

## **ADEM Form 024**

### **Notice of Intent – NPDES General Permit Number ALR100000 (Construction Stormwater)**

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALR100000, Notices of Intent for NPDES General Permit Number ALR100000 (ADEM Form 024) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> is now the only method available for electronic submission of such Notices of Intent.

AEPACS allows for dynamic smart forms to be developed. Therefore, ADEM Form 024 has been transformed into multiple variations suited for the specific purpose of the Notice of Intent. This form package includes the following variations of this form in human readable format:

1. Construction Stormwater (ALR100000) - NOI - New (Form 024)
2. Construction Stormwater (ALR100000) - NOI - Information Update (Form 024)
3. Construction Stormwater (ALR100000) - NOI - Modification/Transfer (Form 024)
4. Construction Stormwater (ALR100000) - NOI - Reissuance (Form 024)

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 024 may not be accepted unless the Department first approves such waiver. **The hardcopy form is also include at the end of this form package.** There are differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

# Construction Stormwater (ALR100000) - NOI - New (Form 024)

## Notice of Intent – Construction Stormwater General Permit Number ALR100000 (Form 024)

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

Priority Construction Site means any site that discharges to a waterbody which is listed on the most recent EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, or any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

[Please click here for the Alabama 303\(d\) list of Impaired Waters](#)

[Please click here for Information on Alabama TMDLs](#)

[Please click here for the permit fee schedule](#)

### **Instructions**

If your site meets the definition of a Priority Construction Site, a complete and comprehensive CBMPP must be attached to the application submittal. [Click here for an ADEM CBMPP template.](#)

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

**\*\*\*APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED\*\*\***

#### CONTACT INFORMATION

##### *Main Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

[Please click here for area assignments and contact information for Construction Stormwater Permit staff.](#)

# Construction Stormwater (ALR100000) - NOI - New (Form 024)

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### Permittee Information

#### Permittee

Permittee Name

Phone Type    Number                      Extension

Home   

Mobile   

Other       

Business       

Mailing Address

Address Line 1

Address Line 2

City    State/Area    Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are you adding a Co-Permittee? \*Select One

Yes     No

#### Co-Permittee

*\*This control is conditionally displayed based on answers provided in the question above*

Co-Permittee Name

Phone Type    Number                      Extension

Home   

Mobile   

Other       

Business       

Address Line 1

Address Line 2

City    State/Area    Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

**Responsible Official**

<b>Prefix</b>		
<input type="text"/>		
<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Organization Name</b>		
<input type="text"/>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		
<b>Physical/Delivery Address</b>		
<b>Address Line 1</b>		
<input type="text"/>		
<b>Address Line 2</b>		
<input type="text"/>		
<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Additional Responsible Officials**

*\* Required if Co-Permittee(s) are included*

**Responsible Official**

<b>Prefix</b>		
<input type="text"/>		
<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Organization Name</b>		
<input type="text"/>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		
<b>Address Line 1</b>		
<input type="text"/>		
<b>Address Line 2</b>		
<input type="text"/>		
<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>		
<input type="text"/>		

**Additional Permit Contact(s)**

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

**Permit Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Company Name**

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Facility/Site Information**

**Facility/Site Name**

**Permittee Organization Type** \*Select One

<input type="radio"/> Corporation	<input type="radio"/> County Government/Commission
<input type="radio"/> Federal	<input type="radio"/> LLC
<input type="radio"/> LLP	<input type="radio"/> Municipality (City or Town)
<input type="radio"/> Partnership	<input type="radio"/> School District or Board
<input type="radio"/> Sole Proprietorship (i.e. Owned by Individual)	<input type="radio"/> State

... (More Options Available)

**Facility/Site Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Address Line 1**

**Address Line 2**

**Location Description**

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Facility/Site County** \*Select One

- Autauga     Baldwin
- Barbour     Bibb
- Blount     Bullock
- Butler     Calhoun
- Chambers     Cherokee
- ... (More Options Available)

**Detailed Directions to the Facility/Site**

**Facility/Site Front Gate Latitude and Longitude**

Latitude

Longitude

**Is this a linear project?** \*Select One

- Yes     No

**Beginning Location of Linear Project**

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

Latitude

Longitude

**Ending Location of Linear Project**

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

Latitude

Longitude

**Construction Site Type** \*Select All That Apply

- Commercial                       Industrial
- Linear - Highway/Road     Linear - Utilities
- Multi-Family Residential     Other
- Single-Family Residential     Support Activity (i.e. Borrow area)

**Primary SIC Code** \*Select One

- 1521-General Contractors-Single-Family Houses                       1522-General Contractors-Residential Buildings, Other Than Single-Family
- 1541-General Contractors-Industrial Buildings and Warehouses                       1542-General Contractors-Nonresidential Buildings, Other than Industrial Buildings and Warehouses
- 1611-Highway and Street Construction, Except Elevated Highways                       1622-Bridge, Tunnel, and Elevated Highway Construction
- 1623-Water, Sewer, Pipeline, and Communications and Power Line Construction                       1629-Heavy Construction

