

**WATER DIVISION
MINING AND NATURAL RESOURCES SECTION
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**NPDES PERMITTED COALBED METHANE OPERATIONS
POLLUTION ABATEMENT/TREATMENT MEASURES AND
WASTE TREATMENT FACILITIES CERTIFICATION REPORT**

Please type or print in ink. Use one form per outfall. Please complete all questions. Use "N/A" where appropriate.
Incorrect/Incomplete Forms will be returned and may delay approval.

Name of Permittee: _____

Postal Address of Permittee: _____

Facility Name: _____

NPDES Permit Number: _____

Point Source (Outfall) Number: _____

Location of Outfall:

County: _____ Township: _____ Range: _____ Section: _____

Latitude: _____ Longitude: _____ (In degrees, minutes, & seconds)

Consulting Firm Name & Address: _____

Consulting Firm

Phone:() _____ Fax:() _____ Email Address: _____

Based upon the post-construction inspection of the above-referenced facility on (date) _____

which I or personnel under my supervision (Print name: _____) conducted, I certify that all pollution abatement/treatment structures/measures, including each basin and its associated structures, have been designed and properly constructed according to good engineering practices, and in accordance with the requirements of the above-referenced NPDES permit and ADEM Administrative Code Chapter 335-6-9, including Appendix A and B, and applicable sections of Chapters 335-6-3, 335-6-6, and are built: (Check one)

In accordance with good engineering practices, and in strict agreement with the above-referenced NPDES permit, ADEM regulations, and the construction plans or revision accepted for the above-referenced NPDES permit application.

In accordance with good engineering practices, and in strict agreement with the above-referenced NPDES permit, ADEM regulations, and substantial agreement with the construction plans or revision accepted for the above-referenced NPDES permit application with minor exceptions. **Detail these minor exceptions below or on back of form and submit revised construction plans if necessary. Document all reasons for exceptions.**

PE Name (Please Type or Print)

Signature

Date

PE Registration # and Affix Seal