

APA-2
11/96

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
GENERAL ADMINISTRATION DIVISION

NOTICE OF INTENDED ACTION

AGENCY NAME: DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

RULE NO. & TITLE 335-1-1-.07 Departmental Forms, Instructions, and Procedures (Amend)

INTENDED ACTION: The Alabama Department of Environmental Management proposes to amend rule 335-1-1-.07 of the Administrative Code.

SUBSTANCE OR PROPOSED ACTION: The proposed amendment to 335-1-1-.07 will allow the Department to amend existing forms and add new forms to comply with current State and Federal law.

TIME, PLACE, MANNER OF PRESENTING VIEWS:

Comments may be submitted in writing or orally at a public hearing to be held April 3, 2015 at 1:00 p.m. in the Hearing Room at the Alabama Department of Environmental Management, 1400 Coliseum Blvd., Montgomery, AL 36110.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: April 3, 2015

CONTACT PERSON AT AGENCY: Aubrey White (334) 271-7711

Lance R. LeFleur
Director

335-1-1-.07 Departmental Forms, Instructions, and Procedures.

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

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

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

Name of Forms	Form Number
112(j) Part 1 Applicability Notification	493
ADEM Baseline Monitoring Report Submittal Form	314
ADEM NPDES Individual Permit Application M-34	315
ADEM NPDES Pesticide Adverse Incident Report	29
ADEM Line Leak Detector (LLD) Test Report Form M-1	551
Air Emissions Electronic Reporting System (AEERS) Responsible Official Registration	38
Air Permit Application For Gasoline Dispensing Facilities M-5	197
Alabama Clean Vessel Act Grant Application	517
Alabama Coastal Area Management Program Application for Approval of a Non-Regulated Use ADEM Administrative Code rule 335-8-1-.11 Groundwater Extraction 50 PM or Greater M-1	316
Alabama Hazardous Waste Receipt for Samples and Documents	546
Alabama Hazardous Waste/Used Oil Transporter Permit Application M-1	317
Alabama Recycling Fund Grant Application	9
Alabama Tank Trust Fund Cost Proposal Form	31
Alabama Tank Trust Fund Payment Request Form	32
Alternative Analysis	311
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Application for a Permit for the Construction for a Motel, Hotel, or Other Multi-Unit Development on a Property Intersected by the Construction Control Line in the Alabama Coastal Area M-1	327
Application for a Permit for the Construction of Single Family Dwellings, Duplexes, or Other Similar Structures on Properties Intersected by the Construction Control Line in the Alabama Coastal Area M-1	328
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Birmingham Fuel Supplier Report M-1	494
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Brownfields State Revolving Fund Application Form	543
Brownfields State Revolving Fund Pre-Application Form	542
Bulk (Gasoline) Plant Application M-2	331
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Coalbed Methane Temporary Pit Wastewater Land Application Certification Report M-1	344
Community Public Notification Certification Form	345
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Consumer Confidence Report Certification Form M-1	347
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CT Profiling Spreadsheet	535
Discharge Monitoring Report for CBM Coal – Type 60 Effluent	348

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Discharge Monitoring Report for Coal – Type 1 & Type 3	351
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Water Well Standards Program License Renewal	195

Author: Marilyn Elliott, Russell A. Kelly, Aubrey White

Statutory Authority: Code of Alabama 1975, §§ 22-22A-5, 22-22A-6, 22-22A-8, 41-22-4, 41-22-5.

History: August 1, 1988.

Amended: August 1, 2002; January 23, 2003, August 4, 2004; January 10, 2006; July 11, 2006; November 14, 2006; January 22, 2008; January 19, 2009; January 19, 2010, January 18, 2011; November 29, 2011, November 27, 2012, May 27, 2014.

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
SPECIFICATIONS FOR AIR CURTAIN INCINERATORS**

Please Type or Print in Ink

1. **The air curtain incinerator will be/is:** Stationary Mobile
2. **The pit will be/is free standing with refractory walls:** Yes No
3. **The pit dimensions will be/are:**
Length_____Ft Depth_____Ft Width_____Ft
4. **There will be/is an ash clean-out door:** Yes No
5. **Source of power:** Electricity Diesel Engine Other _____
6. **Combustion Air Parameters:**
 - a. **Overfire Air:**
 1. Nozzle Velocity:_____ft/min
 2. Air Flow:_____cfm/linear foot of nozzle
 3. Air directed how many feet below top of opposite wall?_____ft
 - b. **Underfire Air:**
 1. From line off of overfire air fan:_____
 - From separate fan:_____
 2. Nozzles in center below floor level: Yes No
 3. Nozzle in each side panel except door? Yes No
 - Height of tops of nozzle openings above bottom of pit:_____in

Facility Name _____

Owner/Operator _____

Signature _____

Printed Name_____ **Title**_____

Date_____ **Telephone #**_____

**Mail to:
AIR DIVISION
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
P. O. BOX 301463
MONTGOMERY, AL 36130-1463**

**MINIMUM SPECIFICATIONS
FOR
AIR CURTAIN INCINERATORS**

1. An air curtain incinerator, also called a pit burner, may be stationary or mobile. The site of a stationary air curtain burner must be preapproved by the Department.
2. The pit must be free standing with refractory walls. The refractory walls must be made of replaceable panels, as opposed to continuous refractory walls. The floor design and composition are usually optional {see 5b (1) below}.
3. The interior dimensions of the pit may be as follows:

Length - 12 to 50 feet
Depth - 9 to 12 feet
Width - 7 to 9 feet
or as approved by the Department
4. There must be an ash clean-out door on one end of the pit which can be securely closed when burning.
5. There must be overfire air and underfire air for maximum efficiency during combustion
 - a. The overfire air nozzle must exit above the top and along the entire interior length of one of the long walls. The nozzle should have exit air velocities in excess of 10,000 feet per minute and an air volume in excess of 1000 cubic feet per minute per linear foot of nozzle. The air must be directed to an imaginary line on the opposite wall parallel to and one-fourth to one-third down from the top.
 - b. The underfire air may come from a line off of the overfire fan or from a separate fan. The underfire air nozzles must comply with one of the two following designs.
 - (1) Nozzles will be in a center trough, below floor level, four or less feet apart along the lone axis of the pit. A portion of the floor must be solid on both sides to act as rails to protect the nozzles during pit cleaning.
 - (2) Nozzles will exit from the sides of the pit, one in each bottom panel, except for the clean-out door. The tops of the underfire air nozzle openings cannot be greater than 5 inches above the bottom of the pit.
6. The addition of screens, tops or extended walls is optional, but may be required by the Department under special circumstances.

SUPPLEMENTARY INFORMATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
PERMIT APPLICATION FORM 188- Municipal, Semi-Public & Private Facilities

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
WATER DIVISION – MUNICIPAL PERMIT SECTION
POST OFFICE BOX 301463
MONTGOMERY, ALABAMA 36130-1463

INSTRUCTIONS: APPLICATIONS SHOULD BE TYPED OR PRINTED IN INK AND SUBMITTED TO THE DEPARTMENT. PLEASE CONTINUE ON AN ATTACHED SHEET OF PAPER IF INSUFFICIENT SPACE IS AVAILABLE TO ADDRESS ANY ITEM BELOW. PLEASE MARK N/A IN THE APPROPRIATE BOX WHEN AN ITEM IS NON-APPLICABLE TO THE APPLICANT.

PURPOSE OF THIS APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> INITIAL PERMIT APPLICATION FOR NEW FACILITY | <input type="checkbox"/> INITIAL PERMIT APPLICATION FOR EXISTING FACILITY |
| <input type="checkbox"/> MODIFICATION OF EXISTING PERMIT | <input type="checkbox"/> REISSUANCE OF EXISTING PERMIT |
| <input type="checkbox"/> REVOCATION & REISSUANCE OF EXISTING PERMIT | |
-
-

SECTION A – GENERAL INFORMATION

1. Facility Name: _____

a. Operator Name: _____

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

c. Name of Permittee* if different than Operator: _____
**Permittee will be responsible for compliance with the conditions of the permit*

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

3. Facility Location: (**Attach a map with location marked; street, route no. or other specific identifier**)

Street: _____

City: _____ County: _____ State: _____ Zip: _____

Facility (Front Gate) Location: Latitude (Deg Min Sec): _____ Longitude (Deg. Min Sec): _____

4. Facility Mailing Address (Street or Post Office Box): _____

City: _____ County: _____ State: _____ Zip: _____

5. Responsible Official (as described on page 6 of this application):

Name and Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: (Optional): _____

6. Designated Facility/DMR Contact:

Name and Title: _____

Phone Number: _____

DMR Email Address (Optional – for receipt of blank DMR Forms): _____

7. Designated Emergency Contact:

Name and Title: _____

Phone Number: _____

Email Address **(Required)**: _____

8. Please complete this section if the Applicant's business entity is a Proprietorship or limited liability Corporation with a responsible official not listed in Item 5.

a) Proprietor:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Identify all Administrative Complaints, Notices of Violation, Directives, or Administrative Orders, Consent Decrees, or Litigation concerning water pollution or other permit violations, if any against the Applicant within the State of Alabama in the past five years (attach additional sheets if necessary):

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION B – WASTEWATER DISCHARGE INFORMATION

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

Outfall Number	Highest in Last 12 Months MGD	Highest Daily Flow MGD	Average Flow MGD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Attach a process flow schematic of the treatment process, including the size of each unit operation.
3. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Sampling Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Planned:	Flow Metering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Sampling Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

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

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

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

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

Description of Waste	Description of Storage Location
_____	_____
_____	_____

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

Description of Waste	Quantity (lbs/day)	Disposal Method*
_____	_____	_____
_____	_____	_____

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

SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS

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

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit? Y/N

2. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance? Yes No
If so, please attach a copy of the ordinance.

SECTION E – COASTAL ZONE INFORMATION

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County?
Yes No If yes, then complete items A through M below:

	YES	NO
A. Does the project require new construction?	<input type="checkbox"/>	<input type="checkbox"/>
B. Will the project be a source of new air emissions?	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the project involve dredging and/or filling of a wetland area or water way?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Corps of Engineers (COE) permit been issued?	<input type="checkbox"/>	<input type="checkbox"/>
Corps Project Number _____		
D. Does the project involve wetlands and/or submersed grassbeds?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are oyster reefs located near the project site? (Include a map showing project and discharge location with respect to oyster reefs)	<input type="checkbox"/>	<input type="checkbox"/>
F. Does the project involve the site development, construction and operation of an energy facility as defined in ADEM Admin. Code R. 335-8-1-.02(bb)?	<input type="checkbox"/>	<input type="checkbox"/>
G. Does the project involve mitigation of shoreline or coastal area erosion?	<input type="checkbox"/>	<input type="checkbox"/>
H. Does the project involve construction on beaches or dunes areas?	<input type="checkbox"/>	<input type="checkbox"/>
I. Will the project interfere with public access to coastal waters?	<input type="checkbox"/>	<input type="checkbox"/>
J. Does the project lie within the 100-year floodplain?	<input type="checkbox"/>	<input type="checkbox"/>
K. Does the project involve the registration, sale, use, or application of pesticides?	<input type="checkbox"/>	<input type="checkbox"/>
L. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)?	<input type="checkbox"/>	<input type="checkbox"/>
M. Has the applicable permit for groundwater recovery or for groundwater well installation been obtained?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F – ANTI-DEGRADATION EVALUATION

It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity, if subject to antidegradation requirements. In accordance with 40 CFR 131.12 and Section 335-6-10-.04 of the Alabama Department of Environmental Management Administrative Code, the following information must be provided, if applicable. If further information is required to make this demonstration, attach additional sheets to the application.

1. Is this a new or increased discharge that began after April 3, 1991? Yes No
 If "yes", complete question 2 below. If "no", do not complete this section.

2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in question 1? Yes No

If "no" and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete questions A through F below, ADEM Form 311-Alternatives Analysis, and either ADEM Form 312 or ADEM Form 313-Calculation of Total Annualized Project Costs (Public-Sector or Private-Sector Projects, whichever is applicable). ADEM Form 312 or ADEM Form 313, whichever is applicable, must be provided for **each** treatment discharge alternative considered technically viable. ADEM forms can be found on the Department's website at www.adem.alabama.gov/DeptForms. If "yes", do not complete this section.

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

- A. What environmental or public health problem will the discharger be correcting?
- B. Explain if and to what degree the discharger will be increasing employment as a result of the proposed discharge, either at its existing facility or as the result of the start-up of a related new facility or industry.
- C. Explain if and to what degree the discharge will prevent employment reductions?
- D. Describe any additional state or local taxes that the prospective discharger will be paying.
- E. Describe any public service the discharger will be providing to the community.
- F. Describe the economic or social benefit the discharger will be providing to the community.

SECTION G – EPA Application Forms

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a municipal facility depending on the number and types of discharges or outfalls. The EPA application forms are found on the Department's website at www.adem.alabama.gov/programs/water. The required ADEM and EPA forms are summarized in Attachment 1.

SECTION H– ENGINEERING REPORT/BMP PLAN REQUIREMENTS

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

SECTION I– RECEIVING WATERS

Receiving Water(s)	303(d) Segment? (Y / N)	Included in TMDL?* (Y / N)

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

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

SECTION J – APPLICATION CERTIFICATION

THE INFORMATION CONTAINED IN THIS FORM MUST BE CERTIFIED BY A RESPONSIBLE OFFICIAL AS DEFINED IN ADEM ADMINISTRATIVE RULE 335-6-6.09 "SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS" (SEE BELOW).

"I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS."

"I FURTHER CERTIFY UNDER PENALTY OF LAW THAT THE RESULTS OF ANY ANALYSES REPORTED AS LESS THAN DETECTABLE IN THIS APPLICATION OR IN ATTACHMENTS THERETO WERE PERFORMED USING THE EPA APPROVED TEST METHOD HAVING THE LOWEST DETECTION LIMIT READILY ACHIEVABLE FOR THE SUBSTANCE TESTED."

SIGNATURE OF RESPONSIBLE OFFICIAL: _____ DATE SIGNED: _____

(TYPE OR PRINT)

NAME OF RESPONSIBLE OFFICIAL: _____

OFFICIAL TITLE OF RESPONSIBLE OFFICIAL: _____

MAILING ADDRESS: _____

AREA CODE & PHONE NUMBER: _____

SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS

Responsible official is defined as follows:

1. 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
2. In the case of a partnership, by a general partner
3. In the case of a sole proprietorship, by the proprietor, or
4. In the case of a municipal, state, federal, or other public facility, by either a principal executive officer, or a ranking elected official.
5. In the case of a private or semi-public facility, the responsible official is either a principal executive officer or the owner of the corporation or other entity.