**Primary NAICS Code** \*Select One

- 236115-New Single-Family Housing Construction (except For-Sale Builders)                       236116-New Multifamily Housing Construction (except For-Sale Builders)
- 236117-New Housing For-Sale Builders                       236210-Industrial Building Construction
- 236220-Commercial and Institutional Building Construction                       237110-Water and Sewer Line and Related Structures Construction
- 237120-Oil and Gas Pipeline and Related Structures Construction                       237130-Power and Communication Line and Related Structures Construction
- 237310-Highway, Street, and Bridge Construction                       237990-Other Heavy and Civil Engineering Construction
- ... (More Options Available)

**Additional Site Contact(s)**

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

**Facility Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

**Organization Name**

Phone Type	Number	Extension
Home	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**  **State/Area**  **Postal Code**

**Country**

**Project Information**

**Brief Description of activity(s):**

**Total Facility/Site Area (acres)**

**Total Disturbed Area (acres)**

**\*\*Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area\*\***

**Anticipated Commencement Date**

**\*\*Commencement date MUST BE ON OR BEFORE Completion Date\*\***

**Anticipated Completion Date**

**Will flocculants or other chemical stabilization products be used on site?** \*Select One  
 Yes  No

**Safety Data Sheet (SDS)**  
\*This control is conditionally displayed based on answers provided in other parts of the form  
Please attach an SDS sheet for \*each\* flocculant used.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.gif,\*.jpeg,\*.jpg,\*.pdf,\*.png

**Comment**

Confidential (Reason for Confidentiality)

**Are there any surface waters within 25 feet of your project's land disturbances?** \*Select One  
 Yes  No

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

Site CBMPP must meet Part III.B. of the permit.

### Inspection Status

Was this facility/site inspected and found to be either under construction or in operation prior to a NPDES permit application being submitted to the Department? <sup>\*Select One</sup>

Yes  No

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

Please be advised that a Greenfield fee may be assessed to the total permit fee since your facility/site was inspected prior to the submittal of your application and/or obtaining NPDES permit coverage.

### Priority Construction Site

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? If yes, please attach a copy of the CBMPP that meets or exceeds the requirements of the construction stormwater general permit.

Yes  No

### Attach CBMPP

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

Please attach a copy of the CBMPP that meets or exceeds the requirements of Parts III A. and E. of the construction stormwater general permit.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.gif,\*.jpeg,\*.jpg,\*.pdf,\*.png

Comment

Confidential (Reason for Confidentiality)

### Outfalls

Feature Type <sup>\*Select One</sup>

Outfall

Outfall - Point where the discharge leaves the site.

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

Outfall Identifier

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

Location of Outfall

Latitude	Longitude
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

### Receiving Water(s)

RECEIVING WATER(S)

ID	Receiving Water	UT	Strm Sewer	MS4	A&I	F&W	LWF	PWS	SH	S
<div style="border: 1px solid black; height: 20px;"></div>										

WATER USE CLASSIFICATION DESCRIPTIONS:

- A&I - Agricultural and Industrial Water Supply
- F&W - Fish and Wildlife
- LWF - Limited Warmwater Fishery
- PWS - Public Water Supply
- SH - Shell Harvesting
- S - Swimming and Other Whole Body Contact Sports

### Topographic Map Submittal

Topographic Map

File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.gif,\*.jpeg,\*.jpg,\*.pdf,\*.png

Comment

Confidential (Reason for Confidentiality)

## Qualified Credentialed Professional (QCP) Certification

### QCP Designation \*Select One

- AL National Resources Conservation Service Professional certified by the State Conservationist
- Certified Professional Soil Scientist (CPSS)
- Professional Geologist (PG)
- Registered Forester
- Registered Landscape Architect
- Certified Professional in Erosion and Sediment Control (CPESC)
- Professional Engineer (PE)
- Registered Environmental Manager (REM)
- Registered Land Surveyor (LS)

### Registration / Certification Number

### Qualified Credentialed Professional

Prefix		
<input type="text"/>		
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Title		
<input type="text"/>		
Organization Name		
<input type="text"/>		
Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		
City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Duly Authorized Representative (DAR)

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

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

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

### Will a duly authorized representative be submitting this NOI? \*Select One

- Yes  No

### DAR Documentation

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

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.\*

### Comment

Confidential (Reason for Confidentiality)

**Authorized Rep**

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

**Duly Authorized Representative**

<b>Prefix</b>		
<input type="text"/>		
<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Organization Name</b>		
<input type="text"/>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
<small>*Only one phone number is accepted</small>		
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		
<b>Mailing Address</b>		
<b>Address Line 1</b>		
<input type="text"/>		
<b>Address Line 2</b>		
<input type="text"/>		
<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>		
<input type="text"/>		

# Construction Stormwater (ALR100000) - NOI - Information Update (Form 024)

## Construction Stormwater-Information Update for Permitted Facilities/Sites

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

The following information may be updated for permitted facilities/sites on this form:

