

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG360000**

Instructions: This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG360000, which is the general permit authorizing discharges associated with once-through cooling water, sump drains, oil water separator, treated sanitary wastewater, drilling supernate, and uncontaminated storm waters associated with hydroelectric generating facilities and wastewater resulting from maintenance and repair activities associated with cleaning, pressure washing, blasting, and painting of structure over water; and storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please answer all questions in applicable sections. Please mark the "Not Applicable" box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

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

| |
|--------------------------|
| FOR ADEM USE ONLY |
| NPDES PERMIT NUMBER |
| FACILITY NUMBER |

PURPOSE OF THIS NOTICE OF INTENT

- [] **Initial** request for coverage under NPDES General Permit Number ALG360000
- [] **Reissuance** of coverage under NPDES General Permit Number ALG360000 (Current Permit No. ALG36_____)
- [] **Modification** of coverage under NPDES General Permit Number ALG360000 (Current Permit No. ALG36_____)

FACILITY IDENTIFICATION INFORMATION

A. Name of Permittee: _____

Name of Facility: _____

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

City, State and Zip Code _____

C. Location (STREET ADDRESS) of Facility: _____

City, County: _____

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

Latitude (_____)° (_____)’ (_____)“ N Longitude (_____)° (_____)’ (_____)“ W

E. Facility Contact Person:

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

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

SIC Code

SIC Description

1. _____ (Primary) _____

2. _____ (Secondary) _____

3. _____ (Tertiary) _____

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

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Discharges of once-through cooling waters to include generator cooling water, generator thrust bearing cooling water, turbine guide cooling water, transformer and miscellaneous cooling waters, and filter backwash (DSN001)
 - Discharges associated with sumps and drains to include powerhouse sumps and drains, valve pit drains, head cover drains, and gallery sumps and drains (DSN002)
 - Discharges associated with plant and unit oil/water separators (DSN003)
 - Discharges of treated sanitary wastewater (DSN004)
 - Uncontaminated storm water discharges (DSN005)
 - Discharges of pretreated drilling supernate wastewater (DSN006)
 - Discharges associated with wastewater resulting from maintenance and repair activities associated with cleaning, pressure washing, blasting, and painting of structures (DSN007)
 - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN008 and DSN009)
- I. Are any discharges in H. above combined? Yes No If YES, indicate which discharges are combined:

- J. Has the facility been issued an NPDES **INDIVIDUAL** permit?
 Yes No If YES, NPDES Permit No. AL00 _____
 Do you intend to replace your individual permit with this General Permit? Yes No
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?
 Yes No If YES, SID Permit No. IU _____
- L. Has the facility ever been issued coverage under an NPDES **GENERAL** Permit other than a permit listed in the "Purpose of this Notice of Intent" section? Yes No If YES, please provide the following:
 Permit Number: AL _____ Facility Name on Permit: _____
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
 Yes No
- N. Name of surface water to which the municipal storm sewer discharges: _____
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)? Yes No
- P. Date facility started or will start operations: _____
- Q. What is the size of the site in acres? _____
- R. Are all industrial activities under roof (including storage)? Yes No
- S. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? Yes No
 (A list of the impaired waters can be found at <http://www.adem.state.al.us/programs/water/303d.cnt> for 303(d) listed waters and <http://www.adem.state.al.us/programs/water/approvedTMDLs.htm> for waters subject to a TMDL.)
 If YES, do your discharges contain pollutants of concern listed for the impaired water(s)? Yes No
 If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.
- T. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)? Yes No
- U. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? Yes No
- V. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02? Yes No
 If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

DSN001: DISCHARGES OF ONCE-THROUGH COOLING WATERS TO INCLUDE GENERATOR COOLING WATER, GENERATOR THRUST BEARING COOLING WATER, TURBINE GUIDE COOLING WATER, TRANSFORMER AND MISCELLANEOUS COOLING WATERS, AND FILTER BACKWASH

NOT APPLICABLE []

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

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream: _____

Type of Discharge: _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

5. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

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

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

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

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

DSN002: DISCHARGES ASSOCIATED WITH SUMPS AND DRAINS TO INCLUDE POWERHOUSE SUMPS AND DRAINS, VALVE PIT DRAINS, HEAD COVER DRAINS, AND GALLERY SUMPS AND DRAINS

NOT APPLICABLE []

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

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream: _____

Type of Discharge: _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

5. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

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

DSN003: DISCHARGES ASSOCIATED WITH PLANT AND UNIT OIL/WATER SEPARATORS

NOT APPLICABLE []

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

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream: _____

Type of Discharge: _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

5. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

B. Are there any known impacts on the receiving water as a result of any discharges under DSN003? [] Yes [] No
If YES, to what extent?

DSN004: DISCHARGES OF TREATED SANITARY WASTEWATER

NOT APPLICABLE []

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

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream: _____

Type of Discharge: _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

5. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

B. Are there any known impacts on the receiving water as a result of any discharges under DSN004? [] Yes [] No
If YES, to what extent?

DSN005: UNCONTAMINATED STORM WATER DISCHARGES

NOT APPLICABLE []

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

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream: _____

Type of Discharge: _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

5. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

B. Are there any known impacts on the receiving water as a result of any discharges under DSN005? [] Yes [] No
If YES, to what extent?

DSN006: DISCHARGES OF PRETREATED DRILLING SUPERNATE WASTEWATER

NOT APPLICABLE []

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

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream: _____

Type of Discharge: _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

5. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

B. Are there any known impacts on the receiving water as a result of any discharges under DSN006? [] Yes [] No
If YES, to what extent?

DSN007: DISCHARGES ASSOCIATED WITH WASTEWATER RESULTING FROM MAINTENANCE AND REPAIR ACTIVITIES ASSOCIATED WITH CLEANING, PRESSURE WASHING, BLASTING, AND PAINTING OF STRUCTURES

NOT APPLICABLE []

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

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream: _____

Type of Discharge: _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

5. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

B. Are there any known impacts on the receiving water as a result of any discharges under DSN007? [] Yes [] No
If YES, to what extent?

DSN008 AND DSN009: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS

NOT APPLICABLE []

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

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream: _____

Type of Discharge: _____

2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

5. Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Receiving Stream _____

Type of Discharge: _____

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

| Type | Size (gallons) | Number of Tanks |
|-----------------|----------------|-----------------|
| [] AST [] UST | | |
| [] AST [] UST | | |
| [] AST [] UST | | |
| [] AST [] UST | | |
| [] AST [] UST | | |
| [] AST [] UST | | |
| [] AST [] UST | | |
| [] AST [] UST | | |
| [] AST [] UST | | |
| [] AST [] UST | | |

AST = Aboveground Storage Tank

UST = Underground Storage Tank

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

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

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

P. Are any trucks or equipment fueled at this facility? [] Yes [] No

If YES, is your fueling area protected from storm water, including flowing water? [] Yes [] No

If YES, please explain:

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

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

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

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

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

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

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

NOTE: This Notice of Intent must be signed by the official representative of the facility who is: the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or principal executive officer **of at least the level of vice president**, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: _____

RO Phone Number: _____ RO Email Address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

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

DMR Contact Address: _____

DMR Contact Phone Number: _____ Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____ **D**

Phone Number: _____ Email Address: _____

Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.