. Type of Notification
- If this is a new notification for this location, mark box here
- If this is an amended or subsequent notification for this location, mark box here

#### VI. Trust Fund Eligibility Information
The following is required to be eligible for the Alabama Aboveground Storage Tank Trust Fund

The tank must be registered with the underground storage tank section of ADEM. A copy of a registration certificate is proof of registration.

The tank must contain a motor fuel, and not be excluded by the trust fund regulations. For information regarding trust fund eligibility, call ADEM at 334-270-5655

The tank must be in substantial compliance with the applicable requirements below at the time of the discovery of the release with the following:
- Spill Prevention Control & Countermeasure (SPCC) plan prepared by a registered professional engineer. For more information, please see the following EPA guidance brochure: www.epa.gov/oil-spills-prevention-and-preparedness-regulations
- Stormwater discharges covered under an NPDES individual or general permit.

The release must have occurred after August 1, 1993.

The tank cannot be owned by the state or federal government.

CONTINUE ON NEXT PAGE
VII. DESCRIPTION OF ABOVEGROUND STORAGE TANKS (Complete for each tank at this location)

<table>
<thead>
<tr>
<th>Tank Identification No.</th>
<th>Tank No.</th>
<th>Tank No.</th>
<th>Tank No.</th>
<th>Tank No.</th>
<th>Tank No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arbitrarily Assigned Sequential Number (e.g. 1a, 2a, 3a)</td>
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<td>a</td>
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<td>a</td>
</tr>
</tbody>
</table>

A. Tank Status (Mark all that apply)
1. Currently in use
2. Temporarily closed
   a. Estimated date last used (month/year)
   b. Estimated quantity of substance remaining (gallons)
   gal. gal. gal. gal. gal.
3. Permanently closed

B. Tank Location (Mark all that apply)
1. Located above ground
   a. Within 300 feet of a private well
   b. Within 1000 feet of a public water supply well
   c. Within a wellhead protection area
2. Located in an underground area such as basement, cellar, mineworking, drift, shaft, or tunnel, and is situated upon or above the floor surface.
   (NOTIFICATION NOT REQUIRED)

C. Tank History
1. Date installed (month/day/year)
2. Date sold by this owner (month/day/year)
3. Date bought by this owner (month/day/year)

D. Tank Estimated Total Capacity (gallons)
   gal. gal. gal. gal. gal. gal.

E. Substance Currently Stored (Mark all that apply)
1. Petroleum
   a. Unleaded gasoline
   b. Mid-grade gasoline
   c. Premium gasoline
   d. Diesel
   e. Kerosene
   f. Aviation fuel (JP-4, etc.)
   g. Used oil
   h. Virgin oil
   i. E-85
   j. B-70 Biodiesel
   k. Other, please specify

F. Tank Usage (Mark all that apply)
1. Emergency power generator
2. Retail
3. Bulk facility
4. Industrial
5. Local government
6. State/Federal government
7. Farm/residential
8. Pipeline terminal tank, refinery terminal tank, rail and barge terminal tank, heating oil (NOTIFICATION NOT REQUIRED)

VIII. CERTIFICATION (Read and sign after completing Sections I. Through VII.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

<table>
<thead>
<tr>
<th>Name &amp; official title of tank operator or authorized representative</th>
<th>Date Signed</th>
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</thead>
</table>

Signature

<table>
<thead>
<tr>
<th>Name &amp; official title of tank owner or authorized representative</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

Signature
Alabama Department of Environmental Management
Solid Waste Profile Sheet
Form 300

General Information

Profile Type (check one): □ New Certification □ Recertification □ Modification to Active Profile
Generator Name: ____________________________
Generator Physical Address: ____________________________
Generator County: ____________________________ EPA ID: ____________________________
Generator Mailing Address: ____________________________
Generator Contact: ____________________________ Title: ____________________________
Phone: ____________________________ Email: ____________________________

Submitted by (if different from above):
Company Name: ____________________________ Contact: ____________________________
Mailing Address: ____________________________
Phone: ____________________________ Email: ____________________________

Waste Information

Process Generating Waste: ____________________________
Waste Name: ____________________________

If this waste is subject to Corrective Action regulations 40 CFR Part 280 (UST) provide the following information:
UST Facility ID #: ____________________________ UST Incident #: ____________________________
Source of Petroleum Contamination (Gas, Diesel, Used Oil, Hydraulic Oil, etc.):

Does the waste contain any of the following: □ PCBs □ Cyanides □ Sulfides □ Asbestos
Concentration: _______ Units: □ mg/L □ mg/Kg □ PPM □ PPB
Waste Type: □ Remediation □ Process □ CERCLA Cleanup □ Other
Waste Volume: _______ Units: _______ Frequency: □ Annual □ Quarterly □ Monthly

Waste Properties

Physical State: □ Solid □ Liquid □ Bladeable Sludge □ Solid/Liquid Combination □ Other
% Free Liquids _______ pH (if liquid) _______ Flash Point (if liquid) _______
Will liquids be solidified prior to disposal (see instructions)? □ YES □ NO

Waste Disposition

Is this Foundry Waste handled in accordance to ADEM Code 335-13-4-.26(3)? □ YES □ NO
Is this Wood Ash handled in accordance to ADEM Code 335-13-4-.26(6)? □ YES □ NO
Landfill Name #1: ____________________________ Permit #: ____________________________
Landfill Name #2: ____________________________ Permit #: ____________________________
Landfill Name #3: ____________________________ Permit #: ____________________________
Landfill Name #4: ____________________________ Permit #: ____________________________
Current Profile No. (if applicable) ____________________________

ADEM Form 300 10/17 M1
Process Generating Waste continued:

Other:

Certification

I certify under penalty of law that this waste material does not contain regulated medical waste, regulated PCB waste, or hazardous waste which is not conditionally exempt from Division 14 Regulations. I further certify that, at the point of disposal, this waste material will not contain any free liquids. This document 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 person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (type or print)  
Title

Signature  
Date
SOLID WASTE PROFILE SHEET INSTRUCTIONS

GENERAL INFORMATION
Indicate if the submittal is a new certification, recertification, or a modification to a current certification. A modification is a request for a change to a current certification when information relative to the waste stream has changed or additional information is added.

Enter the generating facility's name, 12-digit USEPA Identification Number (if a number has been assigned to this location), physical address where the waste is generated, to include the county name and mailing address. Enter the name of the facility's contact person along with their official title, telephone number and e-mail address. This should be a person whom the Department can contact with questions regarding this certification or waste stream. Enter the name of the company and person making the profile submission, if it is different from the generator information. Include the company's mailing address along with the contact person's telephone number and e-mail address.

WASTE INFORMATION
Enter a description of the process generating this waste stream along with the name of the waste. The description should be clear and include background or historical information that will enable the Department to determine whether the waste is a hazardous or non-hazardous waste. General processes (i.e. spill cleanup, plant cleanup, decontamination, accidental release, wastewater treatment sludge, contaminated debris) will require additional clarifications to ensure that the waste is properly classified. For example, wastewater treatment sludge is too generic since this sludge could be hazardous depending on how the wastewater was generated (i.e. sludge from the treatment of wastewaters from electroplating operations could be a F006 listed hazardous waste). If the waste is subject to the corrective action regulations of 40 CFR Part 280 (Underground Storage Tank Program), include the UST Facility Identification Number and the UST Incident Number (if applicable). If the waste is contaminated with a petroleum product, indicate the type of petroleum. Also, indicate if the waste contains PCBs, cyanides, sulfides, or asbestos by checking the appropriate box, and supply the concentration and units as well. If necessary, attach Material Safety Data Sheets or other documents (i.e. laboratory analysis results) that describe the composition of the waste. Please indicate the annual volume for disposal. Place an "X" in the box indicating if the waste is a Remediation, CERCLA, or Process waste.

WASTE PROPERTIES
Place an "X" in the box indicating the correct physical state of the waste. If the waste is a liquid or contains free liquid, include values for percent free liquids, pH, and flash point. Plus indicate whether or not the waste will be solidified prior to disposal.

If the waste is to be solidified, please identify where the solidification process will occur and the product used for solidification. Please attach a Material Safety Data Sheet for the product, if necessary.

WASTE DISPOSITION
If the waste is Foundry Waste or Wood Ash, indicate whether or not it is being used as fill material in accordance with the requirements of ADEM Admin. Code R. 335-13-4-.10(3) and/or (6). Supply the name(s) and permit number(s) of the intended landfill(s).

CERTIFICATION
The certification for submitted information must be signed and dated by an authorized representative of the company.

PROFILE/CERTIFICATION NUMBER
If this is a recertification or a modification to an existing certification, enter the six-digit profile number assigned to the profile by the Department.

E-mail or mail completed form, pertinent analyses, and applicable fees (specified in Division 1, Chapter 6 (335-1-6) of the ADEM Administrative Code) to:

Call Waste Disposal Approvals in Land Division at (334) 271-7700 to get the current e-mail address,

Or mail your profile to:

Waste Disposal Approvals
Land Division
Alabama Department of Environmental Management
PO Box 301463
Montgomery, AL 361130-1463
**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

<table>
<thead>
<tr>
<th>NPDES Permit Number (Not applicable if initial permit application):</th>
<th>County(s) in which Facility is Located:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company/Permittee Name:</th>
<th>Facility Name (e.g., Mine Name, Pit Name, etc.):</th>
</tr>
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<tr>
<th>Mailing Address of Company/Permittee:</th>
<th>Physical Address of Facility (as near as possible to entrance):</th>
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<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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<tr>
<th>Permittee Phone Number:</th>
<th>Permittee Fax Number:</th>
<th>Latitude and Longitude of entrance:</th>
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<tr>
<th>Responsible Official (as described on page 12 of this application):</th>
<th>Responsible Official Title:</th>
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<th>Mailing Address of Responsible Official:</th>
<th>Physical Address of Responsible Official:</th>
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<th>Phone Number of Responsible Official:</th>
<th>Fax Number of Responsible Official:</th>
<th>Email Address of Responsible Official:</th>
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<th>Facility Contact:</th>
<th>Facility Contact Title:</th>
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<th>Physical Address of Facility Contact:</th>
<th>Phone Number of Facility Contact:</th>
<th>Fax Number of Facility Contact:</th>
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<th>Email Address of Facility Contact:</th>
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</table>
II. MEMBER INFORMATION

A. Identify the name, title/position, and unless waived in writing by the Department, the residence address of every officer, 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:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title/Position:</th>
<th>Physical Address of Residence (P.O. Box is Not Acceptable)</th>
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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:

<table>
<thead>
<tr>
<th>Name of Corporation, Partnership, Association, or Single Proprietorship:</th>
<th>Name of Individual from Part II.A.:</th>
<th>Title/Position in Corporation, Partnership, Association, or Single Proprietorship:</th>
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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 or single proprietorship, is the “Company/Permittee” listed in Part I. properly registered and in good standing with the Alabama Secretary of State’s Office? (If the answer is “No,” attach a letter of explanation.)

- [ ] Yes
- [ ] No

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

D. Land Owner(s):

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

IV. COMPLIANCE HISTORY

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

1. An Alabama NPDES, SID, or UIC permit suspended or terminated? [ ] Yes [ ] No
2. An Alabama license to mine suspended or revoked? [ ] Yes [ ] No
3. An Alabama or federal mining permit suspended or terminated? [ ] Yes [ ] No
4. A reclamation bond, or similar security deposited in lieu of a bond, or portion thereof, forfeited? [ ] Yes [ ] No

(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 months) 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:

<table>
<thead>
<tr>
<th>Date of Issuance</th>
<th>Description of Violation</th>
<th>Actions Taken</th>
<th>Date of Final Resolution</th>
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V. OTHER PERMITS/AUTHORIZATIONS

A. List any other NPDES 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), US Army Corp of Engineers (USACE), or other agency, to the applicant, parent corporation, subsidiary, or LLC member for this facility 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, ASMC, ADOL or USACE, 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 facility:

   (1) an existing facility which currently results in discharges to State waters? _____Yes _____No
   (2) a proposed facility which will result in a discharge to State waters? _____Yes _____No
   (3) be located within any 100-year flood plain? _____Yes _____No
   (4) discharge to Municipal Separate Storm Sewer? _____Yes _____No
   (5) discharge to waters of or be located in the Coastal Zone? _____Yes _____No
   (6) need have ADEM UIC permit coverage? _____Yes _____No
   (7) be located on Indian/ historically significant lands? _____Yes _____No
   (8) need have ADEM SID permit coverage? _____Yes _____No
   (9) need have ASMC permit coverage? _____Yes _____No
   (10) need have ADOL permit coverage? _____Yes _____No
   (11) generate, treat, store, or dispose of hazardous or toxic waste? (If “Yes,” attach a detailed explanation.) _____Yes _____No
   (12) be located in or discharge to a Public Water Supply (PWS) watershed or be located within ½ mile of any PWS well? _____Yes _____No

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, transloated, 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.

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<tr>
<th>Material Type</th>
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<tr>
<td>Dirt &amp;/or Chert</td>
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<tr>
<td>Sand &amp;/or Gravel</td>
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<tr>
<td>Chalk</td>
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<tr>
<td>Talc</td>
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<td>Crushed rock (other)</td>
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<td>Bentonite</td>
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<td>Industrial Sand</td>
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<td>Marble</td>
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<td>Shale &amp;/or Common Clay</td>
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<td>Sandstone</td>
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<td>Coal</td>
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<td>Kaolin</td>
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<td>Coal fines/refuse recovery</td>
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<td>Coal product, coke</td>
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<td>Slag, Red Rock</td>
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<td>Fire clay</td>
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<td>Iron ore</td>
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<td>Dimension stone</td>
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<td>Phosphate rock</td>
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<td>Granite</td>
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<tr>
<td>Bauxitic Clay</td>
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<td>Bauxite Ore</td>
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<td>Limestone, crushed limestone and dolomite</td>
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<td>Gold, other trace minerals:</td>
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<td>Other:</td>
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<td>Other:</td>
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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):
- Surface mining
- Underground mining
- Quarrying
- Auger mining
- Hydraulic mining
- Within-bank mining
- Solution mining
- Mineral storing
- Lime production
- Cement production
- Synthetic fuel production
- Alternative fuels operation
- Mineral dry processing (crushing & screening)
- Mineral wet preparation
- Other beneficiation & manufacturing operations
- Mineral loading
- Chemical processing or leaching
- Construction related temporary borrow pits/areas
- Mineral transportation - rail - barge - truck
- Preparation plant waste recovery
- Hydraulic mining, dredging, instream or between stream-bank mining
- Grading, clearing, grubbing, etc.
- Pre-construction ponded water removal
- Excavation
- Pre-mining logging or land clearing
- Waterbody relocation or other alteration
- Creek/stream crossings
- Onsite construction debris or equipment storage/disposal
- Onsite mining debris or equipment storage/disposal
- Reclamation of disturbed areas
- Chemicals used in process or wastewater treatment (coagulant, biocide, etc.)
- Adjacent/associated asphalt/concrete plant(s)
- Low volume sewage treatment package plant
- Other:

B. Primary SIC Code: ___________ NAICS Code: ___________ Description: ___________
   Secondary SIC Code(s): ___________ 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:

<table>
<thead>
<tr>
<th>Volume</th>
<th>Contents</th>
<th>Volume</th>
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<th>Contents</th>
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<td>gallons</td>
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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.
   (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 is 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 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
(k) Buildings and structures, including fuel/water tanks
(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 XII (a) – (o) above
(b) If none, detailed, planned mining progression
(c) If none, 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, residue, add, delete, move, etc.), outfall designation including denoting “E” for existing and “P” for proposed outfalls, name of receiving water(s), whether or not the stream is included in a TMDL, latitude and longitude (to seconds) of location(s) of each discharge point, distance of receiving water from outfall in feet, number of disturbed acres, the number of drainage acres which will drain through each treatment system, outfall, or BMP, and if the outfall discharges to an ADEM listed CWA Section 303(d) waterbody segment at the time of application submittal.

<table>
<thead>
<tr>
<th>Action</th>
<th>Outfall E/P</th>
<th>Receiving Water</th>
<th>Latitude</th>
<th>Longitude</th>
<th>Distance to Rec. Water</th>
<th>Disturbed Acres</th>
<th>Drainage Acres</th>
<th>ADEM WUC</th>
<th>303(d) Segment (Y/N)</th>
<th>TMDL Segment</th>
</tr>
</thead>
</table>

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

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XVI. DISCHARGE CHARACTERIZATION

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

☐ Yes, pursuant to 40 CFR 122.21, the applicant requests a waiver for completion of EPA Form 2C, EPA Form 2D, and the modified EPA Form 2C and certifies that the operating facility will discharge treated stormwater only, unless waived in writing by the Department on a programmatic, categorical, or individual compound/chemical basis that chemical/compound additives are not used, and that there are no process, manufacturing, or other industrial operations or wastewaters, including but not limited to lime or cement production, synfuel operations, etc., 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 modified EPA Form 2C is attached.

B. The applicant is required to supply the following information separately for every P or E outfall. If necessary, attach extra sheets. List expected average daily discharge flow rate in cfs and gpd, frequency of discharge in hours per day and days/month, average summer and winter temperature of discharge(s) in degrees centigrade (°C), average pH in standard units, average daily discharge in pounds per day of BODs, Total Suspended Solids, Total Iron, Total Manganese, and Total Aluminum (if bauxite or bauxitic clay):

<table>
<thead>
<tr>
<th>Outfall E/P</th>
<th>Information Source - # of Samples</th>
<th>Flow cfs</th>
<th>Flow gpd</th>
<th>Frequency hours/day</th>
<th>Frequency days/month</th>
<th>Sum/Winter Temp, °C</th>
<th>pH s.u.</th>
<th>BODs lbs/day</th>
<th>TSS lbs/day</th>
<th>Total Fe lbs/day</th>
<th>Total Mn lbs/day</th>
<th>Total Al lbs/day</th>
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C. The applicant is required to supply the following information separately for every P or E outfall. If necessary, attach extra sheets. Identify and list expected average daily discharge in pounds per day of any other pollutant(s) listed in EPA Form 2C, Item V − Intake And Effluent Characteristics, Parts A, B, & C that are not referenced in Part XV.B., that you know is present or have reason to believe could be present in the discharge(s) at levels of concern:

<table>
<thead>
<tr>
<th>Outfall E/P</th>
<th>Reason Believed Present</th>
<th>Information Source - # of Samples</th>
<th>lbs/day</th>
<th>lbs/day</th>
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**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.

<table>
<thead>
<tr>
<th>Outfall</th>
<th>Discharge structure Description</th>
<th>Description of Origin Of pollutants</th>
<th>Surface Discharge</th>
<th>Groundwater Discharge</th>
<th>Wet Prep -Other Production Plant</th>
<th>Pumped or Controlled Discharge</th>
<th>Low Volume STP</th>
<th>Other</th>
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XVIII. PROPOSED NEW OR INCREASED DISCHARGES

A. Pursuant to ADEM Admin. Code Chapter 335-6-10-12(9), responses to the following questions must be provided by the applicant requesting NPDES permit coverage for new or expanded discharges of pollutant(s) to Tier 2 waters (except discharges eligible for coverage under general permits). As part of the permit application review process, the Department is required to consider, based on the applicant’s demonstration, whether the proposed new or increased discharge to Tier 2 waters is necessary for important economic or social development in the area in which the waters are located.

☐ Yes. New/increased discharges of pollutant(s) or discharge locations to Tier 2 waters are proposed.
☐ No. New/increased discharges of pollutant(s) or discharge locations to Tier 2 waters are not proposed.

B. If “Yes,” complete Items 1 through 6 of this Part (XVII.B.), ADEM Form 311-Alternative Analysis, and either ADEM Form 312 or ADEM Form 313-Calculation of Total Annualized Project Costs (Public-Section or Private-Sector, whichever is applicable). ADEM Form 312 or ADEM Form 313, whichever, is applicable, should be completed for each technically feasible alternative evaluated on ADEM Form 311. ADEM Forms can be found on the Department’s website at www.adem.alabama.gov/DeptForms. Attach additional sheets/documentation and supporting information as needed.

(1) What environmental or public health problem will the discharge be correcting?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(2) How much will the discharger be increasing employment (at its existing facility or as a result of locating a new facility)?

________________________________________________________________________

________________________________________________________________________

(3) How much reduction in employment will the discharger be avoiding?

________________________________________________________________________

________________________________________________________________________

(4) How much additional state or local taxes will the discharger be paying?

________________________________________________________________________

________________________________________________________________________

(5) What public service to the community will the discharger be providing?

________________________________________________________________________

________________________________________________________________________

(6) What economic or social benefit will the discharger be providing to the community?

________________________________________________________________________

________________________________________________________________________

ADEM Form 315 10/17 m5
XIX. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN SUMMARY (must be completed for all outfalls)

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
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<tbody>
<tr>
<td></td>
<td>Runoff from all areas of disturbance is controlled</td>
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<td></td>
<td>Drainage from pit area, stockpiles, and spoil areas directed to a sedimentation pond</td>
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<td></td>
<td>Sedimentation basin at least 0.25 acre/foot for every acre of disturbed drainage</td>
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<td>Sedimentation basin cleaned out when sediment accumulation is 60% of design capacity</td>
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<td>Trees, boulders, and other obstructions removed from pond during initial construction</td>
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<td></td>
<td>Width of top of dam greater than 12'</td>
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<td>Side slopes of dam no steeper than 3:1</td>
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<td>Cutoff trench at least 8' wide</td>
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<td></td>
<td>Side slopes of cutoff trench no less than 1:1</td>
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<td></td>
<td>Cutoff trench located along the centerline of the dam</td>
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<td>Cutoff trench extends at least 2' into bedrock or impervious soil</td>
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<tr>
<td></td>
<td>Cutoff trench filled with impervious material</td>
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<td></td>
<td>Embankments and cutoff trench 95% compaction standard proctor ASTM</td>
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<td></td>
<td>Embankment free of roots, tree debris, stones &gt;6&quot; diameter, etc.</td>
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<td></td>
<td>Embankment constructed in lifts no greater than 12&quot;</td>
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<td></td>
<td>Spillpipe sized to carry peak flow from a one year storm event</td>
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<td></td>
<td>Spillpipe will not chemically react with effluent</td>
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<td></td>
<td>Subsurface withdrawal</td>
<td></td>
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<td></td>
<td>Anti-seep collars extend radially at least 2' from each joint in spillpipe</td>
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<td></td>
<td>Splashpad at the end of the spillpipe</td>
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<td></td>
<td>Emergency Spillway sized for peak flow from 25-yr 24-hr event if discharge not into PWS classified stream</td>
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<tr>
<td></td>
<td>Emergency spillway sized for peak flow from 50-yr 24-hr event if discharge is into PWS classified stream</td>
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<td></td>
<td>Emergency overflow at least 20' long</td>
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<td>Side slopes of emergency spillway no steeper than 2:1</td>
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<td></td>
<td>Emergency spillway lined with riprap or concrete</td>
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<td>Minimum of 1.5' of freeboard between normal overflow and emergency overflow</td>
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<td></td>
<td>Minimum of 1.5' of freeboard between max. design flow of emergency spillway and top of dam</td>
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<td></td>
<td>All emergency overflows are sized to handle entire drainage area for ponds in series</td>
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<td>Dam stabilized with permanent vegetation</td>
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<td>Sustained grade of haul road &lt;10%</td>
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<td>Maximum grade of haul road &lt;15% for no more than 300'</td>
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<td>Outer slopes of haul road no steeper than 2:1</td>
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<td></td>
<td>Outer slopes of haul road vegetated or otherwise stabilized</td>
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<td>Detail drawings supplied for all stream crossings</td>
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<td></td>
<td>Short-Term Stabilization/Grading And Temporary Vegetative Cover Plans</td>
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<td></td>
<td>Long-Term Stabilization/Grading And Permanent Reclamation or Water Quality Remediation Plans</td>
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IDENTIFY AND PROVIDE DETAILED EXPLANATION FOR ANY "N" OR "N/A" RESPONSE(s):
XX. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN REVIEW CHECKLIST

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>N/A</th>
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<tbody>
<tr>
<td>PE Seal with License #</td>
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<tr>
<td>Name and Address of Operator</td>
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<tr>
<td>Legal Description of Facility</td>
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**General Information:**

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<thead>
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<tbody>
<tr>
<td>Name of Company</td>
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<td>Number of Employees</td>
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<td>Products to be Mined</td>
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<tr>
<td>Hours of Operation</td>
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<tr>
<td>Water Supply and Disposition</td>
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**Topographic Map:**

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<tbody>
<tr>
<td>Mine Location</td>
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<tr>
<td>Location of Prep Plant</td>
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<td>Location of Treatment Basins</td>
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<tr>
<td>Location of Discharge Points</td>
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<tr>
<td>Location of Adjacent Streams</td>
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**1" - 500' or Equivalent Facility Map:**

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<tr>
<td>Drainage Patterns</td>
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<td>Mining Details</td>
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<tr>
<td>All Roads, Structures Detailed</td>
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<tr>
<td>All Treatment Structures Detailed</td>
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**Detailed Design Diagrams:**

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<td>Plan Views</td>
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<td>Cross-section Views</td>
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<tr>
<td>Method of Diverting Runoff to Treatment Basins</td>
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**Narrative of Operations:**

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<tr>
<td>Raw Materials Defined</td>
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<td>Processes Defined</td>
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<td>Products Defined</td>
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**Schematic Diagram:**

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<tr>
<td>Points of Waste Origin</td>
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<td>Collection System</td>
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<td>Disposal System</td>
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**Post Treatment Quantity and Quality of Effluent:**

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<td>Flow</td>
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<td>Suspended Solids</td>
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<td>Iron Concentration</td>
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**Description of Waste Treatment Facility:**

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<td>Pre-Treatment Measures</td>
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<td>Recovery System</td>
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<td>Expected Life of Treatment Basin</td>
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<tr>
<td>Schedule of Cleaning and/or abandonment</td>
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**Other:**

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<tr>
<td>Precipitation/Volume Calculations/Diagram Attached</td>
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<td>BMP Plan for Haul Roads</td>
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<tr>
<td>Measures for Minimizing Impacts to Adjacent Stream i.e., Buffer Strips, Berms, etc.</td>
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<tr>
<td>Methods for Minimizing Nonpoint Source Discharges</td>
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<td>Facility Closure Plans</td>
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<td>PE Rationale(s) For Alternate Standards, Designs or Plans</td>
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**IDENTIFY AND PROVIDE DETAILED EXPLANATION FOR ANY "N" OR "N/A" RESPONSE(s):**

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ADEM Form 315 10/17 m5
XXI. INFORMATION

Contact the Department prior to submitting 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 NPDES Permit prior to commencement of any land disturbance. Such 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
h2omalain@adem.alabama.gov
www.adem.alabama.gov

XXII. 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."

Address _______________________________ PE Registration # ____________________________

Name and Title (type or print) ______________________ Plane Number ______________________

Signature ___________________________ Date Signed ___________________________
XXIII. RESPONSIBLE OFFICIAL SIGNATURE*

This application must be signed 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.

"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.

"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 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."

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.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG110000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG110000, which is the general permit authorizing discharges associated with concrete and concrete products manufacturing (not including storm water or process wastewater from cement manufacturing). Please answer all questions in applicable sections. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG110000
[ ] Reissuance of coverage under NPDES General Permit Number ALG110000 (Current Permit No. ALG11_______)
[ ] Modification of coverage under NPDES General Permit Number ALG110000 (Current Permit No. ALG11_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:
   Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route
   City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:
   City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):
   Latitude (______)°(______)' (______)" N  Longitude (______)°(______)' (______)" W

E. Facility Contact Person:
   Name: ____________________________  Title: ____________________________
   Phone Number: ____________________  Email Address: ____________________

F. Standard Industrial Code (SIC) (The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)):
   SIC Code  SIC Description
   1. _______________ (Primary)  
   2. _______________ (Secondary) 
   3. _______________ (Tertiary) 

G. Description of industrial activity and land use at the facility:


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H. Check the type of discharge(s) at your facility and complete the applicable sections associated with the type checked:

[ ] Process wastewater from NEW concrete batch plants or NEW sources (DSN011)
[ ] Storm water discharges from the manufacture of concrete and concrete products from concrete batch plants (DSN002)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN008)
[ ] Process wastewater from EXISTING or TEMPORARY concrete batch plants (DSN012)

I. Are any discharges in H. above combined? [ ] Yes [ ] No  If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?

[ ] Yes [ ] No  If YES, NPDES Permit No. AL_________

Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

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

[ ] Yes [ ] No  If YES, SID Permit No. IU_________

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the “Purpose of this Notice of Intent” section? [ ] Yes [ ] No  If YES, please provide the following:

  Permit Number: AL_________  Facility Name on Permit:

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer? [ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres?

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No

(A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No

If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM’s Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM’s Water Division before proceeding.

V. Is this a temporary concrete batch plant? [ ] Yes [ ] No

A temporary concrete batch plant means a non-permanent structure operating on an existing plant site for less than 730 days cumulatively during the period of coverage under the General Permit.
DSN011: PROCESS WASTEWATER FROM NEW CONCRETE BATCH PLANTS OR NEW SOURCES

Process wastewater from new concrete batch plants or new sources may ONLY be discharged during or immediately after (within 24 hours) a 7.5 inch or greater storm event.

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream. Also include the type(s) of discharges exiting at each point: process wastewater and wash down, vehicle and equipment wash water, noncontact cooling water, cooling tower and boiler blowdown, and/or demineralizer wastewater:

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream
   Type of Discharge

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream
   Type of Discharge

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream
   Type of Discharge

B. Check the type(s) of process water generated at the facility and complete applicable sections associated with the type(s) checked:

[ ] 1. Wash down/process water associated with the manufacture of concrete/concrete products
[ ] 2. Non-contact cooling water
[ ] 3. Cooling tower blowdown
[ ] 4. Boiler blowdown
[ ] 5. Demineralizer wastewater
[ ] 6. Vehicle and equipment wash water

C. This general permit requires the development and implementation of a Best Management Practices (BMP) plan and a Stormwater Pollution Prevention (SPP) Plan. New sources and new facilities shall have in place an operational and impermeable containment and reclamation procedure/system for all process wastewater produced. Does the facility have a BMP Plan, SPP Plan, impermeable containment, and reclamation procedure/system in place?

[ ] Yes [ ] No

D. Were there any past industrial activities on the site that would contribute to storm water contamination?

[ ] Yes [ ] No If YES, please explain:

E. Are vehicles/equipment washed on site? [ ] Yes [ ] No

If YES, please give a detailed description of wash water use, additives, location, ultimate disposal, etc.:
F. Are the interiors of tank railcars or tank trailers washed out? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

G. How are spent oil, hydraulic fluids, and any other potential pollutants that are handled on site disposed?

H. Are organic or petroleum based solvents used in washing operations on site? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM’s Water Division before proceeding.

I. If more than one discharge is listed for DSN011, can they be sampled separately? [ ] Yes [ ] No

J. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

K. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)? [ ] Yes [ ] No
   If NO, provide the estimated gallons per day of discharge: ___________________________GPD

L. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

M. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:
   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),
   (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Ceriodaphnia dubia) are the test organisms. For salt water, the myiid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.
   (3) Quantities to be used,
   (4) Frequencies of use,
   (5) Maximum proposed discharge concentrations, and
   (6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

N. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallasee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

O. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No
   If NO, provide the estimated gallons per day of discharge ___________________________GPD

P. Is shock chlorination used at the facility? [ ] Yes [ ] No

Q. Is any source water chlorinated? [ ] Yes [ ] No
   If YES, please list the applicable outfall number(s) from DSN011.
R. Is demineralizer wastewater discharged? [ ] Yes [ ] No

S. Are there any known impacts on the receiving water as a result of any discharges under DSN011? [ ] Yes [ ] No
If YES, to what extent?

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

U. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is “No”).

If the answer to either T. or U. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

V. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No If YES, skip W. and X. below.

W. If you answered NO to V. above, is the distance from the point of the facility’s discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN011?
[ ] Yes [ ] No If YES, list which outfalls meet this criteria:

For outfalls listed in W. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND

2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.

X. For outfalls listed in W. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes [ ] No
For which outfall(s)?

If you answered Yes to X. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
DSN002: STORM WATER DISCHARGES FROM THE MANUFACTURE OF CONCRETE AND CONCRETE PRODUCTS FROM CONCRETE BATCH PLANTS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ____________________________

2. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ____________________________

3. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ____________________________

4. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ____________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan and Stormwater Pollution Prevention (SPP) Plan. Does the facility have a BMP Plan and a SPP Plan? [ ] Yes [ ] No

E. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No
   If YES, to what extent?

F. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No
   If YES, please list:

G. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No
   If YES, please explain:

H. Do you manufacture cement from raw materials? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN008: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (_____°(____)‘(_____)“ N Longitude (____)°(____)‘(____)“ W
   Receiving Stream __________________________

2. Latitude (_____°(____)‘(_____)“ N Longitude (____)°(____)‘(____)“ W
   Receiving Stream __________________________

3. Latitude (_____°(____)‘(_____)“ N Longitude (____)°(____)‘(____)“ W
   Receiving Stream __________________________

4. Latitude (_____°(____)‘(_____)“ N Longitude (____)°(____)‘(____)“ W
   Receiving Stream __________________________

B. List type(s), size(s), and number of storage tanks of each type and size.

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AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.)  [ ] Yes  [ ] No
   2. Treatment of groundwater (retention, aeration)  [ ] Yes  [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN008?  [ ] Yes  [ ] No
   If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?
   [ ] Yes  [ ] No  If YES, what occurred and how did it happen?

I. For aboveground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?  [ ] Yes  [ ] No  If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?  [ ] Yes  [ ] No  If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike?  [ ] Yes  [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance?  [ ] Yes  [ ] No

K. From which outfalls listed for DSN008 is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged?

L. Is treated or untreated water from tank bottoms or water draws discharged on site?  [ ] Yes  [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes  [ ] No  If YES, please explain:

N. Does the facility handle leaded fuels?  [ ] Yes  [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?  [ ] Yes  [ ] No

P. Is hydrostatic testing of petroleum handling equipment done on site?  [ ] Yes  [ ] No  If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility?  [ ] Yes  [ ] No
If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified:

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No

Note: DSN008 requires that the permittee submit an annual petroleum certification by January 28th of each year that certifies all discharges during the preceding year were in accordance with the conditions of the permit. If the Department deems it necessary to require monitoring, then the facility may have additional testing under DSN008.
DSN012: PROCESS WASTEWATER FROM EXISTING OR TEMPORARY CONCRETE BATCH PLANTS

An existing facility is a facility that was constructed and began operation prior to September 1, 2007. A temporary concrete batch plant means a non-permanent structure operating on an existing plant site for less than 730 days cumulatively during the period of coverage under the General Permit.

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream. Also include the type(s) of discharges exiting at each point: process wastewater and wash down, vehicle and equipment wash water, noncontact cooling water, cooling tower and boiler blowdown, and/or demineralizer wastewater:

1. Latitude (_____) ° (_____) ' (_____) " N  Longitude (_____) ° (_____) ' (_____) " W
   
   Receiving Stream __________________________
   
   Type of Discharge _________________________

2. Latitude (_____) ° (_____) ' (_____) " N  Longitude (_____) ° (_____) ' (_____) " W
   
   Receiving Stream __________________________
   
   Type of Discharge _________________________

3. Latitude (_____) ° (_____) ' (_____) " N  Longitude (_____) ° (_____) ' (_____) " W
   
   Receiving Stream __________________________
   
   Type of Discharge _________________________

B. Check the type(s) of process water generated at the facility and complete applicable sections associated with the type(s) checked:

[ ] 1. Wash down/process water associated with the manufacture of concrete/concrete products
[ ] 2. Non-contact cooling water
[ ] 3. Cooling tower blowdown
[ ] 4. Boiler blowdown
[ ] 5. Demineralizer wastewater
[ ] 6. Vehicle and equipment wash water

C. Has process water been discharged from the facility? [ ] Yes [ ] No
   If YES, has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. This general permit requires the development and implementation of a Best Management Practices (BMP) plan and a Stormwater Pollution Prevention (SPP) Plan. Does the facility have a BMP Plan and a SPP Plan in place?
[ ] Yes [ ] No

E. Were there any past industrial activities on the site that would contribute to storm water contamination?
[ ] Yes [ ] No  If YES, please explain:

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F. Are vehicles/equipment washed on site? [ ] Yes [ ] No
   If YES, please give a detailed description of wash water use, additives, location, ultimate disposal, etc.:

G. Are the interiors of tank railcars or tank trailers washed out? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

H. How are spent oil, hydraulic fluids, and any other potential pollutants that are handled on site disposed?

I. Are organic or petroleum based solvents used in washing operations on site? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

J. If more than one discharge is listed for DSN012, can they be sampled separately? [ ] Yes [ ] No

K. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

L. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)? [ ] Yes [ ] No
   If NO, provide the estimated gallons per day of discharge:_________________________GPD

M. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

N. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocide, corrosion inhibitor, or chemical additive with this NOI. The applicant must provide the following information for each biocide or chemical:

   (1) Name and general composition of biocide or chemical,
   (2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Ceriodaphnia dubia) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided.
   (3) Quantities to be used,
   (4) Frequencies of use,
   (5) Maximum proposed discharge concentrations, and
   (6) EPA registration number, if applicable.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

O. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

P. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No
   If NO, provide the estimated gallons per day of discharge ______________________GPD

Q. Is shock chlorination used at the facility? [ ] Yes [ ] No
R. Is any source water chlorinated?  [  ] Yes  [  ] No  If YES, please list the applicable outfall number(s) from DSN012.