Attachment 1 to Supplementary Information Form

**NPDES PROGRAM
PERMIT APPLICATION FORMS
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

TYPE DISCHARGE	ADEM FORMS	EPA FORMS
New or existing once through non-contact cooling water and/or cooling tower blowdown, and/or sanitary wastewater (non-process wastewater only). Note: POTWs and privately owned domestic treatment works should use Form 2A.	Supplemental Information Form 187 (Industrial) or Form 188 (Municipal)	Forms 1 and 2E
Existing discharges of process wastewater	Supplemental Information Form 187 (Industrial) or Form 188 (Municipal)	Forms 1 and 2C
New discharges of process wastewater	Supplemental Information Form 187 (Industrial) or Form 188 (Municipal)	Forms 1 and 2D
New or existing discharges composed entirely of stormwater meeting the EPA definition of stormwater associated with industrial activity	Supplemental Information Form 187 (Industrial) or Form 188 (Municipal)	Forms 1 and 2F
New or existing discharges composed of stormwater meeting the EPA definition of stormwater associated with industrial activity, and any other non-stormwater discharges.	Supplemental Information Form 187 (Industrial) or Form 188 (Municipal)	Forms 1 and 2F and, as appropriate, Forms 2E, 2E, 2C, and/or 2D
New or existing Publicly-Owned Treatment Works (POTWs) and Privately-Owned Treatment Works composed of sanitary wastewater	Supplemental Information Form 187 (Industrial) or Form 188 (Municipal)	Forms 1 and 2A
New or existing land application of process wastewater. Form 2F is required for stormwater runoff from the land application site, if the site is not completely bermed to prevent runoff.	Supplemental Information Form 187 (Industrial)	Forms 1, 2F, and 2C or 2D, as appropriate
New or existing land application of sanitary wastewater. Form 2F is required for stormwater runoff from the land application site, if the site is not completely bermed to prevent runoff.	Supplemental Information Form 187 (Industrial) or Form 188 (Municipal)	Forms 1, 2A, and 2F

Testing requirements: Test procedures for all analyses shall conform to 40 CFR Part 136 or an alternate method specifically approved by the Department. If more than one method of analysis is approved, then the method having the lowest detection level shall be used.



AIR DIVISION: PERMIT APPLICATION FOR GASOLINE TRANSPORT TANK TRUCK

Do Not Write In These Spaces

FACILITY NUMBER:

AIR STICKER NUMBER:

PLEASE TYPE OR PRINT IN INK

1. **Name of Tank Truck Owner:** _____

2. **Mailing Address to which Environmental Correspondence is to be sent:**

NAME OF CONTACT PERSON

TANK TRUCK BUSINESS NAME

STREET ADDRESS OR P.O. BOX

CITY

STATE

ZIP CODE

(_____) _____
TELEPHONE NO.

(_____) _____
FAX NO.

EMAIL ADDRESS

3. **Purpose of Application (check one):**

Initial Application for
An Existing Tank Truck

Change of Location

Change of Ownership

Other (Specify) _____

**If the tank truck has been previously permitted in Alabama, please provide the name of the former tank truck owner: _____

4. **Normal Operating Schedule:**

Hours per Day _____

Weeks per Year _____

Days per Week _____

Peak Season _____

Maximum Operating Hours per Year _____

5. **Type of Tank Truck (Please Check One):**

Straight Tank (Bobtail) Full/Semi-Trailer

6. **Manufacturer of Tank (Trailer):** _____

7. **Year of Manufacture of Tank Truck (Trailer):** _____

8. **Tank Truck (Trailer) Serial Number (VIN Number):** _____

9. **Company Trailer Number:** _____

10. **Tank Information:**

	(Front)						(Rear)
Compartment	1	2	3	4	5	6	7

11. **Where is this tank truck loaded?**

Gasoline Refineries Gasoline Bulk Plants Gasoline Terminals

12. **Method of Tank Fill:**

Bottom Loading Top (Splash) Loading Submerged Fill
(Through Top Hatches)

13. **Is the tank trailer equipped with a gasoline vapor control system (vapor balance)?**

Yes No

14. **Has the vapor collection system on the above gasoline cargo tanker truck been tested for vapor-tightness in accordance with Reference Method 27 (40 CFR 60) while utilizing 40 CFR 63 Subpart R for allowed delta vacuum?**

Yes No

15. **If the tank truck has been tested, please complete the following information:**

(a) Testing Firm Name: _____

(b) Address: _____

(c) Date of Test: _____

NOTE: Please attach a copy of the latest vapor-tightness test record with this Permit application (Method 27).

(d) Does the tank truck (trailer) currently possess a Jefferson County Air Permit & Sticker

Yes

No

(e) If "Yes", please write the Air Sticker number in the space provided and submit a copy of the permit: _____

15. Please attach a list of all locations in Alabama (other than Jefferson County) where the tank truck is loaded. Please include the name and mailing address for each location.

16. Please attach a list of all locations in Alabama (other than Jefferson County) where the tank truck delivers gasoline. Please include the name and mailing address for each location.

17. Does the company applying for the permit own a bulk plant?

Yes*

No

*If "Yes", please provide the physical address of the bulk plant.

18. Name of Person Submitting Report _____

Title: _____ Phone: _____

Signature: _____ Date: _____

PLEASE RETURN TO:

**ADEM
PO BOX 301463
MONTGOMERY AL 36130-1463
ATTN: AIR DIVISION**

**ADEM
DRAFT SPILL CATCHMENT BASIN/SPILL BUCKET
3 YEAR TEST LOG**

Submit a copy of this form to: Groundwater Branch, PO Box 301463 Montgomery, AL 36130-1463, or fax to (334) 270-5631

Facility Name:		Owner:	
Address:		Address:	
City, County, Zip:		City, State, Zip:	
Facility I.D. #:		Phone #:	
Tester Name:	Tester Company:	Tester Phone #:	

ADEM Spill Catchment Basin/Spill Bucket Test Procedure

Clean the spill catchment basin/spill bucket and add enough water to completely fill the basin. Measure the water level (the measuring stick must be placed in the same location at the beginning and end of the test period to ensure accurate water level readings). If the water level drops by 1/8th inch or more after at least one hour, the spill catchment basin/spill bucket fails the test. If the test fails, proceed as follows:

1. Do not fill the tank until after the spill catchment basin/spill bucket is repaired or replaced.
2. Repair or replace the spill catchment basin/spill bucket.
3. If there is evidence, or you suspect that product was released from the spill catchment basin/spill bucket, contact the ADEM Corrective Action Section at 334/270-5655 to report a suspected or confirmed release as soon as possible (within 24 hours).

***An optional vacuum test method is described in the Petroleum Equipment Institute (PEI) Recommended Practice 1200.**

ADEM Unique Tank #						
Product Stored						
Lid in good condition and seals properly?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Water, Fuel, Trash & Debris removed from basin? (If yes, dispose of properly)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Drain valve operational?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Fill pipe cap seals properly?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Basin free of cracks or holes? (if no, it fails without testing)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Was enough water added to completely fill the basin	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Measured drop in water level accurate to 1/16 inch						
Date of test	/ /	/ /	/ /	/ /	/ /	/ /
Test start time	: :	: :	: :	: :	: :	: :
Test end time	: :	: :	: :	: :	: :	: :
Results of test	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive
Initials of tester						

Repairs Needed	Date of Repair or Replacement	Description of any Repairs

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG850000

NPDES PERMIT NUMBER ALG850000 IS A GENERAL PERMIT AUTHORIZING DISCHARGES FROM THE MINING AND PROCESSING (WET AND DRY) OF NON-COAL, NON-METALLIC CONSTRUCTION AGGREGATE, CONSTRUCTION SAND AND GRAVEL, CHERT OR DIRT, AND AREAS ASSOCIATED WITH THESE ACTIVITIES.

**Mail to: Alabama Department of Environmental Management
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

FOR OFFICE USE ONLY

NPDES PERMIT NUMBER _____

RECEIPT NUMBER _____

PLEASE COMPLETE ALL QUESTIONS. RESPOND WITH "N/A" AS APPROPRIATE. INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL DELAY PROCESSING. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. ATTACH OTHER INFORMATION AS NEEDED. COMMENCEMENT OF ACTIVITIES APPLIED FOR AS DETAILED IN THIS APPLICATION ARE NOT AUTHORIZED UNTIL PERMIT COVERAGE HAS BEEN ISSUED BY THE DEPARTMENT. PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK.

DISCHARGES NOT COVERED BY GENERAL PERMIT ALG850000

If the facility will have any of the following discharges please contact the Mining and Natural Resources Section of ADEM before proceeding:

- A. Discharges to a waterbody designated as Outstanding National Resource Water (ONRW) or Outstanding Alabama Water (OAW)
- B. Discharges to a waterbody that is included on Alabama's current §303(d) list for a pollutant of concern
- C. Discharges to a waterbody included in an EPA approved or EPA established Total Maximum Daily Load (TMDL) for a pollutant of concern if the discharges are not consistent with the EPA approved or EPA established TMDL

PURPOSE OF THIS APPLICATION

- | | |
|---|---|
| <input type="checkbox"/> Initial NOI for New Facility | <input type="checkbox"/> Initial NOI for Existing Facility (Previous NPDES Permit AL _____) |
| <input type="checkbox"/> Modification of General Permit No. ALG _____ | <input type="checkbox"/> Reissuance of General Permit No. ALG _____ |
| <input type="checkbox"/> Transfer of General Permit No. ALG _____ | <input type="checkbox"/> Other _____ |

I. PERMITTEE INFORMATION

Permittee Name	Responsible Official Phone Number
Responsible Official and Title	Responsible Official E-Mail Address
Responsible Official (RO) Street/Physical Address	City, State, and Zip Code
Responsible Official (RO) Mailing Address	City, State, and Zip Code

II. FACILITY INFORMATION

Facility/Site Name	Facility/Site Contact and Title	
Facility/Site Street Address or Location Description	City, State, and Zip Code	
Facility Front Gate Latitude and Longitude	Facility/Site Contact Phone Number	Facility/Site Contact Email Address
County(s) _____		
Township(s), Range(s), Section(s) _____		
Detailed Directions to Site _____		

III. ACTIVITY DESCRIPTION

List relative percentages of the mineral(s) or mineral product(s) that are proposed to be and/or are currently mined, prepared, processed, handled, transloaded, or disposed at the facility. **If more than one mineral is to be mined, list the relative percentages of each mineral by tonnage for the life of the mine.**

_____ Dirt and/or Chert _____ Sand and/or Gravel

_____ Other: _____ Other: _____

_____ Other: _____ Other: _____

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

Primary SIC Code: _____ Description: _____

Secondary SIC Code(s): _____ Description: _____

Narrative Description of Activity: _____

IV. MINING ACTIVITY TO BE CONDUCTED

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

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

VI. FUEL- CHEMICAL HANDLING, STORAGE & SPILL PREVENTION CONTROL & COUNTERMEASURES (SPCC) PLAN

A. Will fuels, chemicals, compounds, or liquid waste be used or stored onsite? Yes No

B. If "Yes," identify the fuel, chemicals, compounds, or liquid waste and indicate the volume of each:

<i>Volume</i>	<i>Contents</i>	<i>Volume</i>	<i>Contents</i>	<i>Volume</i>	<i>Contents</i>
_____ gallons	_____	_____ gallons	_____	_____ gallons	_____
_____ gallons	_____	_____ gallons	_____	_____ gallons	_____

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

VII. TOPOGRAPHIC MAP SUBMITTAL

Attach to this application a 7.5 minute series USGS topographic map(s) no larger than 11 by 17 inches (several pages may be necessary), of the area extending to at least one mile beyond property boundaries. The topographic map(s) must include a caption indicating the name of the topographic map, name of the applicant, facility name, county, and township, range, & section(s) where the facility is located. The topographic map(s), at a minimum, must show:

- (a) An accurate outline of the area to be covered by the permit
- (b) An outline of the facility
- (c) Proposed and existing discharge points
- (d) Perennial, intermittent, and ephemeral streams

VIII. RECEIVING WATERS

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

Action	Outfall E/P	Receiving Water(s)	Latitude	Longitude	Distance to Rec. Water	Waterbody Use Classification

IX. DISCHARGE STRUCTURE DESCRIPTION & ORIGIN

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

Outfall E/P	Discharge Structure Description	Surface Discharge	Groundwater Discharge	Wet Prep -Other Production Plant	Pumped or Controlled Discharge	Other

X. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN

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

XI. GENERAL INFORMATION

This application and the appropriate application fee must be submitted concurrently. The application fee for Mineral/Resource Extraction Mining, Storage, Transloading, and/or Dry Processing facilities and Wet Preparation, Processing, and/or Beneficiation facilities are in Fee Schedule D of ADEM Admin. Code div.335-1. An additional Greenfield Site fee must be submitted for the initial operation of a new facility or a facility or operation not previously permitted.

XIII. POLLUTION ABATEMENT PLAN (PAP) REVIEW CHECKLIST

Y	N	N/A

PE Seal with License #
 Name and Address of Operator
 Legal Description of Facility

General Information:

Name of Company
 Products to be Mined
 Hours of Operation
 Water Supply and Disposition

Topographic Map:

Mine Location
 Location of Prep Plant
 Location of Treatment Basins
 Location of Discharge Points
 Location of Adjacent Streams

1" - 500' or Equivalent Facility Map:

Drainage Patterns
 Mining Details
 All Roads, Structures Detailed
 All Treatment Structures Detailed

Detailed Design Diagrams:

Plan Views
 Cross-section Views
 Method of Diverting Runoff to Treatment Basins

Narrative of Operations:

Raw Materials Defined
 Processes Defined
 Products Defined

Schematic Diagram:

Points of Waste Origin
 Collection System
 Disposal System

Post Treatment Quantity and Quality of Effluent:

Flow
 Suspended Solids
 pH

Description of Waste Treatment Facility:

Pre-Treatment Measures
 Recovery System
 Expected Life of Treatment Basin
 Schedule of Cleaning and/or abandonment

Other:

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

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

XIV. PROFESSIONAL ENGINEER (PE) CERTIFICATION

A detailed, comprehensive Pollution Abatement/Prevention Plan (PAP) must be prepared, signed, and certified by a professional engineer (PE), registered in the State of Alabama as follows: "I certify under penalty of law that technical information and data contained in this application, and a comprehensive Pollution Abatement Plan (PAP Plan), including any attached SPCC plan, maps, engineering designs, etc. acceptable to ADEM, for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this facility utilizing effective, good engineering and pollution control practices and in accordance with the provisions of ADEM Admin. Code Division 335-6, including Chapter 335-6-9 and Appendices A & B. If the PAP Plan is properly implemented and maintained by the Permittee, discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other permit requirements. The applicant has been advised that appropriate pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices as detailed in the PAP Plan must be fully implemented and regularly maintained as needed at the facility in accordance with good sediment, erosion, and other pollution control practices, permit requirements, and other ADEM requirements to ensure protection of groundwater and surface water quality."