- Change in Responsible Official
- Change in Facility Contact information
- Change in QCP for the site/facility
- Change in Duly Authorized Representative (DAR)
- Suspension of Monitoring Request
- Decrease in Disturbed Area (acreage)
- Deletion of Receiving Water(s)
- Addition and/or Deletion of Outfalls Only
- Change in Flocculant Details

### **Instructions**

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

**\*\*\*No Fee Required\*\*\***

#### CONTACT INFORMATION

##### *Main Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

[Please click here for area assignments and contact information for Construction Stormwater Permit staff.](#)

# Construction Stormwater (ALR100000) - NOI - Information Update (Form 024)

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### Processing Information

Brief description of the action/change that has resulted in the request for permit modification(s):

Are you updating Responsible Official Contact information? <sup>\*Select One</sup>

Yes  No

Are you updating Facility/Site Contact information? <sup>\*Select One</sup>

Yes  No

Are you deleting Receiving Waters that the site discharges to? <sup>\*Select One</sup>

Yes  No

Please provide a list of receiving waters that the permittee no longer discharges to:

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

Are you deleting Outfall Points (points where stormwater leaves site)? <sup>\*Select One</sup>

Yes  No

Are you adding Outfall Points (points where stormwater leaves site) associated with CURRENTLY permitted receiving waters? <sup>\*Select One</sup>

Yes  No

Will the additional Outfall discharge to a previously permitted Receiving Water? <sup>\*Select One</sup>

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

Yes  No

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

Additional outfalls may be added only if the discharge will be routed to an existing permitted receiving water. New receiving waters may not be added through the information update process. If you need to add additional receiving waters, please STOP HERE. A modification application will need to be completed.

Are you decreasing Facility/Site acreage and/or Total Disturbed acreage? <sup>\*Select One</sup>

Yes  No

Are you adding or changing Flocculants? <sup>\*Select One</sup>

Yes  No

Are you requesting a Suspension of Monitoring? <sup>\*Select One</sup>

Yes  No

Are you updating QCP Contact information? <sup>\*Select One</sup>

Yes  No

### Form Submission Reason

Minor Modification

### Permit Information

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

#### Permit Number

#### Permittee

Permittee Name

Phone Type    Number                      Extension

Home	<input type="text"/>	<input type="text"/>
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Mobile	<input type="text"/>	<input type="text"/>
--------	----------------------	----------------------

Other	<input type="text"/>	<input type="text"/>
-------	----------------------	----------------------

Business	<input type="text"/>	<input type="text"/>
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#### Mailing Address

Address Line 1

Address Line 2

City    State/Area    Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Responsible Official Contact(s)

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

**Responsible Official**

<b>Prefix</b>		
<input type="text"/>		
<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Organization Name</b>		
<input type="text"/>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		
<b>Physical/Delivery Address</b>		
<b>Address Line 1</b>		
<input type="text"/>		
<b>Address Line 2</b>		
<input type="text"/>		
<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>		
<input type="text"/>		

**Additional Permit Contact(s)**

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

**Permit Contact**

<b>Prefix</b>		
<input type="text"/>		
<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Company Name</b>		
<input type="text"/>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		

**Facility/Site Information**

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

**Facility/Site Name**

**Facility/Site Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

**Organization Name**

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

Do you have additional contacts associated with this site? \*Select One

Yes  No

**Facility/Site Address or Location Description**

**Address Line 1**

**Address Line 2**

**Location Description**

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Facility/Site County** \*Select One

- Autauga  Baldwin
- Barbour  Bibb
- Blount  Bullock
- Butler  Calhoun
- Chambers  Cherokee
- ... (More Options Available)

**Detailed Directions to the Facility/Site**

**Facility/Site Front Gate Latitude and Longitude**

Latitude	Longitude
<input type="text"/>	<input type="text"/>

Is this a linear project? \*Select One

Yes  No

**Beginning Location of Linear Project**

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

Latitude	Longitude
<input type="text"/>	<input type="text"/>

**Ending Location of Linear Project**

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

Latitude	Longitude
<input type="text"/>	<input type="text"/>

**Additional Site Contact(s)**

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

## Facility Contact

<b>Prefix</b>		
<input type="text"/>		
<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Organization Name</b>		
<input type="text"/>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
<small>*Only one phone number is accepted</small>		
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		
<b>Mailing Address</b>		
<b>Address Line 1</b>		
<input type="text"/>		
<b>Address Line 2</b>		
<input type="text"/>		
<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>		
<input type="text"/>		

## Project Information

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

### Anticipated Commencement Date

\*\*Commencement date MUST BE ON OR BEFORE Completion Date\*\*

### Anticipated Completion Date

### Flocculants or other chemical stabilization products used on site will be added or changed. \*Select One

Yes

### Safety Data Sheet (SDS)

\*This control is conditionally displayed based on answers provided in other parts of the form  
Please attach an SDS sheet for \*each\* flocculant used.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.gif,\*.jpeg,\*.jpg,\*.pdf,\*.png

### Comment

Confidential (Reason for Confidentiality)

## Acreage

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

### NOTE

You may \*ONLY DECREASE\* Facility/Site acreage and/or Total Disturbed acreage. Please enter both Facility/Site acreage and Total Disturbed acreage below.