S. Is demineralizer wastewater discharged?  [  ] Yes  [  ] No

T. Are there any known impacts on the receiving water as a result of any discharges under DSN012?  [  ] Yes  [  ] No
If YES, to what extent?

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

V. Does the provider of your source water operate a CWIS?  [  ] Yes  [  ] No  (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either U. or V. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

W. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)?  [  ] Yes  [  ] No  If YES, skip X. and Y. below.

X. If you answered NO to W. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN012?
[  ] Yes  [  ] No  If YES, list which outfalls meet this criteria:

For outfalls listed in X. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND

2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.

Y. For outfalls listed in X. above, do you intend to exercise the no chlorine monitoring option?  [  ] Yes  [  ] No
For which outfall(s)?

If you answered Yes to Y. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ______________________________ Date Signed: ______________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ______________________________

RO Phone Number: ______________________________ RO Email Address: ______________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ______________________________ Official Title: ______________________________

DMR Contact Address: ______________________________

DMR Contact Phone Number: ______________________________ Email Address: ______________________________

NOI PREPARER

Name of Individual (type or print): ______________________________

Name of Firm: ______________________________

Address: ______________________________

Phone Number: ______________________________ Email Address: ______________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG120000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG120000, which is the general permit authorizing discharges associated with primary metals, metal finishing, fabricated metal products, industrial commercial machinery, electronic equipment, transportation equipment (not including ship and boat building and repair), and measuring and analyzing instruments consisting of storm water, hydrostatic test water from new containers; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG120000
[ ] Reissuance of coverage under NPDES General Permit Number ALG120000 (Current Permit No. ALG12_______)
[ ] Modification of coverage under NPDES General Permit Number ALG120000 (Current Permit No. ALG12_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:

Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route

City, State and Zip Code:

C. Location (STREET ADDRESS) of Facility:

City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (_____° ____’ ____") N

Longitude (_____° ____’ ____") W

E. Facility Contact Person:

Name: ___________________________ Title: ___________________________

Phone Number: ________________ Email Address: ________________

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue):]

<table>
<thead>
<tr>
<th>SIC Code</th>
<th>SIC Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _______</td>
<td>(Primary)</td>
</tr>
<tr>
<td>2. _______</td>
<td>(Secondary)</td>
</tr>
<tr>
<td>3. _______</td>
<td>(Tertiary)</td>
</tr>
</tbody>
</table>

G. Description of industrial activity and land use at the facility:


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H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:

[ ] Storm water discharges associated with primary metals (DSN001)
[ ] Storm water discharges associated with equipment parking and maintenance areas (DSN002)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN003 and DSN008)
[ ] Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN004)
[ ] Discharges of hydrostatic test water from new containers (DSN006)
[ ] Discharges associated with vehicle and equipment exterior washing operations (DSN009)
[ ] Storm water discharges associated with foundries and foundry sand (DSN011)

I. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?

[ ] Yes [ ] No If YES, NPDES Permit No. AL00__________

Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

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

[ ] Yes [ ] No If YES, SID Permit No. IU__________

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes [ ] No If YES, please provide the following:

Permit Number: AL__________ Facility Name on Permit:

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?

[ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres?

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No

(A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.pdf for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No

If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001: STORM WATER DISCHARGES ASSOCIATED WITH PRIMARY METALS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (___)°(____)′(____)″ N Longitude (___)°(____)′(____)″ W
   Receiving Stream __________________________

2. Latitude (___)°(____)′(____)″ N Longitude (___)°(____)′(____)″ W
   Receiving Stream __________________________

3. Latitude (___)°(____)′(____)″ N Longitude (___)°(____)′(____)″ W
   Receiving Stream __________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:
      ___________________________________________________________

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No
   If YES, to what extent?
      ___________________________________________________________

G. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No
   If YES, please explain:
      ___________________________________________________________

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No
   If YES, please list:
      ___________________________________________________________
I. Does your facility have an industrial process that would fall under the federal Effluent Limitations Guidelines listed below? [ ] Yes  [ ] No  Check all that apply:

[ ] 40 CFR Part 413 – Electroplating
[ ] 40 CFR Part 433 – Metal Finishing
[ ] 40 CFR Part 464 – Metal Molding and Casting
[ ] 40 CFR Part 465 – Coil Coating
[ ] 40 CFR Part 467 – Aluminum Forming Point Source
[ ] 40 CFR Part 468 – Copper Forming
[ ] 40 CFR Part 469 – Electrical & Electrical Components
DSN002: STORM WATER DISCHARGES ASSOCIATED WITH EQUIPMENT PARKING AND MAINTENANCE AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (______)°(______)' (______)" N  Longitude (______)°(______)' (______)" W  
   Receiving Stream ____________________________

2. Latitude (______)°(______)' (______)" N  Longitude (______)°(______)' (______)" W  
   Receiving Stream ____________________________

3. Latitude (______)°(______)' (______)" N  Longitude (______)°(______)' (______)" W  
   Receiving Stream ____________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water  [ ] Seeps into the ground  [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   4. Structural control measures (basins, etc.) [ ] Yes [ ] No
   5. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   6. Other. If so, please describe:
      ____________________________

F. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No  
   If YES, to what extent?
      ____________________________

G. Were there any past industrial activities on the site that would contribute to storm water contamination?  
   [ ] Yes [ ] No  If YES, please explain:
      ____________________________

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No  
   If YES, please list:
      ____________________________

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DSN003 AND DSN008: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream ______________________________

2. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream ______________________________

3. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream ______________________________

4. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream ______________________________

B. List type(s), size(s), and number of storage tanks of each type and size.

<table>
<thead>
<tr>
<th>Type</th>
<th>Size (gallons)</th>
<th>Number of Tanks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] AST</td>
<td>[ ] UST</td>
<td></td>
</tr>
<tr>
<td>[ ] AST</td>
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<td>[ ] AST</td>
<td>[ ] UST</td>
<td></td>
</tr>
</tbody>
</table>

AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:
      
G. Are there any known impacts on the receiving water as a result of any discharges under DSN003 and DSN008? [ ] Yes [ ] No If YES, to what extent?
      
H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?
   [ ] Yes [ ] No If YES, what occurred and how did it happen?
      
I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)? [ ] Yes [ ] No If NO, identify each tank, its capacity, and its contents:
      
J. Are there tanks located within secondary containment (diked)? [ ] Yes [ ] No If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike? [ ] Yes [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance? [ ] Yes [ ] No

K. From which outfalls listed for DSN003 and DSN008 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)?

L. Is treated or untreated water from tank bottoms or water draws discharged on site? [ ] Yes [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:
      
N. Does the facility handle leaded fuels? [ ] Yes [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified: ______________________________

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No
DSN004: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream
   Type of Discharge

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream
   Type of Discharge

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream
   Type of Discharge

4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream
   Type of Discharge

5. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream
   Type of Discharge

B. If more than one discharge is listed for DSN004, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge:____________________GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:
   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Daphnia pulex) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,

(4) Frequencies of use,

(5) Maximum proposed discharge concentrations, and

(6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallahassee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No

If NO, provide the estimated gallons per day of discharge ____________________, GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No If YES, please list the applicable outfall number(s) from DSN004.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN004? [ ] Yes [ ] No

If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN004?

[ ] Yes [ ] No If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/ or less, AND

2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes  [ ] No

For which outfall(s)?

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
DSN006: DISCHARGES OF HYDROSTATIC TEST WATER FROM NEW CONTAINERS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:
   1. Latitude (____)° (____)′ (____)″ N  Longitude (____)° (____)′ (____)″ W  
      Receiving Stream
   2. Latitude (____)° (____)′ (____)″ N  Longitude (____)° (____)′ (____)″ W  
      Receiving Stream
   3. Latitude (____)° (____)′ (____)″ N  Longitude (____)° (____)′ (____)″ W  
      Receiving Stream
   4. Latitude (____)° (____)′ (____)″ N  Longitude (____)° (____)′ (____)″ W  
      Receiving Stream

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. What product is being tested and describe testing activities?


E. Are there any known impacts on the receiving water as a result of any discharges under DSN006? [ ] Yes [ ] No
   If YES, to what extent?


F. Is chlorine present in the test water? [ ] Yes [ ] No
DSN009: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________

4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN011: STORM WATER DISCHARGES ASSOCIATED WITH FOUNDRIES AND FOUNDRY SAND

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)'(____)" N  Longitude (____)°(____)'(____)" W
   Receiving Stream ____________________________

2. Latitude (____)°(____)'(____)" N  Longitude (____)°(____)'(____)" W
   Receiving Stream ____________________________

3. Latitude (____)°(____)'(____)" N  Longitude (____)°(____)'(____)" W
   Receiving Stream ____________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water  [ ] Seeps into the ground  [ ] Municipal storm sewer

D. Are any foundry sands disposed of on-site? [ ] Yes [ ] No
   If YES, list the outfall(s) from DSN011 that contain storm water.
   __________________________________________

E. Have the foundry sands been shown to be non-hazardous as required by ADEM Admin. Code r. 335-14-2-.03? [ ] Yes [ ] No

F. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

G. Does the facility have any of the following other control measures to prevent pollution?
   7. Structural control measures (basins, etc.) [ ] Yes [ ] No
   8. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   9. Other. If so, please describe:

   __________________________________________

H. Are there any known impacts on the receiving water as a result of any discharges under DSN011? [ ] Yes [ ] No
   If YES, to what extent?

   __________________________________________

I. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No  If YES, please explain:

   __________________________________________
J. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No  If YES, please list:

K. Briefly describe the foundry type and its operation.

L. Does your facility have an industrial process that would fall under the federal Effluent Limitations Guidelines listed below? [ ] Yes [ ] No  Check all that apply:

[ ] 40 CFR Part 413 – Electroplating
[ ] 40 CFR Part 433 – Metal Finishing
[ ] 40 CFR Part 464 – Metal Molding and Casting
[ ] 40 CFR Part 465 – Coil Coating
[ ] 40 CFR Part 467 – Aluminum Forming Point Source
[ ] 40 CFR Part 468 – Copper Forming
[ ] 40 CFR Part 469 – Electrical & Electrical Components
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ________________________________ Date Signed: ________________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ________________________________

RO Phone Number: ________________________________ RO Email Address: ________________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ________________________________ Official Title: ________________________________

DMR Contact Address: ________________________________

DMR Contact Phone Number: ________________________________ Email Address: ________________________________

NOI PREPARER

Name of Individual (type or print): ________________________________

Name of Firm: ________________________________

Address: ________________________________

Phone Number: ________________________________ Email Address: ________________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG140000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG140000, which is the general permit authorizing discharges associated with the transportation industries and warehousing (not including boat and ship building and repair activities) consisting of storm water; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas; and wastewater associated with airfield pavement deicing from existing and new primary airports with 1,000 or more annual jet (non-propeller aircraft) departures. Please answer all questions in applicable sections. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER:
FACILITY NUMBER:

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG140000

[ ] Reissuance of coverage under NPDES General Permit Number ALG140000 (Current Permit No. ALG14_____)

[ ] Modification of coverage under NPDES General Permit Number ALG140000 (Current Permit No. ALG14_____)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee: ____________________________

   Name of Facility: ______________________________

B. Mailing Address of Facility: – PO Box or Street Route ____________________________

   City, State and Zip Code ____________________________

C. Location (STREET ADDRESS) of Facility: ____________________________

   City, County: ____________________________

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

   Latitude (______)° (______)’ (__________)” N  Longitude (______)° (______)’ (__________)” W

E. Facility Contact Person:

   Name: ____________________________ Title: ____________________________

   Phone Number: ____________________________ Email Address: ____________________________

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:

   SIC Code ____________________________ SIC Description ____________________________

   1. ____________________________ (Primary)

   2. ____________________________ (Secondary)

   3. ____________________________ (Tertiary)

G. Description of industrial activity and land use at the facility:

   ____________________________
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:

[ ] Storm water discharges associated with vehicle and equipment parking and maintenance areas (DSN001)
[ ] Storm water discharges associated with warehousing and storage of goods (other than motorized equipment) that are exposed to storm water (DSN002 and DSN003)
[ ] Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and deionizer wastewater (DSN004)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN008 and DSN010)
[ ] Discharges associated with vehicle and equipment exterior washing operations that DO NOT use solvents (DSN007)
[ ] Wastewater discharges associated with airfield pavement deicing from existing and new primary airports with 1,000 or more annual jet departures (*non-propeller aircraft*) (DSN011)

I. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?

[ ] Yes [ ] No If YES, NPDES Permit No. AL00

Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

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

[ ] Yes [ ] No If YES, SID Permit No. IU

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the “Purpose of this Notice of Intent” section? [ ] Yes [ ] No If YES, please provide the following:

Permit Number: AL
Facility Name on Permit:

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?

[ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres?

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No

(A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No

If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)° (____)' (____)" N Longitude (____)° (____)' (____)" W Receiving Stream ____________________________

2. Latitude (____)° (____)' (____)" N Longitude (____)° (____)' (____)" W Receiving Stream ____________________________

3. Latitude (____)° (____)' (____)" N Longitude (____)° (____)' (____)" W Receiving Stream ____________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:
I. Is any part of your industrial activity (i.e. blasting, painting) located over water? [ ] Yes [ ] No
If YES, please explain:


DSN002 and DSN003: STORM WATER DISCHARGES ASSOCIATED WITH WAREHOUSING AND STORAGE OF GOODS (OTHER THAN MOTORIZED EQUIPMENT) THAT ARE EXPOSED TO STORM WATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (_____)°(_____)'(_____)" N Longitude (_____)°(_____)'(_____)" W
   Receiving Stream ____________________________

2. Latitude (_____)°(_____)'(_____)" N Longitude (_____)°(_____)'(_____)" W
   Receiving Stream ____________________________

3. Latitude (_____)°(_____)'(_____)" N Longitude (_____)°(_____)'(_____)" W
   Receiving Stream ____________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe: ____________________________

F. Are there any known impacts on the receiving water as a result of any discharges under DSN002 or DSN003? [ ] Yes [ ] No
   If YES, to what extent? ____________________________

G. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No
   If YES, please explain: ____________________________

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No
   If YES, please list: ____________________________
I. Are there any materials stored at your facility that could contribute any of the following metals to storm water? [ ] Yes  [ ] No  If YES, please indicate all metals that may be present:

[ ] Arsenic  [ ] Cadmium  [ ] Cyanide  [ ] Mercury  [ ] Silver
[ ] Barium  [ ] Copper  [ ] Lead  [ ] Nickel  [ ] Zinc
DSN004: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (____)° (____)′(____)″ N Longitude (____)° (____)′(____)″ W
   Receiving Stream ____________________________
   Type of Discharge __________________________

2. Latitude (____)° (____)′(____)″ N Longitude (____)° (____)′(____)″ W
   Receiving Stream ____________________________
   Type of Discharge __________________________

3. Latitude (____)° (____)′(____)″ N Longitude (____)° (____)′(____)″ W
   Receiving Stream ____________________________
   Type of Discharge __________________________

4. Latitude (____)° (____)′(____)″ N Longitude (____)° (____)′(____)″ W
   Receiving Stream ____________________________
   Type of Discharge __________________________

5. Latitude (____)° (____)′(____)″ N Longitude (____)° (____)′(____)″ W
   Receiving Stream ____________________________
   Type of Discharge __________________________

B. If more than one discharge is listed for DSN004, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge:________________________GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:
   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Ceriodaphnia dubia) are the test organisms. For salt water, the mysid shrimp and the sheephead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,

(4) Frequencies of use,

(5) Maximum proposed discharge concentrations, and

(6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No

If NO, provide the estimated gallons per day of discharge ______________________GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No  If YES, please list the applicable outfall number(s) from DSN004.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN004? [ ] Yes [ ] No

If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No  (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No  If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN004?

[ ] Yes [ ] No  If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND

2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes [ ] No

For which outfall(s)?

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (______ )°(______ )' (______ )" N  Longitude (______ )°(______ )' (______ )" W
   Receiving Stream ___________________________

2. Latitude (______ )°(______ )' (______ )" N  Longitude (______ )°(______ )' (______ )" W
   Receiving Stream ___________________________

3. Latitude (______ )°(______ )' (______ )" N  Longitude (______ )°(______ )' (______ )" W
   Receiving Stream ___________________________

4. Latitude (______ )°(______ )' (______ )" N  Longitude (______ )°(______ )' (______ )" W
   Receiving Stream ___________________________

B. List type(s), size(s), and number of storage tanks of each type and size.

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<th>Type</th>
<th>Size (gallons)</th>
<th>Number of Tanks</th>
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AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water   [ ] Seeps into the ground   [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan.
   Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN006 and DSN010? [ ] Yes [ ] No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?
   [ ] Yes [ ] No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)? [ ] Yes [ ] No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)? [ ] Yes [ ] No If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike? [ ] Yes [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance? [ ] Yes [ ] No

K. From which outfalls listed for DSN006 and DSN010 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)?

L. Is treated or untreated water from tank bottoms or water draws discharged on site? [ ] Yes [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No If YES, please explain:

N. Does the facility handle leaded fuels? [ ] Yes [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
Q. Are any trucks or equipment fueled at this facility? [ ] Yes    [ ] No
   
   If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes    [ ] No
   
   If YES, please explain:


R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes    [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes    [ ] No
   
   If YES, on what date was the SPCC Plan last certified: ________________

   In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes    [ ] No    If NO, please explain why: __________________

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes    [ ] No
DSN007: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (_____)°(_____)′(______)″ N Longitude (_____)°(_____)′(______)″ W
   Receiving Stream ____________________________

2. Latitude (_____)°(_____)′(______)″ N Longitude (_____)°(_____)′(______)″ W
   Receiving Stream ____________________________

3. Latitude (_____)°(_____)′(______)″ N Longitude (_____)°(_____)′(______)″ W
   Receiving Stream ____________________________

4. Latitude (_____)°(_____)′(______)″ N Longitude (_____)°(_____)′(______)″ W
   Receiving Stream ____________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM’s Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. How do you wash the vehicles (e.g. by hand or automated system)? ____________________________
   If you have an automated system, please provide a detailed description of the system (e.g. drive through system with rotating brushes, etc.)?

I. What is the estimated maximum volume in gallons/day of discharge from washing activity? _______________ gal/day

J. Does the facility use chrome/wheel brighteners? [ ] Yes [ ] No
K. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM’s Water Division before proceeding.
DSN011: WASTEWATER DISCHARGES ASSOCIATED WITH AIRFIELD PAVEMENT DEICING FROM EXISTING
AND NEW PRIMARY AIRPORTS WITH 1,000 OR MORE ANNUAL JET DEPARTURES ("NON-
PROPELLER AIRCRAFT")

This section must be completed by primary airports with 1,000 or more annual jet departures ("non-propeller aircraft"). 40 CFR Part 449 requires that existing and new primary airports with 1,000 or more annual jet departures ("non-propeller aircraft") that generate wastewater associated with airfield pavement deicing are to use non-urea-containing deicers, or alternatively, meet a numeric effluent limitation for ammonia.

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)’(____)” N Longitude (____)°(____)’(____)” W
   Receiving Stream ____________________________

2. Latitude (____)°(____)’(____)” N Longitude (____)°(____)’(____)” W
   Receiving Stream ____________________________

3. Latitude (____)°(____)’(____)” N Longitude (____)°(____)’(____)” W
   Receiving Stream ____________________________

4. Latitude (____)°(____)’(____)” N Longitude (____)°(____)’(____)” W
   Receiving Stream ____________________________

B. Does the airport have 1,000 or more annual jet departures ("non-propeller aircraft")? [ ] Yes [ ] No
   If YES, approximately how many annual jet departures? ____________________________

C. Is wastewater generated (or could be generated) as a result of the airfield pavement deicing? [ ] Yes [ ] No
   If NO, please explain why wastewater is not generated:
   ____________________________________________________________

   If YES, are only non-urea containing deicers used for the airfield pavement deicing? [ ] Yes [ ] No

   If NO, please identify the urea-containing deicers used and include the estimated annual volume in gallons:
   ____________________________________________________________

D. Does the facility have any of the following control measures to prevent pollution associated with airfield pavement deicing?

   1. Structural control measures (basins, collection systems, etc.) [ ] Yes [ ] No
      If YES, please describe:
      ____________________________________________________________

   2. Other. If so, please describe:
      ____________________________________________________________

ADEM Form 382 10/17 m5
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: __________________________ Date Signed: __________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: __________________________________________

RO Phone Number: __________________________ RO Email Address: __________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): __________________________ Official Title: __________________________

DMR Contact Address: __________________________________________

DMR Contact Phone Number: __________________________ Email Address: __________________________

NOI PREPARER

Name of Individual (type or print): __________________________

Name of Firm: __________________________

Address: __________________________ D

Phone Number: __________________________ Email Address: __________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG150000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG150000, which is the general permit authorizing discharges associated with food and kindred product industries consisting of storm water, non-contact cooling water, cooling tower and boiler blowdown, demineralizer wastewater, vehicle and equipment wash water, and storm water from petroleum bulk storage and fueling areas, and equipment maintenance areas. Please answer all questions in applicable sections. Please mark the “Not Applicable” box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:
ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT
[ ] Initial request for coverage under NPDES General Permit Number ALG150000
[ ] Reissuance of coverage under NPDES General Permit Number ALG150000 (Current Permit No. ALG15_______)
[ ] Modification of coverage under NPDES General Permit Number ALG150000 (Current Permit No. ALG15_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:__________________________________________________________
   Name of Facility:___________________________________________________________

B. Mailing Address of Facility: - PO Box or Street Route _______________________
   City, State and Zip Code ___________________________________________________

C. Location (STREET ADDRESS) of Facility: _________________________________
   City, County: ___________________________________________________________

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):
   Latitude (_____) ° (_____) ' (_____) " N                             Longitude (_____) ° (_____) ' (_____) " W

E. Facility Contact Person:
   Name: ___________________________ Title: _____________________________
   Phone Number: __________________ Email Address: _______________________

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:
   SIC Code  SIC Description
   1.__________________ (Primary) ________________________________
   2.__________________ (Secondary) ______________________________
   3.__________________ (Tertiary) ________________________________

G. Description of industrial activity and land use at the facility:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

ADEM Form 383 10/17 m4
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
[ ] Storm water discharges associated with food production (DSN001)
[ ] Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN003)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN005 and DSN007)
[ ] Discharges associated with vehicle and equipment exterior washing operations (DSN008)

I. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?
[ ] Yes [ ] No If YES, NPDES Permit No. AL00

Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

K. Has the facility been issued a State Indirect Discharge (SID) Permit?
[ ] Yes [ ] No If YES, SID Permit No. IU

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes [ ] No If YES, please provide the following:
Permit Number: AL________________ Facility Name on Permit:

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer? [ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres?

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No
(A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No

If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001: STORM WATER DISCHARGES ASSOCIATED WITH FOOD PRODUCTION

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream __________________________

2. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream __________________________

3. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream __________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No
   If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No  If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No  If YES, please list:
I. Does bulk material from bulk handling areas contaminate storm water? [ ] Yes [ ] No
   If YES, please describe:

J. Does this facility deal with live warm-blooded animals at any time? [ ] Yes [ ] No
   If YES, please contact the Industrial Section of ADEM’s Water Division before proceeding. The discharge of storm water from industries that slaughter warm-blooded animals is no longer allowed under the NPDES General Permit No. ALG150000.
DSN003: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (_____)°(_____)' (_____)" N Longitude (_____)°(_____)' (_____)" W
   Receiving Stream ___________________________
   Type of Discharge ___________________________

2. Latitude (_____)°(_____)' (_____)" N Longitude (_____)°(_____)' (_____)" W
   Receiving Stream ___________________________
   Type of Discharge ___________________________

3. Latitude (_____)°(_____)' (_____)" N Longitude (_____)°(_____)' (_____)" W
   Receiving Stream ___________________________
   Type of Discharge ___________________________

4. Latitude (_____)°(_____)' (_____)" N Longitude (_____)°(_____)' (_____)" W
   Receiving Stream ___________________________
   Type of Discharge ___________________________

5. Latitude (_____)°(_____)' (_____)" N Longitude (_____)°(_____)' (_____)" W
   Receiving Stream ___________________________
   Type of Discharge ___________________________

B. If more than one discharge is listed for DSN003, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No
   If NO, provide the estimated gallons per day of discharge:________________________GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:
   
   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet).
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Ceriodaphnia dubia) are the test organisms. For salt water, the mysid shrimp and the sheephead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,
(4) Frequencies of use,
(5) Maximum proposed discharge concentrations, and
(6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No
   If NO, provide the estimated gallons per day of discharge __________GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No If YES, please list the applicable outfall number(s) from DSN003.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN003? [ ] Yes [ ] No
   If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").
   If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN003?
   [ ] Yes [ ] No If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND

2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes  [ ] No

For which outfall(s)? ____________________________________________________________

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude \( (____)\) ° \( (__)\) ' \( (____)\) " N Longitude \( (____)\) ° \( (__)\) ' \( (____)\) " W
   Receiving Stream

2. Latitude \( (____)\) ° \( (__)\) ' \( (____)\) " N Longitude \( (____)\) ° \( (__)\) ' \( (____)\) " W
   Receiving Stream

3. Latitude \( (____)\) ° \( (__)\) ' \( (____)\) " N Longitude \( (____)\) ° \( (__)\) ' \( (____)\) " W
   Receiving Stream

4. Latitude \( (____)\) ° \( (__)\) ' \( (____)\) " N Longitude \( (____)\) ° \( (__)\) ' \( (____)\) " W
   Receiving Stream

B. List type(s), size(s), and number of storage tanks of each type and size.

<table>
<thead>
<tr>
<th>Type</th>
<th>Size (gallons)</th>
<th>Number of Tanks</th>
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</tbody>
</table>

AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water
   [ ] Seeps into the ground
   [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.)  [ ] Yes  [ ] No
   2. Treatment of groundwater (retention, aeration)  [ ] Yes  [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN005 and DSN007?
   [ ] Yes  [ ] No  If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?
   [ ] Yes  [ ] No  If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?  [ ] Yes  [ ] No  If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?  [ ] Yes  [ ] No  If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike?  [ ] Yes  [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance?  [ ] Yes  [ ] No

K. From which outfalls listed for DSN005 and DSN007 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)?

L. Is treated or untreated water from tank bottoms or water draws discharged on site?  [ ] Yes  [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM’s Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes  [ ] No  If YES, please explain:

N. Does the facility handle leaded fuels?  [ ] Yes  [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?  [ ] Yes  [ ] No
P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM’s Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified:

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No
DSN008: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:
   1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________
   2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________
   3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________
   4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

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GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ___________________________ Date Signed: ___________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: __________________________________________

RO Phone Number: ___________________________ RO Email Address: ___________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ___________________________ Official Title: ___________________________

DMR Contact Address: ___________________________

DMR Contact Phone Number: ___________________________ Email Address: ___________________________

NOI PREPARER

Name of Individual (type or print): ___________________________

Name of Firm: ___________________________

Address: ___________________________

Phone Number: ___________________________ Email Address: ___________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) 
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG160000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG160000, which is the general permit authorizing discharges associated with storm water runoff, not containing leachate, from active and inactive landfills and from transfer stations including storm water runoff from maintenance operations and expansion construction activities at landfills; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please answer all questions in applicable sections. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG160000

[ ] Reissuance of coverage under NPDES General Permit Number ALG160000 (Current Permit No. ALG16 ______)

[ ] Modification of coverage under NPDES General Permit Number ALG160000 (Current Permit No. ALG16 ______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:________________________

Name of Facility:________________________

B. Mailing Address of Facility: – PO Box or Street Route

City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:

City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (_____)° (_____)' (_____)" N

Longitude (_____)° (_____)' (_____)" W

E. Facility Contact Person:

Name:________________________

Title:________________________

Phone Number:________________________

Email Address:________________________

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:

SIC Code

1.________________________ (Primary)

SIC Description

2.________________________ (Secondary)

3.________________________ (Tertiary)

G. Description of industrial activity and land use at the facility:

________________________
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:

[ ] Storm water discharges associated with landfill operations (DSN001)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN002 and DSN003)
[ ] Discharges associated with vehicle and equipment exterior washing operations (DSN004)

I. Are any discharges in H. above combined? [ ] Yes  [ ] No  If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?

[ ] Yes  [ ] No  If YES, NPDES Permit No. AL00__________

Do you intend to replace your individual permit with this General Permit? [ ] Yes  [ ] No

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

[ ] Yes  [ ] No  If YES, SID Permit No. IU________________

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes  [ ] No  If YES, please provide the following:

Permit Number: AL________________  Facility Name on Permit: ___________________________

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?

[ ] Yes  [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes  [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres?

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes  [ ] No

(A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes  [ ] No

If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes  [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes  [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes  [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001: STORM WATER DISCHARGES ASSOCIATED WITH LANDFILL OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude ( )°( )' ( )" N  Longitude ( )°( )' ( )" W
   Receiving Stream ________________________________

2. Latitude ( )°( )' ( )" N  Longitude ( )°( )' ( )" W
   Receiving Stream ________________________________

3. Latitude ( )°( )' ( )" N  Longitude ( )°( )' ( )" W
   Receiving Stream ________________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water   [ ] Seeps into the ground   [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:
      ________________________________

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No
   If YES, to what extent?
      ________________________________

G. Does the storm water contain any leachate? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No
   If YES, please list:
      ________________________________

I. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No
   If YES, please explain:
      ________________________________
J. Is the landfill closed? [ ] Yes [ ] No
   If YES, was the closure approved by ADEM? [ ] Yes [ ] No
   If YES, attach a copy of the ADEM approval letter.
   If NO, an NPDES storm water permit is required until ADEM approves the closure.
   If YES, has the landfill been closed for over three years? [ ] Yes [ ] No
DSN002 AND DSN003: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (_____)°(_____)'(_____)" N Longitude (_____)°(_____)'(_____)" W
Receiving Stream

2. Latitude (_____)°(_____)'(_____)" N Longitude (_____)°(_____)'(_____)" W
Receiving Stream

3. Latitude (_____)°(_____)'(_____)" N Longitude (_____)°(_____)'(_____)" W
Receiving Stream

4. Latitude (_____)°(_____)'(_____)" N Longitude (_____)°(_____)'(_____)" W
Receiving Stream

B. List type(s), size(s), and number of storage tanks of each type and size.

<table>
<thead>
<tr>
<th>Type</th>
<th>Size (gallons)</th>
<th>Number of Tanks</th>
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</thead>
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<td></td>
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</tbody>
</table>

AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):
[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe: ____________________________________________

G. Are there any known impacts on the receiving water as a result of any discharges under DSN002 and DSN003? [ ] Yes [ ] No If YES, to what extent? ____________________________________________

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years? [ ] Yes [ ] No If YES, what occurred and how did it happen? ____________________________________________

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)? [ ] Yes [ ] No If NO, identify each tank, its capacity, and its contents: ____________________________________________

J. Are there tanks located within secondary containment (diked)? [ ] Yes [ ] No If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike? [ ] Yes [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance? [ ] Yes [ ] No

K. From which outfalls listed for DSN002 and DSN003 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? ____________________________________________

L. Is treated or untreated water from tank bottoms or water draws discharged on site? [ ] Yes [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain: ____________________________________________

N. Does the facility handle leaded fuels? [ ] Yes [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No
   If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No
   If YES, please explain:

   

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No
   If YES, on what date was the SPCC Plan last certified:

   

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:


T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No
DSN004: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (___)°(____)′(_____)" N Longitude (___)°(____)′(_____)" W
   Receiving Stream

2. Latitude (___)°(____)′(_____)" N Longitude (___)°(____)′(_____)" W
   Receiving Stream

3. Latitude (___)°(____)′(_____)" N Longitude (___)°(____)′(_____)" W
   Receiving Stream

4. Latitude (___)°(____)′(_____)" N Longitude (___)°(____)′(_____)" W
   Receiving Stream

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes  [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ______________________________ Date Signed: ______________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ______________________________

RO Phone Number: ______________________________ RO Email Address: ______________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ______________________________ Official Title: ______________________________

DMR Contact Address: ______________________________

DMR Contact Phone Number: ______________________________ Email Address: ______________________________

NOI PREPARER

Name of Individual (type or print): ______________________________

Name of Firm: ______________________________

Address: ______________________________

Phone Number: ______________________________ Email Address: ______________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG170000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG170000, which is the general permit authorizing storm water discharges associated with the storage and manufacturing of paints, varnishes, lacquers, enamels and allied products; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please mark the “Not Applicable” box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG170000

[ ] Reissuance of coverage under NPDES General Permit Number ALG170000 (Current Permit No. ALG17_______)

[ ] Modification of coverage under NPDES General Permit Number ALG170000 (Current Permit No. ALG17_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:

Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route

City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:

City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (______) ° (______’ (_______") N

Longitude (______) ° (______’ (_______") W

E. Facility Contact Person:

Name: ______________________________ Title: ______________________________

Phone Number: ______________________________ Email Address: ______________________________

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:

<table>
<thead>
<tr>
<th>SIC Code</th>
<th>SIC Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>(Primary)</td>
</tr>
<tr>
<td>2.</td>
<td>(Secondary)</td>
</tr>
<tr>
<td>3.</td>
<td>(Tertiary)</td>
</tr>
</tbody>
</table>

G. Description of industrial activity and land use at the facility:

__________________________

ADEM Form 385 10/17 m4
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
   [ ] Storm water discharges associated with the storage and manufacturing of paints, varnishes, lacquers, enamels, and allied products (DSN001)
   [ ] Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN002)
   [ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN004 and DSN006)
   [ ] Discharges associated with vehicle and equipment exterior washing operations that DO NOT use solvents (DSN007)

I. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?
   [ ] Yes [ ] No If YES, NPDES Permit No. AL00__________
   Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

K. Has the facility been issued a State Indirect Discharge (SID) Permit?
   [ ] Yes [ ] No If YES, SID Permit No. IU__________

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes [ ] No If YES, please provide the following:
   Permit Number: AL__________ Facility Name on Permit:

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
   [ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres?

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No
   (A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)
   If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No
   If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001: STORM WATER DISCHARGES ASSOCIATED WITH STORAGE AND MANUFACTURING OF PAINTS, VARNISHES, LACQUERS, ENAMELS AND ALLIED PRODUCTS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (_____) ° (_____) ' (_______) " N Longitude (_____) ° (_____) ' (_______) " W Receiving Stream __________________

2. Latitude (_____) ° (_____) ' (_______) " N Longitude (_____) ° (_____) ' (_______) " W Receiving Stream __________________

3. Latitude (_____) ° (_____) ' (_______) " N Longitude (_____) ° (_____) ' (_______) " W Receiving Stream __________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe: __________________________________________________________

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

ADEM Form 385 10/17 m4  Page 3 of 12
DSN002: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream ___________________________________________________________
   Type of Discharge _________________________________________________________

2. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream ___________________________________________________________
   Type of Discharge _________________________________________________________

3. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream ___________________________________________________________
   Type of Discharge _________________________________________________________

4. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream ___________________________________________________________
   Type of Discharge _________________________________________________________

5. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream ___________________________________________________________
   Type of Discharge _________________________________________________________

B. If more than one discharge is listed for DSN002, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No  If NO, provide the estimated gallons per day of discharge:________________________GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet).
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Daphnia magna) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,

(4) Frequencies of use,

(5) Maximum proposed discharge concentrations, and

(6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BioCides that contain Tributyl Tin, Tributyl Tin Oxide, Zinc And/or Chromium are Prohibited by this General Permit

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallahassee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No

If NO, provide the estimated gallons per day of discharge ______________GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No If YES, please list the applicable outfall number(s) from DSN002.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No

If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (AEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN002?