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

XV. OPERATOR - RESPONSIBLE OFFICIAL SIGNATURE

This application must be signed by a Responsible Official of the applicant pursuant to ADEM Admin. Code Rule 335-6-6-.09 who has overall responsibility for the operation of the facility. "I certify under penalty of law that this document, including technical information and data, the PAP Plan, including any SPCC plan, maps, engineering designs, and all other attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the PE and other person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations. A comprehensive PAP Plan to prevent and minimize discharges of pollution to the maximum extent practicable has been prepared at my direction by a PE for this facility utilizing effective, good engineering and pollution control practices and in accordance with the provisions of ADEM Admin. Code Division 335-6, including Chapter 335-6-9 and Appendices A & B, and information contained in this application, including any attachments. I understand that regular inspections must be performed by, or under the direct supervision of, a PE and all appropriate pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices identified by the PE must be fully implemented prior to and concurrent with commencement of regulated activities and regularly maintained as needed at the facility in accordance with good sediment, erosion, and other pollution control practices and ADEM requirements. I understand that the PAP Plan must be fully implemented and regularly maintained so that discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other requirements to ensure protection of groundwater and surface water quality. I understand that failure to fully implement and regularly maintain required management practices for the protection of groundwater and surface water quality may subject the Permittee to appropriate enforcement action. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I further certify that the discharges described in this application have been tested or evaluated for the presence of non-stormwater discharges and any non-mining associated beneficiation/process pollutants and wastewaters have been fully identified."

Name (type or print) _____ Official Title _____
Signature _____ Date Signed _____

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NPDES INDIVIDUAL PERMIT APPLICATION**

**SURFACE & UNDERGROUND MINERAL & ORE OR MINERAL PRODUCT MINING, QUARRYING, EXCAVATION,
BORROWING, HYDRAULIC MINING, STORAGE, PROCESSING, PREPARATION, RECOVERY, HANDLING,
LOADING, STORING, OR DISPOSING ACTIVITIES AND ASSOCIATED AREAS INCLUDING PRE-MINING SITE
DEVELOPMENT, CONSTRUCTION, EXCAVATION, CLEARING, DISTURBANCE, RECLAMATION, AND
ASSOCIATED AREAS**

INSTRUCTIONS: COMPLETE ALL QUESTIONS. RESPOND WITH "N/A" AS APPROPRIATE. INCOMPLETE OR INCORRECT ANSWERS OR MISSING SIGNATURES WILL DELAY PROCESSING. ATTACH ADDITIONAL COMMENTS OR INFORMATION AS NEEDED. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. COMMENCEMENT OF ACTIVITIES APPLIED FOR AS DETAILED IN THIS APPLICATION ARE NOT AUTHORIZED UNTIL PERMIT COVERAGE HAS BEEN ISSUED BY THE DEPARTMENT.

PLEASE TYPE OR PRINT IN INK ONLY.

PURPOSE OF THIS APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> Initial Permit Application for New Facility | <input type="checkbox"/> Initial Permit Application for Existing Facility (e.g. facility previously permitted less than 5 acres) |
| <input type="checkbox"/> Modification of Existing Permit | <input type="checkbox"/> Reissuance of Existing Permit |
| <input type="checkbox"/> Reissuance & Transfer of Existing Permit | <input type="checkbox"/> Reissuance & Modification Existing Permit |
| <input type="checkbox"/> Revocation and Reissuance of Existing Permit | <input type="checkbox"/> Other _____ |

I. GENERAL INFORMATION

NPDES Permit Number (Not applicable if initial permit application): <i>AL</i> _____	County(s) in which Facility is Located:
--	---

Company/Permittee Name:		Facility Name (e.g., Mine Name, Pit Name, etc.):	
Mailing Address of Company/Permittee:		Physical Address of Facility (as near as possible to entrance):	
City:	State:	Zip:	
City:	State:	Zip:	
Permittee Phone Number:	Permittee Fax Number:	Latitude and Longitude of entrance:	

Responsible Official (as described on page 13 of this application):		Responsible Official Title:	
Mailing Address of Responsible Official:		Physical Address of Responsible Official:	
City:	State:	Zip:	
City:	State:	Zip:	
Phone Number of Responsible Official:	Fax Number of Responsible Official:	Email Address of Responsible Official:	

Facility Contact:		Facility Contact Title:	
Physical Address of Facility Contact:		Phone Number of Facility Contact:	Fax Number of Facility Contact:
City:	State:	Zip:	
		Email Address of Facility Contact:	

II. MEMBER INFORMATION

A. Identify the name, title/position, and unless waived in writing by the Department, the residence address of every officer, general partner, LLP partner, LLC member, investor, director, or person performing a function similar to a director, of the applicant, and each person who is the record or beneficial owner of 10 percent or more of any class of voting stock of the applicant, or any other responsible official(s) of the applicant with legal or decision making responsibility or authority for the facility:

Name:	Title/Position:	Physical Address of Residence (P.O. Box is Not Acceptable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Other than the "Company/Permittee" listed in Part I., identify the name of each corporation, partnership, association, and single proprietorship for which any individual identified in Part II.A. is or was an officer, general partner, LLP partner, LLC member, investor, director, or individual performing a function similar to a director, or principal (10% or more) stockholder, that had an Alabama NPDES permit at any time during the five year (60 month) period immediately preceding the date on which this form is signed:

Name of Corporation, Partnership, Association, or Single Proprietorship:	Name of Individual from Part II.A.:	Title/Position in Corporation, Partnership, Association, or Single Proprietorship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. LEGAL STRUCTURE OF APPLICANT

A. Indicate the legal structure of the "Company/Permittee" listed in Part I:

Corporation
 Association
 Individual
 Single Proprietorship
 Partnership
 LLP
 LLC
 Government Agency: _____
 Other: _____

B. If not an individual or single proprietorship, is the "Company/Permittee" listed in Part I. properly registered and in good standing with the Alabama Secretary of State's Office? (If the answer is "No," attach a letter of explanation.) Yes No

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

D. Land Owner(s): _____

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

IV. COMPLIANCE HISTORY

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

	Yes	No	
(1) An Alabama NPDES, SID, or UIC permit suspended or terminated?	<input type="checkbox"/>	<input type="checkbox"/>	
(2) An Alabama license to mine suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	
(3) An Alabama or federal mining permit suspended or terminated?	<input type="checkbox"/>	<input type="checkbox"/>	
(4) A reclamation bond, or similar security deposited in lieu of a bond, or portion thereof, forfeited?			Yes No <input type="checkbox"/> <input type="checkbox"/>
(5) A bond or similar security deposited in lieu of a bond, or portion thereof, the purpose of which was to secure compliance with any requirement of the Alabama Water Improvement Commission or Alabama Department of Environmental Management, forfeited?			<input type="checkbox"/> <input type="checkbox"/>

(If the response to any item of Part IV.A. is "Yes," attach a letter of explanation.)

B. Identify every Warning Letter, Notice of Violation (NOV), Administrative Action, or litigation issued to the applicant, parent corporation, subsidiary, general partner, LLP partner, or LLC member and filed by ADEM or EPA during the three year (36 months) period preceding the date on which this form is signed. Indicate the date of issuance, briefly describe alleged violations, list actions (if any) to abate alleged violations, and indicate date of final resolution:

V. OTHER PERMITS/AUTHORIZATIONS

A. List any other NPDES or other environmental permits (including permit numbers), authorizations, or certifications that have been applied for or issued within the State by ADEM, EPA, Alabama Surface Mining Commission (ASMC), Alabama Department of Industrial Relations (ADIR), or other agency, to the applicant, parent corporation, subsidiary, or LLC member for this facility whether presently effective, expired, suspended, revoked, or terminated:

B. List any other NPDES or other ADEM permits (including permit numbers), authorizations, or certifications that have been applied for or issued within the State by ADEM, EPA, ASMC, or ADIR, to the applicant, parent corporation, subsidiary, or LLC member for other facilities whether presently effective, expired, suspended, revoked, or terminated:

VI. PROPOSED SCHEDULE

Anticipated Activity Commencement Date: _____ Anticipated Activity Completion Date: _____

VII. ACTIVITY DESCRIPTION & INFORMATION

A. Proposed Total Area of the Permitted Site: _____ acres Proposed Total Disturbed Area of the Permitted Site: _____ acres

B. Township(s), Range(s), Section(s): _____

C. Detailed Directions to Site: _____

D. Is/ will this facility:

- | | Yes | No |
|---|--------------------------|--------------------------|
| (1) an existing facility which currently results in discharges to State waters? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) a proposed facility which will result in a discharge to State waters? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) be located within any 100-year flood plain? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) discharge to Municipal Separate Storm Sewer? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) discharge to waters of or be located in the Coastal Zone? | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) need/have ADEM UIC permit coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) be located on Indian/ historically significant lands? | <input type="checkbox"/> | <input type="checkbox"/> |
| (8) need/have ADEM SID permit coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| (9) need/have ASMC permit coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| (10) need/have ADIR permit coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| (11) generate, treat, store, or dispose of hazardous or toxic waste ? (If "Yes," attach a detailed explanation.) | <input type="checkbox"/> | <input type="checkbox"/> |
| (12) be located in or discharge to a Public Water Supply (PWS) watershed or be located within 1/2 mile of any PWS well? | <input type="checkbox"/> | <input type="checkbox"/> |

VIII. MATERIAL TO BE REMOVED, PROCESSED, OR TRANSLOADED

List relative percentages of the mineral(s) or mineral product(s) that are proposed to be and/or are currently mined, quarried, recovered, prepared, processed, handled, transloaded, or disposed at the facility. **If more than one mineral is to be mined, list the relative percentages of each mineral by tonnage for the life of the mine.**

____ Dirt &/or Chert	____ Sand &/or Gravel	____ Chalk	____ Talc	____ Crushed rock (other)
____ Bentonite	____ Industrial Sand	____ Marble	____ Shale &/or Common Clay	____ Sandstone
____ Coal	____ Kaolin	____ Coal fines/refuse recovery	____ Coal product, coke	____ Slag, Red Rock
____ Fire clay	____ Iron ore	____ Dimension stone	____ Phosphate rock	____ Granite
____ Bauxitic Clay	____ Bauxite Ore	____ Limestone, crushed limestone and dolomite		
____ Gold, other trace minerals: _____			____ Other: _____	
____ Other: _____			____ Other: _____	
____ Other: _____			____ Other: _____	

IX. PROPOSED ACTIVITY TO BE CONDUCTED

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

<input type="checkbox"/> Surface mining	<input type="checkbox"/> Underground mining	<input type="checkbox"/> Quarrying	<input type="checkbox"/> Auger mining	<input type="checkbox"/> Hydraulic mining
<input type="checkbox"/> Within-bank mining	<input type="checkbox"/> Solution mining	<input type="checkbox"/> Mineral storing	<input type="checkbox"/> Lime production	<input type="checkbox"/> Cement production
<input type="checkbox"/> Synthetic fuel production	<input type="checkbox"/> Alternative fuels operation	<input type="checkbox"/> Mineral dry processing (crushing & screening)	<input type="checkbox"/> Mineral wet preparation	
<input type="checkbox"/> Other beneficiation & manufacturing operations		<input type="checkbox"/> Mineral loading	<input type="checkbox"/> Chemical processing or leaching	
<input type="checkbox"/> Construction related temporary borrow pits/areas		<input type="checkbox"/> Mineral transportation ___rail ___barge ___truck		
<input type="checkbox"/> Preparation plant waste recovery		<input type="checkbox"/> Hydraulic mining, dredging, instream or between stream-bank mining		
<input type="checkbox"/> Grading, clearing, grubbing, <i>etc.</i>		<input type="checkbox"/> Pre-construction ponded water removal	<input type="checkbox"/> Excavation	
<input type="checkbox"/> Pre-mining logging or land clearing		<input type="checkbox"/> Waterbody relocation or other alteration	<input type="checkbox"/> Creek/stream crossings	
<input type="checkbox"/> Onsite construction debris or equipment storage/disposal		<input type="checkbox"/> Onsite mining debris or equipment storage/disposal		
<input type="checkbox"/> Reclamation of disturbed areas		<input type="checkbox"/> Chemicals used in process or wastewater treatment (coagulant, biocide, <i>etc.</i>)		
<input type="checkbox"/> Adjacent/associated asphalt/concrete plant(s)		<input type="checkbox"/> Low volume sewage treatment package plant		
<input type="checkbox"/> Other: _____				

B. Primary SIC Code: _____ Description: _____
 Secondary SIC Code(s): _____ Description: _____

C. Narrative Description of the Activity: _____

X. FUEL – CHEMICAL HANDLING, STORAGE & SPILL PREVENTION CONTROL & COUNTERMEASURES (SPCC) PLAN

A. Will fuels, chemicals, compounds, or liquid waste be used or stored onsite? Yes No

B. If "Yes," identify the fuel, chemicals, compounds, or liquid waste and indicate the volume of each:

<i>Volume</i>	<i>Contents</i>	<i>Volume</i>	<i>Contents</i>	<i>Volume</i>	<i>Contents</i>
_____ gallons	_____	_____ gallons	_____	_____ gallons	_____
_____ gallons	_____	_____ gallons	_____	_____ gallons	_____

C. If "Yes," a detailed SPCC Plan with acceptable format and content, including diagrams, must be attached to application in accordance with ADEM Admin. Code R. 335-6-6-.12(r). Unless waived in writing by the Department on a programmatic, categorical, or individual compound/chemical basis, Material Safety Data Sheets (MSDS) for chemicals/compounds used or proposed to be used at the facility must be included in the SPCC Plan submittal.

XI. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN

A. For non-coal mining facilities, a PAP Plan in accordance with ADEM Admin. Code r. 335-6-9-.03 has been completed and is attached as part of this application. Yes No

B. For coal mining facilities, a detailed PAP Plan has been submitted to ASMC according to submittal procedures for ASMC regulated facilities. Yes No

(1) If "Yes" to Part XI.B., provide the date that the PAP Plan was submitted to ASMC: _____

(2) If "No" to Part XI.B., provide the anticipated date that the PAP Plan will be submitted to ASMC: _____

XII. ASMC REGULATED ENTITIES

A. Is this coal mining operation regulated by ASMC? Yes No

B. If "Yes", provide copies as part of this application of any pre-mining hydrologic sampling reports and Hydrologic Monitoring Reports which have been submitted to ASMC within the 36 months prior to submittal of this application.

XVIII. PROPOSED NEW OR INCREASED DISCHARGES

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

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

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

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

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

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

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

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

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

XX. POLLUTION ABATEMENT PLAN (PAP) REVIEW CHECKLIST

Y	N	N/A

PE Seal with License #
 Name and Address of Operator
 Legal Description of Facility

General Information:

Name of Company
 Number of Employees
 Products to be Mined
 Hours of Operation
 Water Supply and Disposition

Topographic Map:

Mine Location
 Location of Prep Plant
 Location of Treatment Basins
 Location of Discharge Points
 Location of Adjacent Streams

1" - 500' or Equivalent Facility Map:

Drainage Patterns
 Mining Details
 All Roads, Structures Detailed
 All Treatment Structures Detailed

Detailed Design Diagrams:

Plan Views
 Cross-section Views
 Method of Diverting Runoff to Treatment Basins

Narrative of Operations:

Raw Materials Defined
 Processes Defined
 Products Defined

Schematic Diagram:

Points of Waste Origin
 Collection System
 Disposal System

Post Treatment Quantity and Quality of Effluent:

Flow
 Suspended Solids
 Iron Concentration
 pH

Description of Waste Treatment Facility:

Pre-Treatment Measures
 Recovery System
 Expected Life of Treatment Basin
 Schedule of Cleaning and/or abandonment

Other:

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

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

Contact the Department prior to submittal with any questions or to request acceptable alternate content/format. Be advised that you are not authorized to commence regulated activity until this application can be processed, publicly noticed, and approval to proceed is received in writing from the Department.