### Total Facility/Site Area (acres)

### Total Disturbed Area (acres)

\*\*Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area\*\*

## Outfalls

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



**Qualified Credentialed Professional**

<b>Prefix</b>		
<input type="text"/>		
<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Organization Name</b>		
<input type="text"/>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		
<b>Address Line 1</b>		
<input type="text"/>		
<b>Address Line 2</b>		
<input type="text"/>		
<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>		
<input type="text"/>		

**Duly Authorized Representative (DAR)**

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

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

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

**Will a duly authorized representative be submitting this NOI?** \*Select One

Yes  No

**DAR Documentation**

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

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment**

Confidential (Reason for Confidentiality)

**Authorized Rep**

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

<b>Prefix</b>		
<input type="text"/>		
<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Organization Name</b>		
<input type="text"/>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
<small><i>*Only one phone number is accepted</i></small>		
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		
<b>Mailing Address</b>		
<b>Address Line 1</b>		
<input type="text"/>		
<b>Address Line 2</b>		
<input type="text"/>		
<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>		
<input type="text"/>		

**Topographic Map Submittal**

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

**Topographic Map**

File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.gif,\*.jpeg,\*.jpg,\*.pdf,\*.png

<b>Comment</b>
<input type="text"/>
<input type="checkbox"/> Confidential (Reason for Confidentiality)
<input type="text"/>

**Additional Document Submittals**

**Additional Documents (Optional)**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.bmp,\*.jpeg,\*.jpg,\*.pdf,\*.png,\*.tif,\*.tiff

<b>Comment</b>
<input type="text"/>
<input type="checkbox"/> Confidential (Reason for Confidentiality)
<input type="text"/>

# Construction Stormwater (ALR100000) - NOI - Modification/Transfer (Form 024)

## Construction Stormwater-Modification and/or Transfer of Permit Coverage

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

A modification to your current permit may include one or more of the following:

- Permittee name change (Requires a signed Transfer Agreement, Form 466)
- Change of ownership (Requires a signed Transfer Agreement, Form 466)
- Facility name change
- Addition of a Co-Permittee
- Addition of receiving water(s) and outfalls associated with the additional receiving waters
- For Priority sites – CBMPP will need to be resubmitted if adding receiving waters

Please contact the appropriate permitting staff member if you are unsure whether a modification or new permit is required for your project. Please contact the appropriate permitting staff based on the county where the site is located prior to beginning the application process. Please see the link on the right side of this screen for area assignments for Construction Stormwater Permit staff.

[Please click here for the Transfer Agreement, Form 466](#)

[Please click here for the Alabama 303\(d\) list of Impaired Waters](#)

[Please click here for Information on Alabama TMDLs](#)

[Please click here for the permit fee schedule](#)

Priority Construction Site means any site that discharges to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, and any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

## Instructions

If your site meets the definition of a Priority Construction Site, a complete and comprehensive CBMPP must be attached to the application submittal. [Click here for an ADEM CBMPP template.](#)

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

**\*\*\*APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED\*\*\***

### CONTACT INFORMATION

#### Main Address

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

### ADDITIONAL LINKS

[Please click here for area assignments and contact information for Construction Stormwater Permit staff.](#)



**Permittee**

**Permittee Name**

**Phone Type    Number                      Extension**

Home

Mobile

Other

Business

**Mailing Address**

**Address Line 1**

**Address Line 2**

<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Co-Permittee**

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

**Co-Permittee Name**

**Phone Type    Number                      Extension**

Home

Mobile

Other

Business

**Address Line 1**

**Address Line 2**

<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Responsible Official**

**Prefix**

**First Name                      Last Name**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Title**

**Organization Name**

**Phone Type                      Number                      Extension**

Home

Mobile

Other

Business

**Email**

**Physical/Delivery Address**

**Address Line 1**

**Address Line 2**

<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Additional Responsible Officials**

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

**Responsible Official**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Address Line 1**

**Address Line 2**

<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Country**

**Additional Permit Contact(s)**

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

**Permit Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Company Name**

<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Facility/Site Information**

**Facility/Site Name**

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

**Permittee Organization Type** \*Select One

- |  |  |
|--|--|
| <input type="radio"/> Corporation                                    | <input type="radio"/> County Government/Commission |
| <input type="radio"/> Federal  | <input type="radio"/> LLC                          |
| <input type="radio"/> LLP  | <input type="radio"/> Municipality (City or Town)  |
| <input type="radio"/> Partnership                                    | <input type="radio"/> School District or Board     |
| <input type="radio"/> Sole Proprietorship (i.e. Owned by Individual) | <input type="radio"/> State                        |

... (More Options Available)

**Facility/Site Contact****Prefix****First Name****Last Name****Title****Organization Name****Phone Type****Number****Extension**