[ ] Yes [ ] No If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND

2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes [ ] No

For which outfall(s)?________________________________________

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
DSN004 AND DSN006: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W Receiving Stream

2. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W Receiving Stream

3. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W Receiving Stream

4. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W Receiving Stream

B. List type(s), size(s), and number of storage tanks of each type and size.

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AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN004 and DSN006? [ ] Yes [ ] No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?
   [ ] Yes [ ] No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)? [ ] Yes [ ] No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)? [ ] Yes [ ] No If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike? [ ] Yes [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance? [ ] Yes [ ] No

K. From which outfalls listed for DSN004 and DSN006 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)?

L. Is treated or untreated water from tank bottoms or water draws discharged on site? [ ] Yes [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

N. Does the facility handle leaded fuels? [ ] Yes [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified: __________________________

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No
DSN007: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)'(____)" N  Longitude (____)°(____)'(____)" W
   Receiving Stream ______________________________

2. Latitude (____)°(____)'(____)" N  Longitude (____)°(____)'(____)" W
   Receiving Stream ______________________________

3. Latitude (____)°(____)'(____)" N  Longitude (____)°(____)'(____)" W
   Receiving Stream ______________________________

4. Latitude (____)°(____)'(____)" N  Longitude (____)°(____)'(____)" W
   Receiving Stream ______________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes  [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes  [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes  [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes  [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes  [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ___________________________ Date Signed: ___________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ____________________________________________

RO Phone Number: ___________________________ RO Email Address: ___________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ___________________________ Official Title: ___________________________

DMR Contact Address: ____________________________________________

DMR Contact Phone Number: ___________________________ Email Address: ___________________________

NOI PREPARE

Name of Individual (type or print): ___________________________

Name of Firm: ____________________________________________

Address: ____________________________________________

Phone Number: ___________________________ Email Address: ___________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG180000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG180000, which is the general permit authorizing storm water discharges associated with the salvage and recycling industry; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please mark the “Not Applicable” box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG180000
[ ] Reissuance of coverage under NPDES General Permit Number ALG180000 (Current Permit No. ALG18_______)
[ ] Modification of coverage under NPDES General Permit Number ALG180000 (Current Permit No. ALG18_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:

Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route

City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:

City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (_____) ° (_____) ’ (_____) “ N

Longitude (_____) ° (_____) ’ (_____) “ W

E. Facility Contact Person:

Name: __________________________ Title: __________________________

Phone Number: __________________________ Email Address: __________________________

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:

SIC Code

1. __________________________ (Primary)

2. __________________________ (Secondary)

3. __________________________ (Tertiary)

SIC Description

G. Description of industrial activity and land use at the facility:


ADEM Form 386 10/17 m4 Page 1 of 13
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
[ ] Storm water discharges associated with automobile recycling and salvage (DSN001)
[ ] Storm water discharges associated with the salvage and recycling of metal scrap (not including automobiles) (DSN002)
[ ] Storm water discharges associated with the salvage and recycling of nonmetal scrap (DSN003)
[ ] Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN004)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN006 and DSN008)
[ ] Discharges associated with vehicle and equipment exterior washing operations that DO NOT use solvents (DSN009)

I. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?
[ ] Yes [ ] No If YES, NPDES Permit No. AL00

Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

K. Has the facility been issued a State Indirect Discharge (SID) Permit?
[ ] Yes [ ] No If YES, SID Permit No.

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the “Purpose of this Notice of Intent” section? [ ] Yes [ ] No If YES, please provide the following:
   Permit Number: AL
   Facility Name on Permit:

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
[ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres?

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No
   (A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)
   If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No
   If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM’s Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM’s Water Division before proceeding.
DSN001, DSN002, AND DSN003: STORM WATER DISCHARGES ASSOCIATED WITH THE SALVAGE AND RECYCLING INDUSTRY

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)′(____)″ N  Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________

2. Latitude (____)°(____)′(____)″ N  Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________

3. Latitude (____)°(____)′(____)″ N  Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water  [ ] Seeps into the ground  [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:
      ____________________________________________________________

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001, DSN002, or DSN003? [ ] Yes [ ] No
   If YES, to what extent?

   ____________________________________________________________

G. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

   ____________________________________________________________

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

   ____________________________________________________________

ADEM Form 386 10/17 m4
I. Identify the salvage and recycling activities at the facility and list the associated outfall number from Section A:

[ ] Automotive recycling and salvage
Outfall(s): ____________________________

[ ] Salvage and recycling of metal scrap (not including automobiles)
Outfall(s): ____________________________

[ ] Salvage and recycling of nonmetal scrap
Outfall(s): ____________________________
DSN004: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (_____) ° (_____) ' (_____) " N Longitude (_____) ° (_____) ' (_____) " W
   Receiving Stream ____________________________
   Type of Discharge __________________________

2. Latitude (_____) ° (_____) ' (_____) " N Longitude (_____) ° (_____) ' (_____) " W
   Receiving Stream ____________________________
   Type of Discharge __________________________

3. Latitude (_____) ° (_____) ' (_____) " N Longitude (_____) ° (_____) ' (_____) " W
   Receiving Stream ____________________________
   Type of Discharge __________________________

4. Latitude (_____) ° (_____) ' (_____) " N Longitude (_____) ° (_____) ' (_____) " W
   Receiving Stream ____________________________
   Type of Discharge __________________________

5. Latitude (_____) ° (_____) ' (_____) " N Longitude (_____) ° (_____) ' (_____) " W
   Receiving Stream ____________________________
   Type of Discharge __________________________

B. If more than one discharge is listed for DSN004, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: ________________________ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit
   an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each
   biocide or chemical:
   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet).
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Cladocera dubia) are the test organisms. For salt water, the mysid shrimp and the sheephead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,
(4) Frequencies of use,
(5) Maximum proposed discharge concentrations, and
(6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BIODETICS THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallapoosa and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No

If NO, provide the estimated gallons per day of discharge _______________________ GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No If YES, please list the applicable outfall number(s) from DSN004.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN004? [ ] Yes [ ] No

If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN004?

[ ] Yes [ ] No If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND

2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes  [ ] No
   For which outfall(s)? ________________________________

   If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to
   monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if
   these conditions change during the term of the permit.
DSN006 AND DSN008: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____) ° (____) ' (____) " N Longitude (____) ° (____) ' (____) " W Receiving Stream ___________________________

2. Latitude (____) ° (____) ' (____) " N Longitude (____) ° (____) ' (____) " W Receiving Stream ___________________________

3. Latitude (____) ° (____) ' (____) " N Longitude (____) ° (____) ' (____) " W Receiving Stream ___________________________

4. Latitude (____) ° (____) ' (____) " N Longitude (____) ° (____) ' (____) " W Receiving Stream ___________________________

B. List type(s), size(s), and number of storage tanks of each type and size.

<table>
<thead>
<tr>
<th>Type</th>
<th>Size (gallons)</th>
<th>Number of Tanks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] AST</td>
<td>[ ] UST</td>
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</tr>
</tbody>
</table>

AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe: 

G. Are there any known impacts on the receiving water as a result of any discharges under DSN006 and DSN008? [ ] Yes [ ] No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?
   [ ] Yes [ ] No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)? [ ] Yes [ ] No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)? [ ] Yes [ ] No If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike? [ ] Yes [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance? [ ] Yes [ ] No

K. From which outfalls listed for DSN006 and DSN008 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? ____________________________

L. Is treated or untreated water from tank bottoms or water draws discharged on site? [ ] Yes [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No If YES, please explain:

N. Does the facility handle leaded fuels? [ ] Yes [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
Q. Are any trucks or equipment fueled at this facility? [ ] Yes  [ ] No
   If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes  [ ] No
   If YES, please explain:

   ____________________________________________________

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes  [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes  [ ] No
   If YES, on what date was the SPCC Plan last certified: ________________________________

   In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes  [ ] No  If NO, please explain why:

   ____________________________________________________

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes  [ ] No
DSN009: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream ____________________________

2. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream ____________________________

3. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream ____________________________

4. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream ____________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

   ____________________________________________________________

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

   ____________________________________________________________

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: __________________________ Date Signed: __________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: __________________________

RO Phone Number: __________________________ RO Email Address: __________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): __________________________ Official Title: __________________________

DMR Contact Address: __________________________

DMR Contact Phone Number: __________________________ Email Address: __________________________

NOI PREPARER

Name of Individual (type or print): __________________________

Name of Firm: __________________________

Address: __________________________

Phone Number: __________________________ Email Address: __________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG020000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG020000, which is the general permit authorizing discharges associated with the manufacture of asphalt concrete, asphalt roofing, linoleum and printed asphalt felt, and hot mix asphalt consisting of storm water, non-contact cooling water, cooling tower and boiler blowdown, uncontaminated condensate, demineralizer wastewater, vehicle and equipment wash water, and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please answer all questions in applicable sections. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG020000
[ ] Reissueance of coverage under NPDES General Permit Number ALG020000 (Current Permit No. ALG02_______)
[ ] Modification of coverage under NPDES General Permit Number ALG020000 (Current Permit No. ALG02_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee: ________________________________
   Name of Facility: ________________________________

B. Mailing Address of Facility: – PO Box or Street Route
   City, State and Zip Code: ________________________________

C. Location (STREET ADDRESS) of Facility: ________________________________
   City, County: ________________________________

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):
   Latitude (_____)° (_____)’ (_____)” N
   Longitude (_____)° (_____)’ (_____)” W

E. Facility Contact Person:
   Name: ________________________________ Title: ________________________________
   Phone Number: ________________________________ Email Address: ________________________________

F. Standard Industrial Code (SIC) (The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)):

<table>
<thead>
<tr>
<th>SIC Code</th>
<th>SIC Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.___________(Primary)</td>
<td>________________________________</td>
</tr>
<tr>
<td>2.___________(Secondary)</td>
<td>________________________________</td>
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<td>3.___________(Tertiary)</td>
<td>________________________________</td>
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</tbody>
</table>

G. Description of industrial activity and land use at the facility:

   ________________________________
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:

[ ] Storm water discharges from the manufacture of asphalt products that may be covered by this general permit (DSN001)
[ ] Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN002)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN004 and DSN006)
[ ] Discharges associated with vehicle and equipment exterior washing operations (DSN007)

I. Are any discharges in H. above combined? [ ] Yes [ ] No. If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?

[ ] Yes [ ] No. If YES, NPDES Permit No. AL00____________________
Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

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

[ ] Yes [ ] No. If YES, SID Permit No. IU____________________

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes [ ] No. If YES, please provide the following:

Permit Number: AL____________________ Facility Name on Permit: ________________________

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?

[ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges: ________________________

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations: ________________________

Q. What is the size of the site in acres? ________________________

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No
   (A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)
   If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No
   If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the
   Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM
   Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource
   Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's
   Water Division before proceeding.
DSN001: STORM WATER DISCHARGE FROM THE MANUFACTURE OF ASPHALT PRODUCTS THAT MAY BE COVERED BY THIS GENERAL PERMIT

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (___)°(____)′(______)″ N Longitude (___)°(____)′(______)″ W Receiving Stream ____________________________

2. Latitude (___)°(____)′(______)″ N Longitude (___)°(____)′(______)″ W Receiving Stream ____________________________

3. Latitude (___)°(____)′(______)″ N Longitude (___)°(____)′(______)″ W Receiving Stream ____________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

   ______________________________________________________

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No If YES, to what extent?

   ______________________________________________________

G. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

   ______________________________________________________

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

   ______________________________________________________
1. Is this facility subject to requirements under 40 CFR Part 443? [ ] Yes [ ] No

If YES, check which subcategory applies:

[ ] Subpart A – Asphalt Emulsion Subcategory
[ ] Subpart B – Asphalt Concrete Subcategory
[ ] Subpart C – Asphalt Roofing Subcategory
[ ] Subpart D – Linoleum and Printed Asphalt Felt Subcategory
[ ] None of the above subcategories apply

If this facility conducts activities subject to 40 CFR 443 Subpart A, the discharges from these activities cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN002: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (______)°(______)’(______)" N Longitude (______)°(______)’(______)" W
   Receiving Stream ____________________________
   Type of Discharge ____________________________

2. Latitude (______)°(______)’(______)" N Longitude (______)°(______)’(______)" W
   Receiving Stream ____________________________
   Type of Discharge ____________________________

3. Latitude (______)°(______)’(______)" N Longitude (______)°(______)’(______)" W
   Receiving Stream ____________________________
   Type of Discharge ____________________________

4. Latitude (______)°(______)’(______)" N Longitude (______)°(______)’(______)" W
   Receiving Stream ____________________________
   Type of Discharge ____________________________

5. Latitude (______)°(______)’(______)" N Longitude (______)°(______)’(______)" W
   Receiving Stream ____________________________
   Type of Discharge ____________________________

B. If more than one discharge is listed for DSN002, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: ___________ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet).
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Ceriodaphnia dubia) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. **If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.**

(3) Quantities to be used,

(4) Frequencies of use,

(5) Maximum proposed discharge concentrations, and

(6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT ContAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT*

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallahassee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No

   If NO, provide the estimated gallons per day of discharge ______________GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No

   If YES, please list the applicable outfall number(s) from DSN002.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No

   If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

   If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged? (Note: city water usually contains chlorine)? [ ] Yes [ ] No

   If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN002?

   [ ] Yes [ ] No

   If YES, list which outfalls meet this criteria:

   For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

   1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**

   2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes [ ] No

For which outfall(s)? ____________________________________________________________

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
DSN004 AND DSN006: STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream ___________________________

2. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream ___________________________

3. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream ___________________________

4. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream ___________________________

B. List type(s), size(s), and number of storage tanks of each type and size.

<table>
<thead>
<tr>
<th>Type</th>
<th>Size (gallons)</th>
<th>Number of Tanks</th>
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<tbody>
<tr>
<td>[ ] AST</td>
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</tbody>
</table>

AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water  [ ] Seeps into the ground  [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan.
   Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.)  [ ] Yes  [ ] No
   2. Treatment of groundwater (retention, aeration)  [ ] Yes  [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN004 and DSN006?  
   [ ] Yes  [ ] No  If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?
   [ ] Yes  [ ] No  If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?  [ ] Yes  [ ] No  If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?  [ ] Yes  [ ] No  If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike?  [ ] Yes  [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance?  [ ] Yes  [ ] No

K. From which outfalls listed for DSN004 and DSN006 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)?

L. Is treated or untreated water from tank bottoms or water draws discharged on site?  [ ] Yes  [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
   [ ] Yes  [ ] No  If YES, please explain:

N. Does the facility handle leaded fuels?  [ ] Yes  [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?  [ ] Yes  [ ] No
P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

______________________________

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified:

______________________________

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

______________________________

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No
DSN007: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:
   1. Latitude (____)° (____)' (____)" N Longitude (____)° (____)' (____)" W
      Receiving Stream ___________________________
   2. Latitude (____)° (____)' (____)" N Longitude (____)° (____)' (____)" W
      Receiving Stream ___________________________
   3. Latitude (____)° (____)' (____)" N Longitude (____)° (____)' (____)" W
      Receiving Stream ___________________________
   4. Latitude (____)° (____)' (____)" N Longitude (____)° (____)' (____)" W
      Receiving Stream ___________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

   ___________________________________________

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

   ___________________________________________

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: _______________________________ Date Signed: _______________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ___________________________________________

RO Phone Number: _______________________________ RO Email Address: _______________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): _______________________________ Official Title: _______________________________

DMR Contact Address: ____________________________________________

DMR Contact Phone Number: _______________________________ Email Address: _______________________________

NOI PREPARER

Name of Individual (type or print): _______________________________

Name of Firm: ____________________________________________

Address: ____________________________________________

Phone Number: _______________________________ Email Address: _______________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG200000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG200000, which is the general permit authorizing storm water discharges associated with the plastic and rubber industry (excluding industries covered under 40 CFR Part 414-Organic Chemicals, Plastics, and Synthetic Fiber Industries); non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG200000
[ ] Reissuance of coverage under NPDES General Permit Number ALG200000 (Current Permit No. ALG20_______)
[ ] Modification of coverage under NPDES General Permit Number ALG200000 (Current Permit No. ALG20_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:

Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route

City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:

City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (______)° (______)' (______)" N  Longitude (______)° (______)' (______)" W

E. Facility Contact Person:

Name: ___________________________ Title: ___________________________

Phone Number: ___________________________ Email Address: ___________________________

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:

SIC Code

1. ___________________________ (Primary) ___________________________

2. ___________________________ (Secondary) ___________________________

3. ___________________________ (Tertiary) ___________________________

G. Description of industrial activity and land use at the facility:

__________________________________________________________

ADEM Form 388 10/17 m4
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
[ ] Storm water discharges associated with the plastics industry (DSN001)
[ ] Storm water discharges associated with the rubber industry (DSN002)
[ ] Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN003)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN005 and DSN007)
[ ] Discharges associated with vehicle and equipment exterior washing operations (DSN008)

I. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?
[ ] Yes [ ] No If YES, NPDES Permit No. AL00________________

Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

K. Has the facility been issued a State Indirect Discharge (SID) Permit?
[ ] Yes [ ] No If YES, SID Permit No. IU________________

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes [ ] No If YES, please provide the following:

Permit Number: AL________________ Facility Name on Permit:________________

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
[ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges:________________

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations: ________________________

Q. What is the size of the site in acres? _______________________ 

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No

(A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d_cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No

If YES, enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001: STORM WATER DISCHARGES ASSOCIATED WITH THE PLASTICS INDUSTRY

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ________________________________

2. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ________________________________

3. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ________________________________

4. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ________________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:
      ___________________________________________________________

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No
   If YES, to what extent?
      ___________________________________________________________

G. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No  If YES, please explain:
      ___________________________________________________________

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No  If YES, please list:
      ___________________________________________________________
I. Does your facility have an industrial process that would fall under the Federal Guidelines listed below? [ ] Yes [ ] No Check all that apply:

[ ] 40 CFR 463 – Plastics Molding and Forming

If this facility conducts activities subject to 40 CFR 414, the discharges from these activities cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN002: STORM WATER DISCHARGES ASSOCIATED WITH THE RUBBER INDUSTRY

NOT APPLICABLE [    ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (   )°(   )' (   )" N Longitude (   )°(   )' (   )" W
   Receiving Stream
2. Latitude (   )°(   )' (   )" N Longitude (   )°(   )' (   )" W
   Receiving Stream
3. Latitude (   )°(   )' (   )" N Longitude (   )°(   )' (   )" W
   Receiving Stream
4. Latitude (   )°(   )' (   )" N Longitude (   )°(   )' (   )" W
   Receiving Stream

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [    ] Yes [    ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [    ] Surface water  [    ] Seeps into the ground  [    ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [    ] Yes [    ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   4. Structural control measures (basins, etc.) [    ] Yes [    ] No
   5. Treatment of groundwater (retention, aeration) [    ] Yes [    ] No
   6. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [    ] Yes [    ] No
   If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [    ] Yes [    ] No  If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [    ] Yes [    ] No  If YES, please list:
I. Does your facility have an industrial process that is subject to 40 CFR 428 – Rubber Manufacturing Point Source Category? [ ] Yes  [ ] No
DSN003: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream ________________________________
   Type of Discharge ______________________________

2. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream ________________________________
   Type of Discharge ______________________________

3. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream ________________________________
   Type of Discharge ______________________________

4. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream ________________________________
   Type of Discharge ______________________________

5. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream ________________________________
   Type of Discharge ______________________________

B. If more than one discharge is listed for DSN003, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: ______________________ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Ceriodaphnia dubia) are the test organisms. For salt water, the mysid shrimp and the sheephead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,
(4) Frequencies of use,
(5) Maximum proposed discharge concentrations, and
(6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Talladega and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No
   If NO, provide the estimated gallons per day of discharge _______________GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No If YES, please list the applicable outfall number(s) from DSN003.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN003? [ ] Yes [ ] No
   If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").
   If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN003?
   [ ] Yes [ ] No If YES, list which outfalls meet this criteria:

   For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

   1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND

   2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes  [ ] No

For which outfall(s)? _______________________________________________________________________

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
DSN005 AND DSN007: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (_____) ° (_____) ' (_______) " N Longitude (_____) ° (_____) ' (_______) " W
   Receiving Stream ____________________________

2. Latitude (_____) ° (_____) ' (_______) " N Longitude (_____) ° (_____) ' (_______) " W
   Receiving Stream ____________________________

3. Latitude (_____) ° (_____) ' (_______) " N Longitude (_____) ° (_____) ' (_______) " W
   Receiving Stream ____________________________

4. Latitude (_____) ° (_____) ' (_______) " N Longitude (_____) ° (_____) ' (_______) " W
   Receiving Stream ____________________________

B. List type(s), size(s), and number of storage tanks of each type and size.

<table>
<thead>
<tr>
<th>Type</th>
<th>Size (gallons)</th>
<th>Number of Tanks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] AST</td>
<td>[ ] UST</td>
<td></td>
</tr>
<tr>
<td>[ ] AST</td>
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<tr>
<td>[ ] AST</td>
<td>[ ] UST</td>
<td></td>
</tr>
</tbody>
</table>

AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water                [ ] Seeps into the ground              [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan.
   Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN005 and DSN007? [ ] Yes [ ] No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years? [ ] Yes [ ] No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)? [ ] Yes [ ] No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)? [ ] Yes [ ] No If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike? [ ] Yes [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance? [ ] Yes [ ] No

K. From which outfalls listed for DSN005 and DSN007 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)?

L. Is treated or untreated water from tank bottoms or water draws discharged on site? [ ] Yes [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

N. Does the facility handle leaded fuels? [ ] Yes [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No
   If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No
   If YES, please explain:

   

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No
   If YES, on what date was the SPCC Plan last certified: ____________________________

   In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No  If NO, please explain why:

   

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No
DSN008: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ___________________________ Date Signed: ___________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ___________________________

RO Phone Number: ___________________________ RO Email Address: ___________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ___________________________ Official Title: ___________________________

DMR Contact Address: ___________________________

DMR Contact Phone Number: ___________________________ Email Address: ___________________________

NOI PREPARE

Name of Individual (type or print): ___________________________

Name of Firm: ___________________________

Address: ___________________________ D

Phone Number: ___________________________ Email Address: ___________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG230000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG230000, which is the general permit authorizing storm water discharges associated with the manufacture of stone, glass, and clay products; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG230000
[ ] Reissuance of coverage under NPDES General Permit Number ALG230000 (Current Permit No. ALG23_______)
[ ] Modification of coverage under NPDES General Permit Number ALG230000 (Current Permit No. ALG23_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:

Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route

City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:

City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (_____)° (_____') (_______)" N
Longitude (_____)° (_____') (_______)" W

E. Facility Contact Person:

Name: ____________________________ Title: ____________________________

Phone Number: ____________________ Email Address: ____________________

F. Standard Industrial Code (SIC) (The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)):

<table>
<thead>
<tr>
<th>SIC Code</th>
<th>SIC Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ________(Primary)</td>
<td>__________________</td>
</tr>
<tr>
<td>2. ________(Secondary)</td>
<td>__________________</td>
</tr>
<tr>
<td>3. ________(Tertiary)</td>
<td>__________________</td>
</tr>
</tbody>
</table>

G. Description of industrial activity and land use at the facility:

ADEM Form 389 10/17 m4
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
[ ] Storm water discharges associated with the manufacture of stone, glass, and clay products (DSN001)
[ ] Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN002)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN004 and DSN006)
[ ] Discharges associated with vehicle and equipment exterior washing operations that DO NOT use solvents (DSN007)

I. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?
[ ] Yes [ ] No If YES, NPDES Permit No. AL00________

Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

K. Has the facility been issued a State Indirect Discharge (SID) Permit?
[ ] Yes [ ] No If YES, SID Permit No. IU________

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes [ ] No If YES, please provide the following:

   Permit Number: AL________ Facility Name on Permit:

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
   [ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres?

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No
   (A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d_cnt for 303(d) listed
   waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

   If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No

   If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the
   Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM
   Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource
   Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's
   Water Division before proceeding.
DSN001: STORM WATER DISCHARGES ASSOCIATED WITH STORAGE THE MANUFACTURING OF STONE, GLASS, AND CLAY PRODUCTS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude ( )°( )' ( )" N Longitude ( )°( )' ( )" W
   Receiving Stream

2. Latitude ( )°( )' ( )" N Longitude ( )°( )' ( )" W
   Receiving Stream

3. Latitude ( )°( )' ( )" N Longitude ( )°( )' ( )" W
   Receiving Stream

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No
   If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No  If YES, please explain:

H. Is process/wash down water mixed with storm water during rain events? [ ] Yes [ ] No  If NO, please explain:
I. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list: [ ]
DSN002: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (______)°(______)'(_______)" N Longitude (______)°(______)'(_______)" W
   Receiving Stream
   Type of Discharge

2. Latitude (______)°(______)'(_______)" N Longitude (______)°(______)'(_______)" W
   Receiving Stream
   Type of Discharge

3. Latitude (______)°(______)'(_______)" N Longitude (______)°(______)'(_______)" W
   Receiving Stream
   Type of Discharge

4. Latitude (______)°(______)'(_______)" N Longitude (______)°(______)'(_______)" W
   Receiving Stream
   Type of Discharge

5. Latitude (______)°(______)'(_______)" N Longitude (______)°(______)'(_______)" W
   Receiving Stream
   Type of Discharge

B. If more than one discharge is listed for DSN002, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)? [ ] Yes [ ] No
   If NO, provide the estimated gallons per day of discharge:________________________GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:
   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Ceriodaphnia dubia) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,
(4) Frequencies of use,
(5) Maximum proposed discharge concentrations, and
(6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No

If NO, provide the estimated gallons per day of discharge ____________________________GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No If YES, please list the applicable outfall number(s) from DSN002.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No

If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN002?

[ ] Yes [ ] No If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND

2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes [ ] No

For which outfall(s)? ____________________________

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
DSN004 AND DSN006: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____) °(____) ' (____) " N Longitude (____) °(____) ' (____) " W
   Receiving Stream __________________________

2. Latitude (____) °(____) ' (____) " N Longitude (____) °(____) ' (____) " W
   Receiving Stream __________________________

3. Latitude (____) °(____) ' (____) " N Longitude (____) °(____) ' (____) " W
   Receiving Stream __________________________

4. Latitude (____) °(____) ' (____) " N Longitude (____) °(____) ' (____) " W
   Receiving Stream __________________________

B. List type(s), size(s), and number of storage tanks of each type and size.

<table>
<thead>
<tr>
<th>Type</th>
<th>Size (gallons)</th>
<th>Number of Tanks</th>
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</thead>
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<td>[ ] AST [ ] UST</td>
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</tbody>
</table>

AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN004 and DSN006? [ ] Yes [ ] No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years? [ ] Yes [ ] No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)? [ ] Yes [ ] No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)? [ ] Yes [ ] No If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike? [ ] Yes [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance? [ ] Yes [ ] No

K. From which outfalls listed for DSN004 and DSN006 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)?

L. Is treated or untreated water from tank bottoms or water draws discharged on site? [ ] Yes [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

N. Does the facility handle leaded fuels? [ ] Yes [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No
   If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No
   If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No
   If YES, on what date was the SPCC Plan last certified:

   In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No  If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No
DSN007: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ___________________________ Date Signed: ___________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ___________________________

RO Phone Number: ___________________________ RO Email Address: ___________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ___________________________ Official Title: ___________________________

DMR Contact Address: ___________________________

DMR Contact Phone Number: ___________________________ Email Address: ___________________________

NOI PREPARER

Name of Individual (type or print): ___________________________

Name of Firm: ___________________________

Address: ___________________________

Phone Number: ___________________________ Email Address: ___________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG240000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG240000, which is the general permit authorizing storm water discharges associated with the textile industry; non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG240000
[ ] Reissuance of coverage under NPDES General Permit Number ALG240000 (Current Permit No. ALG24_______)
[ ] Modification of coverage under NPDES General Permit Number ALG240000 (Current Permit No. ALG24_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:

Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route

City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:

City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (_____)° (____’) (____") N  Longitude (_____)° (____’) (____") W

E. Facility Contact Person:

Name: 
Title: 
Phone Number: 
Email Address: 

F. Standard Industrial Code (SIC) (The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)):

<table>
<thead>
<tr>
<th>SIC Code</th>
<th>SIC Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _____</td>
<td>(Primary)</td>
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<tr>
<td>2. _____</td>
<td>(Secondary)</td>
</tr>
<tr>
<td>3. _____</td>
<td>(Tertiary)</td>
</tr>
</tbody>
</table>

G. Description of industrial activity and land use at the facility:


ADEM Form 390 10/17 m4
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:

[ ] Storm water discharges associated with the manufacture of textile products (DSN001)
[ ] Storm water discharges associated with wood chip storage areas (DSN002)
[ ] Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN003)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN005 and DSN007)
[ ] Discharges associated with vehicle and equipment exterior washing operations (DSN008)

I. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?

[ ] Yes [ ] No If YES, NPDES Permit No. AL00

Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

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

[ ] Yes [ ] No If YES, SID Permit No. IU

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes [ ] No If YES, please provide the following:

  Permit Number: AL
  Facility Name on Permit:

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?

[ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres?

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No

(A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No

If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001: STORM WATER DISCHARGES ASSOCIATED WITH THE MANUFACTURE OF TEXTILE PRODUCTS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:
   1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________
   2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________
   3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________
   4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:
      __________________________

F. Is process/wash down water mixed with storm water during rain events? [ ] Yes [ ] No
   If NO, please explain:
      __________________________

G. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No
   If YES, to what extent?
      __________________________

H. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No
   If YES, please explain:
      __________________________
I. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

J. Briefly describe the facility operations:

K. Does bulk material from bulk handling areas contaminate storm water? [ ] Yes [ ] No

L. Does the facility have any wood chip storage areas that are exposed to storm water? [ ] Yes [ ] No
   If YES, then enhanced BMPs are required. Please list the outfall(s) from Section A that represent the discharge(s) from these areas:

M. Does the facility have any coal storage areas that are exposed to storm water? [ ] Yes [ ] No
   If YES, an Individual NPDES Permit will be required unless the facility eliminates the coal storage area's exposure to storm water. Please contact the Industrial General Permit Section of ADEM's Water Division before proceeding.
DSN003: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (___)° (___)' (___)" N Longitude (___)° (___)' (___)" W
   Receiving Stream __________________________
   Type of Discharge __________________________

2. Latitude (___)° (___)' (___)" N Longitude (___)° (___)' (___)" W
   Receiving Stream __________________________
   Type of Discharge __________________________

3. Latitude (___)° (___)' (___)" N Longitude (___)° (___)' (___)" W
   Receiving Stream __________________________
   Type of Discharge __________________________

4. Latitude (___)° (___)' (___)" N Longitude (___)° (___)' (___)" W
   Receiving Stream __________________________
   Type of Discharge __________________________

5. Latitude (___)° (___)' (___)" N Longitude (___)° (___)' (___)" W
   Receiving Stream __________________________
   Type of Discharge __________________________

B. If more than one discharge is listed for DSN003, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: ___________________ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimelaues promelas) and cladoceran (Ceriodaphnia dubia) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,
(4) Frequencies of use,
(5) Maximum proposed discharge concentrations, and
(6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No

If NO, provide the estimated gallons per day of discharge ____________________________GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No If YES, please list the applicable outfall number(s) from DSN003.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN003? [ ] Yes [ ] No If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN003?

[ ] Yes [ ] No If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND

2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes [ ] No

For which outfall(s)? __________________________________________

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
DSN005 AND DSN007: STORM WATER DISCHARGES ASSOCIATED WITH FUELLING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

   1. Latitude (____)° (____)' (____)" N Longitude (____)° (____)' (____)" W
      Receiving Stream ______________________

   2. Latitude (____)° (____)' (____)" N Longitude (____)° (____)' (____)" W
      Receiving Stream ______________________

   3. Latitude (____)° (____)' (____)" N Longitude (____)° (____)' (____)" W
      Receiving Stream ______________________

   4. Latitude (____)° (____)' (____)" N Longitude (____)° (____)' (____)" W
      Receiving Stream ______________________

B. List type(s), size(s), and number of storage tanks of each type and size.

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AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water            [ ] Seeps into the ground            [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN005 and DSN007? [ ] Yes [ ] No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?
   [ ] Yes [ ] No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)? [ ] Yes [ ] No If NO, identify each tank, its capacity, and its content:

J. Are there tanks located within secondary containment (diked)? [ ] Yes [ ] No If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike? [ ] Yes [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance? [ ] Yes [ ] No

K. From which outfalls listed for DSN005 and DSN007 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)?

L. Is treated or untreated water from tank bottoms or water draws discharged on site? [ ] Yes [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

N. Does the facility handle leaded fuels? [ ] Yes [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
Q. Are any trucks or equipment fueled at this facility? [ ] Yes   [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes   [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes   [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes   [ ] No

If YES, on what date was the SPCC Plan last certified:

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes   [ ] No   If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes   [ ] No
DSN008: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream __________________________

2. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream __________________________

3. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream __________________________

4. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W
   Receiving Stream __________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ___________________________ Date Signed: ___________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ________________________________________________________________

RO Phone Number: ___________________________ RO Email Address: ___________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ___________________________ Official Title: ___________________________

DMR Contact Address: ____________________________________________

DMR Contact Phone Number: ___________________________ Email Address: ___________________________

NOI PREPARER

Name of Individual (type or print): ___________________________

Name of Firm: ____________________________________________

Address: ___________________________ D ___________________________

Phone Number: ___________________________ Email Address: ___________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG250000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG250000, which is the general permit authorizing discharges of non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater. Please mark the "Not Applicable" box if a section is not applicable, incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG250000
[ ] Reissuance of coverage under NPDES General Permit Number ALG250000 (Current Permit No. ALG25_______)
[ ] Modification of coverage under NPDES General Permit Number ALG250000 (Current Permit No. ALG25_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:
   ________________________________

   Name of Facility:
   ________________________________

B. Mailing Address of Facility: – PO Box or Street Route
   ________________________________

   City, State and Zip Code
   ________________________________

C. Location (STREET ADDRESS) of Facility:
   ________________________________

   City, County:
   ________________________________

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):
   Latitude (___)° (___)' (___)" N
   Longitude (___)° (___)' (___)" W

E. Facility Contact Person:
   Name: ________________________________
   ________________________________

   Title:
   Email Address: ________________________________

F. Standard Industrial Code (SIC) (The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)):
   SIC Code
   1. ________________________________ (Primary) ________________________________
   2. ________________________________ (Secondary) ________________________________
   3. ________________________________ (Tertiary) ________________________________

G. Description of industrial activity and land use at the facility:
   ________________________________

ADEM Form 391 10/17 m5
H. Has the facility been issued an NPDES **INDIVIDUAL** permit?
   [ ] Yes [ ] No  If YES, NPDES Permit No. AL00__________________

Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

I. Has the facility been issued a State Indirect Discharge (SID) Permit?
   [ ] Yes [ ] No  If YES, SID Permit No. IU_____________________

J. Has the facility ever been issued coverage under an NPDES **GENERAL** Permit other than a permit listed in the “Purpose of this Notice of Intent” section? [ ] Yes [ ] No  If YES, please provide the following:
   Permit Number: AL__________________  Facility Name on Permit:_______________________________

K. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer or municipal/private sanitary sewer?
   [ ] Yes [ ] No

L. Name of surface water to which the municipal storm sewer discharges:

M. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

N. Date facility started or will start operations:

O. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No
   (A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d_cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

   If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No

   If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM’s Water Division before proceeding.

P. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

Q. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

R. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM’s Water Division before proceeding.
DSN001: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (____) ° (____) ' (______)" N Longitude (____) ° (____) ' (______)" W
   Receiving Stream
   Type of Discharge

2. Latitude (____) ° (____) ' (______)" N Longitude (____) ° (____) ' (______)" W
   Receiving Stream
   Type of Discharge

3. Latitude (____) ° (____) ' (______)" N Longitude (____) ° (____) ' (______)" W
   Receiving Stream
   Type of Discharge

4. Latitude (____) ° (____) ' (______)" N Longitude (____) ° (____) ' (______)" W
   Receiving Stream
   Type of Discharge

5. Latitude (____) ° (____) ' (______)" N Longitude (____) ° (____) ' (______)" W
   Receiving Stream
   Type of Discharge

B. If more than one discharge is listed for DSN001, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge:________________________GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Ceriodaphnia dubia) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,
(4) Frequencies of use,
(5) Maximum proposed discharge concentrations, and
(6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Talladega and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No
  
  If NO, provide the estimated gallons per day of discharge ________________GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No  If YES, please list the applicable outfall number(s) from DSN001.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No
  
  If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No  (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

  
  If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No  If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN001?

[ ] Yes [ ] No  If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

  1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.01 mg/l or less, AND

  2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes  [ ] No

For which outfall(s)? __________________________________________

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes  [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ____________________ Date Signed: ____________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ____________________

RO Phone Number: ____________________ RO Email Address: ____________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ____________________ Official Title: ____________________

DMR Contact Address: ____________________

DMR Contact Phone Number: ____________________ Email Address: ____________________

NOI PREPARER

Name of Individual (type or print): ____________________

Name of Firm: ____________________

Address: __________________________________________________________________ D

Phone Number: ____________________ Email Address: ____________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG280000

Instructions: this form should be used to submit a notice of intent for coverage under NPDES general permit number ALG280000, which is the general permit authorizing discharges associated with offshore oil and gas exploration and production activities. The discharge of produced water, drilling muds and cuttings, and discharges incidental to the normal and proper operation of a vessel while being used as a means of transportation are not authorized by this permit, nor are any discharges to areas of biological concern. Please mark the "not applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper.

Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG280000
[ ] Reissuance of coverage under NPDES General Permit Number ALG280000 (Current Permit No. ALG28_______)
[ ] Modification of coverage under NPDES General Permit Number ALG280000 (Current Permit No. ALG28_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:

B. Name of Facility:

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

City, State and Zip Code:

D. Location of Facility:

County:

Tract(s):

E. Latitude and longitude of the facility location. (Use main platform if more than one):

Latitude (_____)° (_____)' (_____)" N

Longitude (_____)° (_____)' (_____)" W

F. Permittee Contact Person:

Name: __________________________

Title: __________________________

Phone Number: __________________

Email Address: __________________

G. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:

<table>
<thead>
<tr>
<th>SIC Code</th>
<th>SIC Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _______ (Primary)</td>
<td>__________________</td>
</tr>
<tr>
<td>2. _______ (Secondary)</td>
<td>__________________</td>
</tr>
<tr>
<td>3. _______ (Tertiary)</td>
<td>__________________</td>
</tr>
</tbody>
</table>

H. Description of industrial activity at the facility:

__________________________

ADEM Form 392 10/17 m5
I. Check the type of discharge(s) at your facility and complete the applicable sections associated with the type checked:
[ ] Discharges associated with deck drainage from work areas and non-work areas of platform complexes, remote well structures, pigging platforms, temporary rigs, floating construction facilities, and waste collection barges (DSN001)
[ ] Discharges of treated sanitary and galley wastewater of less than 10,000 gallons per day from continuously manned facilities, intermittently manned facilities, floating construction and/or maintenance facilities (DSN003)
[ ] Discharges of treated domestic wastewater of less than 10,000 gallons per day from continuously manned facilities, intermittently manned facilities, floating construction and/or maintenance facilities (DSN004)
[ ] Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN007)
[ ] Low volume miscellaneous discharges, such as desalination unit discharges, fire control system test water, hydrostatic test water, diverter test water, etc. (Refer to permit for a complete list) (DSN016)

J. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

K. Has the facility been issued an NPDES INDIVIDUAL permit?
[ ] Yes [ ] No If YES, NPDES Permit No. AL00_________
Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes [ ] No If YES, please provide the following:
Permit Number: AL_______ Facility Name on Permit:

M. Date operations began within the tract:

N. Will the discharges from this facility be located within 1,000 feet of an active or closed oyster reef? [ ] Yes [ ] No
Will the discharges from this facility be located within 1,000 feet of submerged grassbeds? [ ] Yes [ ] No
If the answer is YES to either question, briefly describe the discharge(s):

O. Does the facility now or in the future plan to discharge produced water and/or drilling muds and cuttings?
[ ] Yes [ ] No
If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

P. Discharges associated with vessels affixed to the bottom of the waterbody for the purposes of oil and gas activity are covered under this permit. Discharges incidental to the normal and proper operations of a vessel while being used as a means of transportation are not covered by this permit. However, many vessel discharges, occurring while the vessel is used as a means of transportation, are subject to EPA's NPDES vessel permit requirements.

Q. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No
(A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d_cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL)
If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No
If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.
R. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001: DISCHARGES ASSOCIATED WITH DECK DRAINAGE FROM WORK AREAS AND NON-WORK AREAS OF
PLATFORM COMPLEXES, REMOTE WELL STRUCTURES, PIGGING PLATFORMS, TEMPORARY RIGS,
FLOATING CONSTRUCTION FACILITIES, AND WASTE COLLECTION BARGES

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of
   receiving stream:
   1. Latitude (_____)° (_____)'(______)" N  Longitude (_____)° (_____)'(______)" W
      Water body (& Tract)

   2. Latitude (_____)° (_____)'(______)" N  Longitude (_____)° (_____)'(______)" W
      Water body (& Tract)

   3. Latitude (_____)° (_____)'(______)" N  Longitude (_____)° (_____)'(______)" W
      Water body (& Tract)

   4. Latitude (_____)° (_____)'(______)" N  Longitude (_____)° (_____)'(______)" W
      Water body (& Tract)

B. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does
   the facility have a BMP Plan? [ ] Yes [ ] No

C. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No

   2. Other. If so, please describe:

D. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No
   If YES, to what extent?

E. Have there been any spill incidents in the last three years which have resulted in adverse impacts to the water quality
   of the receiving water body? [ ] Yes [ ] No  If YES, please explain:
DSN003: DISCHARGES OF TREATED SANITARY AND GALLEY WASTEWATER OF LESS THAN 10,000 GALLONS PER DAY FROM CONTINUOUSLY MANNED FACILITIES, INTERMITTENTLY MANNED FACILITIES, FLOATING CONSTRUCTION AND/OR MAINTENANCE FACILITIES

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (______)° (______)’ (______)" N Longitude (______)° (______)’ (______)" W

   Water body (& Tract)

2. Latitude (______)° (______)’ (______)" N Longitude (______)° (______)’ (______)" W

   Water body (& Tract)

3. Latitude (______)° (______)’ (______)" N Longitude (______)° (______)’ (______)" W

   Water body (& Tract)

4. Latitude (______)° (______)’ (______)" N Longitude (______)° (______)’ (______)" W

   Water body (& Tract)

B. Is the daily maximum discharge volume less than 10,000 gallons per day? [ ] Yes [ ] No

   If NO, the discharge cannot be covered under the general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

C. Will the discharge be treated using a sewage treatment device which meets or exceeds all requirements of Coast Guard Specification 33 CFR Part §159.3 for a Type II Marine Sanitation device? [ ] Yes [ ] No

D. Will domestic wastewater be commingled and co-treated with sanitary or galley wastewater? [ ] Yes [ ] No

E. Will the discharge be introduced below the surface of the water? [ ] Yes [ ] No

F. Will the discharge be from floating construction and/or maintenance facilities? [ ] Yes [ ] No

   If YES, are the discharges incidental to normal and proper operation of the vessel while being used as a means of transportation? [ ] Yes [ ] No

G. Will the discharge be from a continuously manned facility? [ ] Yes [ ] No

   If NO, at what frequency is the facility manned?

H. Will the discharge be to waters listed as Shellfish Harvesting? [ ] Yes [ ] No

I. Will the discharge be to pathogen impaired waters? [ ] Yes [ ] No

J. Are there any known impacts on the receiving water as a result of any discharges under DSN003? [ ] Yes [ ] No

   If YES, to what extent?
DSN004: DISCHARGES OF TREATED DOMESTIC WASTEWATER OF LESS THAN 10,000 GALLONS PER DAY FROM CONTINUOUSLY MANNED FACILITIES, INTERMITTENTLY MANNED FACILITIES, FLOATING CONSTRUCTION AND/OR MAINTENANCE FACILITIES

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

   1. Latitude (_____)° (_____)' (_____)" N Longitude (_____)° (_____)' (_____)" W
       Water body (& Tract) ________________________________

   2. Latitude (_____)° (_____)' (_____)" N Longitude (_____)° (_____)' (_____)" W
       Water body (& Tract) ________________________________

   3. Latitude (_____)° (_____)' (_____)" N Longitude (_____)° (_____)' (_____)" W
       Water body (& Tract) ________________________________

   4. Latitude (_____)° (_____)' (_____)" N Longitude (_____)° (_____)' (_____)" W
       Water body (& Tract) ________________________________

B. Is the daily maximum discharge volume less than 10,000 gallons per day? [ ] Yes [ ] No
   If NO, the discharge cannot be covered under the general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

C. Will the discharge be treated using a sewage treatment device which meets or exceeds all requirements of Coast Guard Specification 33 CFR Part §159.3 for a Type II Marine Sanitation device? [ ] Yes [ ] No

D. Will domestic wastewater be commingled and co-treated with sanitary or galley wastewater? Yes [ ] No [ ]

E. Will the discharge be introduced below the surface of the water? [ ] Yes [ ] No

F. Will the discharge be from floating construction and/or maintenance facilities? [ ] Yes [ ] No
   If YES, are the discharges incidental to normal and proper operation of the vessel while being used as a means of transportation? [ ] Yes [ ] No

G. Will the discharge be from a continuously manned facility? [ ] Yes [ ] No
   If NO, at what frequency is the facility manned?

H. Are there any known impacts on the receiving water as a result of any discharges under DSN004? [ ] Yes [ ] No
   If YES, to what extent?
DSN007: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (_____)°(_____)′(_____)″ N Longitude (_____)°(_____)′(_____)″ W
   Water body (& Tract) ____________________________
   Type of Discharge ____________________________

2. Latitude (_____)°(_____)′(_____)″ N Longitude (_____)°(_____)′(_____)″ W
   Water body (& Tract) ____________________________
   Type of Discharge ____________________________

3. Latitude (_____)°(_____)′(_____)″ N Longitude (_____)°(_____)′(_____)″ W
   Water body (& Tract) ____________________________
   Type of Discharge ____________________________

4. Latitude (_____)°(_____)′(_____)″ N Longitude (_____)°(_____)′(_____)″ W
   Water body (& Tract) ____________________________
   Type of Discharge ____________________________

5. Latitude (_____)°(_____)′(_____)″ N Longitude (_____)°(_____)′(_____)″ W
   Water body (& Tract) ____________________________
   Type of Discharge ____________________________

B. If more than one discharge is listed for DSN007, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No
   If NO, provide the estimated gallons per day of discharge: __________________________ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet).
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Daphnia dubia) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,
(4) Frequencies of use,
(5) Maximum proposed discharge concentrations, and
(6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is the discharge to the Gulf of Mexico? [ ] Yes [ ] No

H. Is any source water chlorinated? [ ] Yes [ ] No If YES, please list the applicable outfall number(s) from DSN007.

I. Will the discharge be introduced below the surface of the water, when feasible? [ ] Yes [ ] No

J. Are there any known impacts on the receiving water as a result of any discharges under DSN007? [ ] Yes [ ] No If YES, to what extent?

K. Does the cooling water consist of treated effluent that would otherwise be discharged? [ ] Yes [ ] No

L. Is there one or more cooling water intake structure (CWIS) associated with this facility? [ ] Yes [ ] No

If YES, answer the following questions:

1. Location coordinates of intake #1: ______________________ (Latitude) ______________________ (Longitude)
   Location coordinates of intake #2: ______________________ (Latitude) ______________________ (Longitude)
   Location coordinates of intake #3: ______________________ (Latitude) ______________________ (Longitude)

2. Is this an offshore oil and gas facility for which construction began after July 17, 2006? [ ] Yes [ ] No

3. Do any of the CWISs have an intake design rate of 2 MGD or more? [ ] Yes [ ] No

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

If all of the answers to J.1., J.2., and J.3 are YES, the discharge cannot be covered under the general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No [ ] N/A (Note: if your source water is from a WTP that also supplies drinking water, then the answer is "No").

If YES, answer the following questions:

1. Name of provider:

2. Location coordinates of intake: ______________________ (Latitude) ______________________ (Longitude)

3. Is the provider a public water system (defined as a system which provides water to the public for human consumption or which provides only treated water, not raw water, to the industry with the NPDES permit)? [ ] Yes [ ] No If YES, skip questions K.4.-K.5.

4. Is any water withdrawn from the source water used for cooling? [ ] Yes [ ] No If NO, skip questions K.5.-K.6.

5. Approximately what percent (using the average monthly measurements over any 12-month period) of water withdrawn is used exclusively for cooling purposes? __________%

N. Is the cooling water used in a once-through or closed cycle cooling system? [ ] Yes [ ] No
O. When was the intake installed? (Please provide dates for all major construction/installation of intake components including screens.)

P. 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.)

Q. What is the maximum design intake volume (maximum pumping capacity)? __ gallons per day

R. What is the average intake volume (average intake pump rate in any 30-day period)? _______ gallons per day

S. How is the intake operated (e.g., continuously, intermittently, batch)? ______

T. What is the mesh size of the screen on your intake? ____________

U. What is the intake screen flow-through area? ________________

V. What is the through screen design intake flow velocity? _______ feet/second

W. What is the mechanism for cleaning the screen (e.g., does it rotate for cleaning)?

X. Do you have any additional fish detraction technology on your intake? [ ] Yes  [ ] No

Y. Have there been any studies to determine the impact of the intake on aquatic organisms? [ ] Yes  [ ] No
   If YES, please attach.

Z. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.
DSN016: LOW VOLUME MISCELLANEOUS DISCHARGES, SUCH AS DESALINATION UNIT DISCHARGES, FIRE CONTROL SYSTEM TEST WATER, HYDROSTATIC TEST WATER, DIVERTER TEST WATER, ETC.

NOT APPLICABLE [  ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Water body (& Tract) ____________________________

2. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Water body (& Tract) ____________________________

3. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Water body (& Tract) ____________________________

4. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Water body (& Tract) ____________________________

B. Will the discharges be introduced below the surface of the water, when feasible? [  ] Yes [  ] No

C. Will the desalination unit be acidized periodically to remove scale? [  ] Yes [  ] No
   
   If YES, list the expected interval of treatment:
   ____________________________

D. Are there any known impacts on the receiving water as a result of any discharges under DSN016? [  ] Yes [  ] No
   
   If YES, to what extent?
   ____________________________

ADEM Form 392 10/17 m5
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

Have you included the survey map for areas of biological concern? [ ] Yes [ ] No

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.

SIGNATURES

Responsible Official Signature: ___________________________ Date Signed: ___________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ___________________________

RO Phone Number: ___________________________ RO Email Address: ___________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ___________________________ Official Title: ___________________________

DMR Contact Address: ___________________________

DMR Contact Phone Number: ___________________________ Email Address: ___________________________

NOI PREPARER

Name of Individual (type or print): ___________________________

Name of Firm: ___________________________

Address: ___________________________ D

Phone Number: ___________________________ Email Address: ___________________________
Please attach a map showing the location of the facilities to be permitted.

Please also attach the survey map for areas of biological concern
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG030000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG030000, which is the general permit authorizing discharges associated with boat and ship (including oil and gas well drilling and production platforms) building/repair industries consisting of storm water, non-contact cooling water, cooling tower blowdown, boiler blowdown, uncontaminated condensate, demineralizer wastewater, treated sanitary wastewater, bilge/ballast water, wash water including pressure wash water, hydrostatic and pressure test water, and hydroblast water (not including wet abrasive blast water). Please answer all questions in applicable sections. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG030000

[ ] Reissuance of coverage under NPDES General Permit Number ALG030000 (Current Permit No. ALG03_______)

[ ] Modification of coverage under NPDES General Permit Number ALG030000 (Current Permit No. ALG03_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:

Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route

City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:

City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (_____)° (_____)' (_____)" N

Longitude (_____)° (_____)' (_____)" W

E. Facility Contact Person:

Name: ______________________________________________________________________

Title: ______________________________________________________________________

Phone Number: __________________________ Email Address: ______________________

F. Standard Industrial Code (SIC) (The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)):

SIC Code SIC Description
1. ______________________ (Primary) ________________________________
2. ______________________ (Secondary) ________________________________
3. ______________________ (Tertiary) ________________________________

G. Description of industrial activity and land use at the facility:


ADEM Form 393 10/17 m4
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:

[ ] Storm water discharges associated with boat and ship (including offshore oil and gas well drilling and production platforms) building/repair activities (DSN001, DSN002, and DSN003)
[ ] Discharges of treated sanitary wastewater (only to that portion of the Mobile River classified as agricultural and industrial) (DSN004)
[ ] Discharges of bilge and ballast water, wash water including pressure wash water, hydrostatic and pressure test water, and hydroblast water (not including wet abrasive blasting water) (DSN005 and DSN006)
[ ] Discharges associated with non-contact cooling water, cooling lower blowdown, boiler blowdown, uncontaminated condensate, and demineralizer wastewater (DSN007)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN009 and DSN010)

I. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?
[ ] Yes [ ] No If YES, NPDES Permit No. AL00__________

Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

K. Has the facility been issued a State Indirect Discharge (SID) Permit?
[ ] Yes [ ] No If YES, SID Permit No. IU__________

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes [ ] No If YES, please provide the following:

   Permit Number: AL__________ Facility Name on Permit:

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
[ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres?

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No

   (A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d_cnt for 303(d) listed water and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

   If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No

   If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001, DSN002, and DSN003: STORM WATER DISCHARGE ASSOCIATED WITH BOAT AND SHIP BUILDING/REPAIR ACTIVITIES (INCLUDING OFFSHORE OIL AND GAS WELL DRILLING AND PRODUCTION PLATFORMS)

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:
   1. Latitude (___)°(____)’(____)“ N Longitude (___)°(____)’(____)“ W
      Receiving Stream __________________________
   2. Latitude (___)°(____)’(____)“ N Longitude (___)°(____)’(____)“ W
      Receiving Stream __________________________
   3. Latitude (___)°(____)’(____)“ N Longitude (___)°(____)’(____)“ W
      Receiving Stream __________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. Is your process/wash down water mixed with storm water during rain events? [ ] Yes [ ] No
   If NO, please explain:

E. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN001, DSN002, or DSN003? [ ] Yes [ ] No If YES, to what extent?

H. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No If YES, please explain:
I. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list: 

J. Does the facility build and/or repair only recreational and pleasure boats? [ ] Yes [ ] No

If the facility repairs only engines, then coverage under this permit is not appropriate. Please contact the Department to determine if permitting is required.

K. Does the facility build and/or repair offshore oil and gas well drilling and production platforms? [ ] Yes [ ] No

L. Are all industrial activities conducted under roof (including storage of products and waste residuals, and blasting, and painting operations)? [ ] Yes [ ] No

M. Is any part of your industrial activity (i.e., blasting, painting) located over water? [ ] Yes [ ] No

If YES, please explain:
DSN004: TREATED SANITARY WASTEWATER (DISCHARGES ARE AUTHORIZED ONLY TO THAT PORTION OF THE MOBILE RIVER CLASSIFIED AS AGRICULTURAL AND INDUSTRIAL)

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream. Also attach a map which locates these points.

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

B. Sanitary wastewater primarily discharges to (check only one):
   [ ] 1. Surface water
   [ ] 2. Municipal sanitary sewer
   [ ] 3. Municipal storm sewer
   [ ] 4. Is received by a commercial waste hauler
   [ ] 5. Septic tank

C. Is there a municipal sanitary sewer line available in the area? [ ] Yes [ ] No
   If YES, please explain why these discharges are not connected to the sanitary sewer.
   ____________________________

D. Does the facility have a biological treatment system? [ ] Yes [ ] No

E. Are there any known impacts on the receiving water as a result of any discharges under DSN004? [ ] Yes [ ] No
   If YES, to what extent?
   ____________________________

F. Does the discharge occur only during the normal operation of a vessel while being used as a means of transportation? [ ] Yes [ ] No
   If YES, these discharges are excluded from NPDES permitting requirements.
   ____________________________
DSN005 AND DSN006: DISCHARGES OF BILGE AND BALLAST WATER, WASH WATER INCLUDING PRESSURE WASH WATER, HYDROSTATIC AND PRESSURE TEST WATER, AND HYDROBlast WATER (NOT INCLUDING WET ABRASIVE BLASTING WATER)

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (______) ° (______) ′ (______) ″ N Longitude (______) ° (______) ′ (______) ″ W
   Receiving Stream __________________________
   Type of Discharge __________________________

2. Latitude (______) ° (______) ′ (______) ″ N Longitude (______) ° (______) ′ (______) ″ W
   Receiving Stream __________________________
   Type of Discharge __________________________

3. Latitude (______) ° (______) ′ (______) ″ N Longitude (______) ° (______) ′ (______) ″ W
   Receiving Stream __________________________
   Type of Discharge __________________________

4. Latitude (______) ° (______) ′ (______) ″ N Longitude (______) ° (______) ′ (______) ″ W
   Receiving Stream __________________________
   Type of Discharge __________________________

B. Is any process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. If more than one type of process water is generated, are any process waters commingled prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

E. Do you use additives in the wash water, test water, or hydroblast water (other than detergent)? [ ] Yes [ ] No
   If YES, please submit a list of the additives with this NOI and indicate the outfall number for DSN005 or DSN006.

F. Will any of these waters come into contact with product, waste, or waste residual or contain oils or solvents? [ ] Yes [ ] No
   If YES, the discharge cannot be covered under the general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

G. Will the pressure wash water contain paint chips? [ ] Yes [ ] No
   If YES, please list the affected outfalls for DSN005 and DSN006.

H. Does this facility use wet abrasive blasting? [ ] Yes [ ] No
   If YES, please list the method of disposal:
   If YES, the discharge cannot be covered under the general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
I. Identify the treatment used for pressure wash water contaminated with paint chips and hydroblast water:

[ ] 1. Collect for off-site disposal
[ ] 2. On-site treatment prior to discharge (list treatment used):

J. Does your facility use organic petroleum based solvents in its washing operations? [ ] Yes [ ] No

If YES, the discharge cannot be covered under the general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN007: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (_____)°(_____)' (_____) " N Latitude (_____)°(_____)' (_____) " W
   Receiving Stream __________________________
   Type of Discharge _________________________

2. Latitude (_____)°(_____)' (_____) " N Latitude (_____)°(_____)' (_____) " W
   Receiving Stream __________________________
   Type of Discharge _________________________

3. Latitude (_____)°(_____)' (_____) " N Latitude (_____)°(_____)' (_____) " W
   Receiving Stream __________________________
   Type of Discharge _________________________

4. Latitude (_____)°(_____)' (_____) " N Latitude (_____)°(_____)' (_____) " W
   Receiving Stream __________________________
   Type of Discharge _________________________

5. Latitude (_____)°(_____)' (_____) " N Latitude (_____)°(_____)' (_____) " W
   Receiving Stream __________________________
   Type of Discharge _________________________

B. If more than one discharge is listed for DSN007, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: __________________________ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:
   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Ceriodaphnia dubia) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,

(4) Frequencies of use,

(5) Maximum proposed discharge concentrations, and

(6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No

If NO, provide the estimated gallons per day of discharge _______________GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No If YES, please list the applicable outfall number(s) from DSN007.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN007? [ ] Yes [ ] No

If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility’s discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN007? [ ] Yes [ ] No If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND

2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes [ ] No

For which outfall(s)?

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
**DSN09 AND DSN10: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude \((\_\_\_) ^{\circ} (\_\_\_') (\_\_\_”) N Longitude \((\_\_\_) ^{\circ} (\_\_\_') (\_\_\_”) W
   
   Receiving Stream ____________________________

2. Latitude \((\_\_\_) ^{\circ} (\_\_\_') (\_\_\_”) N Longitude \((\_\_\_) ^{\circ} (\_\_\_') (\_\_\_”) W
   
   Receiving Stream ____________________________

3. Latitude \((\_\_\_) ^{\circ} (\_\_\_') (\_\_\_”) N Longitude \((\_\_\_) ^{\circ} (\_\_\_') (\_\_\_”) W
   
   Receiving Stream ____________________________

4. Latitude \((\_\_\_) ^{\circ} (\_\_\_') (\_\_\_”) N Longitude \((\_\_\_) ^{\circ} (\_\_\_') (\_\_\_”) W
   
   Receiving Stream ____________________________

B. List type(s), size(s), and number of storage tanks of each type and size.

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<tr>
<th>Type</th>
<th>Size (gallons)</th>
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</table>

AST = Aboveground Storage Tank  
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

[ ] Surface water  
[ ] Seeps into the ground  
[ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN009 and DSN010? [ ] Yes [ ] No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years? [ ] Yes [ ] No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)? [ ] Yes [ ] No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)? [ ] Yes [ ] No If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike? [ ] Yes [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance? [ ] Yes [ ] No

K. From which outfalls listed for DSN009 and DSN010 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)?

L. Is treated or untreated water from tank bottoms or water draws discharged on site? [ ] Yes [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

N. Does the facility handle leaded fuels? [ ] Yes [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
Q. Are any trucks or equipment fueled at this facility? [ ] Yes  [ ] No
   If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes  [ ] No
   If YES, please explain:

   

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes  [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes  [ ] No
   If YES, on what date was the SPCC Plan last certified:

   

   In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes  [ ] No  If NO, please explain why:

   

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes  [ ] No
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature:_________________________________________ Date Signed:________________________

Name (type or print):_________________________________________ Official Title:________________________________

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address:_____________________________________________________

RO Phone Number:_________________________________________ RO Email Address:____________________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print):_________________________________________ Official Title:_________________________________________

DMR Contact Address:____________________________________________________

DMR Contact Phone Number:_________________________________________ Email Address:____________________________________

NOI PREPAREER

Name of Individual (type or print):_________________________________________

Name of Firm:____________________________________________________

Address:________________________________________________________D

Phone Number:_________________________________________ Email Address:____________________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG340000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG340000, which is the general permit authorizing discharges associated with petroleum products consisting of stormwater, hydrostatic test water, and groundwater discharges resulting from the storage, handling, transportation, spill cleanup, contaminated groundwater and/or soil remediation and investigation, or other operations involving petroleum and its derivatives; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage. Please answer all questions in applicable sections. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG340000
[ ] Reissuance of coverage under NPDES General Permit Number ALG340000 (Current Permit No. ALG34_______)
[ ] Modification of coverage under NPDES General Permit Number ALG340000 (Current Permit No. ALG34_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee: __________________________
   Name of Facility: __________________________

B. Mailing Address of Facility: – PO Box or Street Route
   City, State and Zip Code __________________________

C. Location (STREET ADDRESS) of Facility: __________________________
   City, County: __________________________

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):
   Latitude (___)°(____)′(____)″ N
   Longitude (___)°(____)′(____)″ W

E. Facility Contact Person:
   Name: __________________________
   Title: __________________________
   Phone Number: __________________________
   Email Address: __________________________

F. Standard Industrial Code (SIC) (The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)):
   SIC Code
   1. __________________________ (Primary)
   2. __________________________ (Secondary)
   3. __________________________ (Tertiary)

G. Description of industrial activity and land use at the facility:
   __________________________________________________________
   __________________________________________________________
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:

[ ] Storm water and/or groundwater discharges associated with the remediation of groundwater and/or soil contaminated with petroleum or its derivatives (DSN001)
[ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN002 and DSN004)
[ ] Discharges associated with vehicle and equipment exterior washing operations (excluding commercial car washes) (DSN005)
[ ] Discharges of hydrostatic test water generated on-site (DSN007)

I. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?

[ ] Yes [ ] No If YES, NPDES Permit No. AL00________________

Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

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

[ ] Yes [ ] No If YES, SID Permit No. IU________________

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes [ ] No If YES, please provide the following:

Permit Number: AL________________ Facility Name on Permit: ____________________________

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?

[ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges: ____________________________

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations: ____________________________

Q. What is the size of the site in acres?

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No

(A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d_cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No

If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001: STORM WATER AND/OR GROUNDWATER DISCHARGES ASSOCIATED WITH THE REMEDIATION OF GROUNDWATER AND/OR SOIL CONTAMINATED WITH PETROLEUM OR ITS DERIVATIVES

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (_____ )°(_____)' (______)" N Longitude (_____ )°(_____)' (______)" W
   Receiving Stream

2. Latitude (_____ )°(_____)' (______)" N Longitude (_____ )°(_____)' (______)" W
   Receiving Stream

3. Latitude (_____ )°(_____)' (______)" N Longitude (_____ )°(_____)' (______)" W
   Receiving Stream

4. Latitude (_____ )°(_____)' (______)" N Longitude (_____ )°(_____)' (______)" W
   Receiving Stream

5. Latitude (_____ )°(_____)' (______)" N Longitude (_____ )°(_____)' (______)" W
   Receiving Stream

B. Have the groundwater discharges and/or storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Groundwater and/or storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No
   If YES, to what extent?

G. List the outfalls under DSN001 that are treated groundwater:

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H. Will there be any discharge of groundwater as a result of aquifer testing? [ ] Yes [ ] No If YES, this discharge must meet the requirements of this general permit.

I. Does the facility plan to discharge well purge waters? [ ] Yes [ ] No If YES, this discharge must meet the requirements of this general permit.

J. Does the facility plan to discharge storm water accumulated in UST tank pits during closure? [ ] Yes [ ] No If YES, this discharge must meet the requirements of this general permit.

K. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

L. Did the facility ever handle leaded fuels? [ ] Yes [ ] No
   If YES, did the contamination result from the handling of leaded fuel? [ ] Yes [ ] No

M. Did the facility ever handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No
   If YES, did the contamination result from the handling of aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

N. Will the facility stockpile contaminated material on site? [ ] Yes [ ] No
   If YES, which outfalls under DSN001 represent the storm water runoff from these stockpiles?
DSN002 AND DSN004: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (__)°(__)′(__)″ N Longitude (__)°(__)′(__)″ W
   Receiving Stream

2. Latitude (__)°(__)′(__)″ N Longitude (__)°(__)′(__)″ W
   Receiving Stream

3. Latitude (__)°(__)′(__)″ N Longitude (__)°(__)′(__)″ W
   Receiving Stream

4. Latitude (__)°(__)′(__)″ N Longitude (__)°(__)′(__)″ W
   Receiving Stream

B. List type(s), size(s), and number of storage tanks of each type and size.

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<th>Type</th>
<th>Size (gallons)</th>
<th>Number of Tanks</th>
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AST = Aboveground Storage Tank
UST = Underground Storage Tank

ADEM Form 394 10/17 m5
Page 5 of 11
C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN002 and DSN004? [ ] Yes [ ] No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years? [ ] Yes [ ] No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)? [ ] Yes [ ] No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)? [ ] Yes [ ] No If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike? [ ] Yes [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance? [ ] Yes [ ] No

K. From which outfalls listed for DSN002 and DSN004 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)?

L. Is treated or untreated water from tank bottoms or water draws discharged on site? [ ] Yes [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM’s Water Division before proceeding.
M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
[ ] Yes  [ ] No  If YES, please explain:

N. Does the facility handle leaded fuels?  [ ] Yes  [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?  [ ] Yes  [ ] No

P. Are any trucks or equipment fueled at this facility?  [ ] Yes  [ ] No
   If YES, is your fueling area protected from storm water, including flowing water?  [ ] Yes  [ ] No
   If YES, please explain:

Q. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?  
[ ] Yes  [ ] No

R. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112?  [ ] Yes  [ ] No
   If YES, on what date was the SPCC Plan last certified: ______________________________

   In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years.  If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer?  [ ] Yes  [ ] No  If NO, please explain why:

S. Is storm water from fueling areas allowed to mix with storm water from other industrial activities?  [ ] Yes  [ ] No
DSN005: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS (EXCLUDING COMMERCIAL CAR WASHES)

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:
   1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________
   2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________
   3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________
   4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream __________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.


E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?


G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does the facility use chrome/wheel brighteners? [ ] Yes [ ] No

I. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN007: DISCHARGES ASSOCIATED WITH HYDROSTATIC TEST WATER GENERATE ON-SITE

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:
   1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream ____________________________
   2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream ____________________________
   3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream ____________________________
   4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
      Receiving Stream ____________________________

B. Is hydrostatic testing of petroleum handling equipment performed on-site? [ ] Yes [ ] No

C. Discharges of hydrostatic test water primarily discharge to (check only one):
   [ ] Surface water          [ ] Seeps into the ground          [ ] Municipal storm sewer

D. Is chlorine present in any source water (i.e. city or well water) used for hydrostatic testing? [ ] Yes [ ] No

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any control measures in place to prevent pollution? [ ] Yes [ ] No If YES, please explain.
   __________________________________________________________

G. Are there any known impacts on the receiving water as a result of any discharges under DSN007? [ ] Yes [ ] No
   If YES, to what extent?
   __________________________________________________________
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ____________________________ Date Signed: _________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ____________________________

RO Phone Number: ____________________________ RO Email Address: ____________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ____________________________ Official Title: ____________________________

DMR Contact Address: ____________________________

DMR Contact Phone Number: ____________________________ Email Address: ____________________________

NOI PREPARER

Name of Individual (type or print): ____________________________

Name of Firm: ____________________________

Address: ____________________________ D

Phone Number: ____________________________ Email Address: ____________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG360000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG360000, which is the general permit authorizing discharges associated with once-through cooling water, sump drains, oil water separator, treated sanitary wastewater, drilling supernate, and uncontaminated storm waters associated with hydroelectric generating facilities and wastewater resulting from maintenance and repair activities associated with cleaning, pressure washing, blasting, and painting of structure over water; and storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please answer all questions in applicable sections. Please mark the “Not Applicable” box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG360000
[ ] Reissuance of coverage under NPDES General Permit Number ALG360000 (Current Permit No. ALG36_____)
[ ] Modification of coverage under NPDES General Permit Number ALG360000 (Current Permit No. ALG36_____)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:

Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route

City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:

City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (___)°(____')'(____") N
Longitude (___)°(____')'(____") W

E. Facility Contact Person:

Name: ____________________________ Title: ____________________________

Phone Number: ______________________ Email Address: ____________________

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:

SIC Code

1. _____________________________ (Primary) _____________________________

2. _____________________________ (Secondary) _____________________________

3. _____________________________ (Tertiary) _____________________________

G. Description of industrial activity and land use at the facility:


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Page 1 of 14
H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
   [ ] Discharges of once-through cooling waters to include generator cooling water, generator thrust bearing cooling water, turbine guide cooling water, transformer and miscellaneous cooling waters, and filter backwash (DSN001)
   [ ] Discharges associated with sumps and drains to include powerhouse sumps and drains, valve pit drains, head cover drains, and gallery sumps and drains (DSN002)
   [ ] Discharges associated with plant and unit oil/water separators (DSN003)
   [ ] Discharges of treated sanitary wastewater (DSN004)
   [ ] Uncontaminated storm water discharges (DSN005)
   [ ] Discharges of pretreated drilling supernate wastewater (DSN006)
   [ ] Discharges associated with wastewater resulting from maintenance and repair activities associated with cleaning, pressure washing, blasting, and painting of structures (DSN007)
   [ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN008 and DSN009)

I. Are any discharges in H. above combined? [ ] Yes [ ] No If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?
   [ ] Yes [ ] No If YES, NPDES Permit No. AL00___________
   Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

K. Has the facility been issued a State Indirect Discharge (SID) Permit?
   [ ] Yes [ ] No If YES, SID Permit No. IU______________

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the “Purpose of this Notice of Intent” section? [ ] Yes [ ] No If YES, please provide the following:
   Permit Number: AL____________ Facility Name on Permit:

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
   [ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres?

R. Are all industrial activities under roof (including storage)? [ ] Yes [ ] No

S. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No
   (A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d_cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)
   If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No
   If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

T. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

V. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001: DISCHARGES OF ONCE-THROUGH COOLING WATERS TO INCLUDE GENERATOR COOLING WATER, GENERATOR THRUST BEARING COOLING WATER, TURBINE GUIDE COOLING WATER, TRANSFORMER AND MISCELLANEOUS COOLING WATERS, AND FILTER BACKWASH

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude ( ___ )°( ___ )'( ___ )" N Longitude ( ___ )°( ___ )'( ___ )" W
   Receiving Stream: _______________________________________________________
   Type of Discharge: ______________________________________________________

2. Latitude ( ___ )°( ___ )'( ___ )" N Longitude ( ___ )°( ___ )'( ___ )" W
   Receiving Stream: _______________________________________________________
   Type of Discharge: ______________________________________________________

3. Latitude ( ___ )°( ___ )'( ___ )" N Longitude ( ___ )°( ___ )'( ___ )" W
   Receiving Stream: _______________________________________________________
   Type of Discharge: ______________________________________________________

4. Latitude ( ___ )°( ___ )'( ___ )" N Longitude ( ___ )°( ___ )'( ___ )" W
   Receiving Stream: _______________________________________________________
   Type of Discharge: ______________________________________________________

5. Latitude ( ___ )°( ___ )'( ___ )" N Longitude ( ___ )°( ___ )'( ___ )" W
   Receiving Stream: _______________________________________________________
   Type of Discharge: ______________________________________________________

B. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No
   If YES, to what extent?

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

D. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

   If the answer to either C. or D. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.
DSN002: DISCHARGES ASSOCIATED WITH SUMPS AND DRAINS TO INCLUDE POWERHOUSE SUMPS AND DRAINS, VALVE PIT DRAINS, HEAD COVER DRAINS, AND GALLERY SUMPS AND DRAINS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: __________________________
   Type of Discharge: __________________________

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: __________________________
   Type of Discharge: __________________________

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: __________________________
   Type of Discharge: __________________________

4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: __________________________
   Type of Discharge: __________________________

5. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: __________________________
   Type of Discharge: __________________________

B. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No
   If YES, to what extent?