EPA Form(s) 1 and 2F need not be submitted unless specifically required by the Department. EPA Form(s) 2C and/or 2D are required to be submitted unless the applicant is eligible for a waiver and the Department grants a waiver.

Planned/proposed mining sites that are greater than 5 acres, that mine/process coal or metallic mineral/ore, or that have wet or chemical processing, must apply for and obtain coverage under and Individual NPDES Permit prior to commencement of any land disturbance. Such coverage may be requested via this ADEM Form 315.

The applicant is advised to contact:

- (1) The Alabama Surface Mining Commission (ASMC) if coal, coal fines, coal refuse, or other coal related materials are mined, transloaded, processed, *etc.*;
- (2) The Alabama Department of Industrial Relations (ADIR) if conducting non-coal mining operations;
- (3) The Alabama Historical Commission for requirements related to any potential historic or culturally significant sites;
- (4) The Alabama Department of Conservation and Natural Resources (ADCNR) for requirements related to potential presence of threatened/endangered species; and
- (5) The US Army Corps of Engineers, Mobile or Nashville Districts, if this project could cause fill to be placed in federal waters or could interfere with navigation.

The Department must be in receipt of a completed version of this form, including any supporting documentation, and the appropriate processing fee (including Greenfield Fee and Biomonitoring & Toxicity Limits fee(s), if applicable), prior to development of a draft NPDES permit. Send the completed form, supporting documentation, and the appropriate fees to:

Water Division
Alabama Department of Environmental Management
Post Office Box 301463
Montgomery, Alabama 36130-1463
Phone: (334) 271-7823
Fax: (334) 279-3051
h2omail@adem.state.al.us
www.adem.alabama.gov

XXII. PROFESSIONAL ENGINEER (PE) CERTIFICATION

A detailed, comprehensive Pollution Abatement/Prevention Plan (PAP) must be prepared, signed, and certified by a professional engineer (PE), registered in the State of Alabama as follows:

"I certify on behalf of the applicant, that I have completed an evaluation of discharge alternatives (Item XVIII) for any proposed new or increased discharges of pollutant(s) to Tier 2 waters and reached the conclusions indicated. I certify under penalty of law that technical information and data contained in this application, and a comprehensive PAP Plan including any attached SPCC plan, maps, engineering designs, etc. acceptable to ADEM, for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this facility utilizing effective, good engineering and pollution control practices and in accordance with the provisions of ADEM Admin. Code Division 335-6, including Chapter 335-6-9 and Appendices A & B. If the PAP plan is properly implemented and maintained by the Permittee, discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other permit requirements. The applicant has been advised that appropriate pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices as detailed in the PAP plan must be fully implemented and regularly maintained as needed at the facility in accordance with good sediment, erosion, and other pollution control practices, permit requirements, and other ADEM requirements to ensure protection of groundwater and surface water quality."

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

XXIII. RESPONSIBLE OFFICIAL SIGNATURE*

This application must be signed by a Responsible Official of the applicant pursuant to ADEM Admin. Code Rule 335-6-6-.09 who has overall responsibility for the operation of the facility.

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

A comprehensive PAP Plan to prevent and minimize discharges of pollution to the maximum extent practicable has been prepared at my direction by a PE for this facility utilizing effective, good engineering and pollution control practices and in accordance with the provisions of ADEM Admin. Code Division 335-6, including Chapter 335-6-9 and Appendices A & B, and information contained in this application, including any attachments. I understand that regular inspections must be performed by, or under the direct supervision of, a PE and all appropriate pollution abatement/prevention facilities and structural & nonstructural management practices or Department approved equivalent management practices identified by the PE must be fully implemented prior to and concurrent with commencement of regulated activities and regularly maintained as needed at the facility in accordance with good sediment, erosion, and other pollution control practices and ADEM requirements. I understand that the PAP plan must be fully implemented and regularly maintained so that discharges of pollutants can reasonably be expected to be effectively minimized to the maximum extent practicable and according to permit discharge limitations and other requirements to ensure protection of groundwater and surface water quality. I understand that failure to fully implement and regularly maintain required management practices for the protection of groundwater and surface water quality may subject the Permittee to appropriate enforcement action.

I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form.

I further certify that the discharges described in this application have been tested or evaluated for the presence of non-stormwater discharges and any non-mining associated beneficiation/process pollutants and wastewaters have been fully identified."

Name (type or print) _____ Official Title _____
Signature _____ Date Signed _____

*335-6-6-.09 Signatories to Permit Applications and Reports.

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

**State of Alabama
Alabama Department of Environmental Management
Clean Water State Revolving Fund (CWSRF) Loan Program**



SRF Section
Permits and Services Division
Alabama Department of Environmental Management
Post Office Box 301463
Montgomery, Alabama 36130-1463

(334) 271-7913
(334) 271-7950 FAX
jwd@adem.state.al.us

CWSRF Loan Application



Clean Water
State Revolving Fund

Applicant: _____
Project Name: _____
Project Number: _____

Notes:

1. Submit two complete copies, with attachments, to the address shown above. At least one copy should contain original signatures and be notarized as shown in the application.
2. This application and supporting documents may be submitted electronically.

Alabama CWSRF Loan Application

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Introduction

This is the second stage of the application process for Clean Water State Revolving Fund (CWSRF) assistance. A local government interested in participating should first submit a CWSRF Preapplication Form in order to be listed on the project priority list, which is published in the CWSRF Intended Use Plan (IUP). This application may be submitted with the preapplication or at any time thereafter. We strongly recommend submitting this application within 60 days of the issuance of the ADEM Intended Use Plan, otherwise the project may be moved to the non-fundable list.

Concurrence for the proposed project is required (in writing) from the Alabama Historical Commission, the U.S. Fish and Wildlife Service, Regional Planning Agency, and the U.S. Army Corps of Engineers. Copies of the concurrence letters are required to be included with the application package.

If the project includes a new or upgraded wastewater treatment facility, the applicant is required to obtain an NPDES permit prior to receiving a CWSRF loan.

An Environmental Information Document and plans and specifications are required to support each project with respect to technical and environmental matters. Please see the Environmental Information Document outline included in the application package for further guidance. Plans and specifications are required at the time the application is submitted.

Questions regarding the CWSRF Loan Application package should be directed to:

SRF Section
Permits and Services Division
Alabama Department of Environmental Management

Phone: (334) 271-7913
FAX: (334) 271-7950
E-mail: jwd@adem.state.al.us
Internet: www.adem.state.al.us

Mailing Address:
Post Office Box 301463
Montgomery, Alabama 36130-1463

Overnight Delivery Address:
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2059

Application for Alabama CWSRF Loan Funding

Applicant	County
Name and Title of Contact Person	Telephone
Street Address or Post Office Box	FAX
City, State, and Zip	Email
Total Project Cost \$	SRF Assistance Requested \$
Project Name	
Description of Project	

Certification

The undersigned representative of the applicant certifies that the information in the application and in the attached statements and exhibits is true, correct and complete to the best of the applicant's knowledge, information and belief. The applicant further certifies: That as evidenced by the attached Certified Resolution made by the applicant, the undersigned representative has been authorized to file this application; that the applicant agrees that a CWSRF loan for the project is made pursuant to the Alabama Code §§ 22-34-1 et seq., and ADEM A.C. 335-11-1; the applicant will pay all costs of the approved project not covered by the SRF loan; that all statements, data and supporting documents made or submitted by the applicant in connection with any applications for Authority assistance for the project are to be deemed a part of this application as if they were herein repeated and set forth in full.

Signature of Authorized Representative	Title of Authorized Representative
--	------------------------------------

Subscribed and sworn to
 this _____ day
 of _____,
 20____.

(SEAL)

Consulting Engineer Information

Attach a copy of each executed engineering contract to this application. The contract ceiling amount is required for accounting purposes – if the contract is on a percentage or cost basis please provide an estimated maximum cost.

You may attach additional copies of this form if multiple consulting engineers will design/inspect this project.

Name	Telephone
Firm	FAX
Street Address or Post Office Box	Email
City, State, and Zip	Contract Ceiling Amount

Consulting Engineer's Certification

I hereby give assurance and certify to the Alabama Department of Environmental Management that:

1. All plans and specifications for wastewater projects will be prepared in accordance with the latest edition of *GLUMRB Recommended Standards for Wastewater Facilities* ("10 State Standards") or other design standards as approved by ADEM.
2. An Operation and Maintenance (O&M) manual will be prepared for all new treatment works.
3. All contract specifications will contain ADEM Supplemental General Conditions, latest version.
4. Plans and specifications will be submitted to ADEM for examination prior to advertising the project for bidding.
5. No contracts will be awarded before a Project Review and Cost Summary package has been submitted to ADEM for review and issuance of an Approval to Award letter.
6. Unless prior, special arrangements have been made with ADEM, no materials-only contracts will be awarded for payment with CWSRF funds. Under no circumstances will in-kind labor be reimbursed with CWSRF funds.
7. The attached Environmental Information Document has been prepared in accordance with the outline provided in this application.

Signature of Consulting Engineer: _____

Date: _____

Resolution Designating Official Representative

WHEREAS, _____
(Legal Name of Applicant: City, Commission, Board etc.)

herein called the "Applicant", after thorough consideration of the various aspects of the problem and study of available data, has hereby determined that the construction of certain works required for the treatment of wastewater and/or stormwater is desirable and in the public interest, and to that end it is necessary that action necessary for the construction of wastewater treatment an/or transport facilities be taken immediately; and

WHEREAS, under Code of Alabama 1975 §§ 22-34-1 et seq., and the regulations promulgated, thereunder in ADEM Administrative Code Chapter 335-11-1, the State of Alabama, has authorized the making of loans to aid in financing the cost of construction of necessary wastewater treatment and transport works to prevent the discharge of untreated or inadequately treated effluent into any waters;

NOW, THEREFORE, BE IT RESOLVED BY:

_____ the governing body of said Applicant, as follows:

1. That _____
(Title of Officer)

is hereby authorized to file in behalf of the Applicant an application for a loan to be made by the Alabama Water Pollution Control Authority;

2. That _____
(Title of Officer)

is hereby designated as the Authorized Representative of the Applicant for the purpose of furnishing to the Alabama Department of Environmental Management (ADEM) such information, data and documents pertaining to the application for a CWSRF loan from the Authority as may be required; and otherwise to act as Authorized Representative of the Applicant in connection with this application.

3. That certified copies of this resolution be included as a part of the application to be submitted to the Department for a loan.

Adopted, this the _____ day of _____, 20____

Signature: _____
Title: _____

Signature: _____
Title: _____

Approved, this the _____ day of _____, 20____

Signature: _____
Title: _____

Signature: _____
Title: _____

Certification of Resolution

I, the Undersigned, the duly qualified and acting:

_____ of the _____
(Title of Officer) *(Applicant)*

do hereby certify:

1. That the attached resolution is a true and correct copy of the resolution as adopted by a meeting of the governing body held on the ____ day of _____, 20__ and duly recorded in my office:

2. That said meeting was duly convened and held in all respects in accordance with the law and to the extent required by law, due and proper notice of such meeting was given; and a legal quorum was present throughout the meeting, and a legally sufficient number of members of the governing body voted in the proper manner and for the adoption of said resolution, that all other requirements and proceedings under the law incident to the proper adoption or passage of said resolution, including publication, if required, have been duly fulfilled, carried out, and otherwise observed; and that I am duly authorized to execute this certificate.

IN WITNESS THEREOF, I have herewith set my hand this _____ day of _____, 20_____ .

(SEAL)

Signature of Officer: _____
Typed or Printed Name of Officer: _____

Calculation of CWSRF Loan Share

Cost Classification	Total Amount Required	Amount Requested for CWSRF Loan
1. Administrative Expense:		
2. Land, structures, right-of-way <i>(note: may not be CWSRF loan eligible)</i>		
3. Engineering:		
a. Design:		
b. Basic A/E Fees:		
c. Other Engineering/Testing Fees: (specify)		
i.		
ii.		
iii.		
d. Construction Inspection Fees:		
Engineering Sub-Total:		
4. Construction:		
a. Contract 1:		
b. Contract 2:		
c. Contract 3:		
d. Contract 4:		
e. Contract 5:		
Construction Sub-Total:		
5. Construction Contingency:		
6. Equipment: (Specify)		
a.		
b.		
c.		
d.		
7. Other: (Specify)		
a.		
b.		
c.		
Totals:		

Statement of Assurances

The applicant, _____, hereby gives assurance and certifies to the Alabama Department of Environmental Management that:

1. The Applicant shall maintain its financial records in accordance with generally accepted accounting principles and auditing standards for governmental institutions.
2. The applicant shall comply with all applicable NPDES permits.
3. For wastewater projects. the applicant shall adopt a sewer use ordinance, which shall prohibit any new connections from inflow sources into the treatment works and require that new sewers and connections to the treatment works are properly designed and constructed. The ordinance, or other legally binding document shall also require that all wastewater introduced into the treatment works does not contain toxins or other pollutants in amounts or concentrations that endanger public safety and physical integrity of the treatment works; cause violation of effluent or water quality limitations; or preclude the selection of the most cost-effective alternative for wastewater treatment or sludge disposal.
4. The applicant shall enforce NPDES pretreatment standards where applicable.
5. The applicant shall comply with all applicable requirements of Federal, State and local laws.
6. The applicant shall pay the unallowable costs of the construction of the project.
7. If applicable, the applicant shall retain certified wastewater treatment system operators in accordance with ADEM A.C. Division 335-10, from the time of the completion of construction or initiation of operation, whichever is earlier, until such time as operation of the facility is discontinued.
8. Construction of the project, including the award of contracts in connection therewith, shall conform to applicable requirements of Federal, State and local laws, ordinances, rules and regulations and to contract specifications and requirements.
9. The applicant shall comply with the following guidelines to the satisfaction of the Department: "*Design Criteria for Mechanical, Electrical and Fluid System and Component Reliability*", EPA-430-99-74-001, and "*GLUMRB Recommended Standards for Wastewater Facilities*".
10. The applicant shall have an Operation and Maintenance manual developed for the treatment works funded by the CWSRF loan.
11. The applicant shall certify that the project will be initiated and completed in accordance with the schedule specified in the CWSRF Loan Agreement.
12. The applicant must submit proof that it, and its contractors and subcontractors, will comply with all insurance requirements of the Loan Agreement and that it shall be able to certify that the insurance is in full force and effect and that the premiums have been paid.
13. The applicant shall ensure that procurement and construction shall conform to Title 39 and Title 41, Chapter 16, of the Code of Alabama, and the requirements imposed by EPA CWSRF Regulations promulgated under Title VI of the Clean Water Act.

Signature of Authorized Representative: _____

Subscribed and sworn to
this _____ day
of _____,
20____.

(SEAL)

Intergovernmental Review Procedures

Intergovernmental review of CWSRF funded projects is required pursuant to Executive Order 12372. To fulfill this requirement, the applicant is required to submit a copy of their CWSRF loan application to the following entity for review and comment. Responses from these entities indicating concurrence with the proposed project are required (in writing) and must be included with the CWSRF Loan Application:

Regional Planning Agency

Complete this form and transmit a copy of the CWSRF Application Form (Page 4 of this application) to your Regional Planning Agency.