Home

Mobile

Other

Business

**Email****Facility/Site Address or Location Description***\*This control is conditionally displayed based on answers provided in other parts of the form***Address Line 1****Address Line 2****Location Description****City****State/Area****Postal Code****Facility/Site County** \*Select One*\*This control is conditionally displayed based on answers provided in other parts of the form* Autauga  Baldwin Barbour  Bibb Blount  Bullock Butler  Calhoun Chambers  Cherokee[... \(More Options Available\)](#)**Detailed Directions to the Facility/Site***\*This control is conditionally displayed based on answers provided in other parts of the form***Facility/Site Front Gate Latitude and Longitude***\*This control is conditionally displayed based on answers provided in other parts of the form***Latitude****Longitude****Is this a linear project?** \*Select One*\*This control is conditionally displayed based on answers provided in other parts of the form* Yes  No**Beginning Location of Linear Project***\*This control is conditionally displayed based on answers provided in other parts of the form***Latitude****Longitude****Ending Location of Linear Project***\*This control is conditionally displayed based on answers provided in other parts of the form***Latitude****Longitude****Construction Site Type** \*Select All That Apply*\*This control is conditionally displayed based on answers provided in other parts of the form* Commercial Industrial Linear - Highway/Road Linear - Utilities Multi-Family Residential Other Single-Family Residential Support Activity (i.e. Borrow area)

**Primary SIC Code** \*Select One

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

- 1521-General Contractors-Single-Family Houses
- 1522-General Contractors-Residential Buildings, Other Than Single-Family
- 1541-General Contractors-Industrial Buildings and Warehouses
- 1542-General Contractors-Nonresidential Buildings, Other than Industrial Buildings and Warehouses
- 1611-Highway and Street Construction, Except Elevated Highways
- 1622-Bridge, Tunnel, and Elevated Highway Construction
- 1623-Water, Sewer, Pipeline, and Communications and Power Line Construction
- 1629-Heavy Construction

**Primary NAICS Code** \*Select One

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

- 236115-New Single-Family Housing Construction (except For-Sale Builders)
- 236116-New Multifamily Housing Construction (except For-Sale Builders)
- 236117-New Housing For-Sale Builders
- 236210-Industrial Building Construction
- 236220-Commercial and Institutional Building Construction
- 237110-Water and Sewer Line and Related Structures Construction
- 237120-Oil and Gas Pipeline and Related Structures Construction
- 237130-Power and Communication Line and Related Structures Construction
- 237310-Highway, Street, and Bridge Construction
- 237990-Other Heavy and Civil Engineering Construction

... (More Options Available)

**Additional Site Contact(s)**

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

**Facility Contact**

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

\*Only one phone number is accepted

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Country**

**Project Information**

**Brief Description of activity(s):**

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

**Total Facility/Site Area (acres)**

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

**Total Disturbed Area (acres)**

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

**\*\*Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area\*\***

**Anticipated Commencement Date**

**\*\*Commencement date MUST BE ON OR BEFORE Completion Date\*\***

**Anticipated Completion Date**



**Topographic Map**

File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.gif,\*.jpeg,\*.jpg,\*.pdf,\*.png

**Comment**

Confidential (Reason for Confidentiality)

**Qualified Credentialed Professional (QCP) Certification**

**QCP Designation** \*Select One

- AL National Resources Conservation Service Professional certified by the State Conservativist
- Certified Professional in Erosion and Sediment Control (CPESC)
- Certified Professional Soil Scientist (CPSS)
- Professional Engineer (PE)
- Professional Geologist (PG)
- Registered Environmental Manager (REM)
- Registered Forester
- Registered Land Surveyor (LS)
- Registered Landscape Architect

**Registration / Certification Number**

**Qualified Credentialed Professional**

**Prefix**

**First Name**  **Last Name**

**Title**

**Organization Name**

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Address Line 1**

**Address Line 2**

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Duly Authorized Representative (DAR)**

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

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

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

**Will a duly authorized representative be submitting this NOI?** \*Select One

- Yes
- No



**Please provide an updated CBMPP.**

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

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.pdf

**Comment**

Confidential (Reason for Confidentiality)

# Construction Stormwater (ALR100000) - NOI - Reissuance (Form 024)

## Construction Stormwater – Reissuance (Form 024)

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

Any Permittee authorized to discharge under the April 1, 2016 NPDES Construction General Permit, who wishes to continue to discharge upon the expiration of that permit, shall submit a complete NOI to be covered by this reissued General Permit. Such NOI shall be submitted at least 30 days prior to the expiration date of the April 1, 2016 NPDES Construction General Permit.

Failure of the Permittee to submit a complete NOI for reauthorization under this permit at least 30 days prior to the permit's expiration will void the automatic continuation of the authorization to discharge under that permit as provided by ADEM Admin. Code r. 335-6-6-.06. Should the permit not be reissued for any reason prior to its expiration date, Permittees who failed to meet the 30-day submittal deadline will be illegally discharging without a permit after the expiration date of the April 1, 2016 permit.