________________________
________________________
________________________
________________________
DSN003: DISCHARGES ASSOCIATED WITH PLANT AND UNIT OIL/WATER SEPARATORS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream: ____________________________
   Type of Discharge: __________________________

2. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream: ____________________________
   Type of Discharge: __________________________

3. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream: ____________________________
   Type of Discharge: __________________________

4. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream: ____________________________
   Type of Discharge: __________________________

5. Latitude (____)°(____)'(____)" N Longitude (____)°(____)'(____)" W
   Receiving Stream: ____________________________
   Type of Discharge: __________________________

B. Are there any known impacts on the receiving water as a result of any discharges under DSN003? [ ] Yes [ ] No
   If YES, to what extent?
   ________________________
DSN004: DISCHARGES OF TREATED SANITARY WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: ___________________________
   Type of Discharge: __________________________

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: ___________________________
   Type of Discharge: __________________________

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: ___________________________
   Type of Discharge: __________________________

4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: ___________________________
   Type of Discharge: __________________________

5. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: ___________________________
   Type of Discharge: __________________________

B. Are there any known impacts on the receiving water as a result of any discharges under DSN004? [ ] Yes [ ] No
   If YES, to what extent?

   ____________________________
DSN005: UNCONTAMINATED STORM WATER DISCHARGES

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream: ____________________________
   Type of Discharge: ____________________________

2. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream: ____________________________
   Type of Discharge: ____________________________

3. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream: ____________________________
   Type of Discharge: ____________________________

4. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream: ____________________________
   Type of Discharge: ____________________________

5. Latitude (______)°(______)′(______)″ N Longitude (______)°(______)′(______)″ W
   Receiving Stream: ____________________________
   Type of Discharge: ____________________________

B. Are there any known impacts on the receiving water as a result of any discharges under DSN005? [ ] Yes [ ] No
   If YES, to what extent?

   ____________________________
DSN006: DISCHARGES OF PRETREATED DRILLING SUPERNATE WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude \( (\quad) ^{\circ} (\quad) ' (\quad) '' \) N Longitude \( (\quad) ^{\circ} (\quad) ' (\quad) '' \) W
   
   Receiving Stream: 
   Type of Discharge: 

2. Latitude \( (\quad) ^{\circ} (\quad) ' (\quad) '' \) N Longitude \( (\quad) ^{\circ} (\quad) ' (\quad) '' \) W
   
   Receiving Stream: 
   Type of Discharge: 

3. Latitude \( (\quad) ^{\circ} (\quad) ' (\quad) '' \) N Longitude \( (\quad) ^{\circ} (\quad) ' (\quad) '' \) W
   
   Receiving Stream: 
   Type of Discharge: 

4. Latitude \( (\quad) ^{\circ} (\quad) ' (\quad) '' \) N Longitude \( (\quad) ^{\circ} (\quad) ' (\quad) '' \) W
   
   Receiving Stream: 
   Type of Discharge: 

5. Latitude \( (\quad) ^{\circ} (\quad) ' (\quad) '' \) N Longitude \( (\quad) ^{\circ} (\quad) ' (\quad) '' \) W
   
   Receiving Stream: 
   Type of Discharge: 

B. Are there any known impacts on the receiving water as a result of any discharges under DSN006? [ ] Yes [ ] No

If YES, to what extent?
DSN007: DISCHARGES ASSOCIATED WITH WASTEWATER RESULTING FROM MAINTENANCE AND REPAIR ACTIVITIES ASSOCIATED WITH CLEANING, PRESSURE WASHING, BLASTING, AND PAINTING OF STRUCTURES

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:
   1. Latitude (_____)°(_____)' (_____)" N Longitude (_____)°(_____)' (_____)" W
      Receiving Stream: _______________________
      Type of Discharge: _____________________
   2. Latitude (_____)°(_____)' (_____)" N Longitude (_____)°(_____)' (_____)" W
      Receiving Stream: _______________________
      Type of Discharge: _____________________
   3. Latitude (_____)°(_____)' (_____)" N Longitude (_____)°(_____)' (_____)" W
      Receiving Stream: _______________________
      Type of Discharge: _____________________
   4. Latitude (_____)°(_____)' (_____)" N Longitude (_____)°(_____)' (_____)" W
      Receiving Stream: _______________________
      Type of Discharge: _____________________
   5. Latitude (_____)°(_____)' (_____)" N Longitude (_____)°(_____)' (_____)" W
      Receiving Stream: _______________________
      Type of Discharge: _____________________

B. Are there any known impacts on the receiving water as a result of any discharges under DSN007? [ ] Yes [ ] No
   If YES, to what extent?

______________________________
DSN008 AND DSN009: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: __________________________
   Type of Discharge: __________________________

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: __________________________
   Type of Discharge: __________________________

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: __________________________
   Type of Discharge: __________________________

4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: __________________________
   Type of Discharge: __________________________

5. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream: __________________________
   Type of Discharge: __________________________

B. List type(s), size(s), and number of storage tanks of each type and size.

<table>
<thead>
<tr>
<th>Type</th>
<th>Size (gallons)</th>
<th>Number of Tanks</th>
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<tbody>
<tr>
<td>[ ] AST</td>
<td>[ ] UST</td>
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</tr>
</tbody>
</table>

AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.
D. Storm water runoff primarily discharges to (check only one):

[ ] Surface water  [ ] Seeps into the ground  [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan?  [ ] Yes  [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)  [ ] Yes  [ ] No
2. Treatment of groundwater (retention, aeration)  [ ] Yes  [ ] No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN008 and DSN009?  [ ] Yes  [ ] No  If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?  [ ] Yes  [ ] No  If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?  [ ] Yes  [ ] No  If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?  [ ] Yes  [ ] No  If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?  [ ] Yes  [ ] No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?  [ ] Yes  [ ] No

K. From which outfalls listed for DSN008 and DSN009 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)?

L. Is treated or untreated water from tank bottoms or water drawn discharged on site?  [ ] Yes  [ ] No

If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  [ ] Yes  [ ] No  If YES, please explain:
N. Does the facility handle leaded fuels? [ ] Yes [ ] No
O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No
P. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No
   If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No
   If YES, please explain:

Q. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No
R. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No
   If YES, on what date was the SPCC Plan last certified: _______________________
   In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

S. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ___________________________ Date Signed: ___________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ___________________________

RO Phone Number: ___________________________ RO Email Address: ___________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ___________________________ Official Title: ___________________________

DMR Contact Address: ___________________________

DMR Contact Phone Number: ___________________________ Email Address: ___________________________

NOI PREPARE

Name of Individual (type or print): ___________________________

Name of Firm: ___________________________

Address: ___________________________ D

Phone Number: ___________________________ Email Address: ___________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADBM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG060000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG060000, which is the general permit authorizing discharges associated with the lumber, wood, and paper products industry (not including wood preserving operations) consisting of storm water; process water from wet deck/ing; non-contact cooling water; cooling tower blowdown; uncontaminated condensate; boiler blowdown; demineralizer wastewater; and vehicle and equipment wash water. Please answer all questions in applicable sections. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADBM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT
[ ] Initial request for coverage under NPDES General Permit Number ALG060000
[ ] Reissuance of coverage under NPDES General Permit Number ALG060000 (Current Permit No. ALG06______)
[ ] Modification of coverage under NPDES General Permit Number ALG060000 (Current Permit No. ALG06______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:
Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route
City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:
City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):
Latitude (______)°(______)' (______)" N Longitude (______)°(______)' (______)" W

E. Facility Contact Person:
Name: ____________________________ Title: ____________________________
Phone Number: ___________________ Email Address: ___________________

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:

<table>
<thead>
<tr>
<th>SIC Code</th>
<th>SIC Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1._______</td>
<td>(Primary)</td>
</tr>
<tr>
<td>2._______</td>
<td>(Secondary)</td>
</tr>
<tr>
<td>3._______</td>
<td>(Tertiary)</td>
</tr>
</tbody>
</table>

G. Description of industrial activity and land use at the facility:


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H. Check the type of discharge(s) at your facility and complete the applicable sections associated with the type checked:
   [ ] Storm water discharges associated with the lumber and wood products industry (DSN001)
   [ ] Discharges associated with wet decocking water (DSN002)
   [ ] Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN003)
   [ ] Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN007 and DSN0011)
   [ ] Discharges associated with vehicle and equipment exterior washing operations (DSN009)
   [ ] Storm water discharges associated with the paper and related products industry (DSN012)

I. Are any discharges in H. above combined? [ ] Yes [ ] No  If YES, indicate which discharges are combined: ________________________________________________________________

J. Has the facility been issued an NPDES INDIVIDUAL permit?
   [ ] Yes [ ] No  If YES, NPDES Permit No. AL00______________________
   Do you intend to replace your individual permit with this General Permit? [ ] Yes [ ] No

K. Has the facility been issued a State Indirect Discharge (SID) Permit?
   [ ] Yes [ ] No  If YES, SID Permit No. IU__________________________

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes [ ] No  If YES, please provide the following:
   Permit Number: AL_________________ Facility Name on Permit: ________________________________

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
   [ ] Yes [ ] No

N. Name of surface water to which the municipal storm sewer discharges: ____________________________________________

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes [ ] No

P. Date facility started or will start operations: ________________________________

Q. What is the size of the site in acres? ________________________________

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes [ ] No
   (A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)
   If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes [ ] No
   If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001: STORM WATER DISCHARGES ASSOCIATED WITH THE LUMBER AND WOOD PRODUCTS INDUSTRY

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:
   1. Latitude ______ ° ______' ______" N Longitude ______ ° ______' ______" W Receiving Stream ____________________________
   2. Latitude ______ ° ______' ______" N Longitude ______ ° ______' ______" W Receiving Stream ____________________________
   3. Latitude ______ ° ______' ______" N Longitude ______ ° ______' ______" W Receiving Stream ____________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No
   If YES, to what extent?

G. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No
   If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No
   If YES, please list:
I. Briefly describe your operations:

J. Does the facility have any wood preserving operations?  [ ] Yes  [ ] No  If YES, you must apply for an individual permit, please contact the Industrial Section of ADEM's Water Division.

K. Do you at present have sawdust or another wood product debris pile within 100 feet of a water of the State or a natural or manmade drainage course?  [ ] Yes  [ ] No

L. Does the facility conduct dipping operations on site?  [ ] Yes  [ ] No
   If YES, an MSDS sheet for the dipping formulation must be enclosed.
   If YES, are the dipping operations exposed to storm water?  [ ] Yes  [ ] No
DSN002: DISCHARGES ASSOCIATED WITH WET DECKING WATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (_____) ° (_____) ′ (_____) ″ N longitude (_____) ° (_____) ′ (_____) ″ W
   Receiving Stream ____________________________

2. Latitude (_____) ° (_____) ′ (_____) ″ N longitude (_____) ° (_____) ′ (_____) ″ W
   Receiving Stream ____________________________

3. Latitude (_____) ° (_____) ′ (_____) ″ N longitude (_____) ° (_____) ′ (_____) ″ W
   Receiving Stream ____________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has this process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Explain the nature of the process water:

   ________________________________________________

ADEM Form 396 10/17 m4
DSN003: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________
   Type of Discharge __________________________

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________
   Type of Discharge __________________________

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________
   Type of Discharge __________________________

4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________
   Type of Discharge __________________________

5. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream __________________________
   Type of Discharge __________________________

B. If more than one discharge is listed for DSN003, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No
   If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No
   If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
   [ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: ________________________ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No
   If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

   (1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet).
(2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (Pimephales promelas) and cladoceran (Ceriodaphnia dubia) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.

(3) Quantities to be used,
(4) Frequencies of use,
(5) Maximum proposed discharge concentrations, and
(6) EPA registration number, if applicable and is not provided on the MSDS sheet.

*BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS GENERAL PERMIT

G. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

H. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? [ ] Yes [ ] No

If NO, provide the estimated gallons per day of discharge _______________GPD

I. Is shock chlorination used at the facility? [ ] Yes [ ] No

J. Is any source water chlorinated? [ ] Yes [ ] No If YES, please list the applicable outfall number(s) from DSN003.

K. Is demineralizer wastewater discharged? [ ] Yes [ ] No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN003? [ ] Yes [ ] No If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS? [ ] Yes [ ] No (Note: If your source water is from a WTP that also supplies drinking water, then the answer is "No").

If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.

O. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN003?

[ ] Yes [ ] No If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND

2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.
Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes [ ] No
For which outfall(s)?

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
DSN007 AND DSN0011: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE
AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ____________________________

2. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ____________________________

3. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ____________________________

4. Latitude (______)° (______)' (______)" N Longitude (______)° (______)' (______)" W
   Receiving Stream ____________________________

B. List type(s), size(s), and number of storage tanks of each type and size.

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<th>Type</th>
<th>Size (gallons)</th>
<th>Number of Tanks</th>
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AST = Aboveground Storage Tank
UST = Underground Storage Tank

C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of analysis.

D. Storm water runoff primarily discharges to (check only one):

   [ ] Surface water   [ ] Seeps into the ground   [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan.
   Does the facility have a BMP Plan? [ ] Yes [ ] No
F. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN007 and DSN0011? [ ] Yes [ ] No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years? [ ] Yes [ ] No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)? [ ] Yes [ ] No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)? [ ] Yes [ ] No If YES, answer 1. and 2. below:
   1. Can dikes contain 110% of the contents of the largest tank in the dike? [ ] Yes [ ] No
   2. Are the walls and floors of the dikes relatively impermeable to the stored substance? [ ] Yes [ ] No

K. From which outfalls listed for DSN007 and DSN0011 is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged?

L. Is treated or untreated water from tank bottoms or water draws discharged on site? [ ] Yes [ ] No
   If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination? [ ] Yes [ ] No If YES, please explain:

N. Does the facility handle leaded fuels? [ ] Yes [ ] No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel? [ ] Yes [ ] No

P. Is hydrostatic testing of petroleum handling equipment done on site? [ ] Yes [ ] No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No
   If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No
   If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No
   If YES, on what date was the SPCC Plan last certified:

   In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan at least once every five years. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No  If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No
DSN009: DISCHARGE ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:
   1. Latitude (____)°(____)’(____)“ N Longitude (____)°(____)’(____)“ W
      Receiving Stream ____________________________
   2. Latitude (____)°(____)’(____)“ N Longitude (____)°(____)’(____)“ W
      Receiving Stream ____________________________
   3. Latitude (____)°(____)’(____)“ N Longitude (____)°(____)’(____)“ W
      Receiving Stream ____________________________
   4. Latitude (____)°(____)’(____)“ N Longitude (____)°(____)’(____)“ W
      Receiving Stream ____________________________

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

G. Does the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No
   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN012: STORM WATER DISCHARGES ASSOCIATED WITH THE PAPER AND RELATED PRODUCTS INDUSTRY

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall) and name of receiving stream:

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   Receiving Stream ____________________________

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Storm water runoff primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:
      ____________________________

F. Are there any known impacts on the receiving water as a result of any discharges under DSN012? [ ] Yes [ ] No
   If YES, to what extent?
      ____________________________

G. Were there any past industrial activities on the site that would contribute to storm water contamination?
   [ ] Yes [ ] No If YES, please explain:
      ____________________________

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:
      ____________________________
I. Briefly describe your operations:


K. Do you at present have sawdust or another wood product debris pile within 100 feet of a water of the State or a natural or manmade drainage course? [ ] Yes [ ] No
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: __________________________ Date Signed: __________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: __________________________

RO Phone Number: __________________________ RO Email Address: __________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): __________________________ Official Title: __________________________

DMR Contact Address: __________________________

DMR Contact Phone Number: __________________________ Email Address: __________________________

NOI PREPARE

Name of Individual (type or print): __________________________

Name of Firm: __________________________

Address: __________________________

Phone Number: __________________________ Email Address: __________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG670000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG670000, which is the general permit authorizing discharges associated with hydrostatic testing of new and existing petroleum and natural gas pipelines. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division  
Industrial General Permit Section  
PO Box 301463  
Montgomery, Alabama 36130-1463

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG670000

[ ] Reissuance of coverage under NPDES General Permit Number ALG670000 (Current Permit No. ALG67_______)

[ ] Modification of coverage under NPDES General Permit Number ALG670000 (Current Permit No. ALG67_______)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:
   Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route
   City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:
   City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):
   Latitude (_____)° (_____)' (_____)" N
   Longitude (_____)° (_____)' (_____)" W

E. Facility Contact Person:
   Name: ________________  Title: ________________
   Phone Number: ________________  Email Address: ________________

F. Standard Industrial Code (SIC) (The primary SIC code should reflect the primary activity of business (i.e. generates the highest revenue)):
   SIC Code  
   1.______________ (Primary)  SIC Description: ________________
   2.______________ (Secondary)  SIC Description: ________________
   3.______________ (Tertiary)  SIC Description: ________________

G. Description of industrial activity and land use at the facility:

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H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:

[ ] Discharges of hydrostatic test water from new and existing petroleum and petroleum product pipelines (DSN002)
[ ] Discharges of hydrostatic test water from new and existing natural gas pipelines (DSN003)

I. Are any discharges in H. above combined? [ ] Yes  [ ] No  If YES, indicate which discharges are combined:

J. Has the facility been issued an NPDES INDIVIDUAL permit?

[ ] Yes  [ ] No  If YES, NPDES Permit No. AL00

Do you intend to replace your individual permit with this General Permit? [ ] Yes  [ ] No

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

[ ] Yes  [ ] No  If YES, SID Permit No. IU

L. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section? [ ] Yes  [ ] No  If YES, please provide the following:

Permit Number: AL  Facility Name on Permit:

M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer? [ ] Yes  [ ] No

N. Name of surface water to which the municipal storm sewer discharges:

O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? [ ] Yes  [ ] No

P. Date facility started or will start operations:

Q. What is the size of the site in acres? ______________

R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? [ ] Yes  [ ] No

(A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? [ ] Yes  [ ] No

If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? [ ] Yes  [ ] No

T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-02? [ ] Yes  [ ] No

U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-02? [ ] Yes  [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

V. Prior to discharge of hydrostatic test waters and/or prior to removing waters of the state for hydrostatic test discharges, your facility should contact the Corp of Engineers and Game and Fish with the Conservation Department. Are procedures in place to ensure this notification will be made? [ ] Yes  [ ] No
DSN002: DISCHARGES OF HYDROSTATIC TEST WATER FROM NEW AND EXISTING PETROLEUM AND PETROLEUM PRODUCT PIPELINES

NOT APPLICABLE [ ]

A. List the receiving streams to which your company intends to discharge within the county for which this NOI is being completed. All receiving streams that your company intends to discharge must be listed. A map must be included with your application showing the location of the pipeline through the county. Advanced written notification should be submitted to the Department at least 168 hours prior to discharge. The advanced notification must include the latitude and longitude (to seconds), receiving stream of discharge, and contact telephone number:

1. Receiving Stream
2. Receiving Stream
3. Receiving Stream
4. Receiving Stream
5. Receiving Stream

B. Has the test water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
If YES, attach the most recent copy of the analysis.

C. Test water primarily discharges to (check only one):
   [ ] Surface water
   [ ] Seeps into the ground
   [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

F. What product is piped through the line?

G. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No
If YES, to what extent?

H. What erosion control measures will be taken?
I. How will turbidity be kept to a level consistent with the receiving waters?

J. How will oil sheen be prevented?

K. Is the pipeline to be tested new? [ ] Yes [ ] No

L. Is chlorine present in the test water? [ ] Yes [ ] No

M. Will there be a product containing lead transported through this pipe within 30 days of any discharge? [ ] Yes [ ] No
DSN003: DISCHARGES OF HYDROSTATIC TEST WATER FROM NEW AND EXISTING NATURAL GAS PIPELINES

NOT APPLICABLE [ ]

A. List the receiving streams to which your company intends to discharge within the county for which this NOI is being completed. All receiving streams that your company intends to discharge must be listed. A map must be included with your application showing the location of the pipeline through the county. Advanced written notification should be submitted to the Department at least 168 hours prior to discharge. The advanced notification must include the latitude and longitude (to seconds), receiving stream of discharge, and contact telephone number:

1. Receiving Stream
2. Receiving Stream
3. Receiving Stream
4. Receiving Stream
5. Receiving Stream

B. Has the test water been analyzed for presence of any known pollutants? [ ] Yes [ ] No
   If YES, attach the most recent copy of the analysis.

C. Test water primarily discharges to (check only one):
   [ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?
   1. Structural control measures (basins, etc.) [ ] Yes [ ] No
   2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No
   3. Other. If so, please describe:

   

F. What product is piped through the line?

   

G. Are there any known impacts on the receiving water as a result of any discharges under DSN003? [ ] Yes [ ] No
   If YES, to what extent?

   

H. What erosion control measures will be taken?

   

ADEM Form 397 10/17 m4 Page 5 of 8
I. How will turbidity be kept to a level consistent with the receiving waters?


J. How will oil sheen be prevented?


K. Is the pipeline to be tested new? [  ] Yes [  ] No

L. Is chlorine present in the test water? [  ] Yes [  ] No
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ____________________________ Date Signed: ____________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: _________________________________________________________________

RO Phone Number: ____________________________ RO Email Address: ____________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ____________________________ Official Title: ____________________________

DMR Contact Address: _________________________________________________________________

DMR Contact Phone Number: ____________________________ Email Address: ____________________________

NOI PREPARER

Name of Individual (type or print): ____________________________

Name of Firm: ____________________________________________

Address: _________________________________________________________________ D

Phone Number: ____________________________ Email Address: ____________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) SANITARY SEWER OVERFLOW (SSO) EVENT REPORTING FORM

Purpose of Form: All publicly or privately owned wastewater treatment plants holding an NPDES permit are required to provide immediate notification to the Alabama Department of Environmental Management (ADEM), county public health officials, the public, and any other affected entity such as public water systems as soon as possible upon becoming aware of any notifiable sanitary sewer overflow (SSO) events.

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6.6-02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department’s SSO’s Hotline at (334) 274-4200 or electronically to the Department’s eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department’s eSSO Electronic Reporting System.

For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practically captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

Facilities are strongly urged to utilize the electronic system. Registration information for the Department’s eSSO system can be found at the following link: (https://e2.adem.alabama.gov/NPDES).

Permittee Name: ____________________________ Permit Number: ____________________________
Facility Name: ________________________________ County: ________________________________
Date/Time¹ SSO Began: __________ Is the SSO on-going? □ Yes □ No If no, Date/Time¹ SSO Stopped: __________
Did the SSO occur during wet weather? □ Yes □ No
Was the SSO caused by an extreme weather event (e.g., hurricane)? □ Yes □ No If yes, describe of the nature of the extreme weather event:

REPORT ESTIMATED VOLUME DISCHARGED– REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

<table>
<thead>
<tr>
<th>VALUE</th>
<th>Estimated Volume Discharged:</th>
<th>gallons</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ &lt;1,000 gallons</td>
<td>□ 1,000 ≥ gallons &lt;10,000</td>
<td>□ 10,000 ≥ gallons &lt;25,000</td>
</tr>
<tr>
<td>□ 50,000 ≥ gallons ≤75,000</td>
<td>□ 75,000 ≥ gallons &lt;100,000</td>
<td>□ 100,000 ≥ gallons &lt;250,000</td>
</tr>
<tr>
<td>□ 500,000 ≥ gallons ≤750,000</td>
<td>□ 750,000 ≥ gallons &lt;1,000,000</td>
<td>Any estimated volume above 1,000,000 gallons should be entered in the VALUE section</td>
</tr>
</tbody>
</table>

Was the Department notified within 24 hours? □ Yes □ No Date/Time of Notification: __________
Method of notification: □ Verbal/Telephone □ Electronic via eSSO □ Other __________
If notification was not submitted via eSSO, person that notified the Department: __________ Phone Number: __________
Indicate source of discharge event: □ Manhole □ Lift Station □ Broken Line
□ Cleanout □ Treatment Plant
□ Other (describe): __________
Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

Latitude  __________ °  __________ °
Longitude  __________ °  __________ °
Location of discharge (street address, etc.):

¹ Time reported is assumed to be Central Time Zone, unless otherwise indicated.

ADEM Form 415 MM/YY m3
Known or suspected cause of the discharge:

Ultimate destination of discharge:  □ Ground Absorbed  □ Storm Drain
□ Drainage Ditch  □ Backup into Building/Residence
□ Creek or River (provide name):  
□ Other (describe):  

Did the discharge reach a designated swimming water?  □ Yes  □ No  □ Unknown

Monitoring of the receiving water (i.e. visual survey or water quality sampling) is:  □ Complete  □ Ongoing  □ Not Performed

Was the affected area:  Cleaned?  □ Yes  □ No  □ Disinfected?  □ Yes  □ No

Are you aware of any other potential health or environmental impacts?  □ No  □ Yes  If Yes, please describe:

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

Indicate efforts to notify public (check all that apply):  □ Press Release  Date:________________________
□ Placement of Signs  Date:________________________
□ Other (describe):  Date:________________________
□ Notice not required, because:  

Indicate other officials notified (check all that apply):  □ County Health Department  Date:________________________
□ State Health Department  Date:________________________
□ Other (describe):  Date:________________________
□ Notice not required, because:  

Other states notified:  □ Florida  □ Georgia  □ Mississippi  □ Tennessee

Were any public water supply intake locations affected?  □ No  □ Yes  If yes, who was notified:  Date:________________________

I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signature of Responsible Official/Duly Authorized Representative:  __________________________  Date: __________________________

Name of Responsible Official/Duly Authorized Representative (type or print): __________________________

Title of Responsible Official/Duly Authorized Representative: __________________________
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NPDES/SID NON-COMPLIANCE NOTIFICATION FORM

Instructions: This form should be used to notify the Department of non-compliance with permit requirements in accordance with ADEM Admin. Code r. 335-6-6.12(1)(i) (NPDES permits) or 335-6-5-15(12)(b). (SID permits) and should be submitted with the Discharge Monitoring Reports (DMR) for the respective monitoring period. A new form should be used for each monitoring period.

Permittee Name: ___________________________ Permit No: ___________________________
Facility Name: ___________________________ County: ___________________________
DMR Monitoring Period: ___________________________

1. Description of non-compliance associated with an outfall(s) (attach additional pages if necessary):

<table>
<thead>
<tr>
<th>Effluent Violations (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outfall Number(s)</td>
</tr>
<tr>
<td>Noncompliant Parameters(s)</td>
</tr>
<tr>
<td>Result Reported (include units)</td>
</tr>
<tr>
<td>Permit Limit (include units)</td>
</tr>
<tr>
<td>Monitoring / Reporting Violations (if applicable)</td>
</tr>
<tr>
<td>Outfall Number(s)</td>
</tr>
<tr>
<td>Noncompliant Parameter(s)</td>
</tr>
<tr>
<td>Description of Monitoring / Reporting Violation</td>
</tr>
</tbody>
</table>

2. Description of non-compliance that is not associated with an outfall (i.e. not suitable to be reported in Item 1.):

3. Cause of non-compliance (attach additional pages if necessary):

4. Period of noncompliance [include exact date(s) and time(s) or, if not corrected, the anticipated duration of the noncompliance]:

5. Description of steps taken and/or being taken to reduce or eliminate the noncomplying discharge and to prevent its recurrence (attach additional pages if necessary):

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

Responsible Official Signature ______________________ Date Signed ________________
Responsible Official Printed Name and Title ______________________

ADEM Form 421 10/17 m3
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
REQUEST FOR NPDES PERMIT POST-MINING DISCHARGE LIMITATIONS (COAL MINING OPERATIONS)

Instructions: Your NPDES permit requires that certain information be provided in writing to ADEM in order to obtain approval for post-mining discharge limitations for a permitted outfall and its associated drainage area. Use one form per outfall. Please complete all questions. Use “N/A” where appropriate. Incorrect/incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any “No” responses or as necessary to explain any unusual circumstances. Please type or print legibly in blue or black ink.

You are advised that you must continue monitoring and reporting using standard limitations until the Department grants approval of your request in writing. Mail the completed form to: ADEM-Water Division, Stormwater Management Branch, P O Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee:

2. Postal Address of Permittee:

3. Facility Name:

4. NPDES Permit Number:

5. ASMC Permit Number(s):

6. Phone(__________): Fax(__________): Email Address:

7. Point Source (Outfall) Number:

8. Location of Outfall:

County: ___________ Township: ___________ Range: ___________ Section: ___________

Yes ☐ No ☐ The Permittee has received a Phase II bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ASMC release(s) is attached.

Yes ☐ No ☐ All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.

Yes ☐ No ☐ All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.

Yes ☐ No ☐ Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department’s determination regarding this request, or 3) explain a “no” response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.

13. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

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

I understand that it is the Permittee’s responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

Name and Title of Responsible Corporate Official or Authorized Agent

Signature ___________ Date ___________

ADEM Form 451 10/17 m2
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
REQUEST FOR RELEASE FROM NPDES PERMIT MONITORING AND REPORTING REQUIREMENTS (MINING OPERATIONS)

**Instructions:** Your NPDES permit requires that certain information be provided in writing to ADEM in order to obtain approval to terminate monitoring and reporting requirements for a permitted outfall and its associated drainage area. Use one form per outfall. Please complete all questions. Use "N/A" where appropriate. Incorrect/Incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances. Please type or print legibly in blue or black ink.

You are advised that you must continue monitoring and reporting until the Department grants approval of your request in writing. Mail the completed form to: ADEM-Water Division, Stormwater Management Branch, P O Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee:__________________________________________
2. Postal Address of Permittee:__________________________________________
3. Facility Name:__________________________________________
4. NPDES/SID Permit Number:__________________________________________
5. ASMC/ADOL Permit Number(s):__________________________________________ (if applicable)
6. Phone:________________ Fax:________________ Email Address:________________
7. Point Source (Outfall) Number:__________________________________________
8. Location of Outfall:
   County:________________ Township:________________ Range:________________ Section:________________

**ASMC PERMITTED OR BONDED FACILITIES**

<table>
<thead>
<tr>
<th>9. Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Permittee has received a Phase III bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ASMC bond release(s) is attached.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Permittee has received approval from ASMC to remove and mine through the outfall(s), and the drainage previously treated by the mined-through outfall(s) is routed and properly controlled/treated by another permitted and properly certified existing outfall. List approved/certified outfall receiving drainage:________________</td>
<td></td>
</tr>
</tbody>
</table>

**NON-ASMC PERMITTED OR BONDED FACILITIES**

<table>
<thead>
<tr>
<th>11. Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Permittee has received a 100% bond release from the Alabama Department of Labor (ADOL) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ADOL reclamation release(s) is attached.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unless waived by the Department, the Permittee, in order to expedite review/approval of this request, has attached inspection reports prepared and certified by 1) a Professional Engineer (PE) registered in the State of Alabama or a qualified professional under the PE's direction, or 2) a Certified Professional in Sediment And Erosion Control (CPESC), which certify that the facility has been fully reclaimed or that water quality remediation has been achieved. The first inspection should be conducted approximately one year prior to and the second inspection should be conducted within thirty days of the Permittee's request for termination of monitoring and reporting requirements. Permanent, perennial vegetation has been re-established on all areas mined or disturbed for at least one year since mining has ceased in the drainage basin(s) associated with the surface discharge, or all areas have been permanently graded such that all drainage is directed back into the mined pit to preclude any surface discharges. Responding &quot;No&quot; may significantly delay approval until an inspection can be performed by Department personnel.</td>
<td></td>
</tr>
</tbody>
</table>

**ALL FACILITIES**

<table>
<thead>
<tr>
<th>13. Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The outfall is a pumped discharge and, (1) the pump has been removed and piping has been removed or effectively closed/sealed to prevent future discharge, or (2) the pump has been removed and the pumped drainage previously treated by the outfall(s) is routed and properly controlled/treated by another permitted and properly certified existing outfall. List approved/certified outfall receiving drainage:________________</td>
<td></td>
</tr>
</tbody>
</table>
15. Yes ☐ No ☐ All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.

16. Yes ☐ No ☐ The Permittee's request for termination of monitoring and reporting requirements contained in this permit is supported by monitoring data covering a period of at least six consecutive months or such longer period as is necessary to assure that the data reflect discharges occurring during varying climatological conditions. Please attach copies of the last twelve (12) months of DMRs previously submitted to the Department to expedite the review/approval process.

17. Yes ☐ No ☐ The Permittee hereby certifies that the samples collected and reported in the monitoring data submitted in support of the Permittee's request for monitoring termination or suspension are representative of the discharge and were collected in accordance with all permit terms and conditions respecting sampling times (e.g., rainfall events) and methods and were analyzed in accordance with all permit terms and conditions respecting analytical methods and procedures.

18. ☐ ☐ No ☐ The Permittee hereby certifies that during at least the previous twelve (12) months prior to this request, there was no chemical treatment in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall.

19. Yes ☐ No ☐ Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department’s determination regarding this request, or 3) explain a “no” response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.

20. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

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

"I understand that it is the Permittee’s responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

Name and Title of Responsible Corporate Official or Authorized Agent

Signature __________________________ Date _____________
**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)**  
**REQUEST TO REMOVE SUBSURFACE WITHDRAWAL FROM DISCHARGE STRUCTURE**  
**(NPDES-PERMITTED MINING OPERATIONS)**

**Instructions:** Part II A.2. of NPDES permits for mining operations requires an existing outfall to be constructed with effective subsurface withdrawal. Certain information must be provided in writing to ADEM in order to obtain approval to remove subsurface withdrawal from an existing treatment basin/bond or other approved discharge structure for a permitted outfall and its associated drainage area. Use one form per outfall. Please complete all questions. Use "N/A" where appropriate. Incorrect/incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances. Please type or print legibly in blue or black ink.

Mail the completed request form to: ADEM-Water Division, Stormwater Management Branch, P.O. Box 301463, Montgomery, AL 36130-1463.

<table>
<thead>
<tr>
<th>1. Name of Permittee:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>2. Postal Address of Permittee:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3. Facility Name:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4. NPDES/SID Permit Number:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
| 5. ASMC/ADOL Permit Number(s):  
(if applicable) |
|                        |
| 6. Phone:  
Fax:  
Email Address: |
|               |
| 7. Point Source (Outfall) Number: |
|                              |
| 8. Location of Outfall:  
County:  
Township:  
Range:  
Section: |
|                    |

**ASMC PERMITTED OR BONDED FACILITIES**

9. [ ] Yes  [ ] No  
The Permittee has received a Phase II bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ASMC bond release(s) is attached.

10. [ ] Yes  [ ] No  
Vegetative cover has been established and/or disturbed areas have been otherwise stabilized, and potential sources of floating solids have been covered or removed, and there are no active mining areas as defined by 40 CFR 434.11(b) draining to the outfall.

**NON-ASMC PERMITTED OR BONDED FACILITIES**

11. [ ] Yes  [ ] No  
The Permittee, in order to expedite review/approval of this request, has attached inspection report(s) prepared and certified by 1) a Professional Engineer (PE) registered in the State of Alabama or a qualified professional under the PE's direction, or 2) a Certified Professional in Sediment And Erosion Control (CPESC), which certifies that the facility has been fully regraded and vegetative cover has been established.

**ALL FACILITIES**

12. [ ] Yes  [ ] No  
All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.

13. [ ] Yes  [ ] No  
All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.

14. [ ] Yes  [ ] No  
Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department's determination regarding this request, or 3) explain a "no" response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.
15. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

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

"I understand that subsurface withdrawal cannot be removed from the treatment structure until the Department grants approval of this request in writing.

"I understand that if after removal of subsurface withdrawal from the treatment structure, effluent quality cannot be maintained within permit limits or significant levels of floating pollutants that could be prevented by subsurface withdrawal still occur, reconstruction of subsurface withdrawal may be required.

"I understand that it is the Permittee’s responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

Name and Title of Responsible Corporate Official or Authorized Agent

Signature

Date
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
REQUEST TO REMOVE TREATMENT BASIN/POND OR OTHER TREATMENT STRUCTURE
(NPDES-PERMITTED MINING OPERATIONS)

Instructions: Certain information must be provided in writing to ADEM in order to obtain approval to remove an existing treatment basin/pond or other approved discharge structure for a permitted outfall and its associated drainage area. Use only one form per outfall. Please complete all questions. Use "N/A" where appropriate. Incorrect/Incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances. Please type or print legibly in blue or black ink. In lieu of this form, ASMC permitted facilities may submit written approval from ASMC to remove the treatment structure.

Mail the completed request form or written approval form to ASMC (if applicable) to: ADEM-Water Division, Stormwater Management Branch, P.O. Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee: ____________________________________________________________

2. Postal Address of Permittee: _______________________________________________________

3. Facility Name: ____________________________________________________________

4. NPDES/SID Permit Number: _______________________________________________________

5. ASMC/ADOL Permit Number(s): __________________________ (if applicable)

6. Phone: ( ) Fax: ( ) Email Address: ________________________________

7. Point Source (Outfall) Number: ________________________________

8. Location of Outfall:
County: __________________________ Township: __________________________ Range: __________________________ Section: __________________________

ASMC PERMITTED OR BONDED FACILITIES

9. □ Yes □ No The Permittee has received a Phase II bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin (if a Phase II release from ASMC for the treatment pond(s) cannot be obtained prior to removal of the treatment pond(s), the Permittee must attach a copy of their pond removal/reclamation plan to this request), associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ASMC release(s) is attached.

NON-ASMC PERMITTED OR BONDED FACILITIES

10. □ Yes □ No The Permittee, in order to expedite review/approval of this request, has attached inspection report(s) prepared and certified by 1) a Professional Engineer (PE) registered in the State of Alabama as a professional engineer or qualified professional under the PE’s direction, or 2) a Certified Professional in Sediment And Erosion Control (CPESC), which certifies that the facility has been fully reggraded and perennial vegetative cover has been planted and established.