A. Applicant Name and Address:

B. Catalog of Federal Domestic Assistance Number and Title:

No. 66.458 - State Revolving Loan Program

C. Date Application Sent to ADEM:

Authorized Representative:

(Signature)

Certification Regarding Debarment and Suspension; Certification Regarding Federal, State, and Local Laws (the Copeland Act)

CWSRF Project: _____

CWSRF Project No: _____

I, _____, _____, representing the
(Name) Title
_____, Alabama
(Organization) of _____
(City, Town, etc.)

do hereby certify that, to our knowledge, no services of any individual, organization, or unit of government for facilities planning or design work appears on the master list of debarments, suspensions, and voluntary exclusions, in accordance with CFR 35.2105, Debarment and Suspension.

I further certify that, in accordance with CFR 35.2104(c), the applicant has not violated any Federal, State, or Local Law pertaining to fraud, bribery, graft, kickbacks, collusion, conflict of interest or other unlawful or corrupt practice relating to, or in connection with, facilities planning or design work related to the above referenced project.

Signature of Authorized Representative: _____

Date: _____

Site Certificate – Authorized Representative Certification

CWSRF Project: _____

CWSRF Project No: _____

I certify that the Applicant, _____, has acquired all real property including easements and rights-of-way that are or will be required for the construction, erection, extension, modification, operation and maintenance of the entire wastewater treatment works within the scope of the CWSRF funded projects.

I certify that, if other municipalities are served by the wastewater treatment/transport works funded under the above referenced project, those municipalities have acquired all real property including easements and rights-of-way required for service to those municipalities.

I certify that the Title Counsel's Certification given on the attached certificate covers all real property including easements and rights-of-way that are or will be required for the construction, erection, extension, modification, operation and maintenance of the entire wastewater treatment works within the scope of the funded under the above referenced project.

I further certify that all real property including easements required for the entire wastewater treatment works funded under the above referenced project was acquired in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and Regulation 40 CFR Part 4.

Signature of Authorized Representative: _____

Date: _____

Site Certificate – Title Counsel Certification

CWSRF Project: _____

CWSRF Project No: _____

I, _____, Attorney at Law, representing
_____, as Title Counsel, do hereby certify:

1. That I have investigated and ascertained the location of, and am familiar with the legal description of the site or sites being provided by the Applicant for all elements of the wastewater treatment works within the scope of the above referenced project to be constructed (modified, extended, improved, altered) operated and maintained in and upon such site or sites.
2. That I have examined the deed records of the county or counties in which said project is to be located and, in my opinion, the Applicant has a legal and valid fee simple title or such other estate or interest in the site of the project, including necessary easements and rights-of-way sufficient to assure undisturbed use and possession for the purposes of construction and operation and maintenance for the estimated life of the project.
3. That any deeds or documents required to be recorded in order to protect the title of the owner and the interest of the Applicant have been duly recorded and filed for record wherever necessary.
4. That, if applicable, the title to real property for which the Water Pollution Control Authority has funded, has been encumbered in accordance with the requirements of State and local law to adequately protect the interest of the United States.
5. Remarks: *(use additional pages if necessary)*

Dated this _____ day of _____, 20 _____

Attorney at Law

Address

Certification: Cost and Effectiveness

CWSRF Project: _____

CWSRF Project No: _____

I certify that the Applicant, _____ ,

(A) has studied and evaluated the cost and effectiveness of the processes, materials, techniques, and technologies for carrying out the proposed project or activity for which assistance is sought under this title; and

(B) has selected, to the maximum extent practicable, a project or activity that maximizes the potential for efficient water use, reuse, recapture, and conservation, and energy conservation, taking into account:

- (i) the cost of constructing the project or activity;
- (ii) the cost of operating and maintaining the project or activity over the life of the project or activity; and
- (iii) the cost of replacing the project or activity.

Signature of Authorized Representative: _____

Date: _____

EPA Form 4700-4

Applicant must download, complete, and sign the latest version of EPA Form 4700-4. Attach an original copy of the form here.

This form is available at:
<http://www.epa.gov/ogd/forms/forms.htm>

Disadvantaged Business Enterprise (DBE)
Minority Business Enterprise (MBE) / Women’s Business Enterprise (WBE)

The CWSRF program requires all projects to comply with:

- Civil Rights Act of 1964 & 1990
- Executive Order 11246 (Equal Employment Opportunity)
- Executive Order 11625 and 12138 (MBE/WBE)

In compliance with the Federal regulations it is the policy of the CWSRF program to promote a “fair share” of subagreement awards to small minority, and women owned businesses for supplies, equipment, services and construction. Compliance with these contract provisions is required in order for project costs to be eligible for SRF funding. The State has negotiated a MBE/WBE “fair share” objective of:

Commodities (Supplies)	MBE 4%	WBE 11%
Contractual (Services)	MBE 8%	WBE 30%
Equipment	MBE 5%	WBE 20%
Construction	MBE 2.5%	WBE 3%

Please note that DBEs, MBEs, and WBEs must be certified by EPA, SBA, or DOT (or by state, local, Tribal, or private entities whose certification criteria match EPA’s). DBEs must be certified in order to be counted toward the recipient’s MBE/WBE accomplishments. Depending upon the certifying agency, a DBE may be classified as a DBE, a Minority Business Enterprise (MBE), or a Women’s Business Enterprise (WBE).

The loan recipient (owner) shall employ and document good faith efforts in following the six affirmative steps when using loan funds to procure sources of supplies, construction and services.

If the successful bidder plans to subcontract a portion of the project, the bidder must submit to the owner (within 10 days after bid opening) documentation of good faith efforts in following the six affirmative steps taken to utilize small, minority and women's businesses.

These “fair share” objectives are required to be stated in the loan agreement and in the project specifications (**SRF Supplemental General Conditions**).

Implementation of Six Affirmative Steps for Good Faith DBE Solicitation

1. Include qualified MBE/WBE’s on solicitation lists.
 - a) Maintain and update a listing of qualified MBE/WBE’s that can be solicited for supplies, construction and/or services.
 - b) Provide this listing to all interested parties who requested to be placed on the bidder’s mailing list or requested copies of bid or proposal documents
 - c) Contact sources within geographic area of project to identify qualified MBE/WBE’s for placement on MBE/WBE list.
 - d) Check for other MBE/WBE listings such as those utilized by the State Minority Business Office, the Small Business Administration, Minority Business Development Office, EPA Region IV Office of Small and Disadvantaged Business Utilization (OSBDU), or the Alabama Department of Transportation.

2. Assure that MBE/WBE's are solicited whenever they are potential sources.
 - a) Conduct meetings, conferences and follow-ups with MBE/WBE's, small, minority and/or women's business associations, minority media etc., to inform these groups of opportunities to provide supplies, services and construction.
 - b) Conduct pre-bid, pre-solicitation and post-award conferences to ensure that consultants, suppliers and builders solicit MBE/WBE's.
 - c) Provide bidders with listings of qualified MBE/WBE's and establish that a fair share of subagreements be awarded.
 - d) Advertise in general circulation, trade publications, State agency publications of identified MBE/WBE's, minority or women's business focused media, etc., concerning contracting opportunities on your projects. Maintain a list of minority or women's business focused publications that may be used to solicit MBE/WBE's.
 - e) Provide interested MBE/WBE's with adequate information about plans, specifications and other requirements of the proposed projects.
 - f) Provide interested MBE/WBE trade organizations with summaries of bid solicitations.
 - g) Consider notifying MBE/WBE's of future procurement opportunities so that they may establish bidding solicitations and procurement plans.
3. Dividing total requirements, when economically feasible, into small tasks or quantities to permit maximum participation of MBE/WBE's.
 - a) Perform an analysis to identify portions of work that can be divided and performed by qualified MBE/WBE's.
 - b) Scrutinize the elements of the total project to develop economically feasible units of work that are within the bonding range of MBE/WBEs.
 - c) Analyze bid packages to afford MBE/WBEs maximum participation.
4. Use the appropriate services and assistance of:
 - a) the Office of Small and Minority Business Assistance in the Alabama Development Office
 - b) the Minority Business Development Centers
 - c) the Alabama Department of Transportation (for WBEs)
 - d) the Small Business Association
5. Establish delivery schedules, within the requirements of the work permit, which will encourage participation of MBE/WBEs.
 - a) Consider lead times and scheduling requirements often needed by MBE/WBE firms.
 - b) Develop realistic delivery schedules, which may provide for greater MBE/WBE participation.
6. Require each contractor to take the affirmative steps of items 1-5 above in procuring subcontractors.

Use the services of outreach programs sponsored by the Minority Business Development Agency and/or the Small Business Association to recruit bona fide firms for placement on MBE/WBE bidder's lists and to assist these firms in the development of bid packaging.

Seek out Minority Business Development Centers (MBDCs) to assist you in identifying MBE/WBEs for potential work opportunities on your projects.

MBE/WBE Contacts

Office of Minority Business Enterprise
ATTN: Clarence Mann
401 Adams Avenue
Suite 524
Montgomery, AL 36130
1-800-447-4191 Toll Free
334-353-5680
334-353-4311 FAX

Alabama Small Business Development
Center Network
ATTN: Michael Brooks
621 Greensboro Ave.
Box 870896
Tuscaloosa, AL 35487
205-348-1582
www.asbdc.org

U. S. Small Business Administration
<https://www.sba.gov>

Alabama Department of Transportation
ATTN: John Huffman
1409 Coliseum Boulevard
Room N-101
Montgomery, AL 36130
334-244-6261
www.dot.state.al.us
Huffman.jo@dot.state.al.us

Andrew J. Mayo
Economic Development specialist
Office of Economic Development
City Hall/Third Floor
710 20th Street North
Birmingham, AL 35203
205-254-2799 (Office)
205-254-2774 (Direct)
www.birminghamal.gov/OED/index.aspx
<http://mapq.st/13EnewM>
andy.mayo@birminghamal.gov

Birmingham Construction Industrial Authority
Michael H. Bell. Executive Director
David Merrida, Associate Director
601 37th Street S.
Birmingham, AL 35222
205-324-6202
205-324-6210 (Fax)
info@bcia.org

Archnique L. Kidd
UUBE Coordinator
Mobile Area Water and Sewer System
207 North Catherine Street
Mobile, AL 36604
251-694-3194 Office
251-272-2506 Cell
251-694-9419 Fax
akidd@mawss.com

CWSRF Financial Information Summary

Applicant: _____
Project Name: _____
CWSRF Project No.: _____
Loan Amount: _____

Description of Proposed Facilities:

Demographics/Wasteload Information:

	Current	Project Startup	Design
Total Population:			
Sewered Population:			
Commercial/ Industrial:			
WWTP Capacity (MGD):			

Certification of Financial Capability

_____ (Applicant) has analyzed the cost and financial impacts of the proposed facilities and hereby certifies that it has the legal, institutional, managerial and financial capability to finance and manage the construction, operation, and maintenance of the proposed project.

Signed: _____
(Authorized Representative)

Date: _____

Operations and Maintenance Cost Estimates

Annual O&M Costs:	Cost
Labor (Plant Operators):	
Utilities:	
Materials:	
Outside Services:	
Misc. Expenses:	
Total Annual O&M:	

Annual Wastewater User Charges

	Current	Revised
Number of Sewered Residences (domestic):		
User Charge Revenue:		
Number of Commercial/Industrial Users:		
User Charge Revenue:		

Residential Sewer Use Charges vs. Median Annual Household Income (MAHI)

	Current	Revised
Median Annual Household Income:		N/A
Average Annual Residential Sewer User Charge:		
Annual Sewer Use Charges as % of MAHI:		

Financing and Revenues

New Facilities:

Total to be Borrowed from CWSRF:		
Term of Loan (maximum 30 years, based on design life of project):		yr
Interest Rate (<i>estimated</i>):		%
Estimated Debt Service Payment to CWSRF:		/yr

Existing Wastewater System Debt/O&M:

Existing O&M:		/yr
Existing Wastewater Debt Service Obligations:		/yr
Other Debt Service/Operations Obligations:		/yr
		/yr
		/yr
Total Existing Annual Obligations:		/yr
 Total Projected Annual Debt Obligations:		/yr

Annual Sewer User Charges:

	Current	Revised
Residential:		
Commercial:		
Industrial:		

Annual Sewer Use Surcharges (identify):

	Current	Revised

Special Assessments or Fees (identify):

	Current	Revised

Transfers from Other Funds (identify):

	Current	Revised

Total Revenues:

--	--

Projected Outlay Schedule

Year: _____

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

Year: _____

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

Year: _____

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

*Grand Total: _____

*Must equal loan amount requested.

Construction Start Date: _____

Construction Completion Date: _____

Note: The construction completion date should be selected carefully, as loan repayment will begin immediately thereafter. Please contact the SRF Section if you have any questions.

Additional Financial Information

INSTRUCTIONS:

1. For "Systems owned by Towns, Cities, or Counties" where the security for the SRF loan will be a general obligation pledge of the Loan Recipient, please complete Part I only.
2. For "Systems owned by Towns, Cities or Counties" where the security for the SRF loan will be a pledge of revenues of the water and/or sewer system of the Loan Recipient, please complete Part II only.
3. For "Systems owned by Boards, Authorities or other public corporations" please complete Part III only.

Part I – Systems Owned by Towns, Cities or Counties (General Obligation Pledge)

A. Financial Information

1. The previous three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please provide a list of all currently outstanding general obligation indebtedness, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt, and the date of final maturity of the debt.
4. If not provided in the Loan Recipient’s audited financial statements, please provide debt service requirements for total outstanding general obligation indebtedness on a yearly basis for all years in which debt service is currently payable.
5. Ad valorem tax rates currently levied on property within the jurisdiction of the Loan Recipient, broken down by millage rate per taxing authority (i.e., the state, county, city and any special assessments).
6. The top ten ad valorem taxpayers of the Loan Recipient for the past year and the amount of taxes paid by each.
7. The amount of ad valorem tax collected by the Loan Recipient for the past five years.
8. Total collections of the sales and use tax collected by the Loan Recipient for the past five years.
9. Business tax receipts collected by the Loan Recipient for the past five years.
10. Current and proposed water and/or sewer rate schedules.

Demographic Information

1. A one paragraph description of the location of the Loan Recipient and governing structure.
2. Please provide a brief description of the transportation system, the elementary and secondary education systems and the health services provided in the Loan Recipient’s service area.
3. Population of the Loan Recipient as reported by the Census Bureau for the last two surveys available.
4. Please list the major employers for the Loan Recipient, broken out by industry, products and number of employees.