Priority Construction Site means any site that discharges to waterbody which is listed on the most recent EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, and any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

[Please click here for the Alabama 303\(d\) list of Impaired Waters](#)

[Please click here for Information on Alabama TMDLs](#)

[Please click here for the permit fee schedule](#)

### Instructions

If your site meets the definition of a Priority Construction Site, as described above, a complete and comprehensive CBMPP must be attached to the application submittal. [Click here for an ADEM CBMPP template.](#)

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

**\*\*\*APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED\*\*\***

#### CONTACT INFORMATION

##### Main Address

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

#### CONTACTS

Phone : 334-271-7836

E-mail : [cswmail@adem.alabama.gov](mailto:cswmail@adem.alabama.gov)

#### ADDITIONAL LINKS

[Please click here for area assignments and contact information for Construction Stormwater Permit staff.](#)

# Construction Stormwater (ALR100000) - NOI - Reissuance (Form 024)

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### Processing Information

Does this reissuance include a Permittee name or ownership change? (Requires Transfer Form 466) <sup>\*Select One</sup>

Yes  No

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

Please download, print, and sign the following:

[Transfer Agreement \(Form 466\)](#)

Attach Transfer Agreement (Form 466)

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

Please attach the signed Transfer Agreement (Form 466) here.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.

Comment

Confidential (Reason for Confidentiality)

Are you adding a Co-Permittee? <sup>\*Select One</sup>

Yes  No

This is the current Facility/Site Name:

Calculated

Are you changing the Facility/Site Name? <sup>\*Select One</sup>

Yes  No

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

Selecting 'No' to the question above will display "None Specified" under the Facility/Site Name indicating it will no longer be editable or displayed on this Modification form. The current Facility/Site Name is still stored in the AEPACS system.

Do you have additional facility contacts associated with this site? <sup>\*Select One</sup>

Yes  No

Are you adding/changing receiving waters? If a priority site, submittal of updated CBMPP may be required. <sup>\*Select One</sup>

Yes  No

Are you adding/changing outfall coordinates? If a priority site, submittal of updated CBMPP may be required. <sup>\*Select One</sup>

Yes  No

Has the total and/or disturbed acreage changed from the previous NOI submitted? <sup>\*Select One</sup>

Yes  No

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? <sup>\*Select One</sup>

Yes  No

Form Submission Reason

Reissuance

### Permit Information

Permit Number

**Permittee**

**Permittee Name**

**Phone Type    Number                      Extension**

Home

Mobile

Other

Business

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City    State/Area    Postal Code**

**Co-Permittee**

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

**Co-Permittee Name**

**Phone Type    Number                      Extension**

Home

Mobile

Other

Business

**Address Line 1**

**Address Line 2**

**City    State/Area    Postal Code**

**Responsible Official**

**Prefix**

**First Name                      Last Name**

**Title**

**Organization Name**

**Phone Type                      Number                      Extension**

Home

Mobile

Other

Business

**Email**

**Physical/Delivery Address**

**Address Line 1**

**Address Line 2**

**City    State/Area    Postal Code**

**Additional Responsible Officials**

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

**Responsible Official**

**Prefix**

**First Name**  **Last Name**

**Title**

**Organization Name**

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Address Line 1**

**Address Line 2**

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Country**

**Additional Permit Contact(s)**

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

**Permit Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

**Organization Name**

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Facility/Site Information**

**Facility/Site Name**

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

**Permittee Organization Type** \*Select One

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

... (More Options Available)

**Facility/Site Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Facility/Site Address or Location Description**

**Address Line 1**

**Address Line 2**

**Location Description**

<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Facility/Site County** \*Select One

- Autauga     Baldwin
- Barbour    Bibb
- Blount     Bullock
- Butler      Calhoun
- Chambers  Cherokee
- ... (More Options Available)

**Detailed Directions to the Facility/Site**

**Facility/Site Front Gate Latitude and Longitude**

<b>Latitude</b>	<b>Longitude</b>
<input type="text"/>	<input type="text"/>

**Is this a linear project?** \*Select One

- Yes    No

**Beginning Location of Linear Project**

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

<b>Latitude</b>	<b>Longitude</b>
<input type="text"/>	<input type="text"/>

**Ending Location of Linear Project**

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

<b>Latitude</b>	<b>Longitude</b>
<input type="text"/>	<input type="text"/>

**Construction Site Type** \*Select All That Apply

- Commercial       Industrial
- Linear - Highway/Road     Linear - Utilities
- Multi-Family Residential     Other
- Single-Family Residential    Support Activity (i.e. Borrow area)

**Primary SIC Code** \*Select One

- 1521-General Contractors-Single-Family Houses
- 1541-General Contractors-Industrial Buildings and Warehouses
- 1611-Highway and Street Construction, Except Elevated Highways
- 1623-Water, Sewer, Pipeline, and Communications and Power Line Construction
- 1522-General Contractors-Residential Buildings, Other Than Single-Family
- 1542-General Contractors-Nonresidential Buildings, Other than Industrial Buildings and Warehouses
- 1622-Bridge, Tunnel, and Elevated Highway Construction
- 1629-Heavy Construction