ALL FACILITIES

11. □ Yes □ No All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.

12. □ Yes □ No All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.

13. □ Yes □ No The Permittee's request for removal of the treatment structure is supported by monitoring data covering a period of at least six consecutive months or such longer period as is necessary to assure that the data reflect discharges occurring during varying climatological conditions. Please attach copies of the last twelve (12) months of DMRs previously submitted to the Department to expedite the review/approval process.

14. □ Yes □ No The Permittee hereby certifies that the samples collected and reported in the monitoring data submitted in support of the Permittee's request for treatment structure removal are representative of the discharge and were collected in accordance with all permit terms and conditions respecting sampling times (e.g., rainfall events) and methods and were analyzed in accordance with all permit terms and conditions respecting analytical methods and procedures.
The Permittee hereby certifies that during at least the previous twelve (12) months prior to this request, there was no chemical treatment in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall.

Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department’s determination regarding this request, or 3) explain a “no” response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.

Attach a copy of the pond removal plan which details the procedures and Best Management Practices (BMPs) that will be implemented and maintained during and after removal to ensure protection of water quality.

Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

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

"I understand that the treatment structure cannot be removed until the Department grants approval of this request in writing. I understand that pursuant to requirements of the permit, monitoring and reporting of discharges must continue after the structure is removed. Representative samples will be taken at the end of the ditch, channel, swale, etc. or other acceptable discharge conveyance which remains after removal of the treatment structure.

"I understand that if effluent quality cannot be maintained within permit limits after removal of the treatment structure, reconstruction of the treatment structure may be required.

"I understand that it is the Permittee’s responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

Name and Title of Responsible Corporate Official or Authorized Agent

______________________________  ________________________________
Signature                                      Date
ALABAMA DEPARTMENT OF ENVIRONMENT MANAGEMENT (ADEM)
NDPES/SID PERMIT TRANSFER AGREEMENT

Instructions: This form should be submitted when an NPDES or SID permit is being transferred from one entity to another. Permit transfers are subject to an application fee as prescribed in ADEM Admin. Code R. 335-1-6-04. Applicants should contact the appropriate permitting section of the Water Division to determine if other information or forms may be required in addition to this form. If immediate operational changes that warrant a permit modification are planned, an application for such changes should be submitted with this transfer agreement.

If the permit being transferred contains requirements to submit Discharge Monitoring Reports (DMRs) and/or Sanitary Sewer Overflow (SSO) Reports, the applicant should also submit an application to register its personnel in the Department's Electronic Environmental (E2) Reporting System for the electronic submittal of Discharge Monitoring Reports (DMRs) and/or Sanitary Sewer Overflow (SSO) Reports. The E2 application forms (ADEM Form 511 and 512) may be downloaded from https://e2.adem.alabama.gov/NDPES/.

Affected NPDES/SID Permit Number(s):

This Agreement is entered into this date by Company A and Company B in order to effect a transfer of Alabama Department of Environmental Management NPDES/SID Permit Number(s) referenced above and the responsibility, coverage, and liability thereunder from Company A to Company B.

On the date such transfer becomes effective, Company B agrees to assume the responsibility, coverage, and liability of the permit. Company B also certifies that operational changes that warrant a permit modification will not be made without submitting the appropriate application. Company A agrees to relinquish all rights which it may have under said permit.

This agreement is entered into by both parties this day of , : said transfer is to become effective on .

Company A (Name): Company B (Name):
Mailing Address: Mailing Address:

By: By:
Signature of Responsible Official Signature of Responsible Official
Printed Name of Responsible Official Printed Name of Responsible Official
Title of Responsible Official Title of Responsible Official
Telephone Number Mailing Address
Email Address Mailing City, State, Zip Code

Witness Signature Witness Signature

If the permit contact person for Company B is different from the Responsible Official, please complete the following:

Contact Name Contact Title
Mailing Address Mailing Address
Telephone Number Email Address

ADEM Form 466 10/17 m1
ADEM UST CLOSURE
SITE ASSESSMENT REPORT

(Use a Separate form for a group of tanks in each tank pit)

FACILITY I.D. NO.: ________________

DATE OF THIS REPORT: ________________

INCIDENT NO. UST ____-____-____
(If applicable).

FACILITY COUNTY: ______________________

UST OWNER: ______________________

FACILITY NAME: ______________________

ADDRESS: ______________________

LOCATION: ______________________

CONTACT NAME: ______________________

CONTACT PHONE #: ______________________

ADDRESS: ______________________

NAME OF CONTRACTOR USED TO CLOSE (REMOVE) TANK:

NAME OF CONSULTANT CONDUCTING ASSESSMENT:

NAME OF LABORATORY USED:

PRIOR TO BEGINNING CLOSURE, THE CONTRACTOR SHOULD BECOME FAMILIAR WITH ALL CLOSURE PROCEDURES IN AMERICAN PETROLEUM INSTITUTE (API) BULLETIN 1604, "REMOVAL AND DISPOSAL OF USED UNDERGROUND PETROLEUM STORAGE TANKS" AND API BULLETIN 2015 "CLEANING PETROLEUM STORAGE TANKS". THESE API BULLETINS ARE AVAILABLE FROM THE AMERICAN PETROLEUM INSTITUTE.

NUMBER OF TANKS CLOSED:

NUMBER OF TANKS REMAINING AT SITE:

CLOSURE DATE: ________________

UNIQUE TANK #:

TANK SIZE:

TANK CAPACITY:

TANK AGE:

DATE TANK LAST USED:

SUBSTANCE STORED:

TYPE OF PRODUCT PIPING:

(Pressurized/Suction)

FARM TANK:

HEATING OIL TANK:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
1. **COMPLETE THE FOLLOWING SECTION FOR ALL CLOSURES:**

   a. Provide the results of a 500 ft. survey for domestic water supply wells in the following table and place their locations on the attached site map:

<table>
<thead>
<tr>
<th>Name of Owner of Domestic Water Supply Well</th>
<th>Distance from UST Site</th>
<th>Depth of Well</th>
<th>Status: Active or Inactive?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

   b. Provide the results of a 1,000 ft. survey for public water supply wells in the following table and place their locations on the attached site map:

<table>
<thead>
<tr>
<th>Name of Owner of Public Water Supply Well</th>
<th>Distance from UST Site</th>
<th>Depth of Well</th>
<th>Status: Active or Inactive?</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

   c. Is the UST site located in a delineated wellhead protection or source water area?  
      YES ☐ NO ☐

   d. Are there any public water supply surface water intakes within 500 ft. of the UST site?  
      YES ☐ NO ☐  
      If yes, locate the intake on the attached site map.

   **NOTE:** If an active domestic water supply well or an active public water supply well is located within 500 ft. or 1,000 ft. respectively of the UST site, or if the answer to 1c. or 1d. is Yes, the Department may require groundwater sampling to occur at the UST site. If the groundwater sampling is not performed by the owner/operator during the closure site assessment, the Department may require that groundwater sampling occur as part of a Preliminary Investigation.

   Groundwater sampling remains a requirement of the closure site assessment when shallow groundwater is present or when performing an in-place closure site assessment.

   e. Indicate the current on-site land use and the most likely future land use:

<table>
<thead>
<tr>
<th>Current On-Site Land Use</th>
<th>Most Likely Future On-Site Land Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>Residential</td>
</tr>
<tr>
<td>Commercial</td>
<td>Commercial</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>Describe:</td>
<td>Describe:</td>
</tr>
</tbody>
</table>

ADEM FORM 474 m3 10/2017
f. Describe the current off-site land use within 500 ft of the UST site. State whether the area, in general, is residential, commercial, mixed residential/commercial or other:

<table>
<thead>
<tr>
<th>North:</th>
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<tbody>
<tr>
<td>Northeast:</td>
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<tr>
<td>Northwest:</td>
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<tr>
<td>South:</td>
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<tr>
<td>Southeast:</td>
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<tr>
<td>Southwest:</td>
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<tr>
<td>West:</td>
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<tr>
<td>East:</td>
</tr>
</tbody>
</table>

For sites where there is any evidence of a release, provide the names and addresses of the property on which the tank system is/was located and the adjacent property owners. The property owner names and addresses should be indicated on a site map attached to this form.

Name and Address of Onsite Property Owner:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Name and addresses of Adjacent Property Owners:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
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</table>

COMPLETE THE FOLLOWING SECTIONS AS APPROPRIATE BASED ON THE TYPE OF CLOSURE CONDUCTED:

2. TANK CLOSURE BY REMOVAL:

a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.

b. Attach plan and sectional views of the excavation and include the following:
   1. All appropriate excavation dimensions.
   2. All soil sample locations and depths using an appropriate method of identification.
   3. Location of areas of visible contamination.
   4. Former location of tank(s), including depth, with tank Identification Number.
c. Is the groundwater more than 5 feet below the bottom of the excavation? YES NO
   If no, provide the depth from the ground surface to the groundwater table.
   Feet: ____________________________
   Indicate method used to determine water table depth:
   YES NO
   1. Excavation extended 5 feet below base of pit: [ ] [ ]
   2. Boring or monitoring well: [ ] [ ]
   3. Topographic features (Method must be approved by ADEM prior to use): [ ] [ ]

   d. Was there a notable odor found in the excavation? YES NO
   If yes,
   (1) The odor strength was (mild) (strong) (other) describe: ____________________________
   (2) The odor indicates what type of product: (gasoline)(diesel) (waste oil) (kerosene) (other) describe: ____________________________

   e. Was there water in the excavation? YES NO
   If yes, how was it handled?
   YES NO
   1. One time discharge to sanitary sewer with local approval? [ ] [ ]
   2. Hauled to facility capable of treating constituents of petroleum products in water? [ ] [ ]
   3. Hauled to local POTW with local approval? [ ] [ ]
   4. Treated on-site with NPDES approved discharge? [ ] [ ]
   5. Other? Explain: ____________________________

   f. Was free product found in the excavation? YES NO
   If yes,
   1. How was free product handled? Describe: ____________________________
   2. What was the measured thickness of free product? ____________________________

   g. Were visible holes noted in the tank(s)? YES NO
   If yes, Indicate which tanks(s) by the Unique Tank Number:
   ____________________________
   Also, describe the location(s) and provide general description as to the size and number of holes for above noted tanks, (Example: 3 square feet of pinholes or 3 inch diameter hole):
   ____________________________
   ____________________________
   ____________________________

   h. Describe the soil type and thickness of all soil layers encountered in the excavation:
   ____________________________
   ____________________________
   ____________________________
ADEM UST CLOSURE SITE ASSESSMENT FORM

i. Was the excavation backfilled?

If yes, provide the date of backfilling:

DO NOT BACKFILL WITH MATERIAL THAT HAS OR POTENTIALLY HAS A TPH OF GREATER THAN 100 PPM!

3. TANK CLOSURE WITHOUT REMOVAL (CLOSED IN-PLACE):

a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.

b. Attach plan and sectional views of the site and include the following:

1. Location of the tank(s) including depth,
2. Location of tank(s) with respect to other tanks, if applicable,
3. Soil boring locations and depths at which soil samples were taken,
4. Boring logs.

c. Groundwater sample(s) must be collected as part of an in-place closure assessment. Attach groundwater sampling data, as required based on depth to groundwater. Refer to Closure Site Assessment Guidance for further details regarding requirements for groundwater sampling.

d. Is the groundwater more than 5 feet below the bottom of the tank?

Provide the depth from the ground surface to the groundwater table.

Refer to Closure Site Assessment Guidance (page 11) for further details regarding requirements for determining groundwater elevation.

e. Was there a notable odor found in the bore holes?

If yes,

(1) The odor strength was (mild) (strong) (other) describe:

(2) The odor indicates what type of product: (gasoline) (diesel) (waste oil) (kerosene) (other) describe:

f. Was free product found in the bore holes?

If yes,

1. How was free product handled? Describe:

2. What was the measured thickness of free product?

g. Describe the soil type and thickness of all soil layers encountered in the bore holes and provide boring logs:
h. Specify the inert solid material used to fill the tank(s):

i. Provide the date the tank(s) were filled:

j. Were the bore holes properly sealed with bentonite/soil? Yes No
If yes, provide the date:

4. PRODUCT PIPING CLOSURE BY REMOVAL:

a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.

b. If the piping was longer than 10 feet, attach plan and sectional views of the piping trench and include the following:
   1. All appropriate excavation dimensions and length of piping.
   2. All soil sample locations and depths using an appropriate method of identification.
   3. Location of areas of visible contamination.

c. Was the piping purged of product prior to closure? Yes No
   If yes, was the product properly disposed of?

   YES NO

d. Is the groundwater more than 5 feet below the bottom of the piping trench? Yes No
   If no, provide the depth from the ground surface to the groundwater table.

   Feet:

   Indicate method used to determine water table depth:
   1. Excavation extended 5 feet below base of trench: Yes No
   2. Boring or monitoring well: YES NO
   3. Topographic features (Method must be approved by ADEM prior to use):

   YES NO

e. Was there a notable odor found in the piping trench?
   If yes,
   (1) The odor strength was (mild) (strong) (other) describe:

   YES NO

   (2) The odor indicates what type of product:
   (gasoline) (diesel) (waste oil) (kerosene) (other) describe:

   YES NO

f. Was there water in the piping trench?
   If yes, how was it handled?
   1. One time discharge to sanitary sewer with local approval? YES NO
   2. Hauled to facility capable of treating constituents of petroleum products in
ADEM UST CLOSURE SITE ASSESSMENT FORM

1. Were there any oil in the water? ☐ ☐
2. Did the aquifer cap fail? ☐ ☐
3. Hauled to local POTW with local approval? ☐ ☐
4. Treated on-site with NPDES approved discharge? ☐ ☐
5. Other? Explain: ____________________________________________________________

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Was free product found in the piping trench? ☐ ☐

If yes,
1. How was free product handled? Describe: ______________________________________
2. What was the measured thickness of free product? ________________________________

Were visible holes noted in the piping? ☐ ☐

If yes, indicate the location(s) and provide a general description as to the size and number of holes:

Describe the soil type and thickness of all soil layers encountered in the piping trench:

Was the piping trench backfilled? ☐ ☐

If yes, provide the date of backfilling:

DO NOT BACKFILL WITH MATERIAL THAT HAS OR POTENTIALLY HAS A TPH OF GREATER THAN 100 PPM!

5. PRODUCT PIPING CLOSURE WITHOUT REMOVAL (CLOSED IN-PLACE)*:
*Includes piping removed from a chase pipe.

a. Attach a topographic map showing the location of the facility and a general site map showing the area surrounding the UST site.

b. Attach plan and sectional views of the site and include the following:

1. Location of the piping including depth,
2. Location of piping with respect to tank(s), if applicable.
3. Soil boring locations and depth at which soil samples were taken,
4. Boring logs.

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c. **Groundwater sample(s) must be collected as part of an in-place closure assessment.** Attach groundwater sampling data, as required based on depth to groundwater. Refer to Closure Site Assessment Guidance for further details regarding requirements for groundwater sampling.

d. Was the piping purged of product prior to closure?  
   If yes, was product properly disposed of?  
   YES □ NO □  

  YES □ NO □

  YES □ NO □

  YES □ NO □

f. Is the groundwater more than 5 feet below the bottom of the excavation?  
Provide the depth from the ground surface to the groundwater table.  
Feet:  
Refer to Closure Site Assessment Guidance (page 11) for further details regarding requirements for determining groundwater elevation.  
YES □ NO □

g. Was there a notable odor found in the bore holes?  
   If yes,  
   (1) The odor strength was (mild) (strong) (other)  
       describe:  
       (2) The odor indicates what type of product:  
           (gasoline) (diesel) (waste oil) (kerosene) (other)  
           describe:  
           YES □ NO □

h. Was free product found in the bore holes?  
   If yes,  
   1. How was free product handled? Describe:  
   2. What was the measured thickness of free product?  
   YES □ NO □

i. Describe the soil type and thickness of all soil layers encountered in the bore holes and provide boring logs:

j. Were the bore holes properly sealed with bentonite/soil?  
   If yes, provide the date:  
   YES □ NO □
6. GROUNDWATER SAMPLING (If required by the closure guidelines):

   a. Indicate the following on the plan and section views required by Section 2.b., 3.b, 4.b, or 5.b. above:

   1. The location and depth of the borings or monitoring wells. (Monitoring wells in lieu of borings are not required, but may be desirable in certain situations.)

   2. The most probable direction of groundwater flow. State basis for determining direction:

   b. Was a monitoring well used?

      YES  NO

      □  □

      If yes, attach a schematic drawing of the well(s) and all boring logs.
c. SUMMARY OF GROUNDWATER SAMPLING RESULTS:

Date of Sampling: ____________________

<table>
<thead>
<tr>
<th>Boring or MW #</th>
<th>mg/l</th>
<th>mg/l</th>
<th>mg/l</th>
<th>mg/l</th>
<th>mg/l</th>
<th>mg/l</th>
<th>mg/l</th>
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<tbody>
<tr>
<td>Benzene</td>
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<tr>
<td>Ethylbenzene</td>
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<tr>
<td>Toluene</td>
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<td>Xylenes</td>
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<td>MTBE</td>
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<td>Benzo(a)anthracene</td>
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<tr>
<td>Benzo(g,h,i)perylene</td>
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<td>Lead</td>
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</tbody>
</table>

*Note: Attach additional tables as needed based on number of groundwater samples or variations in sampling dates.*

d. Attach the original chain of custody record (copies are not acceptable) and the original laboratory data sheet (copies are not acceptable) for each sample.
## 7. SUMMARY OF SOIL ANALYTICAL DATA

a. Provide the analytical data obtained from the site in the following tables:

### TANK PIT SAMPLES:

Date of Sampling:

<table>
<thead>
<tr>
<th>Sample #</th>
<th>mg/kg</th>
<th>mg/kg</th>
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<th>mg/kg</th>
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</thead>
<tbody>
<tr>
<td><strong>TPH OPTION:</strong></td>
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<td>TPH</td>
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Note: Attach additional tables as needed based on number of soil samples or variations in sampling dates.
PIPING & DISPENSER SAMPLES:

Date of Sampling: ____________

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<th>Sample #:</th>
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</table>

*Note: Attach additional tables as needed based on number of soil samples or variations in sampling dates.*

b. Attach the original chain of custody record (copies are not acceptable) and the original laboratory data sheet (copies are not acceptable) for each sample.
8. EXCAVATED SOIL

ALL EXCAVATED SOIL REQUIRES ANALYSIS PRIOR TO DISPOSAL UNLESS OTHERWISE DIRECTED BY THE DEPARTMENT. TANK CLOSURE SAMPLES FROM THE EXCAVATION MAY NOT BE REPRESENTATIVE OF THE LEVEL OF CONTAMINATION IN THE EXCAVATED SOIL.

For safety and other considerations, it is recommended that open pits and piping trenches should be backfilled as soon as possible with clean backfill. Soils which have TPH levels greater than 100 ppm or soils for which the level of contamination has not been determined shall not be returned to the excavation pit(s) or piping trenches.

a. If tank was closed by removal, provide an estimate of the volume of soil removed: ____________ cubic yds

b. Provide a summary of analytical results for the excavated soil:

Date of Sampling: ____________

<table>
<thead>
<tr>
<th>Sample #</th>
<th>TPH Results mg/kg</th>
<th>Lead Results (If applicable) mg/kg</th>
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Note: Attach additional tables as needed based on number of soil sample or variations in sampling dates.

c. Attach the original chain of custody record (copies are not acceptable) and the original laboratory data sheet (copies are not acceptable) for each sample.

d. Attach the "Total Potential VOC Emissions Calculations" for soil removed.
e. Indicate current method/location of soil disposal:

f. Check the method of soil disposal used or to be used:

- Return to the excavation pit only when TPH is less than or equal to 100 ppm and depth of groundwater is greater than 5 feet from the base of the pit.
- Spread in a thin layer (6" or less) on site only when TPH is less than or equal to 100 ppm.
- Disposal in a lined landfill (See attached “Guidelines for the Disposal of Non-Hazardous Petroleum Contaminated Wastes”).
- Incineration.
- Thermal volatilization.
- Recycling facility
- Other

g. If soil was disposed of prior to the submittal of this form, indicate the final destination below and attach copies of invoices, receipts, and “certificate of burn” (if soil was incinerated):

9. TANK CLEANING

a. The tank(s) were cleaned in accordance with American Petroleum Institute (API) Bulletin 2015 “Cleaning Petroleum Storage Tanks”? YES ☐ NO ☐

If no, describe how tank(s) were cleaned:

b. Provide an estimate of the volume of sludge removed from the tank: ________ Gallons

c. Indicate the final destination of the sludge and attach invoices or receipts:
10. ATTACHMENTS

Attach the following to the closure form in the following order as applicable to the type of closure site assessment performed. Check each box to indicate that a particular map or information is attached to the closure site assessment form. The section of the closure site assessment form that indicates the required attachment is shown.

| □ | Topographic Map showing location of site (Section 2.a., 3.a., 4.a., & 5.a.) |
| □ | Area map showing general location of the site. Include land use on-site and within 500’ of site. Indicate property owner names and addresses if a release has occurred. (Section 1) |
| □ | Include locations of domestic and public water supply wells, and surface water intakes (Section 1) |
| □ | Plan and sectional views of the site including the following: (Section 2.b., 3.b., 4.b., & 5.b.) |
| □ | Location of the closed tanks and piping including depth. Include any remaining tanks or piping at site. Include tank identification numbers. |
| □ | Excavation dimensions of the tank system |
| □ | Locations of soil samples taken for piping and tank which includes the analytical results. |
| □ | Location of areas of visible contamination |
| □ | Location of any stockpiled excavated soil |
| □ | Location of soil borings for an in-place closure |
| □ | The location and depth of the one up-gradient and 3 down-gradient borings or monitoring wells (Section 6.a.) |
| □ | Map illustrating the most probable direction of groundwater flow (Section 6.a.) |
| □ | Schematic diagrams of the monitoring wells installed (Section 6.b.) |
| □ | Boring logs of soil borings (Section 3.b., 5.b. &6.b.) |
| □ | Site Classification Checklist |
| □ | Invoices and/or receipts for sludge disposal (Section 9.c.) |
| □ | Invoices, manifests and certificates of burn or disposal for soil disposal (Section 8.f.) |

Attach the original chain of custody record (copies are not acceptable) for each sample which includes at least the following: (Sections 6.d., 7.b., & 8.c.)

- Sample identification number,
- Date and time sample was taken,
- Name and title of person collecting sample (see certification requirement on page 15 of this form),
- Type of sample (soil or water),
- Type of sample container,
- Method of preservation,
- Date and time sample was relinquished,
- Person relinquishing sample,
- Date and time sample was received by lab,
- Person receiving sample at lab.

Attach the original laboratory data sheet (copies are not acceptable) which includes at least the following: (Sections 6.d., 7.b., & 8.c.)

- A sample identification number which can be cross referenced with the soil sample locations indicated on the plan and sectional views required by Section 2.b., 3.b., 4.b., or 5.b. above
- The sample analytical results with appropriate units,
- The method used to analyze each sample,
- The date and time the sample was analyzed,
- The person analyzing the sample.
11. SIGNATURES

This form should be completed, signed, and returned, along with any other pertinent information, to the following address:

The Alabama Department of Environmental Management
Groundwater Branch
Post Office Box 301463
Montgomery, AL 36130-1463
(334) 270-5655

INCOMPLETE FORMS WILL BE RETURNED FOR CORRECTION.

Name of person taking soil and/or groundwater samples: ________________________________

Company: ________________________________
Telephone Number: ________________________________

I certify under penalty of law that I have obtained representative soil and/or groundwater samples using accepted sampling procedures.

Signature: ________________________________ Date: ________________________________
Print Name: ________________________________

Either an Alabama Licensed Professional Geologist or an Alabama Registered Professional Engineer must sign this form:

I certify under penalty of law that I have performed this closure site assessment in accordance with accepted soil and groundwater investigation practices; I am either an Alabama Licensed Professional Geologist or an Alabama Registered Professional Engineer; I am experienced in soil and groundwater investigations; and the information I have submitted, to the best of my knowledge and belief, is true, accurate, and complete.

Signature of Alabama Licensed Professional Geologist: ________________________________ Date: ________________________________
Print Name: ________________________________
Alabama P.G. License Number: ________________________________

Signature of Alabama Registered Professional Engineer: ________________________________ Date: ________________________________
Print Name: ________________________________
Alabama P.E. Registration Number: ________________________________

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature of Tank Owner: ________________________________ Date: ________________________________
Print Name: ________________________________

ADEM FORM 474 m3 10/2017
Reviewed By: ___________________________ Date: ______________

COMMENTS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
MEMORANDUM

January 28, 1991

ADEM UST CLOSURE
TOTAL POTENTIAL VOC EMISSIONS CALCULATIONS

TO: ____________________________ FROM: ____________________________

Air Division UST Compliance Section

FACILITY I.D. NO.: ____________________________

DATE OF THIS REPORT: ____________________________

INCIDENT NO. UST ______ ______ ______
(If applicable).

FACILITY COUNTY: ____________________________

FACILITY NAME: ____________________________

LOCATION: ____________________________

ADDRESS: ____________________________

UST OWNER: ____________________________

ADDRESS: ____________________________

CONTACT NAME: ____________________________

CONTACT PHONE #: ____________________________

Name of Consultant who performed calculations:
Consultant’s Phone Number: ____________________________

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<th>cyds x .002 =</th>
<th>c lbs. VOC emissions</th>
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</thead>
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</table>

TOTAL POTENTIAL EMISSIONS = __________ lbs. VOC emissions

* NOTE - If more samples are taken than indicated on this form, please attach additional pages as necessary.
This form must be completed and submitted with the ADEM UST Closure Site Assessment Report Form.

ADEM FORM #492 8/02

ADEM FORM 474 m3 10/2017
DRINKING WATER BRANCH
RENEWAL PERMIT APPLICATION

1 - GENERAL

Legal Name of System: __________________________________________________________
PWSID#: AL000 County: _______________________________________________________

Mailing Address: ______________________________________________________________

City __________________ State ___________ Zip Code _____________________________

Telephone #: _________________________________________________________________

Office __________________ FAX ________________________________________________

Emergency ________________________________________________________________

E-Mail Address: ______________________________________________________________

I certify that the information submitted in this application is true, accurate and complete. I am aware that submitting false or incorrect information is grounds for denial of the permit.

Responsible Authority _______________________________________________________

Signature _________________________________________________________________

Date __________________

Number of Customers: ________________________________________________________

Certified Operator in Charge __________________________________________________

Telephone #: ______________________________________________________________

Work ________________________________________________________________

Cell _________________________________________________________________

Grade __________________ Operator ID #: __________________

Home ________________________________________________________________

Pager ________________________________________________________________
2 - GROUND SOURCES

Name of Source

Aquifer

Capacity

*Treated with chlorine only
☐ Chlorine Gas ☐ Hypochlorite
☐ Bleach (Bulk)

Auxiliary Power
☐ Yes ☐ No

Name of Source

Aquifer

Capacity

*Treated with chlorine only
☐ Chlorine Gas ☐ Hypochlorite
☐ Bleach (Bulk)

Auxiliary Power
☐ Yes ☐ No

Name of Source

Aquifer

Capacity

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☐ Chlorine Gas ☐ Hypochlorite
☐ Bleach (Bulk)

Auxiliary Power
☐ Yes ☐ No

Name of Source

Aquifer

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☐ Bleach (Bulk)

Auxiliary Power
☐ Yes ☐ No

Name of Source

Aquifer

Capacity

*Treated with chlorine only
☐ Chlorine Gas ☐ Hypochlorite
☐ Bleach (Bulk)

Auxiliary Power
☐ Yes ☐ No

Name of Source

Aquifer

Capacity

*Treated with chlorine only
☐ Chlorine Gas ☐ Hypochlorite
☐ Bleach (Bulk)

Auxiliary Power
☐ Yes ☐ No

*The treatment page is not necessary if the only treatment is chlorine for disinfection.

ADEM Form 490 10/17 m2
3 - SURFACE SOURCES

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### 4 - TREATMENT

**Source Name:**

**Capacity:**

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<td>Membrane</td>
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</tr>
</tbody>
</table>

**BACKWASH WATER RECYCLED**

- Yes
- No

**AUXILIARY POWER**

- Yes
- No

<table>
<thead>
<tr>
<th>Package Treatment</th>
<th>Clearwell</th>
<th>Number</th>
<th>Baffles</th>
<th>Total Capacity</th>
</tr>
</thead>
</table>

**Other:**

<table>
<thead>
<tr>
<th>Chemical Treatment Provided</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorine Gas</td>
<td>Soda Ash</td>
</tr>
<tr>
<td>Hypochlorite</td>
<td>Caustic</td>
</tr>
<tr>
<td>Bleach (Bulk)</td>
<td>Corrosion Inhibitor</td>
</tr>
<tr>
<td>Chloramines</td>
<td>Lime</td>
</tr>
<tr>
<td>Chlorine Dioxide</td>
<td>Fluoride</td>
</tr>
<tr>
<td>Hydrogen Peroxide</td>
<td>KMNO4</td>
</tr>
<tr>
<td>Ammonia</td>
<td>Other</td>
</tr>
<tr>
<td>Alum</td>
<td></td>
</tr>
<tr>
<td>Polymer</td>
<td></td>
</tr>
</tbody>
</table>

**Disinfection - Contact Time (CT)**

- Contact Time
- Minimum CL2 Residual

**CT:** @ **mg/L**
4 - TREATMENT

Source Name: ____________________________________________
Capacity: _____________________________________________

**Physical Treatment Provided**

<table>
<thead>
<tr>
<th>None</th>
<th>Aeration</th>
<th>Rapid Mix</th>
<th>Flocculation</th>
<th>Sedimentation</th>
<th>Filtration</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rapid Sand</th>
<th>Pressure</th>
<th>Slow Sand</th>
<th>GAC</th>
<th>Greensand</th>
<th>Membrane</th>
</tr>
</thead>
</table>

**BACKWASH WATER RECYCLED**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**AUXILIARY POWER**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Package Treatment □

Clearwell □

Number _______ Baffles _______

Total Capacity _______

Other: ______________________________________________________

**Chemical Treatment Provided**

<table>
<thead>
<tr>
<th>Chlorine Gas</th>
<th>Soda Ash</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hypochlorite</th>
<th>Caustic</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Bleach (Bulk)</th>
<th>Corrosion Inhibitor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Chloramines</th>
<th>Lime</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Chlorine Dioxide</th>
<th>Fluoride</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hydrogen Peroxide</th>
<th>KMNO4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ammonia</th>
<th>Other</th>
</tr>
</thead>
</table>

| Alum | Polymer |

**Disinfection - Contact Time (CT)**

Contact Time _______

Minimum CL2 Residual _______

CT: _______ @ _______ mg/L
4 - TREATMENT

Source Name: ________________________________
Capacity: ________________________________

Physical Treatment Provided

- None □
- Aeration □
- Rapid Mix □
- Flocculation □
- Sedimentation □
- Filtration □

Filtration Rate
- Rapid Sand □
- Pressure □
- Slow Sand □
- GAC □
- Greensand □
- Membrane □

Backwash Water Recycled

- Yes □
- No □

Auxiliary Power

- Yes □
- No □

Package Treatment □
Clearwell □

Number ________ Baffles ________

Other: ________________________________

Chemical Treatment Provided

- Chlorine Gas □
- Soda Ash □
- Hypochlorite □
- Caustic □
- Bleach (Bulk) □
- Corrosion Inhibitor □
- Chloramines □
- Lime □
- Chlorine Dioxide □
- Fluoride □
- Hydrogen Peroxide □
- KMNO4 □
- Ammonia □
- Other □
- Alum □
- Polymer □

Disinfection - Contact Time (CT)

Contact Time ________
Minimum CL2 Residual ________

CT: ________ @ ________ mg/L
4 - TREATMENT

Source Name: 
Capacity: 

Physical Treatment Provided

- None □
- Aeration □
- Rapid Mix □
- Flocculation □
- Sedimentation □
- Filtration □

Filtration Rate

- Rapid Sand □
- Pressure □
- Slow Sand □
- GAC □
- Greensand □
- Membrane □

BACKWASH WATER RECYCLED □ Yes □ No

AUXILIARY POWER □ Yes □ No

Package Treatment □
Clearwell □

Number Baffles
Total Capacity

Other: __________________________

Chemical Treatment Provided

- Chlorine Gas □
- Soda Ash □
- Hypochlorite □
- Caustic □
- Bleach (Bulk) □
- Corrosion Inhibitor □
- Chloramines □
- Lime □
- Chlorine Dioxide □
- Fluoride □
- Hydrogen Peroxide □
- KMNO4 □
- Ammonia □
- Other □
- Alum □
- Polymer

Disinfection - Contact Time (CT)

Contact Time
Minimum CL2 Residual

CT: _______ @ _______ mg/L
4 - TREATMENT

Source Name: ____________________________________________________________
Capacity: ______________________________________________________________

**Physical Treatment Provided**
- [ ] None
- [ ] Aeration
- [ ] Rapid Mix
- [ ] Flocculation
- [ ] Sedimentation
- [ ] Filtration

**Filtration Rate**
- [ ] Rapid Sand
- [ ] Pressure
- [ ] Slow Sand
- [ ] GAC
- [ ] Greensand
- [ ] Membrane

**BACKWASH WATER RECYCLED**
- [ ] Yes
- [ ] No

**AUXILIARY POWER**
- [ ] Yes
- [ ] No

- Package Treatment [ ]
- Clearwell [ ]

**Number**
- Total Capacity [ ]

**Baffles** [ ]

**Other:** ______________________________________________________________

**Chemical Treatment Provided**
- [ ] Chlorine Gas
- [ ] Hypochlorite
- [ ] Bleach (Bulk)
- [ ] Chloramines
- [ ] Chlorine Dioxide
- [ ] Hydrogen Peroxide
- [ ] Ammonia
- [ ] Alum
- [ ] Polymer

- [ ] Soda Ash
- [ ] Caustic
- [ ] Corrosion Inhibitor
- [ ] Lime
- [ ] Fluoride
- [ ] KMNO4
- [ ] Other

**Disinfection - Contact Time (CT)**

- Contact Time [ ]
- Minimum CL2 Residual [ ]

- CT: [ ] @ [ ] mg/L
4 - TREATMENT

Source Name: __________________________
Capacity: __________________________

**Physical Treatment Provided**

- None □
- Aeration □
- Rapid Mix □
- Flocculation □
- Sedimentation □
- Filtration □

**Filtration Rate**
- Rapid Sand □
- Pressure □
- Slow Sand □
- GAC □
- Greensand □
- Membrane □

**BACKWASH WATER RECYCLED**
- Yes □
- No □

**AUXILIARY POWER**
- Yes □
- No □
- Package Treatment □
- Clearwell □

**Number** □ □ **Baffles** □ □

**Total Capacity** □ □

**Other:**

**Chemical Treatment Provided**

- Chlorine Gas □
- Soda Ash □
- Hypochlorite □
- Caustic □
- Bleach (Bulk) □
- Corrosion Inhibitor □
- Chloramines □
- Lime □
- Chlorine Dioxide □
- Fluoride □
- Hydrogen Peroxide □
- KMNO4 □
- Ammonia □
- Other □
- Alum □
- Polymer □

**Disinfection - Contact Time (CT)**

Contact Time □ □
Minimum CL2 Residual □ □

CT: ___________ @ ___________ mg/L

ADEM Form 490 10/17 m2
### 5 - CONNECTIONS TO OTHER SYSTEMS

<table>
<thead>
<tr>
<th>Systems Connected to:</th>
<th>No. Connection Points</th>
<th>Monthly Average</th>
<th>Monthly Contract Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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### 6 - DISTRIBUTION SYSTEM

<table>
<thead>
<tr>
<th>Tank Name</th>
<th>Overflow Elevation</th>
<th>Type</th>
<th>Volume</th>
</tr>
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<tbody>
<tr>
<td></td>
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<thead>
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<th>Chlorination</th>
<th>Capacity</th>
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</thead>
<tbody>
<tr>
<td>Hydro</td>
<td>Yes</td>
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5 - CONNECTIONS TO OTHER SYSTEMS

<table>
<thead>
<tr>
<th>Systems Connected to:</th>
<th>No. Connection Points</th>
<th>Monthly Average</th>
<th>Monthly Contract Limit</th>
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</thead>
<tbody>
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6 - DISTRIBUTION SYSTEM

<table>
<thead>
<tr>
<th>Tank Name</th>
<th>Overflow Elevation</th>
<th>Type</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Pump Station Name</th>
<th>Chlorination</th>
<th>Capacity</th>
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</thead>
<tbody>
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<tr>
<td></td>
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</table>
### 6 - DISTRIBUTION SYSTEM (Continued)

#### C. WATER MAIN

<table>
<thead>
<tr>
<th>Material</th>
<th>Miles</th>
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</thead>
<tbody>
<tr>
<td>Cast/Ductile Iron:</td>
<td></td>
</tr>
<tr>
<td>Asbestos Cement:</td>
<td></td>
</tr>
<tr>
<td>PVC:</td>
<td></td>
</tr>
<tr>
<td>Other-</td>
<td></td>
</tr>
</tbody>
</table>

### 7 - SYSTEM DOCUMENTATION

**THE FOLLOWING DOCUMENTS ARE CURRENT AND ON FILE:**

1. **Bacteriological Sample Site Plan**
   - [ ] Yes
   - [ ] No

2. **Cross-Connection Control Policy**
   - [ ] Yes
   - [ ] No

3. **Waiver Request for Reduced Monitoring**
   - [ ] Yes
   - [ ] No

4. **Source Water Assessment Plan**
   - [ ] Yes
   - [ ] No

5. **Water Conservation Plan**
   - [ ] Yes
   - [ ] No

6. **Standard Operating Procedure (SOP) for the systems and the WTP**
   - [ ] Yes
   - [ ] No

7. **D/DBP Sampling Plan**
   - [ ] Yes
   - [ ] No

8. **Distribution Material Inventory (Lead and Copper Rule)**
   - [ ] Yes
   - [ ] No

**NOTE:**
- *The Source Water Assessment Plan must be updated each time the system renews its operating permit.*
- **If the Distribution Material Inventory is not current, then the inventory should be updated and sent to the Department (Please see ADEM Admin. Code r. 335-7-3-.04(d))

**ATTACH ADDITIONAL SHEETS AS NEEDED FOR EACH SECTION**
INSTRUCTIONS
(PAGE 1)

GENERAL:
1 Enter the name, PWSID number, address, and other listed information for the public water system.
2 The application should be signed by a person who is legally responsible for the public water system. This could be a mayor, chairperson, or manager. The water system operator or the water system's consulting engineer are not acceptable.
3 The application fee can be found in ADEM Admin. Code r. 335-1 (Division 1) under Fee Schedule D (Water Supply).
4 For the number of customers, use the latest available number of billed customers from your billing register.
5 Enter operator information and applicable contact numbers.