5. WATER & SEWER ACCOUNT INFORMATION

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

6. PRIMARY CUSTOMERS - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

7. WATER USAGE

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

8. SEWER SYSTEM (if appropriate)

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

Part II – Systems Owned by Towns, Cities or Counties (Revenue Pledge)

A. Financial Information:

1. The previous three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please enclose the master trust indenture of the Loan Recipient.
4. Please provide a list of all currently outstanding revenue obligations, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt and the date of final maturity of the issue.
5. If not provided in the financial statements, please provide debt service requirements for total outstanding indebtedness of the Loan Recipient payable from revenues of the waste and/or sewer system on a yearly basis for all years in which debt service is currently payable.
6. Ad valorem tax rates currently levied on property within the jurisdiction of the Loan Recipient, broken down by millage rate per taxing authority (i.e., the state, county, and city and any special assessments).
7. Information furnished by the County Tax Assessor’s office as to the assessed value of taxable properties (including motor vehicles) located within the jurisdiction of the Loan Recipient for the past five fiscal years.
8. Current and proposed water and/or sewer rate schedules.

B. Demographic Information:

1. A one paragraph description of the location of the Loan Recipient and its governing structure.
2. A brief description of the Project.
3. Population of the Loan Recipient, as reported by the Census Bureau for the last two surveys available.
4. A brief description of the assets owned by the Loan Recipient that comprises its water and/or sewer system.

5. WATER & SEWER ACCOUNT INFORMATION

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

6. PRIMARY CUSTOMERS - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

7. WATER USAGE

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

8. SEWER SYSTEM (if appropriate)

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

Part III – Systems Owned by Boards, Authorities or Other Public Corporations

A. Financial Information

1. The previous three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please provide a list of all currently outstanding debt of the Loan Recipient, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt and the date of final maturity of the issue.
4. Current and proposed water and/sewer rate schedules.

B. Demographic Information

5. A one paragraph description of the area served by the Loan Recipient and the services provided by the Loan Recipient.
6. A brief description of the Project.
7. A brief description of the assets owned by the Loan Recipient that comprise its water and/or sewer system.

8. WATER & SEWER ACCOUNT INFORMATION

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

9. PRIMARY CUSTOMERS - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

10. WATER USAGE

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

11. SEWER SYSTEM (if appropriate)

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

Environmental Information Document Outline:

The applicant must prepare an **Environmental Information Document (EID)** to support CWSRF funding for the proposed project. The EID describes and evaluates the environmental impacts of the feasible alternatives of which there should be, as a minimum, **at least four:** the chosen alternative, no action, and two additional alternatives. Furthermore, the alternatives should be substantially different in scope and/or placement and should be thoroughly compared/contrasted within the framework of the following guidelines.

Prior to preparation of the EID, the Applicant should obtain concurrence for the proposed project from the Alabama Historical Commission (AHC), the U. S. Fish and Wildlife Service (rare and endangered species protection), the U. S. Army Corps of Engineers (floodplain management, floodway management, wetlands, Section 404 permits, dredge and fill, structures placed in navigable waterways), the Tennessee Valley Authority (TVA, where applicable), the Alabama Power Company (where applicable), and the Regional Planning Agency. Written concurrence from these entities should be attached to the EID. **COMPLETION OF THE ENVIRONMENTAL REVIEW MAY NOT OCCUR UNTIL SUCH CONCURRENCE LETTERS ARE SUBMITTED.**

Included in the environmental review process is public participation culminating in a public meeting, which presents the proposed project to the public and includes discussion of both environmental and financial impacts. Minutes of the public meeting, with proof(s) of advertising and a sign-in sheet of attendees must be included as a part of the EID. The public meeting should be conducted prior to submission of the CWSRF application.

The EID shall be prepared according to the following outline:

A. Existing Environment.

1. Location of the Project Area(s).
 - a. With relation to the City/Town/Service Area.
 - b. With relation to the County and State borders.
 - c. In relation to the nearest metropolitan statistical area (MSA).
 - d. Plotted on the most current USGS Quadrangle Map (with the name, number, scale and revised date of the quadrangle used).

B. Existing Facilities.

1. Name, type and NPDES compliance status of all WWTFs that will be treating wastewater from this project.
2. Existing sewered population, population to be served by this project, and remaining unsewered population.
3. Name and type of industrial users served by public sewer with amount and characteristics of wastewater treated. Discuss any significant impacts due to industrial loading, particularly as a result of this project.
4. Condition of existing collection and interceptor lines.

C. Need for Proposed Facilities.

1. Documentation of public health or compliance problems that will be corrected by the proposed project.
 - a. From the local public health agency, concerned citizens, ADEM, other governmental agencies, or the Consulting Engineer. (Examples include fish kills, on-site septic system failures, well contamination, Infiltration/Inflow or Sanitary Sewer Overflow occurrences)
2. Lack of treatment capacity.
 - a. Include need(s) to increase capacity and a discussion of historical (seasonal) flow data.
3. Lack of treatment capability/quality, to include:
 - a. Discussion of NPDES violations to which the City/Town/Board/Authority is a party.
 - b. Discussion of any Administrative or Consent Order to which the City/Town/Board/Authority is a party.

D. Proposed Facilities and Proposed Funding.

1. Proposed Facilities

- a. Wastewater Treatment Facilities (WWTFs) to be constructed/upgraded/modified/affected.
 - I. Average daily flow for both current and design years.
 - II. Expected daily peak and minimum flow for both current and design years.
 - III. Expected influent and effluent characteristics (BOD, TSS, DO, etc.) for both the current and design years to include any special considerations (extreme PH, high Ammonia, etc.).
 - IV. Identify the receiving stream and watershed.
 - V. Identify any land that must be obtained in order to construct/modify facility.
 - VI. Identify the method of sludge disposal and any items to satisfactorily carry out the disposal (purchase more land, new permits for landfilling, etc.)
 - VII. Identify steps that have been, or will be, taken in order to comply with 40 Part 503, *The Standards for the Use or Disposal of Sewage Sludge* and other requirements, as necessary.
- b. Include Vicinity Map(s) that
 - I. Clearly show(s) the project area(s) in relation to nearby roads and streets.
 - II. Include(s) a North Arrow and Graphical Scale.
 - III. Clearly show(s) the location of the project area(s) by coordinates (State Plane Coordinates NAD83 (92 Corrections) or Metes and Bounds tied to the Rectangular Grid system of the State of Alabama or UTM Coordinates.

2. Proposed Funding Source(s)

- a. Funding source(s), status and amount(s).

E. Alternative Analysis.

1. Discussion of all feasible alternatives, to include:

- a. Alternative processes and/or locations considered.
- b. Alternative collection systems.
- c. Flow and waste reduction measures.
- d. Inflow and infiltration (I/I) reduction.
- e. Alternative methods of sludge disposal (process options and/or disposal location).
- f. Physical, legal, or institutional constraints.
- g. Regulatory requirements.
- h. Capital and operations and maintenance (O&M) costs.
- i. Significant, irreversible, and/or unavoidable environmental impacts.

2. Choosing an alternative.

- a. Must include the "no action" option and why it was not chosen.
- b. Must clearly indicate the chosen alternative and why it has been chosen.
- c. Must provide an in depth (E 1 a – i) discussion of at least two other alternatives (in addition to the two alternatives discussed in E 2 a & b).

F. Physical Data. (See Part G, Section 10 for helpful links)

1. Description of the topography of the City/Town and of the specific site area(s).
2. Description of the geology of the City/Town and of the specific site area(s).
3. Hydrology of the City/Town and of the specific site area(s).
4. Climate and precipitation of the City/Town to include:
 - a. Average annual temperature.
 - b. Average annual range of temperatures.
 - c. Average annual rainfall.
 - d. Average snowfall (if applicable).

- e. Length of the growing season with average date of the first and last freeze.
- f. Direction and Speed of prevailing winds for summer and winter.

- 5. Floodplains, floodways, and wetlands impact(s).
 - a. The project area(s) must be clearly located on the applicable Flood Insurance Rate Map (FIRM) with Panel Name, Panel Number, Date and graphical scale provided.
 - b. The project area(s) must be shown in relation to all activities within the project area, including temporary construction easements, and any permanent or man-made features in order to facilitate a clear understanding of the project location.
 - c. The potential effect of the collection/treatment/sludge on these areas should be examined and discussed in detail.
 - d. Any chosen alternative that affects a floodplain, floodway and/or wetland must include:
 - I. A description of alterations to landforms, streams, and natural drainage patterns within the floodplain/floodway/wetland and their effect on local watercourses and the project.
 - II. A discussion of why the alternative is proposed in the floodway/floodplain/wetland.
 - III. A discussion of how the alternative will conform to applicable Federal, State, and/or local floodplain/floodway/wetland protection standards.
 - IV. A discussion of how the alternative is designed to minimize the potential harm to the floodplain/floodway/wetland.
 - V. Include a map clearly showing the relationship between the floodplain/floodway/wetland and all construction activities with contours of existing and finished grades and flood elevation(s).
- 6. Description of sewer gravity and/or force main to be constructed/rehabilitated.
 - a. Size, type and classification of pipe(s).
 - b. Indicate bore and excavation methods, especially as they relate to existing watercourses, flood plains, floodways, and/or wetlands.
 - c. Indicate the slope(s) of all sections of sewer line.
 - d. If the plans and/or specifications do not meet the standards from the latest edition of *GLUMRB Recommended Standards for Wastewater Facilities* ("Ten States Standards") then clearly annotate the design methodology and research used. Furthermore, if a design does not meet the Ten States Standards then it must be clearly shown that the project is more cost-effective and/or more environmentally sound.
 - e. Demonstrate that the receiving facility has capacity to treat additional flow, if any.
 - f. If rehabilitation of sewer lines will take place clearly indicate the type of repair(s) and the corresponding segment(s) of pipe.
 - g. Clearly delineate the location and type of construction/rehabilitation on a vicinity map that is of sufficient scale and size to be legible and that clearly relates the work to the surrounding environment (i.e. show all watercourses, structures, roads and utilities that are visible).

G. Environmental Consequences and Mitigative Measures.

- 1. Historical and Archaeological Features.
 - a. Include the concurrence/nonconcurrence letter from the Alabama Historical Commission (AHC).
 - b. Discuss any comments made by AHC and the effect on the proposed project.
 - c. Include a copy of any archaeological survey(s) performed for the AHC.
 - d. Insure that all contracts are awarded with the stipulation that "Should previously undetected cultural resources be encountered during project activities, work shall cease and the Alabama Historical Commission shall be contacted immediately."
- 2. Endangered Species and Critical Habitat.
 - a. Include the concurrence/nonconcurrence letter from the U. S. Fish and Wildlife Service.
 - b. Discuss any comments made by the U. S. Fish and Wildlife Service and the effect on the proposed project.
 - c. Include a copy of any survey(s) performed for the U. S. Fish and Wildlife Service.
 - d. Insure that all contracts are awarded with required Best Management Practices (BMP) plans, guidelines, and responsible entity.

3. Floodplain, Floodway, and Wetlands.
 - a. Include the concurrence/nonconcurrence letter from the U. S. Army, Corps of Engineers.
 - b. Discuss any comments made by the U. S. Army, Corps of Engineers and the effect on the proposed project.
4. Tennessee Valley Authority (if applicable).
 - a. Include the concurrence/nonconcurrence letter from the Tennessee Valley Authority.
 - b. Discuss any comments made by the Tennessee Valley Authority and the effect on the proposed project.
5. Alabama Power Company (if applicable).
 - a. Include the concurrence/nonconcurrence letter from the Alabama Power Company.
 - b. Discuss any comments made by the Alabama Power Company and the effect on the proposed project.
6. Regional Planning Agency.
 - a. Include the concurrence/nonconcurrence letter from the Regional Planning Agency.
 - b. Discuss any comments made by the Regional Planning Agency and the effect on the proposed project.
7. Environmental Justice.
 - a. Environmental justice is the fair treatment and meaningful involvement of all people, regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations and policies. Fair treatment means that no group of people, including a racial, ethnic, or socioeconomic group should bear a disproportionate share of the negative environmental consequences resulting from industrial, municipal, and commercial operations or the execution of federal, state, local, and tribal programs and policies.
 - b. Discuss the impacts of the project on Environmental Justice areas affected.
 - c. Ensure that public participation and/or notification is enhanced if Environmental Justice areas are affected by the project.
8. Pollution from Construction Activities.
 - a. Noise causes, intensity, and duration.
 - b. Erosion and siltation causes, duration and mitigation plan.
 - c. Dust causes, intensity, and duration.
 - d. Best Management Practices (BMP) and implementation plan
 - e. Impact on Public Parks and/or Prime Agricultural Land.
 - f. Impact on 303d listed streams.
 - g. Impacts from stream crossings.
 - h. If land clearing is involved, discuss the precautionary methods to be taken in order to protect the area environment from the use of herbicides, defoliants, blasting, cutting, and/or burning.
 - i. Specify the final disposal method for soil and vegetative spoil.
 - j. If facilities are to be abandoned, discuss what will be done with the abandoned structures and/or land.
 - k. Indicate the direction from the WWTF to nearby residential and/or business communities and the effect prevailing winds will have on design criteria.
9. Public Participation.
 - a. The Public Meeting must be held before submittal of this application. Please contact the appropriate SRF staff engineer at ADEM to find out if the project will affect an Environmental Justice area(s).
 - b. Proof of advertising. Advertisement should run at least once per week for four consecutive weeks in the newspaper that serves the affected area.
 - c. If Environmental Justice areas are affected by the project then the advertisement requirement is expanded to ensure that the affected populations are made aware of the project and have every opportunity to respond. Examples of additional advertisements are:
 - I. Mailings to each residence affected (provide affidavit of mailing and a copy of the letter used as an addendum to this document).
 - II. Running an ad on a radio or television station that serves the affected community (provide an affidavit and transcript of the ad).

- III. Advertise in a newspaper or other periodical that serves the affected community (provide a publishers affidavit and a copy of the ad).
- IV. The Public Meeting should be held after 5:00 P.M. (local time) and should be in a building that is easily found and highly accessible. A sign-in sheet should be made available to everyone, and should be included as an addendum to this document.
- d. Maintain at least one copy of the EID in a public facility (the City/Town Hall, the Board/Authority Office, the local Library, the place of the meeting or the local Post Office) for public review from the first day in which any advertisement is published through the time of the public meeting. The advertisement(s) should inform the public of the existence of this document, the location of this document during business hours, and that this document is for public review.
- e. The agenda should follow the following format.
 - I. The Representative should be introduced and provide an overview of the project.
 - II. The selection of the funding source(s) should be discussed.
 - III. The new rate structure (if applicable) and fee structure (if applicable) should be discussed.
 - IV. A period of question and answer should be allowed after all discussion in complete.
- f. Provide a copy of the minutes of the meeting and a list of the questions and answers as an addendum to this document.

10. Internet Links.

The following links are provided in order to facilitate the gathering of certain information required in the EID. These links are not the only source for this information. These links are provided solely as a courtesy. Alabama Department of Environmental Management staff has found that the target Web site may contain useful information. Because ADEM has no control over the posting of material to this target Web site, the department cannot take responsibility for the validity of its contents. Please e-mail any comments, or if you encounter an inactive link, to ADEM.

