

**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**

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|---------------------------------|
| <u>FOR ADEM USE ONLY</u> |
| 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)]:

SIC Code

SIC Description

1. _____ (Primary) _____

2. _____ (Secondary) _____

3. _____ (Tertiary) _____

H. Description of industrial activity at the facility:

- 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 desalinization 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 (*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 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 DESALINIZATION 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 desalinization 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?

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