**Primary NAICS Code** \*Select One

- 236115-New Single-Family Housing Construction (except For-Sale Builders)
  - 236116-New Multifamily Housing Construction (except For-Sale Builders)
  - 236117-New Housing For-Sale Builders
  - 236210-Industrial Building Construction
  - 236220-Commercial and Institutional Building Construction
  - 237110-Water and Sewer Line and Related Structures Construction
  - 237120-Oil and Gas Pipeline and Related Structures Construction
  - 237130-Power and Communication Line and Related Structures Construction
  - 237310-Highway, Street, and Bridge Construction
  - 237990-Other Heavy and Civil Engineering Construction
- ... (More Options Available)

**Additional Site Contact(s)**

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

**Facility Contact**

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

\*Only one phone number is accepted

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Country**

**Project Information**

**Brief Description of activity(s):**

**Total Facility/Site Area (acres)**

**Total Disturbed Area (acres)**

**\*\*Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area\*\***

**Anticipated Commencement Date**

**\*\*Commencement date MUST BE ON OR BEFORE Completion Date\*\***

**Anticipated Completion Date**

**Will flocculants or other chemical stabilization products be used on site?** \*Select One

- Yes
- No

**Safety Data Sheet (SDS)**

*\*This control is conditionally displayed based on answers provided in other parts of the form*  
Please attach an SDS sheet for \*each\* flocculant used.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.gif,\*.jpeg,\*.jpg,\*.pdf,\*.png

**Comment**

Confidential (Reason for Confidentiality)

**Are there any surface waters within 25 feet of your project's land disturbances?** \*Select One

Yes  No

**Reminder:**

*\*This control is conditionally displayed based on answers provided in other parts of the form*  
Site CBMPP must meet Part III.B. of the permit.

**Priority Construction Site**

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

**Attach CBMPP**

Please attach a copy of the CBMPP that meets or exceeds the requirements of Parts III A. and E. of the construction stormwater general permit.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
\*.7z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.

**Comment**

Confidential (Reason for Confidentiality)

**Outfalls**

**Feature Type** \*Select One

Outfall

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

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

**Outfall Identifier**

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

**Location of Outfall**

Latitude

Longitude

**Receiving Water(s)**

**RECEIVING WATER(S)**

ID	Receiving Water	UT	Strm Sewer	MS4	A&I	F&W	LWF	PWS	SH	S

**WATER USE CLASSIFICATION DESCRIPTIONS:**

- A&I - Agricultural and Industrial Water Supply
- F&W - Fish and Wildlife
- LWF - Limited Warmwater Fishery
- PWS - Public Water Supply
- SH - Shell Harvesting
- S - Swimming and Other Whole Body Contact Sports

**Topographic Map Submittal**

**Topographic Map**

File types are limited to: .gif, .jpeg, .jpg, .pdf, or .png

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.gif,\*.jpeg,\*.jpg,\*.pdf,\*.png

**Comment**

Confidential (Reason for Confidentiality)

**Qualified Credentialed Professional (QCP) Certification**

**QCP Designation** \*Select One

- AL National Resources Conservation Service Professional certified by the State Conservativist
- Certified Professional in Erosion and Sediment Control (CPESC)
- Certified Professional Soil Scientist (CPSS)
- Professional Engineer (PE)
- Professional Geologist (PG)
- Registered Environmental Manager (REM)
- Registered Forester
- Registered Land Surveyor (LS)
- Registered Landscape Architect

**Registration / Certification Number**

**Qualified Credentialed Professional**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**Organization Name**

Phone Type	Number	Extension
Home	<input style="width: 100%;" type="text"/>	
Mobile	<input style="width: 100%;" type="text"/>	
Other	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Business	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Email**

**Address Line 1**

**Address Line 2**

City	State/Area	Postal Code
<input style="width: 30%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 40%;" type="text"/>

**Duly Authorized Representative (DAR)**

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

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

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;
- (c) The written authorization is submitted to the Department.

**Will a duly authorized representative be submitting this NOI?** \*Select One

- Yes
- No



# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALR100000

### (CONSTRUCTION STORMWATER)

**Instructions:** This form may be used to submit a Notice of Intent for coverage under NPDES Permit Number ALR100000 **ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6).** NPDES Permit Number ALR100000 is the general permit authorizing discharges associated with construction activities that result in a total land disturbance of one (1) acre or greater and sites less than one (1) acre but are part of a larger common plan of development or sale. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing. Attach CBMPP and other additional information as needed.

#### PURPOSE OF THIS NOI

- |   |   |
|---|---|
| <input type="checkbox"/> Initial NOI for New Facility<br><input type="checkbox"/> Modification of General Permit No. ALR_____ | <input type="checkbox"/> Reissuance of General Permit ALR_____<br><input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Transfer of General Permit No. ALR_____  |   |

#### I. PERMITTEE INFORMATION

##### Permittee

Permittee Name (Legal Name)		Responsible Official Phone Number (Provide at least one)	
Responsible Owner/Operator or Official Name	Responsible Official Title		Responsible Official Email Address
Responsible Official (RO) Mailing Address		Mailing City, State, and Zip Code	
Responsible Official (RO) Location Street/Physical Address		Location City, State, and Zip Code	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Other _____			

##### Co-Permittee

(Leave blank if only one permittee will hold the permit. If more than one Co-Permittee is requested, include below information for each on a separate page)