- 1. <http://www.nationalatlas.gov/index.html> navigate by clicking appropriate links under title
- 2. <http://www.ncdc.noaa.gov/oa/climate/research.html>
- 3. <http://www.fws.gov> U.S. Fish & Wildlife Service
- 4. <http://www.usace.army.mil/> U.S. Army Corps of Engineers
- 5. <http://www.preserveala.org/> Alabama Historical Commission



Form 340: Clean Water State Revolving Fund Preapplication

The purpose of this preapplication is to gather information concerning potential projects eligible for funding from the Clean Water State Revolving Fund (CWSRF). The CWSRF was established through amendments to the Clean Water Act (CWA) to provide low-interest rate financing for construction of publicly owned treatment works (as defined in Section 212 of the Clean Water Act) or other projects that are designed to improve water quality. This information will be used to develop a priority list of projects that will be eligible for assistance from the CWSRF. This form may be submitted at any time, but for the highest probability of funding it is recommended that it be submitted as early as possible after the start of the fiscal year (October 1). Please review the instructions, sign and date the preapplication and submit two complete copies with attachments to:

SRF Section
 Alabama Department of Environmental Management
 Post Office Box 301463
 Montgomery, Alabama 36130-1463

If by overnight mail:
 1400 Coliseum Boulevard
 Montgomery, Alabama 36110-2400
 (334) 271-7913



Clean Water
 State Revolving Fund

Project Name		Assistance Amount Requested
		\$
Applicant	County	DUNS Number
Name and Title of Contact Person	Telephone	FAX
Street Address or Post Office Box	City, State, and ZIP	Email Address
Consulting Engineer	Telephone	FAX
Firm	Email	
Street Address or Post Office Box	City, State, and Zip	
Population Served by the Project	AL House District(s)	AL Senate District(s)
Names and 12-digit HUC Codes of Watersheds Impacted	NPDES Permit Number of Facility (if applicable)	

For the following questions, please attach additional pages if adequate space is not provided on this form:

1. Give a brief description of the proposed project and attach a copy of the preliminary engineering report or environmental information document.

2. Give an estimated cost outline for the entire project. If available, give line item breakdowns.

3. List all other funding sources to be utilized to complete this project.

Other Funding Source(s)	Amount(s)	Commitment Date

4. Provide a proposed project schedule.

Activity	Date
Complete Project Planning	
Initiate Project Design	
Plans & Specifications Submitted to ADEM	
Bid Opening	
Notice to Award	
Notice to Proceed	
Start Construction	
Complete Construction	

5. Provide demographic information about the affected community.

Median Household Income	Source/Date
Unemployment Rate	Source/Date
Population Trend Over 10 Years ($\pm\%$)	Source/Dates

Priority Ranking System

The following factors are used to rank the proposed project, and will ultimately determine if it falls in the fundable portion of the priority list. The applicant must provide documentation where required in order to receive credit. Any ranking criteria that cannot be verified by the Department will be awarded zero points.

A. Enforcement and Compliance Rating Criteria (Maximum: 50 points)

Ranking Criteria	Point Value
1 Facility is under formal enforcement action by ADEM and is currently in significant non-compliance. The project will bring the facility into compliance. (A copy of the enforcement order must be attached)	50
2 Project is a voluntary effort to resolve violations and will mitigate the issuance of a formal enforcement action. *	40
3 The facility is currently in compliance with permit limits, but will fall out of compliance without the proposed project.*	25
Circle the point value that applies to the project and enter the total points claimed here. If none of the above criteria apply, enter zero. Note that credit can be claimed for only one of the above criteria.	

*Applicant must provide supporting documentation to receive credit.

B. Water Quality Improvement Criteria (Maximum: 135 points)

Ranking Criteria	Point Value
1 Project will significantly address water quality standards in a water body that*:	
a) Has an approved TMDL	25
b) Is subject to a draft TMDL, dated 0-2 years from present	15
c) Is subject to a draft TMDL, dated 3-5 years from present	10
d) Is subject to a draft TMDL, dated 6-10 years from present	5
2 Project will implement TMDL(s) for*:	
a) Pathogens (i.e., fecal coliform/E. coli)	5
b) Mercury	15
c) Nutrients (i.e., phosphorous, nitrogen)	10
d) Organic Enrichment/Dissolved Oxygen	5
e) Ammonia (toxicity)	5
f) Siltation (sediment)	15
3	
a) Project will benefit a Category 5 or Category 4 listed water body.	5
b) Project takes place in an EPA-identified priority watershed and reduces/eliminates one or more sources of impairments (point and nonpoint source).*	5
c) Project will improve water quality in an Outstanding Alabama Water (OAW)*.	5
d) Project will improve water quality in an Outstanding National Resource Water (ONRW)*.	5

4	Project will upgrade or replace existing failing or inadequate decentralized wastewater treatment systems, or construct septage treatment facilities that are crucial to the proper operation of decentralized wastewater treatment systems.*	10
5	Project will protect a public drinking water source from contamination that will negatively impact public health.*	15
6	Project will implement a National Estuary Program Comprehensive Conservation Management Plan*	10
Circle the point value(s) that apply to the project and enter the total points claimed here. If none of the above criteria apply, enter zero.		<input type="text"/>

*Applicant must provide supporting documentation to receive credit.

C. Water/Energy Efficiency Rating (Maximum: 65 points)

	Ranking Criteria	Point Value
1	Project incorporates energy efficient design considerations with established objectives and targets for energy reduction opportunities, performed energy audits or developed energy conservation plans.*	5
2	Project uses renewable energy such as wind, solar, geothermal, hydroelectric, micro-hydroelectric, biogas combined heat and power (CHP) systems, or biofuels production to provide power to a POTW.	10
3	Project implements upgrades to pumps and treatment processes which result in: <ul style="list-style-type: none"> a) 20 percent or greater reduction in energy consumption at a POTW.* b) less than a 20 percent reduction in energy consumption at a POTW.* 	10 5
4	Infiltration/Inflow correction projects that save energy from pumping and result in reduced treatment costs, and I/I projects in cases where excessive groundwater infiltration is contaminating the influent. Applicant must attach a detailed analysis that outlines the costs versus savings to reduce Infiltration/Inflow within the collection system to receive credit.	10
5	Projects that incorporate recycling and/or reuse of gray water or wastewater.	20
6	Production of treated effluent for groundwater recharge, industrial operations, or agricultural purposes.	5
Circle the point value(s) that apply to the project and enter the total points claimed here. If none of the above criteria apply, enter zero.		<input type="text"/>

*Applicant must provide supporting documentation to receive credit.

D. Stormwater Management Criteria (Maximum: 50 points)

	Ranking Criteria	Point Value
1	Project will implement stormwater harvesting and reuse.	10
2	Project incorporates wet weather management systems including: permeable pavement, bioretention, tree plantings, green roofs, rain gardens and other practices that can be designed to mimic natural hydrology and reduce effective imperviousness.	10
3	Project will create riparian buffers, floodplains, vegetated buffers and additional streambank restoration methods.	10
4	Project supports wetland protection or restoration, including constructed wetlands.	10
5	Downspout disconnection to remove stormwater from sanitary sewers and manage runoff onsite.	5
6	Project incorporates green streets for new development, redevelopment or retrofits.	5
Circle the point value(s) that apply to the project and enter the total points claimed here. If none of the above criteria apply, enter zero.		

E. Agricultural and Nonpoint Source Pollution Criteria (Maximum: 35 points)

	Ranking Criteria	Point Value
1	Project addresses water quality impacts associated with farming operations by: <ul style="list-style-type: none"> a) Implementing water-saving irrigation systems in farms currently using inefficient watering systems. b) Implementing methods to reduce soil and stream bank erosion. c) Utilizing BMPs including no-till farming practices, rotational grazing, cropland conversion and winter cover crops. d) Utilizing alternative watering sources including effluent or grey water reuse. 	5 10 10 10
2	Project addresses water quality impacts associated with animal feeding operations by: <ul style="list-style-type: none"> a) Developing a Nutrient Management Plan. b) Establishing heavy-use protection areas. c) Implementing onsite waste management systems for manure and poultry litter; including recycling, spreading, and storage systems, and digester gas technologies. d) Utilizing dead bird composters and/or incinerators. e) Implementing BMPs (including exclusion fencing and stream crossings). 	10 5 10 5 5
Circle the point value(s) that apply to the project and enter the total points claimed here (maximum credit 35 points). If none of the above criteria apply, enter zero.		

F. Sustainability Criteria (90 possible bonus points)

	Ranking Criteria	Point Value
1	Project incorporates one or more of the following planning methodologies:	
	a) Comprehensive Land Use Plan (must designate areas where public infrastructure will and will not be supported)	5
	b) Asset Management Plan	10
	c) Watershed Management Plan	5
	d) Nutrient Management Plan	5
	e) Nutrient Trading	5
	f) Open Space Preservation	5
	g) Integrated Water Resource Plan that stresses water efficiency, reuse and conservation	5
2	Project includes one or several of the following design considerations:	
	a) Site fingerprinting for minimized landscape disturbance and sustainable landscape design.	5
	b) LEED certified or other ADEM-approved green building techniques for POTWs.	5
	c) Minimizes the environmental and water quality impact of construction through the use of clean fuel construction vehicles, construction waste reduction and other innovative methodologies.	5
	d) Project envelope is located in a previously developed area.	5
	e) Use of environmentally friendly post-consumer recycled or reclaimed materials.	5
3	Project implements at least one of the following construction methods:	
	• Innovative erosion control practices;	5
	• Protection of onsite trees, vegetation, native habitats and urban forests; or	
	• Replanting of disturbed areas with native plant species.	
4	Project will utilize one or more of the following water conservation strategies:	
	a) Development of a water conservation program.	5
	b) Incorporates sustainable water pricing practices and rate structures.	10
	c) Completion of EPA's Water Quality Scorecard (see http://www.epa.gov/smartgrowth/water_scorecard.htm).	5
	Circle the point value(s) that apply to the project and enter the total points claimed here (maximum bonus credit 100 points). If none of the above criteria apply, enter zero.	

G. Growth Criteria (50 possible bonus points)

	Ranking Criteria	Point Value
1	Project includes a significant growth component. (See instructions)	0
2	Project does not include a significant growth component. (See instructions)	50
	Circle the point value that applies to the project and enter the total points claimed here.	

Sum the points from each category below.

Part A: Enforcement and Compliance (50 points maximum)	
Part B: Water Quality (135 points maximum)	
Part C: Water/Energy Efficiency (65 points maximum)	
Part D: Stormwater Management (50 points maximum)	
Part E: Agricultural/Non-Point Source (35 points maximum)	
Part F: Sustainability (90 bonus points maximum)	
Part G: Growth (50 bonus points maximum)	
TOTAL POINTS CLAIMED:	

This form should be signed by the official who is authorized to execute contracts on behalf of the applicant jurisdiction. **TWO SIGNED COPIES (including attachments)** should be mailed to the address shown on Page 1 of this form.

The following attachments must be included with this form:

1. Preliminary Engineering Report/Environmental Information Document – Required for all infrastructure projects
2. Detailed project narrative with schedules, cost breakdowns, etc – May be substituted for engineering report for all non-infrastructure projects
3. Copies of last three (3) audited financial statements
4. Project maps, including all affected water bodies.
5. Supporting documentation for priority points claimed, as required above. Any points claimed that cannot be readily substantiated from the information submitted will not be counted. The Department reserves the right to make the final determination of all points awarded.

The undersigned representative of the applicant certifies that the information in the application and in the attached statements and exhibits is true, correct and complete to the best of the applicant's knowledge, information and belief.

Signature of Authorized Representative	Print or Type Name
Title	Date

Instructions

Do not use this form for Drinking Water State Revolving Fund projects. Use Form 370.

The Clean Water State Revolving Fund is only open to public bodies. This includes any county, state agency, incorporated city or town, or their instrumentality created by or pursuant to state law and having jurisdiction over the disposal of sewage, industrial wastes, or other wastes. It also includes a combination of two or more of the foregoing having such jurisdiction.

Unrelated projects should be submitted on separate preapplications, and will be scored independently.

Preapplications may be submitted at any time, but it is recommended that they be submitted as soon as possible after the start of the fiscal year (October 1) for maximum available funding.

PAGE 1

Project Name: Enter a short descriptive title for the project. Example: Shades Creek Streambank Restoration Project.

Assistance Amount Requested: Enter the total amount of CWSRF assistance sought.

Applicant: Enter the name of the public body that will be the recipient of CWSRF assistance.

County: Enter the county where the work will occur. If the project spans 2 or more counties, enter the names of all counties impacted.

DUNS Number: Enter the Data Universal Numbering System number for the applicant, provided by Dun & Bradstreet.

Contact Person: Enter contact information for the employee or official who is most familiar with the project. This is the person the Department should contact if there are any questions or additional information required.

Consulting Engineer: Enter the contact information for the consulting engineer, if any.

Population: Enter the population served by the applicant. If the project does not benefit the entire service area, also enter the actual population served by the project.

Alabama Legislative Districts: Enter the district numbers for all districts impacted by the project.

HUC Codes: Enter the 12-digit HUC codes for all water bodies impacted by the project. For information on where to find HUC codes, please visit adem.alabama.gov/programs/water/srf.cnt.

NPDES Permit Number: If the project involves an NPDES-permitted facility, enter the permit number. This would include improvements to collection systems that feed wastewater treatment plants.

PAGE 2

- 1. Project Description:** Provide a brief description of the proposed project (one paragraph or less). For infrastructure projects including POTW's, a copy of the preliminary engineering report or EID must be attached. All other projects must include either a preliminary engineering report or other report that includes information on the project scope, need for the project, any alternatives considered, cost/scheduling information, and project maps.
- 2. Cost Outline:** Provide estimated costs for all project components. Give as much detail as possible.
- 3. Other Funding:** If funding sources other than the CWSRF will be used to finance any portion of the project costs, provide the name(s), amount(s), and any available commitment dates.

4. **Project Schedule:** Provide an estimated project schedule (for planning purposes, you may assume that the CWSRF funding agreement will be closed in August of the following year). Note that all work must be underway within one year of the funding agreement date, and completed within 3 years.
5. **Demographic Information:** Provide median household income, unemployment rate, and population trend for the affected community, including the source used (typically, the most recent census). This information will be used as a tie-breaker should one or more projects have identical scores, and also to determine project affordability.

PAGE 3

- A. **Enforcement and Compliance Rating Criteria:** To qualify for credit, the project must improve or replace an ADEM-permitted facility. For the maximum point value of 50, the project must be in significant noncompliance with effluent limitations and under a formal enforcement action including a notice of violation, consent order, administrative order, or litigation. For 40 points credit, the applicant must demonstrate that the proposed project will result in compliance and, therefore, avoid formal enforcement by the Department. For 25 points credit, the applicant must demonstrate that the project is necessary to keep the permitted facility within its permit limits. All other projects will be awarded zero points.
- B. **Water Quality Improvement Criteria**
 1. For projects to receive credit for this criterion, the primary purpose of the project must be to improve water quality in a receiving stream that is subject to an approved TMDL, or is subject to a draft TMDL as listed. See adem.alabama.gov/programs/water/srf.cnt for more information.
 2. To receive credit, the project must implement a TMDL as listed. Attach documentation that shows the project will significantly reduce pollutants for one or more of the pollutants shown.
 3. See adem.alabama.gov/programs/water/srf.cnt for information on listed water bodies.