SOURCES:
1 Enter all information requested for each source type.
2 Capacities should be entered as gallons per minute for ground water sources and million gallons per day for surface water sources.

TREATMENT:
1 Enter all information for each treatment plant. Each treatment plant should be entered on a separate page.
2 Capacities should be entered as gallons per minute for ground water sources and million gallons per day for surface water sources.
3 Select all types of physical and chemical treatment being used. Attach additional pages for treatment types not listed.
4 Select type of filtration and enter filtration rate in gallons per minute per square foot (gpm/ft²).
5 Attach additional pages for disinfection calculations with schematic.
INSTRUCTIONS
(PAGE 2)

CONNECTIONS TO OTHER SYSTEMS:
1. Enter name of each system to which you are connected and the number of connection points to each.
2. Check appropriate box whether you buy and/or sell to that system. Check the "EMER" box if this is also an emergency connection.
3. Show in gallons the average monthly amount sold or purchased. Use an average of the latest 12 months.
4. Show in gallons the MAXIMUM monthly contracted amount. You may not have a contract with an emergency connection. ATTACH A COPY OF EACH CONTRACT TO THIS APPLICATION.

DISTRIBUTION SYSTEM:
1. Enter tank overflow elevation in feet above sea level (MSL).
2. Check appropriate type of tank - GR=Ground (H/D ratio ≤1.00), EL=Elevated, SP=Standpipe (H/D ratio >1.00), PR=Pressure (Hydropneumatic tank at pump station). Volumes should be in gallons.
3. Enter pump station ID (name, number, etc.). Check box if this is a hydropneumatic station with a pressure tank also listed in tank section.
4. Check appropriate box (whether station has capability to add chlorine).
5. Enter capacity in gallons per minute with the largest pump being considered not-in-service. (Ex - two 250 gpm pumps=250 gpm capacity; two 150 gpm pumps and one 200 gpm pump = 300 gpm capacity).
6. Enter the approximate amount of each type of pipe to the nearest 0.5 mile. If "other", show type.

SYSTEM DOCUMENTATION:
Check "yes" box if you have these documents and they are complete and up-to-date. Some may not be required for your system. Note the Source Water Assessment Plan must be updated each time the operating permit is renewed.

ADDITIONAL INFORMATION:
Should you need assistance with this permit application, contact the Drinking Water Branch @ 334-271-7773.
1400 Coliseum Boulevard, Montgomery, AL 36110
P. O. Box 301463, Montgomery, AL 36130-1463
**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)**
**NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG890000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG890000, which 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. If space is insufficient, continue on an attached sheet(s) as necessary. 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. Please type or print legibly in blue or black ink. Mail completed form to:

ADEM-Water Division  
Stormwater Management Branch  
PO Box 301463  
Montgomery, Alabama 36130-1463

---

**DISCHARGES NOT COVERED BY GENERAL PERMIT 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  
- [ ] Transfer of General Permit No. ALG89  
- [ ] Initial NOI for Existing Facility (Previous NPDES Permit AL________)  
- [ ] Reissuance of General Permit ALG89  
- [ ] Other

---

### I. PERMITTEE INFORMATION

<table>
<thead>
<tr>
<th>Permittee Name</th>
<th>Responsible Official Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsible Owner/Operator or Official, and Title</th>
<th>Responsible Official E-Mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Responsible Official (RO) Mailing Address</th>
<th>City, State, and Zip Code</th>
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<table>
<thead>
<tr>
<th>Responsible Official (RO) Street/Physical Address</th>
<th>City, State, and Zip Code</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

- [ ] Corporation  
- [ ] Individual  
- [ ] Sole Proprietorship  
- [ ] Partnership  
- [ ] LLC  
- [ ] LLP  
- [ ] Government Agency  
- [ ] Other

---

### II. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Facility/Site Name</th>
<th>Facility/Site Contact and Title</th>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Facility/Site Street Address or Location Description</th>
<th>City, State, and Zip Code</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Facility Front Gate Latitude and Longitude (decimal or deg, min, sec)</th>
<th>Facility/Site Contact Phone Number</th>
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<tbody>
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<table>
<thead>
<tr>
<th>County(s)</th>
<th>Facility/Site Contact e-Mail Address</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Detailed Directions to Facility/Site</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

---

### III. ACTIVITY DESCRIPTION

**Please Specify Material to be Mined:**

- [ ] Dirt and/or Chert  
- [ ] Sand and/or Gravel  
- [ ] Shale  
- [ ] Common Clay  
- [ ] Other

<table>
<thead>
<tr>
<th>Narrative Description of Activity</th>
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<table>
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<tr>
<th>Primary SIC Code</th>
<th>Primary NAICS Code</th>
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IV. PROPOSED SCHEDULE

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<thead>
<tr>
<th>Anticipated Activity Schedule</th>
<th>Commencement Date:</th>
<th>Completion Date:</th>
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</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 recent 7.5 minute series USGS topographic map(s) no larger than 11 by 17 inches (several pages may be necessary), of the area extending to at least one mile beyond property boundaries. The topographic 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 is located. The topographic map(s) must show the location of the facility including the site boundaries.

VI. RECEIVING WATERS

List discharge point number, name of receiving water(s), latitude & longitude (decimal or degree/minute/second) of location(s) that run-off enters the receiving water, and the waterbody use classification.

<table>
<thead>
<tr>
<th>Discharge Point No.</th>
<th>Receiving Water</th>
<th>Latitude</th>
<th>Longitude</th>
<th>Waterbody Use Classification</th>
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<tr>
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</table>

VII. 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, or 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-.107?

Yes ☐ No ☐ If yes, attach a copy of the BMP Plan that meets the requirements of Part III.D of the permit.

VIII. GENERAL INFORMATION

Please be sure to submit a check for the appropriate application fee with the NOI. DO NOT SUBMIT THE NOI AND PERMIT FEE SEPARATELY.

IX. 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: 

Address: 

Name and Title (type or print): 

Phone Number: 

Signature: 

Date Signed:

X. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE

Pursuant to ADEM Administrative Code Rule 335-6-6-.09, this NOI must be signed by a Responsible Official of the permittee who is the operator, owner, the sole proprietor of a sole proprietorship, a general/controlling member or partner, 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 and decision making for the site/activity. "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 (type or print): 

Official Title: 

Signature: 

Date Signed: 

ADEM Form 498 10/17 m4
**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)**

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

**Instructions:** This form should be used to request termination of coverage under NPDES General Permit Number ALG890000, which is the general permit authorizing discharges from small noncoal/nonmetallic mining and dry processing and areas associated with these activities. Please complete all questions. Respond with "N/A" as appropriate. Incomplete or incorrect answers, or missing signatures will delay processing. If space is insufficient, continue on an attached sheet(s) as necessary. Attach other information as needed. Please type or print legibly in blue or black ink. Mail completed form to:

ADEM-Water Division  
Stormwater Management Branch  
PO Box 301463  
Montgomery, Alabama 36130-1463

---

**Item I.**

<table>
<thead>
<tr>
<th>Permittee Name</th>
<th>Facility/Site Name</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>NPDES Permit Number</th>
<th>Facility Street Address or Location Description</th>
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<tbody>
<tr>
<td>ALG89</td>
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</table>

<table>
<thead>
<tr>
<th>County(s)</th>
<th>Facility City, State, Zip</th>
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</thead>
</table>

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**Item II.**

1. □ Yes □ No □ N/A Has all regulated activity authorized by this Permit at this facility been completed? (i.e. mining effects removed; solid waste/debris properly disposed; all disturbed areas have been fully reclaimed, permanently stabilized, or perennial vegetative cover established; and stormwater discharges do not represent an adverse impact to water quality.)

2. □ Yes □ No □ N/A If applicable, has the Permittee been released from the ADOL bond? If yes, attach a copy of the ADOL bond release paperwork.

If "Yes" to question 1 above, skip questions 3 and 4 below:

3. □ Yes □ No □ N/A Has the Permittee lost operational control of the facility/site?

4. □ Yes □ No □ N/A Has the Permittee lost legal responsibility for the facility/site?

If "Yes" to either question 3 or 4, in order for this termination request to be granted, the Name, Phone Number, and Address of the succeeding responsible permittee/operator(s) **must** be listed and the succeeding responsible operator must obtain coverage.

---

"I understand that discharging pollutants in storm water associated with regulated activity to waters of the State that is not authorized by NPDES permit coverage is a violation of State law. I also understand that the submittal of this request for termination does not release the operator from liability for any violations of this permit, ADEM Administrative Code Chapter 335-6-6, or other ADEM rules until a complete and correct request for termination of the permit is received by the Department. I understand that the permittee, operator, owner, contractors, separately or collectively, must retain permit coverage for mining activities until all disturbance activity is substantially complete. I understand that should an inspection or complaint reveal significant noncompliance with ADEM rules, an environmental problem related to the discharge of stormwater from the site or that incorrect information has inadvertently been provided, implementation of remedial measures may be required, to include resubmittal of the NOI in order to correct any deficiencies, comply with state and federal permitting requirements, and provide for the protection of water quality. "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.

<table>
<thead>
<tr>
<th>Name &amp; Designation of QCP</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Name &amp; Title of Responsible Official</th>
<th>Signature</th>
<th>Date</th>
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</table>
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NPDES NONCOAL/NONMETALLIC MINING AND DRY PROCESSING LESS THAN 5 ACRES
STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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:
Permit Number: County:
Facility Entrance Latitude & Longitude: Phone Number:
Facility Street Address or Location Description:

Item II.
List name of current receiving water(s), the number of disturbed acres which drain through each treatment system or BMP, and the discharge point number as listed on the submitted NOI. Add additional sheet(s) if necessary.

<table>
<thead>
<tr>
<th>Receiving Water</th>
<th>Disturbed Acres</th>
<th>Discharge Point #</th>
</tr>
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<tbody>
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Item III.
1. □ YES □ NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s):

2. □ YES □ NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance:

3. □ YES □ NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:

4. □ YES □ NO Were BMPs installed in a manner consistent with the BMP Plan? If "No", please provide a description and location of where the BMPs were either not installed or installed incorrectly:

5. □ YES □ NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:
**Item IV.**

Weather Conditions at the time of the inspection:

<table>
<thead>
<tr>
<th>Discharge Point #</th>
<th>Date, Time, and Location of Samples Collected</th>
<th>Sample Analysis Results</th>
<th>Analytical Method(s)</th>
</tr>
</thead>
<tbody>
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</table>

"Based upon the inspection of (date & time) ____________________________ conducted by the QCP, QCI, or a qualified person (list: ____________________________) under the direct supervision of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility's BMP Plan, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. 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."

<table>
<thead>
<tr>
<th>Name &amp; Designation of QCI or QCP</th>
<th>Signature</th>
<th>Date</th>
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<tr>
<th>Name &amp; Title of Permittee Responsible Official</th>
<th>Signature</th>
<th>Date</th>
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AGREEMENT FOR SUBMITTING ELECTRONIC DOCUMENTS TO THE ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) USING THE ALABAMA ELECTRONIC ENVIRONMENTAL (E2) REPORTING SYSTEM (the “Agreement”), by and between the ADEM, Montgomery, Alabama, a state governmental agency, and reporting party (“Certifier”) who has signed and returned this Electronic Signature Agreement (ESA), is effective on the date on which ADEM issues the initial PERSONAL IDENTIFICATION NUMBER (PIN), in acceptance of Certifier’s signed ESA.

1. RECITALS. The intent of this agreement is to create legally binding obligations upon the parties using the specified data transmission protocols and the E2 Reporting System, to ensure that the Certifier agrees to: (i) maintain the confidentiality and protect the electronic signature from unauthorized use or compromise, and follow any procedures specified by the ADEM for this purpose; (ii) be held as legally bound, obligated, or responsible by use of the assigned electronic signature as by hand-written signature.

2. VALIDITY AND ENFORCEABILITY. This Agreement has been executed by the parties to evidence their mutual intent to follow Department procedures to create binding regulatory reporting documents using electronic transmission and receipt of such records consistent with the provisions of Chapter 6 of the ADEM Administrative Code. Acceptance and execution of this agreement by the ADEM shall be evidenced by the issuance of a PIN to the Certifier. Consistent with ADEM Administrative Code electronic signatures under this agreement shall have the same force and effect as a written signature.

3. RECEIPT. Once submitted by a Certifier, a document shall be deemed received by ADEM when the submission ID is generated and the file processed by the E2 System Server. No Document shall satisfy any reporting requirement or be of any legal effect until the auto generated submission ID is provided. The Certifier is responsible for the content of each transmission, in accordance with the associated certification statement, and for reviewing the accuracy of the processed document information and as made available by the ADEM E2 Reporting System.

4. SIGNATURE. The Certifier shall adopt as its electronic signature any Personal Identification Number (PIN) assigned by ADEM following acceptance of this ESA. The Certifier agrees that any such Signature affixed to or associated with any transmitted Document shall be sufficient to verify such party originated and possessed the requisite authority both to originate the transaction and to verify the accuracy of the content, in the format of the specified E2 Reporting System transmission protocol or otherwise, at the time of transmital. The Certifier also expressly agrees that each report it submits by using its PIN constitutes their agreement with the associated certification statement.

5. DEFINITIONS. Whenever used in this Agreement or any documents incorporated into this Agreement by reference, the following terms shall be defined as follows:

(a). Personal Identification Number (PIN). Assigned by ADEM following acceptance of this ESA, each PIN will consist of a unique sequence of alpha-numeric characters and when combined with the knowledge based security question answer shall constitute the electronic signature.

(b). Compromise. When the PIN is intentionally or unintentionally given, disclosed, delegated, or otherwise made available, including any theft or loss, to any other person or organization.

(c). Writing. Any document properly transmitted pursuant to this Agreement shall be considered to be a “writing” or “in writing”.

6. TRANSMISSION PROTOCOLS. All Reports transmitted between the parties shall adhere to the Protocol(s) established by the ADEM for files to be received by the ADEM E2 Reporting System and in affect at the time of a transaction. The Department may modify such Protocol(s), as may be necessary, to promote or continue usability of the E2 Reporting System. The Department shall make available any such Protocol(s), changes to Protocols, or related implementation guidelines for reporting using the ADEM E2 Reporting System.

7. SECURITY. The parties shall take reasonable actions to implement and maintain security procedures necessary to ensure the protection of transmissions against the risk of unauthorized access, alteration, loss or destruction including, but not limited to: protecting the secrecy of passwords and electronic signatures and transmitting only files in an acceptable protocol.

(a). Use of PIN. Each Certifier shall be either the Responsible Official or a person identified as an authorized representative for signatory purposes by the Responsible Official for each facility, person, or other entity for which information is being reported. If a PIN has been compromised or where there is evidence of potential compromise, it will be automatically or manually suspended. In addition, ADEM will inactivate or revoke a PIN where the Certifier is no longer an authorized representative. Each Certifier expressly agrees that the Department may act immediately and unilaterally in any decision to suspend, inactivate, revoke, or otherwise disallow use of a PIN by any Certifier, where the Department believes that such action is necessary to ensure the authenticity, integrity, or general security of transmissions or records, or where there are any actual or apparent violations of this ESA.
(b). Protection of PIN. Each party must protect the security and confidentiality of any PIN from compromise and shall take all necessary steps to prevent its loss, disclosure, modification, or unauthorized use. The Certifier shall notify ADEM immediately, but, not later than one business day, if it has reason to believe the security of any PIN has been compromised and must request a change. If ADEM has reason to believe that PIN security has been compromised, the ADEM will consult with the Certifier, when practical, and initiate PIN changes where necessary. The Certifier is responsible for immediately notifying ADEM (in writing) of termination of employment, reassignment, or any other change or cessation of status as an authorized representative.

8. SEVERABILITY. Any provision of this Agreement which is determined to be invalid or unenforceable will be ineffective to the extent of such determination without invalidating the remaining provisions of this Agreement or affecting the validity or enforceability of such remaining provisions.

9. INABILITY TO TRANSMIT OR FILE REPORTS ELECTRONICALLY. No party shall be liable for any failure to perform its obligations in connection with any Electronic Transaction or any Electronic Document, where such failure results from any act or cause beyond such party's control which prevents such party from electronically transmitting or receiving any Documents, except that the Certifier is nonetheless required to submit records or information required by law via other means, as provided by applicable law and within the time period provided by such law.

10. GOVERNING LAW. This Agreement shall be governed by and interpreted in accordance with Chapter 6, Alabama Statutes, other applicable provisions of Laws of Alabama, and the Federal laws of the United States.

The ADEM and the Certifier have caused this Agreement to be properly executed on their behalf, as of the date the Certifier is issued a PIN, in accordance with and following acceptance of this agreement by the ADEM.

Type or Print Legibly

Certifier:

I, the undersigned, have the authority to enter into this Agreement under the ADEM Admin. Code r. 335-6-5-.14 or 335-6-6-.09, as applicable, for (Permittee Name) and for (Permit Number(s))

Name of Certifier (Type or print legibly)

Certifier’s Official Title (Type or print legibly)

Certifier’s Employer’s Name (Type or print legibly)

Date Signed

If the Certifier listed above does not meet the definition of Responsible Official as defined in the ADEM Admin. Code r. 335-6-5-.14(1) or 335-6-6-.09(1), as applicable, or has not been previously appointed as an Authorized Representative as provided in ADEM Admin. Code r. 335-6-5-.14(2) or 335-6-6-.09(2), as applicable, a Responsible Official (RO) must appoint the Certifier as an Authorized Representative below:

I, (RO Name) authorize the individual named above to sign reports and other information (excluding applications, reports, and other information specified in ADEM Admin. Code r. 335-6-5-.14(1) or 335-6-6-.09(1), as applicable, as requiring the signature of a Responsible Official) on my behalf for (Permittee Name) as an Authorized Representative and certify that the individual named above meets the criteria for an Authorized Representative as defined in ADEM Admin. Code r. 335-6-5-.14(2)(b) or 335-6-6-.09(2)(b), as applicable.

Responsible Official’s Signature

Responsible Official’s Title (Type or print legibly)

Date Signed

ADEM Form 512 10/17 m2
GENERAL PHASE II MS4 STORMWATER PERMIT RENEWAL NOTICE OF INTENT

Please complete this form and return at least 180 days prior to permit expiration.

PERMIT NUMBER: ALR04________

(PERMITTED FACILITY NAME)

(PERMITTEE NAME IF DIFFERENT FROM ABOVE)

☐ Please renew my General Phase II MS4 Stormwater Permit. This facility has experienced no changes and the present permit accurately reflects its current stormwater activities.

☐ The operation of this facility has changed and will require modification from the original permit. I have enclosed a new Notice of Intent. See Option 2 of Renewal Memorandum.

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.

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.

(Please type or print the information requested)

<table>
<thead>
<tr>
<th>Responsible Official</th>
<th>Permit Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
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<tr>
<td>Facility Name:</td>
<td></td>
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<tr>
<td>Mailing Address:</td>
<td></td>
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<tr>
<td>Phone Number:</td>
<td></td>
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<tr>
<td>Email Address:</td>
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</tbody>
</table>

Responsible Official Signature ___________________________ Date Signed ___________________________
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG640000

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG640000, which is the general permit authorizing discharges of filter backwash, sedimentation basin wash down, and decant water from water treatment plants. Discharges from ion-exchange and reverse osmosis are not covered by this general permit. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

ADEM-Water Division
Industrial General Permit Section
PO Box 301463
Montgomery, Alabama 36130-1463

FOR ADEM USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

PURPOSE OF THIS NOTICE OF INTENT

[ ] Initial request for coverage under NPDES General Permit Number ALG640000
[ ] Reissuance of coverage under NPDES General Permit Number ALG640000 (Current Permit No. ALG64____)
[ ] Modification of coverage under NPDES General Permit Number ALG640000 (Current Permit No. ALG64____)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee:
   Name of Facility:

B. Mailing Address of Facility: – PO Box or Street Route
   City, State and Zip Code

C. Location (STREET ADDRESS) of Facility:
   City, County:

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):
   Latitude (____)° (____)′ (____)" N
   Longitude (____)° (____)′ (____)" W

E. Facility Contact Person:
   Name: __________________________ Title: __________________________
   Phone Number: __________________________ Email Address: __________________________

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:
   SIC Code
   1. _______________ (Primary)
   2. _______________ (Secondary)
   3. _______________ (Tertiary)

G. Description of plant processes and land use at the facility:

ADEM Form 522 10/17 m5
H. Has the facility been issued an NPDES INDIVIDUAL permit?
   [ ] Yes  [ ] No  If YES, NPDES Permit No. AL00____________

Do you intend to replace your individual permit with this General Permit?  [ ] Yes  [ ] No

I. Has the facility ever been issued coverage under an NPDES GENERAL Permit other than a permit listed in the "Purpose of this Notice of Intent" section?  [ ] Yes  [ ] No  If YES, please provide the following:

   Permit Number: AL____________  Facility Name on Permit: __________________________________________

J. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer or municipal/private sanitary sewer?
   [ ] Yes  [ ] No

K. Name of surface water to which the municipal storm sewer discharges: __________________________________________

L. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  [ ] Yes  [ ] No

M. Date facility started or will start operations: __________________________________________

N. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)?  [ ] Yes  [ ] No
   (A list of the impaired waters can be found at http://www.adem.state.al.us/programs/water/303d.cnt for 303(d) listed waters and http://www.adem.state.al.us/programs/water/approvedTMDLs.htm for waters subject to a TMDL.)

   If YES, do your discharges contain pollutants of concern listed for the impaired water(s)?  [ ] Yes  [ ] No

   If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.

O. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  [ ] Yes  [ ] No

P. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02?  [ ] Yes  [ ] No

Q. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02?  [ ] Yes  [ ] No

   If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.
DSN001: DISCHARGES ASSOCIATED WITH FILTER BACKWASH WATER, SEDIMENTATION BASIN WASHDOWN, AND DECANT WATER FROM WATER TREATMENT PLANTS

NOT APPLICABLE [ ]

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (filter backwash water, sedimentation basin wash down, or decant water):

1. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   
   Receiving Stream __________________________
   
   Type of Discharge __________________________

2. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   
   Receiving Stream __________________________
   
   Type of Discharge __________________________

3. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   
   Receiving Stream __________________________
   
   Type of Discharge __________________________

4. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   
   Receiving Stream __________________________
   
   Type of Discharge __________________________

5. Latitude (____)°(____)′(____)″ N Longitude (____)°(____)′(____)″ W
   
   Receiving Stream __________________________
   
   Type of Discharge __________________________

B. If more than one discharge is listed for DSN001, can they be sampled separately? [ ] Yes [ ] No

C. Is any discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? [ ] Yes [ ] No

D. Please check the process(es) that applies to this plant:

[ ] Iron removal
[ ] Aluminum removal
[ ] Manganese and/or turbidity removal
[ ] Pathogen removal
[ ] Phosphate-based inhibitors
[ ] Ion-exchange and reverse osmosis *

* Note: Discharges from ion-exchange and reverse osmosis are not covered by this general permit. If you use this process, then contact the Industrial Section of the Water Division regarding an Individual NPDES Permit*

Describe more completely, if necessary:
E. List any additives used in the water treatment process, such as coagulants, oxidizing enhancers, etc.:

F. Source(s) of raw water:
- [ ] Surface water
- [ ] Ground water
- [ ] Both

G. Plant processes that may contribute to waste water discharge (check all that apply):
- [ ] Presedimentation washdown
- [ ] Sedimentation washdown
- [ ] Filter backwash
- [ ] Filter-to-waste
- [ ] Other:

H. Average flow of finished water production (MGD) during the preceding 12 months:

I. List all known substances that may be found in the waste water discharge (for example: silt, chlorine, chloroform):
   Removed substances:

   Chemical additives:

   Chemical reaction products:

J. Number and volume of sedimentation basins:

K. The following pertain to the water that is released from the sedimentation basin(s):
   1) Number of times water is released: __________________________ per week.*
   2) Number of hours: __________________________ per release.*
   3) Volume (gallons): __________________________ per release.*

   *(For existing facilities, use average of last 12 months of operation. New facilities may indicate "Not Applicable – N/A").

L. The following pertain to filter backwashing:
   1) Number of filters backwashed __________________________
   2) Frequency for each filter __________________________ times per week.
3) Amount of water used to backwash _______________ gallons for each filter
4) Frequency sedimentation basin is washed out _______________ times per year.
5) Amount of water used to wash out the largest sedimentation basin: _______________ gallons
6) Type of treatment provided for backwash and sedimentation basin wash waters, and the design capacity of the treatment system:

<table>
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<tr>
<th>Type of Treatment</th>
<th>Design Capacity</th>
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M. Within the last 3 years, have any biological tests for acute or chronic toxicity been run on the discharge or on the receiving water in relation to the discharge? [ ] Yes [ ] No

If YES, please describe the purpose and type of test, and the pollutants analyzed:


Name of lab or consulting firm conducting the test:

Address:________________________ Phone Number:________________________

N. Attach a sketch of the site showing all settling ponds, discharge point(s), and sludge disposal areas.

O. Is water chlorine free from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)? [ ] Yes [ ] No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN001?

[ ] Yes [ ] No If YES, list which outfalls meet this criteria:

For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, AND
2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.

Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option? [ ] Yes [ ] No

For which outfall(s):

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.
GENERAL INFORMATION

Have you included a check for the application fee? [ ] Yes [ ] No

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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.

SIGNATURES

Responsible Official Signature: ____________________________ Date Signed: ____________________________

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

NOTE: This Notice of Intent 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 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. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: ____________________________

RO Phone Number: ____________________________ RO Email Address: ____________________________

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name (type or print): ____________________________ Official Title: ____________________________

DMR Contact Address: ____________________________

DMR Contact Phone Number: ____________________________ Email Address: ____________________________

NOI PREPARER

Name of Individual (type or print): ____________________________

Name of Firm: ____________________________

Address: ____________________________

Phone Number: ____________________________ Email Address: ____________________________
Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – UIC GENERAL PERMIT NUMBER ALIG010000

Instructions: This form should be used to submit a Notice of Intent for coverage under UIC General Permit Number ALIG010000, which is the general permit authorizing discharges associated with injection of air, oxygen, or ozone to aid in the remediation of existing soil and/or groundwater contamination. Answer all questions. Incomplete or wrong answers will result in processing delays and possible denial of the permit application. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Commencement of activities applied for in this Notice of Intent (NOI) are not authorized until permit coverage has been issued by the Department.

Permit Applicant Information

A. Applicant Name: __________________________

B. Responsible Official (RO)*: ________________

C. RO Mailing Address: ________________________

D. RO Phone Number: _________________________

E. RO Email Address: _________________________

Property Owner Information (if different from the applicant)

F. Name: __________________________

G. Mailing Address: ________________________

H. Phone Number: _________________________

I. Email Address: _________________________

Facility Information

J. Facility Name: ____________________________

K. Physical Address: _________________________

L. Phone Number: _________________________

M. Latitude: ___________________________ Longitude: ___________________________

N. Directions to site: ________________________________
Process Information

O. Describe the fluids and/or pollutants to be injected and proposed operational procedures. Include estimated average and maximum daily injection rates as well as total volume to be injected:


N. Number of injection wells (each point of injection is considered a separate well):


Signature

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Responsible Official Signature: 

Responsible Official Printed Name and Official Title: 

Date Signed: 

*NOTE: This Notice of Intent must be signed by the responsible official who represents the permit applicant. Please check the appropriate box indicating the responsible official (only the people listed below may sign this Notice):

☐ in the case of a corporation, the principal executive officer of at least the level of vice-president;
☐ in the case of a partnership, a general partner;
☐ in the case of a sole proprietorship, the owner;
☐ in the case of a municipal, state, federal, or other public agency, either a principal executive officer or ranking elected official.
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – UIC GENERAL PERMIT NUMBER ALIG020000

Instructions: This form should be used to submit a Notice of Intent for coverage under UIC General Permit Number ALIG020000, which is the general permit authorizing injection of treated wash down water from meat and seafood processors discharging 1,000 gallons per day or less. Answer all questions. Incomplete or wrong answers will result in processing delays and possible denial of the permit application. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Commencement of activities applied for in this Notice of Intent (NOI) are not authorized until permit coverage has been issued by the Department.

Permit Applicant Information

A. Applicant Name: _______________________

B. Responsible Official (RO)*: _______________________

C. RO Mailing Address: _______________________

D. RO Phone Number: _______________________

E. RO Email Address: _______________________

Property Owner Information (if different from the applicant)

F. Name: _______________________

G. Mailing Address: _______________________

H. Phone Number: _______________________

I. Email Address: _______________________

Facility Information

J. Facility Name: _______________________

K. Physical Address: _______________________

L. Phone Number: _______________________

M. Latitude: ________________________ Longitude: ______________________

N. Directions to site: ______________________

Process Information

O. Describe the fluids and pollutants to be injected. List all detergents, disinfectants, and other chemicals to be used in the process: ______________________

ADEM Form 553 10/17
P. Describe proposed operational procedures. Describe the management of blood and all animal wastes. Include the daily volume of treated wash down water to be injected:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Q. Attach Engineering Design Plans for the treatment and disposal system. Include a Site Layout Plan.

☐ Plans are attached.

**Signatures**

**Certification:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

RO Signature: ________________________________

RO Printed Name and Title: ________________________________

Date Signed: ________________________________

*NOTE: This Notice of Intent must be signed by the responsible official who represents the permit applicant. Please check the appropriate box indicating the responsible official (only the people listed below may sign this Notice):

☐ in the case of a corporation, the principal executive officer of at least the level of vice-president;

☐ in the case of a partnership, a general partner;

☐ in the case of a sole proprietorship, the owner;

☐ in the case of a municipal, state, federal, or other public agency, either a principal executive officer or ranking elected official.

**Certification of Alabama Professional Engineer:**

The proposed injection system described in this permit application has been design to treat and dispose of wash down water from the referenced meat and/or seafood processor discharging 1,000 gallons per day or less.

PE Signature: ________________________________

PE Printed Name: ________________________________

Date Signed: ________________________________
# Notification of Regulated Waste Activity

**Alabama Department of Environmental Management**

## I. Notification Class
- [ ] Initial Notification
- [x] Annual Notification

Facility’s EPA ID Number

## II. Operating Name of Facility
*(Include company and specific site name)*

**Operating Name of Facility (Continued)**

## III. Change of Facility Name?
- [ ] No
- [x] Yes
*(If Yes, enter previous name of Facility below)*

## IV. Location of Facility
*(Physical address not P. O. Box or Route Number)*

**Street**

City or Town

State

Zip Code

## V. Geographic Location
*(See Instructions)*

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**County Name**

## VI. Facility Contact
*(Person to be contacted regarding waste activities at site)*

**Name (First)**

**(Last)**

Job Title

Phone Number *(Area Code and Number)*

Ext.

Contact Email Address *(Optional)*

**@**

## VII. Facility Mailing Address
*(See Instructions)*

**Street or P. O. Box**

City or Town

State

Zip Code

## VIII. Description of Facility Processes
*(See instructions for NAICS Code listings)*

**A. Facility Process**

In the space provided below, describe each of the processes at your facility that produce Regulated Wastes.

1. 
2. 
3. 
4. 
5. 

**B. NAICS Codes:**

Enter the North American Industry Classification System (NAICS) Code of the overall production, distribution, or service activity of your site. Also, provide any additional NAICS Codes that describe the specific industrial processes that are used.

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### IX. Ownership (See instructions)

#### A. Legal Name of Facility

#### B. Name of Facility's Legal Owner

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<th>Street, P. O. Box or Route Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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#### F. Name of Facility's On-Site Operator

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#### G. Name of Facility's Parent Company

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#### H. Name of Facility's Property Owner

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<th>Street, P. O. Box or Route Number</th>
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Facility's EPA ID Number
X. Certification Status

Note: Pursuant to ADEM Admin. Code ch. 335-1-6, all Notification Forms submitted to the Department must include the appropriate certification fee in order to be complete.

During at least 1 month of the next 12 months, this facility will operate and/or maintain: (Check all that apply)

A. Hazardous Waste Activities (Attach Schedule A)

1. □ Large Quantity Generator ≥ 2,200 lbs/month  
   (≥ 1,000 kg/month)
2. □ Small Quantity Generator between 221 and 2,199 lbs/month  
   (between 101 and 999 kg/month)
3. □ Conditionally Exempt Generator ≤ 220 lbs/month  
   (≤ 100 kg/month)
   (Note: Household generation is exempt under 335-14-2-01(4)(b)(1).
4. □ Not a generator (Schedule A not required for this option)
5. □ Transporter/Transfer Facility
6. □ Treatment Facility – Combustion
7. □ Treatment Facility – Other than Combustion
8. □ Storage Facility
9. □ Disposal Facility

B. Used Oil Activities (Attach Schedule B)

1. □ Generator (≥ 25 gallons/month)
2. □ Transporter/Transfer Facility
3. □ Processor/Re-refiner
4. □ Fuel Marketer
5. □ Burner

C. Universal Waste Activities (Attach Schedule C)

1. □ Universal Waste Transporter
2. □ Large Quantity Handler ≥ 11,020 lbs (≥ 5,000 kg)
3. □ Small Quantity Handler ≤ 11,020 lbs (< 5,000 kg)

D. □ Are you notifying under ADEM Admin. Code r. 335-14-1-03(22) that you will begin managing, are managing, or will stop managing hazardous secondary material under ADEM Admin. Code r 335-14-2-01(4)(a)(23) & (24). If yes, you must fill out the addendum

Any ADEM Form 8700-12 submitted without all appropriate waste schedules and certification fees will not be processed.

XI. 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 and imprisonment for knowing violations.

Signature

Name and Official Title (Type or Print)  
Date Signed

XII. Comments


Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:

ADEM Form 8700-12 M4 10/2017

Page 3

Alabama Department of Environmental Management  
Land Division
P. O. Box 301463  
Montgomery, AL 36138-1463

Facility's EPA ID Number

Date Processed  
(for Official Use Only)
Schedule A
Certification of Hazardous Waste Management

I. Type of Hazardous Waste Activity (Mark 'X' in the appropriate boxes; See Instructions)

- A. Hazardous Generator
  1. 2,200 lbs (1,000 kg) per month or more (LQG)
  2. 221 to 2,199 lbs (101 - 999 kg) per month (SQG)
  3. 220 lbs (100 kg) per month or less (CESQG)
  4. United States Importer of Hazardous Waste

- B. Hazardous Waste Transporter/Transfer Facility (Specify)
  1. Commercial Transporter (received wastes from others)
    a. Air
    b. Rail
    c. Highway
    d. Water
    e. Other (Specify)
  2. Self Transporter (Own Waste Only)
  3. Transfer Facility
    a. Loaded trucks
    b. Off-loaded containers
    c. Bulk Transfer between vehicles

   \[†† \text{NOTE: A permit may be required for this activity. Contact (334) 271-7730 for more information.}\]

- C. Treatment, Storage, Disposal Facility (at Facility) (Specify)
  1. Facilities subject to Permit
    a. Operating Units
    b. SWMCA
    c. Post Closure Care
    d. Other (Specify)
  2. Permit Exempt Treatment (subject to ADEM verification)
    a. WWTP/ENU
    b. Recycling Unit
    c. TETF
    d. Generator Evaporation
    e. Generator Physical Processing
    f. Other (Specify)

- D. Hazardous Waste Fuel Activity (Specify)
  1. Blender Marketing to Burner
  2. Other Marketers
  3. Boiler and/or Industrial Furnace
    a. Smelter Deferral
    b. Small Quantity Exemption

- E. Recycling Activities (Specify)

II. Hazardous Waste Generation

A. Waste Description
   In the space provided, list the types of regulated waste typically generated or handled by your Facility. Attach additional sheets as necessary.