Permittee Name (Legal Name)		Responsible Official Phone Number (Provide at least one)	
Responsible Owner/Operator or Official Name	Responsible Official Title		Responsible Official Email Address
Responsible Official (RO) Mailing Address		Mailing City, State, and Zip Code	
Responsible Official (RO) Location Street/Physical Address		Location City, State, and Zip Code	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Other _____			

#### II. FACILITY INFORMATION

Facility/Site Name		Facility/Site Contact Name	Facility/Site Contact Title	
Facility/Site Street Address or Location Description		Facility/Site Contact Company Name		
City	Zip Code	Facility/Site Contact Phone Number (Provide at least one)		
County(s)		Office: _____ Cell: _____		
Facility/Site Contact Email Address				
<b>Facility Latitude and Longitude (Decimal or Deg. Min. Sec.) [Provide the set of coordinates below appropriate for the project type, non-linear vs. linear]</b>				
Non-Linear Project	<i>Front Gate Coordinates</i>			
	Latitude		Longitude	
Linear Project	<i>Beginning Point Coordinates</i>		<i>Ending Point Coordinates</i>	
	Latitude	Longitude	Latitude	Longitude
Detailed Directions to Facility/Site				

**III. ACTIVITY DESCRIPTION**

Brief Description of Construction / Land disturbance activity(s):

---

(For Modifications Only) Brief description of the action/change that has resulted in the request for permit modification:

---

Primary SIC Code: \_\_\_\_\_ Primary NAICS Code: \_\_\_\_\_

**IV. PROPOSED SCHEDULE**

Anticipated Activity Schedule: \_\_\_\_\_ Commencement Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Area of Permitted Facility/Site: \_\_\_\_\_ Total Site Area in Acres: \_\_\_\_\_ Total Disturbed Area in Acres: \_\_\_\_\_

**V. PRIORITY CONSTRUCTION SITE**

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

If yes, attach/submit a copy of the CBMPP that meets or exceeds the requirements of Parts III A. and E. of the construction stormwater general permit.

**VI. 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). The map(s) at a minimum must include the following, which should be clearly identified (please include a key for symbols and a scale) on the map(s):

- (1) Site/project boundaries;
- (2) Proposed permit boundaries;
- (3) Property boundaries (non linear project only);
- (4) Area(s) of disturbance;
- (5) One (1) mile radius;
- (6) Entrance(s)/Exit(s);
- (7) Outfall(s);
- (8) Receiving stream(s); and
- (9) Begin and End Project Locations (Linear project only).

For subdivisions and/or common plans of development or sale, please provide a current plat map of the development.

**VII. OUTFALLS**

List the locations of all outfalls (points where discharges leave the site) including the label for each outfall from the topo map. (Attach a separate list if necessary)

Topo Map Identifier	Latitude	Longitude

**VIII. RECEIVING WATERS**

Are there any surface waters within 25 feet of your project's earth disturbances?  Yes  No

List name of receiving water(s), latitude & longitude (Decimal degrees or Degrees Minutes Seconds) of location(s) that run-off enters the receiving water, and the waterbody classification. Please also indicate if the discharges enter an unnamed tributary to the receiving water. In addition, indicate enters a storm sewer prior to the receiving water, and if the storm sewer is under the jurisdictions of an MS4. Please refer to ADEM Admin. Code 335-6-11 for a detailed list of water use classifications. (Attach a separate list if necessary)

Receiving Water	UT	Storm Sewer	MS4	Waterbody Classification (At least one must be selected)					
				A&T	F&W	LWF	PWS	SH	S
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IX. GENERAL INFORMATION**

Will flocculants or other chemical stabilization products be used on site?  Yes  No

If Yes, attach a Safety Data Sheet (SDS) for each flocculant used.

**X. QUALIFIED CREDENTIALLED PROFESSIONAL (QCP) CERTIFICATION**

"I certify under penalty of law that a comprehensive Construction Best Management Practices Plan (CBMPP) 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 site/activity, and associated regulated areas/activities. The CBMPP meets the requirements of this permit and if properly implemented and maintained by the operator, 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 CBMPP describes the erosion and sediment control measures that must be fully implemented and regularly maintained as needed at the permitted site in accordance with sound sediment and erosion control practices to ensure the protection of water quality."

QCP Designation/Description: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Registration/Certification # \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

**XI. DULY AUTHORIZED REPRESENTATIVE (DAR)**

If a Duly Authorized Representative will be signing this NOI, the DAR must provide the following information and attach the appropriate documentation meeting the requirements **below** for a duly authorized representative. The document must be dated within the last 12 months

Name (including prefix): \_\_\_\_\_ Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

**XII. OPERATOR/RESPONSIBLE OFFICIAL SIGNATURE**

"I certify under penalty of law that this form, the CBMPP, 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 registration have been evaluated for the presence of any non-construction and/or coal/mineral mining stormwater, or process wastewaters have been fully identified."

Name \_\_\_\_\_ Official Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

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

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
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- (c) The written authorization is submitted to the Department.