   Types of Waste Generated

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<th>Estimated Yearly Generation in lbs.</th>
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   1. 
   2. 
   3. 
   4. 

B. Characteristics of Nonlisted Hazardous Wastes. [Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your Facility handles; See 335-14-2-3(1) - (5). Additional spaces are available on the Supplemental page if you need to list more hazardous waste numbers.]

\[\text{(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))}\]

C. Listed Hazardous Wastes. [See 335-14-2-4(2) - (4)]. Attach the Supplemental page if you need to list more hazardous waste numbers.

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Facility's EPA ID Number
II. Hazardous Waste Generation (continued)

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III. Hazardous Waste Transporter/Transfer Facility
During a typical year, this facility transports/transfers _______ of Hazardous Waste. (quantity in pounds)

IV. Treatment, Storage, Disposal Facility (at Facility)
During a typical year, this facility treats _______ of Hazardous Waste. (quantity in pounds)
During a typical year, this facility stores _______ of Hazardous Waste. (quantity in pounds)
During a typical year, this facility disposes _______ of Hazardous Waste. (quantity in pounds)

V. Hazardous Waste Fuel Activity
During a typical year, this facility markets _______ of Hazardous Waste. (quantity in pounds)
During a typical year, this facility combusts _______ of Hazardous Waste. (quantity in pounds)

VI. Recycling Activity
During a typical year, this facility recycles _______ of Hazardous Waste. (quantity in pounds)

Note: In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by ADEM Admin. Code ch. 335-1-6.

Comments:

---

Facility's EPA ID Number
D. Listed and Nonlisted Hazardous Wastes Codes. [See ADEM Admin. Code Rs 335-14-2-.04(2) - (4) and 335-14-2-.03(1) - (5)] If you need to list more hazardous waste numbers, attach copies of this page as necessary.

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Facility's EPA ID Number
II. Hazardous Waste Generator (Supplemental)

D. Listed and Nonlisted Hazardous Wastes. (See ADEM Admin. Code R335-14-2-04(2) - (4) and R335-14-2-03(1) - (5)) If you need to list more hazardous waste numbers, attach copies of this page as necessary.

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Facility's EPA ID Number

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Page ___
# ADEM Form 8700-12

## Schedule B

### Certification of Used Oil Management

**I. Type of Used Oil Management Activity** *(See Instructions)*

- **A. Used Oil Generator/Collector**
  - 1. On-site Generation Only
  - 2. Do-it-yourself Collection Center (i.e., from off-site source)
  - 3. Collection Center (i.e., from off-site source)
  - 4. Aggregation Point (i.e., from off-site source)

- **B. Used Oil Fuel Marketer**
  - 1. Directs Shipment of Used Oil to Off-Specification Burner
  - 2. First Claims Used Oil Meets Specifications
  - 3. Burns Only Used Oil Generated On-site as On-Specification Fuel

- **C. Off-Specification Used Oil Fuel Burner**
  - 1. Burns Only Off-Specification Used Oil Generated On-Site
  - 2. Indicate Type(s) of Devices
    - a. Utility Boiler
    - b. Industrial Boiler

- **D. Used Oil Transporter ††**
  - 1. Only For Used Oil Generated On-site
  - 2. Operates a Transfer Facility

- **E. Used Oil Processor/Re-refiner**

†† **NOTE:** A permit is required for this activity. Contact (334) 270-5637 for more information.

**II. Used Oil Generation**

During a typical year, this facility collects/generates ___________ of Used Oil. *(quantity in pounds)*

**III. Used Oil Fuel Marketer**

During a typical year, this facility markets ___________ of Used Oil. *(quantity in pounds)*

**IV. Used Oil Burner**

During a typical year, this facility burns ___________ of Used Oil. *(quantity in pounds)*

**V. Used Oil Transporter**

During a typical year, this facility transports ___________ of Used Oil. *(quantity in pounds)*

**VI. Used Oil Processor/Re-refiner**

During a typical year, this facility processes/re-refines ___________ of Used Oil. *(quantity in pounds)*

**Note:** In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by ADEM Admin. Code ch. 335-1-6.

**Comments:**

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ADEM Form 8700-12 M4 10/2017

Facility's EPA ID Number
Schedule C
Certification of Universal Waste Management

I. Type of Universal Waste Activity (See instructions)

<table>
<thead>
<tr>
<th></th>
<th>A. Universal Waste Transporter</th>
<th>B. Large Quantity Handler</th>
<th>C. Small Quantity Handler</th>
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<tbody>
<tr>
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<td>Estimated Yearly Amount (in lbs.)</td>
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<td>2. Pesticide(s)</td>
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<td>5. Other (specify)</td>
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II. Universal Waste Transporter

During a typical year, this facility transports ________________ of Universal Waste. (quantity in pounds)

III. Universal Waste Destination Facility

During a typical year, this facility receives ________________ of Universal Waste. (quantity in pounds)

Note: In order for this schedule to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by ADEM Admin. Code ch. 335-1-6.

Comments:

Facility's EPA ID Number
# ADEM Form 8700-12 Addendum
## Notification of Hazardous Secondary Material Activity

### Only fill out this form if:

- [ ] You are or will be managing excluded HSM in compliance with ADEM Admin. Code rs 335-14-335-14-2-01(4)(a)(23), (24) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year.

Do not include any information regarding your hazardous waste activities in this section.

### 1. Indicate reason for notification. Include dates where requested.

- [ ] Facility will begin managing excluded HSM as of ______________ (mm/dd/yyyy).
- [ ] Facility is still managing excluded HSM/re-notifying as required by ADEM Admin. Code r. 335-14-1-03(22).
- [ ] Facility has stopped managing excluded HSM as of ______________ (mm/dd/yyyy) and is notifying as required.

### 2. Description of excluded HSM activity. Please list the appropriate codes and quantities in short tons to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

<table>
<thead>
<tr>
<th>a. Waste code(s) for HSM</th>
<th>b. Estimated short tons of excluded HSM to be managed annually</th>
<th>c. Actual short tons of excluded HSM that was managed during the most recent year</th>
<th>d. Amount of hazardous secondary material to be managed in a land-based unit(s)</th>
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### 3. Facility has financial assurance pursuant to ADEM Admin. Code r. 335-14-2-08.

(Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under ADEM Admin. Code r. 335-14-2-08).

- [ ] Y [ ] N Does this facility have financial assurance pursuant to ADEM Admin. Code r. 335-14-2-08?

### Note: In order for this addendum to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by ADEM Admin. Code ch. 335-1-6.

### Comments:

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Page 1
ADEM Form 8700-12, Notification Form Instructions

Note: The State Regulations (ADEM Admin. Code div. 335-14 – Hazardous Waste Program) pertaining to this form (and referenced in these instructions) may be purchased by calling 334-260-4510 or may be downloaded from the ADEM Website for free: http://www.adem.state.al.us/alEnviroRegLaws/files/Division14.pdf.

Filling out the Forms: Type or print all items except Item XI, "Signature", leaving a blank box between words. Place each character in a box, using blue or black ink. Abbreviate if necessary to stay within the number of boxes allowed for each item. If you must use additional pages, indicate clearly the number of the item on the form to which the information on the separate sheet applies. Any form that is typed in a miniscule font or is otherwise considered illegible or unreadable will be returned for correction.

Item I – Notification Class:

Place an "X" in the appropriate box to indicate whether this is the Initial Notification or an Annual Notification for this site. If this is your Initial Notification, you are applying for an EPA Identification Number.

If you have filed a previous notification, check the "Annual Notification" box and enter the EPA Identification Number assigned to this physical location in the boxes provided throughout the form. Leave EPA ID Number blank if this is the Initial Notification for this physical location.

Note: When the owner of a facility changes, the new owner must notify ADEM of the change, even if the previous owner already received an EPA Identification Number. Because the EPA ID Number is "site-specific", the new owner will be assigned the existing ID number for that site.

Item II – Operating Name of Facility

Enter the current full name of the facility in the lines provided. This is the "d/b/a" name for the site.

Item III – Change of Facility Name

If the name of this facility has not changed since the facility's original notification, check the box marked "No" and skip to Item IV.

If the name of this facility has changed since the facility's original notification, place an "X" in the box marked "Yes" and enter previous facility name in the line provided.

Item IV – Location of Facility:

Please note that the address you give for Item IV, "Location of Facility", must be a physical address not a post office box or route number. Show 9-digit zip code if possible.

Item V - Geographic Location:

Enter the exact physical location of the facility as expressed in Latitude and Longitude in decimal format. If you do not have this information, it is available over the internet from several sites; such as www.geocode.com, www.maporama.com, or www.travelgis.com/geocode. If you do not have internet access, call the Land Division at (334) 271-7730 for assistance with this Item.
Also, using the codes listed below, circle the method on the form used for determining the facility location.

C = Software Calculation  
S = Surveyed  
O = Obtained from Satellite

County Name: Enter the name of the county where the Facility is located.

Item VI - Facility Contact:

Enter the name, title, and business telephone number of the person who should be contacted regarding management of regulated waste for the Facility.

Contact Email Address: If available, enter the email address for the contact person or for the facility in the space provided.

Item VII - Facility Mailing Address:

Please enter the Facility Mailing Address, including 9-digit zip code if possible. If the Mailing Address and the Location of Facility (Item IV) are the same, please print “Same” in the line for this Item.

Item VIII - Description of Facility Processes:

A. Facility Process: Describe in detail each of the processes at the facility that produce regulated wastes. If additional space is needed, use Item XIII or attach a separate sheet.

B. NAICS Codes: Enter the 4 – 6 digit North American Industry Classification System (NAICS) Code of the overall production, distribution, or service activity of the Facility. If multiple industrial processes are used by the facility, enter NAICS Codes for these specific processes as needed. Go to http://www.census.gov/epcd/www/naics.html for a searchable database.

Item IX - Ownership:

Use the Comment Section (XII), Section XIII or attach additional pages, if necessary, to list more than one owner/operator per section.

Change of Owner: (If this is the Facility’s Initial Notification, leave this area blank. If this is an Annual Notification, complete this area as directed below.)

If the owner of this facility has not changed since the facility’s last notification, check the box marked “No”.

If the owner of this facility has changed since the facility’s last notification, place an “X” in the box marked “Yes” and enter the date the owner changed.

If an additional owner(s) has been added or replaced since the facility’s last notification, place an “X” in the box marked “Yes”. Use the Comment Section (XII) or Section XIII to list any additional owner/operator(s), the dates they became owner/operator(s), and which owner/operator(s) (if any) they replaced. If necessary, attach a separate sheet of paper.
A) Legal Name of Facility: Enter the legal name of the business operating at this location.

B) Name of Facility’s Legal Owner: Enter the name of the Facility’s legal owner. Also, enter the address and telephone number where the legal owner can be reached. Use the Change of Owner area as detailed above.

C) Land Type: Using the codes listed below, indicate in this box the code which best describes the current legal status of the land on which the facility is located:

- P = Private
- F = Federal
- S = State
- C = County
- M = Municipal
- I = Indian
- O = Other

D) Owner Type: Using the codes listed below, indicate in this box the code which best describes the current legal status of the current owner of the facility:

- P = Private
- F = Federal
- S = State
- C = County
- M = Municipal
- I = Indian
- O = Other

E) Operator Type: Using the codes listed below, indicate in this box the code which best describes the current legal status of the current owner of the facility:

- P = Private
- F = Federal
- S = State
- C = County
- M = Municipal
- I = Indian
- O = Other

F) Name of Facility’s On-Site Operator: Enter the name of the Facility’s on-site operator. Also, enter the address and telephone number where the on-site operator can be reached. If this information is the same as the previous area, enter “Same as Above” in the boxes provided.

G) Name of Facility’s Parent Company: Enter the name of the Facility’s parent company. Also, enter the address and telephone number for the parent company. Use the Change of Owner area as detailed above. If this information is the same as the previous area, enter “Same as Above” in the boxes provided.

H) Name of Facility’s Property Owner: Enter the name of the property owner. Also, enter the address and telephone number where the property owner can be reached. Use the Change of Owner area as detailed above. If this information is the same as the previous area, enter “Same as Above” in the boxes provided.

Item X – Certification Status:

In this area, check all Waste Activities that your facility anticipates operating as during the coming year. If you anticipate changing generator status during the next year, always mark the larger generator status of your operation.
CERTIFICATION FEE - ADEM Admin. Code r. 335-14-3-.01(3) requires the submission of ADEM Form 8700-1, Notification of Regulated Waste Activity, to include the payment of a certification fee. This fee is specified in Chapter 335-1-6 of the ADEM Administrative Code. This requirement applies to both Initial and Annual Notifications. All notifications must include this certification fee to be complete.

Item XI. – Certification:
This Form must be signed by the owner, operator, or an authorized representative of the Facility. An "authorized representative" is a person responsible for the overall operation of the facility (i.e., a plant manager, superintendent, or a person of equal responsibility). All notifications must include this signature to be complete.

Item XII. – Comments and Item XIII – Additional Space:
Use this space for any additional comments.

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.
Schedule A
Certification of Hazardous Waste Management

Item I - Hazardous Waste Activity: Mark an “X” in the appropriate box(es) to show which hazardous waste activities are expected at this facility over the next 12 months.

A. Hazardous Waste Generator: If you generate a waste which is hazardous by characteristic or listed in ADEM Admin. Code ch. 335-14-2, check the appropriate box for the quantity of non-acutely hazardous waste that is generated per calendar month.

1. A Large Quantity Generator generates 2,200 lbs (1,000 kg) per month or more (LQG)
2. A Small Quantity Generator generates 221 - 2,199 lbs (101 to 999 kg) per month (SQG)
3. A Conditionally Exempt Small Quantity Generator generates 220 lbs (100 kg) per month or less (CESQG)

* Note: if you report as a hazardous waste generator, then you must list a waste code under Item II.

If you generate acutely hazardous waste, please refer to ADEM Admin. Code ch. 335-14-3 or call 334-271-7730 for further information.

B. Hazardous Waste Transporter/Transfer Facility: If you transport hazardous waste, indicate if it is for 1. commercial purposes, 2. your own waste, or mark both boxes if both classifications apply. If a commercial transporter, mark an “X” in each appropriate box to indicate the method(s) of hazardous waste transportation you use. If you operate as a 3. transfer facility, indicate whether regulated wastes are managed in loaded trucks, contents of bulk loads are transferred from one vehicle to another, or containers are off-loaded from one vehicle and subsequently reloaded onto another vehicle for further transportation. (Check all that apply.) The State regulations for hazardous waste transporters are found in ADEM Admin. Code ch. 335-14-4.

Note: A permit may be required for this activity. The Alabama Hazardous Waste/Used Oil Transporter Permit Application Package is available online at http://www.adem.state.al.us/DeptForms/Form317.pdf or you can call 334-270-5637 and request a package be mailed to you.

C. Treatment, Storage, Disposal Facility: This section applies if you treat, store or dispose of regulated hazardous waste, or are required (by State regulations, ADEM or EPA permit, AHWMMA/RCRA Order, etc.) to perform post-closure care for a closed unit, or are required by permit as order to perform SWMU corrective action. A permit may be required for this activity. Contact (334) 271-7730 for more information.

Note: You must contact ADEM at 334-271-7730 to request Part A of the RCRA Permit Application
1. Facilities subject to Permit: Check each type of activity conducted by your facility.
   a. Operating Units — Operating treatment, storage or disposal units subject to permitting requirements of ADEM Admin. Code ch. 335-14-8 including any inactive units.
   b. SWMU CA — Facilities which are conducting, or are required to conduct, assessment, investigation, remediation, and/or monitoring of solid waste management unit area of concern pursuant to an AHWMMA/RCRA Order or permit issued by ADEM or EPA.
   c. Post-Closure Care Units — Units for which final closure certification has been accepted by ADEM and which are subject to the post-closure care requirements of ADEM Admin. Code ch. 335-14-5, 335-14-6, and 335-14-8.
   d. Other (specify) In the space provided, specify the type of activity subject to permit practiced at your facility if not listed above.

2. Permit Exempt Treatment: Mark an “X” in each type of permit exempt treatment conducted by your facility.
   a. WWTU/ENU — ADEM Admin. Code r. 335-14-8-.01(1)(c)2.(v)
      Owners and operators of elementary neutralization units or wastewater treatment units as defined in ADEM Admin. Code r. 335-14-1-.02 which manage only wastes and/or wastewaters generated on-site, or which are POTWs or privatized municipal wastewater treatment facilities.

       [Note: Commercial treatment, or treatment except by the generator, of wastes and/or wastewaters in elementary neutralization or wastewater treatment units are not exempt from the requirement to obtain an AHWMMA permit.]

   b. Recycling Unit — ADEM Admin. Code rs 335-14-2-.01(6)/335-14-8-.01(1)(c)3.(v) A person who receives hazardous waste from off-site for the purpose of reclamation/recycling in a unit or process which is exempted from regulation pursuant to ADEM Admin. Code r. 335-14-2-.01(6) is not required to obtain a permit under ADEM Admin. Code ch. 335-14-8 for storage of the waste prior to introduction into the exempt reclamation/recycling process provided that:
      (I) The hazardous waste is introduced into the exempt process within three days of receipt at the facility; and
      (II) The hazardous waste is managed in containers, tanks, or containment buildings and the owner/operator complies with all applicable requirements of ADEM Admin. Code rs 335-14-5-.02, 335-14-5-.03, 335-14-5-.04, 335-14-5-.05, 335-14-5-.07(2), 335-14-5-.07(5), 335-14-5-.09, 335-14-5-.10, 335-14-5-.27, 335-14-5-.28, and 335-14-5-.30.

   c. TETF — ADEM Admin. Code r. 335-14-8-.01(1)(c)2.(iv)
      Owners or operators of totally enclosed treatment facilities as defined in ADEM Admin. Code r. 335-14-1-.02;

   d. Generator Evaporation — ADEM Admin. Code r. 335-14-8-.01(1)(c)2.(viii)
      Generators treating on-site generated hazardous wastes by evaporation in tanks or containers provided that:
      (I) The generator complies with the applicable requirements of Chapter 335-14-3;
      (II) Such treatment does not result in the emission or discharge of hazardous wastes or hazardous constituents into the environment in excess of any standard(s) promulgated by the Department or the Environmental Protection Agency;
(III) With respect to treatment, the generator complies with the applicable requirements of ADEM Admin. Code rs 335-14-5-.02(5), 335-14-5-.02(6), 335-14-5-.02(7), 335-14-5-.02(8), 335-14-5-.03, 335-14-5-.04, 335-14-5-.07(2), 335-14-5-.07(5), 335-14-5-.09 and 335-14-5-.10;

(IV) Such treatment minimizes the amount of hazardous wastes which are subsequently generated, treated, and/or disposed; and

(V) The generator provides the Department with written notice of intent to treat such hazardous wastes on or before the effective date of ADEM Admin. Code r. 335-14-8-.01 or at least 60 days prior to the initiation of waste treatment, whichever date occurs last. This notice must provide documentation of compliance with the requirements of ADEM Admin. Code rs 335-14-8-.01(1)(c)2.(viii)(II), (III), and (IV), and must be maintained for the life of the facility and be available for inspection.

e. Generator Physical Processing – ADEM Admin. Code r. 335-14-8-.01(1)(c)2.(x)

Generators treating on-site generated hazardous wastes in tanks or containers by physical or mechanical processes (e.g., compacting rags, crushing fluorescent lamps) solely for the purpose of reducing the bulk volume of the waste which must be subsequently managed as a hazardous waste provided that:

(I) The generator complies with the applicable requirements of Chapter 335-14-3;

(II) The treatment process does not result in a change in the chemical composition of the waste(s) treated;

(III) No mixing of different waste streams occurs;

(IV) No free liquids are included in the waste(s) to be treated or generated by the treatment process;

(V) The potential for ignition and/or reaction of the waste during treatment and/or as the result of treatment does not exist;

(VI) The treatment reduces the volume of hazardous waste which must be subsequently managed;

(VII) Such treatment does not result in the emission or discharge of hazardous wastes or hazardous constituents into the environment in excess of any standard(s) promulgated by the Department or the Environmental Protection Agency;

(VIII) With respect to treatment, the generator complies with the applicable requirements of ADEM Admin. Code rs 335-14-5-.02(5), 335-14-5-.02(6), 335-14-5-.02(7), 335-14-5-.02(8), 335-14-5-.03, 335-14-5-.04, 335-14-5-.07(2), 335-14-5-.07(5), 335-14-5-.09, 335-14-5-.10; and

(IX) The generator provides the Department with written notice of intent to treat such hazardous wastes on or before the effective date of ADEM Admin. Code r.335-14-8-.01 or at least 60 days prior to the initiation of waste treatment, whichever date occurs last. This notice must provide documentation of compliance with the requirements of ADEM Admin. Code rs 335-14-8-.01(1)(c)2.(x)(II), (III), (IV), (V), (VI), (VII), and (VIII), and must be maintained for the life of the facility and be available for inspection.

f. Other (specify) In the space provided, specify the type of permit exempt treatment practiced at your facility if not listed above.

Note: Treatment types which are exempt from permitting requirements are subject to ADEM verification.
D. Hazardous Waste Fuel Activity: If you market hazardous waste fuel, place an “X” in the appropriate box(es). If you burn hazardous waste fuel on-site, check the appropriate box(es) and indicate the type(s) of combustion devices in which hazardous waste fuel is burned.

**Note:** Generators are required to notify for waste-as-fuel activities only if they market directly to the burner.

“Other Marketer” is defined as any person, other than a generator marketing hazardous waste, who markets hazardous waste fuel.

**Note:** A permit may be required for this activity. Contact (334) 271-7730 for more information.

E. Recycling Activities: List any significant hazardous waste recycling which occurs at the facility. Attach a separate sheet if additional space is needed.

**Item II – Hazardous Waste Generation:** If you need help completing this section, please feel free to contact the Land Division of ADEM at (334) 271-7735.

**A) Waste Description:** In the space provided, list the common names of the hazardous wastes generated or handled by the facility. Also, indicate the estimated yearly volume for each waste stream for a typical year.

**B) Characteristics of Nonlisted Hazardous Wastes:** If you handle hazardous wastes which are not listed in ADEM Admin. Code r. 335-14-2-.04 but do exhibit a characteristic of hazardous waste as defined in ADEM Admin. Code r. 335-14-2-.03, you should describe these wastes by the EPA hazardous waste number for the characteristic. Place an “X” in the box under the characteristic of the wastes that you handle. In the case of “Toxicity Characteristic”, please list the specific EPA hazardous waste number for the specific contaminant(s) in the box(es) provided.

*Note: If you report as a hazardous waste generator then you must list a waste code

**C) Listed Hazardous Wastes:** If you handle hazardous wastes that are listed in ADEM Admin. Code r. 335-14-2-.04, enter the appropriate 4 digit numbers in the boxes provided.

**Item III – Hazardous Waste Transporter/Transfer Facility:** In the area provided, enter the approximate amount of hazardous waste transported or transferred by your facility during a typical year.

**Item IV – Treatment, Storage, Disposal Facility:** In the area provided, enter the approximate amount of hazardous waste treated, stored and/or disposed by your facility during a typical year.

**Item V – Hazardous Waste Fuel Activity:** In the area provided, enter the approximate amount of hazardous waste fuel marketed and/or combusted by your facility during a typical year.

**Item VI – Recycling Activity:** In the area provided, enter the approximate amount of hazardous waste recycled by your facility during a typical year.

Comments:

Use this space for any additional comments.
Facility’s EPA ID Number: Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

**SUBMITTAL OF THIS SCHEDULE IS NOT ACCEPTED WITHOUT THE SUBMITTAL OF A CORRECT ADEM FORM 8700-12, NOTIFICATION OF REGULATED WASTE ACTIVITY.**

**NOTE:** An additional page has been included titled “Item II – Hazardous Waste Generation (Supplemental)”. Include this page only if you need to list more hazardous waste codes than are allowed on the Schedule A form.

Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:

Alabama Department of Environmental Management
Land Division
P O Box 301463
Montgomery, AL 36130-1463

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.
Schedule B
Certification of Used Oil Management

Item I - Used Oil Management Activities: Check the appropriate box(es) to indicate which used oil fuel activities are conducted at this Facility.

A. Used Oil Generator/Collector: If you generate or collect more than 25 gallons/month of used oil on average (over 300 gallons per year), mark an “X” in this box.

If the used oil in question is from on-site generation only, check box 1.

Some facilities may have other factors to consider. If you collect used oil from do-it-yourselfers from off-site, mark an “X” in box 2. If you collect used oil from off-site, mark an “X” in box 3. If you operate an Aggregation Point for off-site generation, mark an “X” in box 4.

B. Used Oil Fuel Marketer:

If you market off-specification used oil, check box 1. If you are the first to claim the used oil meets the used oil specification established in ADEM Admin. Code r. 335-14-17-.02(2) [40 CFR 279.11], mark an “X” in box 2. If either of these boxes is marked, you must also notify (or have previously notified) as a used oil transporter, off-specification used oil fuel burner, or used oil processor/re-refiner, unless you are a used oil generator.

If you are a Used Oil Generator who burns only used oil generated on-site as on-specification fuel, check box 3.

C. Off-specification Used Oil Fuel Burner: If you burn off-specification used oil fuel (whether on-site or off-site generated), place an “X” in box C.

If you only burn off-specification used oil generated on-site, check box 1.

Also, place an “X” in the box(es) to indicate the type(s) of combustion device(s) in which off-specification used oil fuel is burned.

D. Used Oil Transporter: If you transport used oil and/or own/operate a used oil transfer facility, place an “X” in the appropriate boxes to indicate this used oil activity.

Note: A permit may be required for this activity. The Alabama Hazardous Waste/Used Oil Transporter Permit Application Package is available online at http://www.adem.state.al.us/DeptForms/Form317.pdf or you can call 334-270-5637 and request a package be mailed to you.

E. Used Oil Processor/Re-refiner: If you process and/or re-refine used oil, place an “X” in box E. to indicate this used oil recycling activity.

Item II - Used Oil Generation: In the area provided, enter the approximate amount of Used Oil that your facility generated or collected during a typical year.
Item III – Used Oil Fuel Marketer: In the area provided, enter the approximate amount of Used Oil marketed by your facility during a typical year.

Item IV – Used Oil Burner: In the area provided, enter the approximate amount of Used Oil burned by your facility during a typical year.

Item V – Used Oil Transporter: In the area provided, enter the approximate amount of Used Oil transported by your facility during a typical year.

Item VI – Used Oil Processor/Re-refiner: In the area provided, enter the approximate amount of Used Oil that was processed or re-refined by your facility during a typical year.

Comments:
Use this space for any additional comments.

Facility’s EPA ID Number: Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:

Alabama Department of Environmental Management
Land Division
P O Box 301463
Montgomery, AL 36130-1463

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.
Schedule C
Certification of Universal Waste Management

Item I - Universal Waste Activity: Check the appropriate box(es) to indicate which universal waste activities are conducted at your Facility.

A. Universal Waste Transporter: If you are a transporter of universal waste, mark an "X" in this box.

B. Large Quantity Handler: If you are a Large Quantity Handler of universal waste as described by ADEM Admin. Code ch. 335-14-11, indicate the estimated yearly volume of the universal waste(s) generated.

C. Small Quantity Handler: If you are a Small Quantity Handler of universal waste as described by ADEM Admin. Code ch. 335-14-11, indicate the estimated yearly volume of the universal waste(s) generated.

NOTE: See the final page of these instructions for a rough conversion table for converting measurements to pounds.

Item II – Universal Waste Transporter: In the area provided, enter the approximate amount of Universal Waste transported by your facility during a typical year.

Item III – Universal Waste Destination Facility: In the area provided, enter the approximate amount of Universal Waste that is received by your facility during a typical year.

Comments:
Use this space for any additional comments.

Facility's EPA ID Number: Remember to enter your EPA Identification Number, if one has been assigned for your facility, in the box provided at the bottom of the page.

SUBMITTAL OF THIS SCHEDULE IS NOT ACCEPTED WITHOUT THE SUBMITTAL OF A CORRECT ADEM FORM 8700-12, NOTIFICATION OF REGULATED WASTE ACTIVITY.

Mail completed form, a check or money order for all appropriate certification fees, and all necessary schedules and attachments to:

Alabama Department of Environmental Management
Land Division
P O Box 301463
Montgomery, AL 36130-1463

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.
ADDENDUM
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY

YOU MUST FILL OUT THIS SECTION IF:
You will begin managing, are still managing, or will stop managing excluded hazardous secondary material under ADEM Admin. Code rs 335-14-3 335-14-2-.01(4)(a)(23),(24) and must notify the State of your activities, pursuant to ADEM Admin. Code r. 335-14-3 335-14-2-.03(22).

Hazardous secondary material generators, tolling contractors, toll manufacturers, reclaimers, and intermediate facilities managing hazardous secondary materials which are excluded from regulation under ADEM Admin. Code rs 335-14-2-.01(2)(a),(ii), 335-14-2-.01(4)(a)(23), 24., or 25. must send a notification prior to operating under the exclusion(s) and, thereafter, no later than the 15th of the month specified in the schedule located at ADEM Admin. Code r. 335-14-1-.02(1)(a) using Form 8700-12.

Complete all parts 1 – 3.

You must be managing excluded hazardous secondary material in compliance with ADEM Admin. Code rs 335-14-335-14-2-.01(4)(a)(23),(24).

Do not include any information regarding your hazardous wastes in this section.

You must submit a completed Notification of Regulated Waste Activity Form 8700-12, including this Addendum, prior to operating under the exclusion(s) by the Specified month schedule in ADEM Admin. Code r. 335-14-1-.02(1)(a) to ADEM using the Notification of Regulated Waste Activity Form 8700-12 as pursuant to ADEM Admin Code r. 335-14-1-.03(22).

Persons who must satisfy this notification requirement can submit this information at the same time as their Annual Notification of Regulated Waste Activity.

If you stop managing hazardous secondary material in accordance with the exclusion(s) and do not expect to manage any amount of hazardous secondary material under the exclusion(s) for at least one year, you must also submit a completed Notification of Regulated Waste Activity Form 8700-12, including this Addendum, within thirty (30) days pursuant to ADEM Admin. Code r. 335-14-1-.03(22)(b).

Remember to include your EPA Identification Number on the bottom of each page.

ITEM 1 – INDICATE REASON FOR NOTIFICATION (INCLUDE DATES WHERE REQUESTED)
Place an “X” in the box for the reason that applies to you:

- FACILITY WILL BEGIN MANAGING EXCLUDED HAZARDOUS SECONDARY MATERIAL AS OF (MM/DD/YYYY)
- Place an “X” in this box if you are notifying that you will begin managing hazardous secondary material under the exclusion(s).

- Facilities must notify prior to operating under the exclusion(s).
- If placing an “X” in this box, list the date (mm/dd/yyyy) when you will begin managing hazardous secondary material under ADEM Admin. Code rs 335-14-335-14-2-.01(4)(a)(23),(24).

Note: If the facility had previously notified that it will stop managing hazardous secondary material in the past but will now begin anew, list the next planned start date.

If the facility is still managing excluded hazardous secondary material and/or notifying as required by the specified month schedule in ADEM Admin. Code r. 335-14-1-.02(1)(a) to ADEM using the Notification of Regulated Waste Activity Form 8700-12 as pursuant to ADEM Admin. Code r. 335-14-1-.03(22).

Place an “X” in this box if you are re-notifying that you are still managing hazardous secondary material under the exclusion(s). Note: You must have previously notified that you began managing hazardous secondary material in order to check this box.

Facilities must notify by the specified month schedule located at ADEM Admin. Code r. 335-14-1-.02(1)(a) to ADEM using the Notification of Regulated Waste Activity Form 8700-12 as pursuant to ADEM Admin. Code r. 335-14-1-.03(22).

If placing an “X” in this box, you do not have to list a date.

Facility has stopped managing excluded hazardous secondary material as of (MM/DD/YYYY) and is notifying as required.

Place an “X” in this box if you are notifying that you have stopped managing hazardous secondary material under the exclusion(s) and do not expect to manage any amount of hazardous secondary material for at least one year (pursuant to ADEM Admin. Code r. 335-14-1-.03(22)(b). List the date when you stopped managing hazardous secondary material. Enter the date in "mm/dd/yyyy" format.
• Facilities must notify within 30 days of when they stopped managing hazardous secondary material. You are considered to have stopped managing hazardous secondary material if:
  (1) you stop managing hazardous secondary material completely (e.g., you cease operations);
  (2) you choose to manage the hazardous secondary material as hazardous waste;
  (3) you undergo closure and request release from financial assurance per ADEM Admin. Code r. 335-14-2-.08(4)
you temporarily suspend management of hazardous secondary material for at least one year.
• Only place an ‘X’ in this box if you have stopped managing all hazardous secondary material under the exclusion(s). For example, if your facility only stopped managing one hazardous secondary material, but continued to manage another hazardous secondary material, you would leave this box blank since your facility continues to manage some amount of hazardous secondary material.
If you submit a notification that you have stopped managing hazardous secondary material, you do not need to re-notify (unless you choose to manage hazardous secondary material again, in which case you would have to submit a notification prior to managing). After submitting a stop notification, you can leave the Addendum blank for subsequent submissions, including any subsequent Hazardous Waste Report submissions.

ITEM 2 – DESCRIPTION OF EXCLUDED HAZARDOUS SECONDARY MATERIAL (HSM) ACTIVITY
  a. Waste Code(s) for HSM
  Use the box provided to enter the appropriate 4-digit hazardous waste code(s) that would apply to your hazardous secondary material if you managed it as hazardous waste (i.e., the waste code(s) that would apply if you did not manage your material in accordance with ADEM Admin. Code rs 335-14-335-14-2-.01(4)(a)(23),(24).
  NOTE:
  If you list more codes or manage more hazardous secondary material than will fit in the table under Item 2, please continue under Item XII–Comments, or on an extra sheet. Remember to include your EPA Identification Number on the bottom of each page.

b. Estimate Short Tons of Excluded HSM to be Managed Annually.
  In the box provided, enter your estimated tonnage (using short tons) of hazardous secondary material you expect to manage annually. Convert all physical quantities (e.g., gallons, cubic yards, kilograms, metric tons, etc.) to short tons (1 short ton = 2,000 pounds) and round to the nearest ton (no decimals). Note: Your estimated tonnage should be for the entire amount of hazardous secondary material to be reclaimed NOT just the quantity of constituent or product reclaimed.

c. Actual Short Tons of Excluded HSM Managed During the Most Recent Year
  Report the tonnage (using short tons) of each hazardous secondary material you actually managed during the most recent year. For example, if you are submitting this notification on February 15, 2016, enter the amount you actually managed during 2015 (i.e., the tonnage you managed from February 15, 2015 to February 16, 2016).
  Convert all physical quantities (e.g., gallons, cubic yards, kilograms, metric tons, etc.) to short tons (1 short ton = 2,000 pounds) and round to the nearest ton (no decimals).
  Note: Your actual tonnage should be for the entire amount of hazardous secondary material that was sent for reclamation, NOT just the quantity of constituent or product reclaimed. If this is your initial notification, enter "0."

d. Amount of hazardous secondary material to be managed in a land-based unit(s).
  Report for each hazardous secondary material, whether the hazardous waste secondary material, or any portion thereof, will be managed in a land-based unit.

ITEM 3 – FACILITY HAS FINANCIAL ASSURANCE PURSUANT TO ADEM Admin. Code r. 335-14-2-.08(1)(a).
  Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under ADEM Admin. Code rs 335-14-335-14-2-.01(4)(a)(23),(24).
  • Mark “Yes,” if you have financial assurance pursuant to ADEM Admin. Code r. 335-14-2-.08.
  • Mark “No,” if you do NOT have financial assurance pursuant to ADEM Admin. Code r. 335-14-2-.08.
  Note: In order for this addendum to be accepted by ADEM, it must be attached to a completed Notification of Regulated Waste Activity, ADEM Form 8700-12, and must include the appropriate certification fees, as required by ADEM Admin. Code ch. 335-1-6.

For technical questions concerning the notification form and waste schedules, call the Land Division at (334) 271-7735.
<table>
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