PAGE 4

4. To receive credit, the applicant must provide documentation showing the condition of decentralized systems to be upgraded or replaced. To receive credit for septage facilities, the primary purpose of the project must be to address the proper operation of decentralized facilities by constructing septage treatment plants. The upgrade or construction of wastewater treatment plants for reasons not directly linked to the proper operation of decentralized facilities will receive no credit for this criterion.
5. To receive credit for this criterion, the applicant must provide documentation that the project will remove a significant risk of contamination to a public drinking water source that will negatively impact public health.
6. The applicant must provide a letter of support/concurrence for the project from the Mobile National Estuary Program or other documentation from the Mobile NEP that clearly shows the project will implement a National Estuary Program CCMP.
- C. **Water/Energy Efficiency Rating**
 1. Be sure to include a copy of the audit or plan for credit.
 2. The renewable energy project must be owned by the Publicly-Owned Treatment Works.
 3. Energy savings must be at a POTW only. Provide supporting documentation (manufacturer's literature, energy audits, etc.) in order to receive credit. Simply replacing equipment that is at the end of its useful life, with new equipment of average efficiency, does not qualify.
 4. For I/I projects to receive credit, there must be a cost-effectiveness analysis attached that shows the reduced energy costs over the design life equal or exceed the total cost of the project.
 5. Water recycling or reuse must be a primary objective of the overall project to receive credit.
 6. To receive credit, the applicant must have applicable commitments and approvals necessary to use the treated effluent for groundwater recharge, industrial operations, or agricultural purposes. Merely providing sufficient treatment for the speculative use of effluent will not receive credit.

PAGE 5

- D. **Stormwater Management Criteria:** The practices listed must be a primary purpose of the project to receive credit. Incidental use of the practices will not receive credit.
- E. **Agricultural and Nonpoint Source Pollution Criteria:** The practices listed must be a primary purpose of the project to receive credit. Incidental use of the practices will not receive credit.

PAGE 6

- F. **Sustainability Criteria:** Use of the techniques and design considerations listed can result in significant bonus points for the project ranking. Note: Credit for completing the EPA Water Quality Scorecard will only be awarded once per community. Subsequent years' applications will receive credit only if the applicant demonstrates improvement in their score.
- G. **Growth Criteria:** If the project includes any of the following components, enter a point value of 0:
- New (not a replacement) wastewater treatment plant (excluding decentralized systems).
 - Upgraded/expanded/replacement wastewater treatment plant where the purpose of the project is to increase the design flow or projects where the design flow of the facility incidentally increases by more than 20%.
 - Collection system improvements that increase design flow (excluding rehabilitation projects where the original design flow is restored).
 - New or expanded collection systems.
 - Any POTW project that serves future growth.

If none of the criteria above apply, the project will be awarded points as shown.

PAGE 7

Enter the points claimed from A. through G. Be sure to note the limits on points from each category. Sum the points and enter the total as shown.

Note: The final point determination is made by the Alabama Department of Environmental Management. Any points claimed that cannot be satisfactorily justified will be deducted from the total.

Be sure to submit two (2) complete, signed copies with all attachments.

This form must be signed by an official of the public body that is authorized to sign funding applications.

Total Coliform Rule - Level 1 Assessment

ADEM

PWSID: <input style="width: 95%;" type="text"/>	System Name: <input style="width: 95%;" type="text"/>
---	---

Assessment Areas	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)
1. Evaluate sample site. -condition or location of tap -regular use of connection -weather conditions				
2. Sample protocol followed and reviewed. -flush/flame tap -remove aerator -chlorine residual taken - value - -no swivel -fresh sample bottles -sample storage acceptable				
3. Have any of the following occurred at relevant facilities prior to the collection of TC samples? -any interruptions in the treatment process -any reported loss of pressure events (20 psi) -operation and maintenance activities that could have introduced total coliform -reported vandalism and/or unauthorized access to facilities -visible indicators of unsanitary conditions reported -Has there been a fire fighting event, flushing operation, sheared hydrant, etc.				
4. Have there been any recent operational changes to the system? -sources introduced -treatment or operational changes -potential sources of contamination				
5. Distribution System -system pressure -cross connection -pump station -air relief valves -fire hydrants or blow off -breaks -repairs				

Total Coliform Rule - Level 1 Assessment

ADEM

Assessment Areas	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)
6. Storage Tank -screens -security -access opening -condition of tank -vent -drain overflow -pressure tank -O&M				
7. Treatment Process -interruptions -treatment supplies -O&M				
8. Source - Well -sanitary seal -vent screened -air gap -cross connection -security -pump to waste line				
9. Source - Spring -condition of spring box -security				
10. Source - Surface Water Supply -heavy rainfall -algae bloom				

Note: Form to be completed based on data and documents available to the PWS operator in charge, maintained on file and returned to ADEM within 30 days of triggering the assessment.

Additional Comments:			
Print name of person completing form:		Phone:	
Signature:		Date:	

**State of Alabama
Alabama Department of Environmental Management
Drinking Water State Revolving Fund (DWSRF) Loan Program**



SRF Section
Permits and Services Division
Alabama Department of Environmental Management
Post Office Box 301463
Montgomery, Alabama 36130-1463

(334) 271-7913
(334) 271-7950 FAX
jwd@adem.state.al.us

DWSRF Loan Application



Applicant: _____
Project Name: _____
Project Number: _____

Notes:

1. Submit two complete copies, with attachments, to the address shown above. At least one copy should contain original signatures and be notarized as shown in the application.
2. This application and supporting documents may be submitted electronically.

Alabama DWSRF Loan Application

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Introduction

This is the second stage of the application process for Drinking Water State Revolving Fund (DWSRF) assistance. A local government interested in participating should first submit a DWSRF Preapplication Form in order to be listed on the project priority list, which is published in the DWSRF Intended Use Plan (IUP). This application may be submitted with the preapplication or at any time thereafter. We strongly recommend submitting this application within 60 days of the issuance of the ADEM Intended Use Plan, otherwise the project may be moved to the non-fundable list.

Concurrence for the proposed project is required (in writing) from the Alabama Historical Commission, the U.S. Fish and Wildlife Service, Regional Planning Agency, and the U.S. Army Corps of Engineers. Copies of the concurrence letters are required to be included with the application package.

Most drinking water projects will require a construction permit from the Drinking Water Branch of ADEM.

An Environmental Information Document and plans and specifications are required to support each project with respect to technical and environmental matters. Please see the Environmental Information Document outline included in the application package for further guidance. Plans and specifications are required at the time the application is submitted.

Questions regarding the DWSRF Loan Application package should be directed to:

SRF Section
Permits and Services Division
Alabama Department of Environmental Management

Phone: (334) 271-7913
FAX: (334) 271-7950
E-mail: jwd@adem.state.al.us
Internet: www.adem.state.al.us

Mailing Address:
Post Office Box 301463
Montgomery, Alabama 36130-1463

Overnight Delivery Address:
1400 Coliseum Boulevard
Montgomery, Alabama 36110-2059

Application for Alabama DWSRF Loan Funding

Applicant	County
Name and Title of Contact Person	Telephone
Street Address or Post Office Box	FAX
City, State, and Zip	Email
Total Project Cost \$	SRF Assistance Requested \$
Project Name	
Description of Project	

Certification

The undersigned representative of the applicant certifies that the information in the application and in the attached statements and exhibits is true, correct and complete to the best of the applicant's knowledge, information and belief. The applicant further certifies: That as evidenced by the attached Certified Resolution made by the applicant, the undersigned representative has been authorized to file this application; the applicant agrees that a SRF loan for the project is made pursuant to the Alabama Drinking Water Finance Authority Act, Act no. 97-415, and ADEM Administrative Code Chapter 335-11-2, the applicant will pay all costs of the approved project not covered by the SRF loan; that all statements, data and supporting documents made or submitted by the applicant in connection with any applications for Authority assistance for the project are to be deemed a part of this application as if they were herein repeated and set forth in full.

Signature of Authorized Representative	Title of Authorized Representative
--	------------------------------------

Subscribed and sworn to
 this _____ day
 of _____,
 20____.

(SEAL)

Consulting Engineer Information

Attach a copy of each executed engineering contract to this application. The contract ceiling amount is required for accounting purposes – if the contract is on a percentage or cost basis please provide an estimated maximum cost.

You may attach additional copies of this form if multiple consulting engineers will design/inspect this project.

Name	Telephone
Firm	FAX
Street Address or Post Office Box	Email
City, State, and Zip	Contract Ceiling Amount

Consulting Engineer's Certification

I hereby give assurance and certify to the Alabama Department of Environmental Management that:

1. All plans and specifications for this project will be prepared in accordance with *ADEM Design Guidance*, April 1998 (or latest version).
2. An Operation and Maintenance (O&M) manual will be prepared for all new treatment works.
3. All contract specifications will contain ADEM Supplemental General Conditions, latest version.
4. A construction permit will be obtained from the Drinking Water Branch of ADEM prior to advertising the project for bidding.
5. No contracts will be awarded before a Project Review and Cost Summary package has been submitted to ADEM for review and issuance of an Approval to Award letter.
6. Unless prior, special arrangements have been made with ADEM, no materials-only contracts will be awarded for payment with DWSRF funds. Under no circumstances will in-kind labor be reimbursed with DWSRF funds.
7. The attached Environmental Information Document has been prepared in accordance with the outline provided in this application.

Signature of Consulting Engineer: _____

Date: _____

Resolution Designating Official Representative

WHEREAS, _____
(Legal Name of Applicant: City, Commission, Board etc.)

herein called the "Applicant", after thorough consideration of the various aspects of the problem and study of available data, has hereby determined that the construction of certain works required for the treatment and distribution of drinking water is desirable and in the public interest, and to that end it is necessary that action necessary for the construction of water treatment and/or distribution facilities be taken immediately; and

WHEREAS, under ADEM Administrative Code Chapter 335-11-2, the State of Alabama, has authorized the making of loans to aid in financing the cost of infrastructure needed to achieve/maintain compliance with the Safe Drinking Water Act and to protect/enhance public health objectives of the Act;

NOW, THEREFORE, BE IT RESOLVED BY:

_____ the governing body of said Applicant, as follows:

1. That _____
(Title of Officer)

is hereby authorized to file in behalf of the Applicant an application for a loan to be made by the Alabama Drinking Water Finance Authority;

2. That _____
(Title of Officer)

is hereby designated as the Authorized Representative of the Applicant for the purpose of furnishing to the Alabama Department of Environmental Management (ADEM) such information, data and documents pertaining to the application for a DWSRF loan from the Authority as may be required; and otherwise to act as Authorized Representative of the Applicant in connection with this application.

3. That certified copies of this resolution be included as a part of the application to be submitted to the Department for a loan.

Adopted, this the _____ day of _____, 20____

Signature: _____
Title: _____

Signature: _____
Title: _____

Approved, this the _____ day of _____, 20____

Signature: _____
Title: _____

Signature: _____
Title: _____

Certification of Resolution

I, the Undersigned, the duly qualified and acting:

_____ of the _____
(Title of Officer) *(Applicant)*

do hereby certify:

1. That the attached resolution is a true and correct copy of the resolution as adopted by a meeting of the governing body held on the ____ day of _____, 20__ and duly recorded in my office:

2. That said meeting was duly convened and held in all respects in accordance with the law and to the extent required by law, due and proper notice of such meeting was given; and a legal quorum was present throughout the meeting, and a legally sufficient number of members of the governing body voted in the proper manner and for the adoption of said resolution, that all other requirements and proceedings under the law incident to the proper adoption or passage of said resolution, including publication, if required, have been duly fulfilled, carried out, and otherwise observed; and that I am duly authorized to execute this certificate.

IN WITNESS THEREOF, I have herewith set my hand this _____ day of _____, 20_____ .

(SEAL)

Signature of Officer: _____
Typed or Printed Name of Officer: _____

Calculation of DWSRF Loan Share

Cost Classification	Total Amount Required	Amount Requested for DWSRF Loan
1. Administrative Expense:		
2. Land, structures, right-of-way <i>(not DWSRF loan eligible)</i>		
3. Engineering:		
a. Design:		
b. Basic A/E Fees:		
c. Other Engineering/Testing Fees: (specify)		
i.		
ii.		
iii.		
d. Construction Inspection Fees:		
Engineering Sub-Total:		
4. Construction:		
a. Contract 1:		
b. Contract 2:		
c. Contract 3:		
d. Contract 4:		
e. Contract 5:		
Construction Sub-Total:		
5. Construction Contingency:		
6. Equipment: (Specify)		
a.		
b.		
c.		
d.		
7. Other: (Specify)		
a.		
b.		
c.		
Totals:		

Statement of Assurances

The applicant, _____, hereby gives assurance and certifies to the Alabama Department of Environmental Management that:

- 1. The Applicant shall maintain its financial records in accordance with generally accepted accounting principles and auditing standards for governmental institutions.
- 2. The applicant shall comply with the requirements of the Water Supply and Construction permit requirements.
- 3. The applicant shall comply with all applicable requirements of Federal, State and local laws.
- 4. The applicant shall pay the unallowable costs of the construction of the project.
- 5. The applicant shall retain a certified water treatment system operator in accordance with ADEM Administrative Code Division 335-10, from the time of the completion of construction or initiation of operation, whichever is earlier, until such time as operation of the facility is discontinued.
- 6. Construction of the project, including the letting of contracts in connection therewith, shall conform to applicable requirements of Federal, State and local laws, ordinances, rules and regulations and to contract specifications and requirements.
- 7. The applicant shall comply with the *ADEM Design Guidance*, January 1998, when designing and constructing the project.
- 8. The applicant shall certify that the project will be initiated and completed in accordance with the schedule specified in the SRF Loan Agreement.
- 9. The applicant must submit proof that it, and its contractors and subcontractors, will comply with all insurance requirements of the Loan Agreement and that it shall be able to certify that the insurance is in full force and effect and that the premiums have been paid.

Signature of Authorized Representative: _____
 Title of Authorized Representative: _____

Subscribed and sworn to
 this _____ day
 of _____,
 20_____. (SEAL)

Intergovernmental Review Procedures

Intergovernmental review of DWSRF funded projects is required pursuant to Executive Order 12372. To fulfill this requirement, the applicant is required to submit a copy of their DWSRF loan application to the following entities for review and comment. Responses from these entities indicating concurrence with the proposed project are required (in writing) and must be included with the DWSRF Loan Application:

Regional Planning Agency

Complete this form and transmit a copy of the DWSRF Application Form (Page 4 of this application) to your Regional Planning Agency.

A. Applicant Name and Address:

B. Catalog of Federal Domestic Assistance Number and Title:

No. 66.468 - State Revolving Loan Program

C. Date Application Sent to ADEM:

Authorized Representative:

(Signature)

Certification Regarding Debarment and Suspension

DWSRF Project: _____

DWSRF Project No: _____

I, _____, _____, representing the
(Name) Title

_____ of _____,
(Organization) (City, Town, etc.)

Alabama do hereby certify that, to our knowledge, no services of any individual, organization, or unit of government for facilities planning or design work appears on the master list of debarments, suspensions, and voluntary exclusions, in accordance with CFR 35.2105, Debarment and Suspension.

Signature of Authorized Representative: _____

Title of Authorized Representative: _____

Date: _____

Certification Regarding Federal, State and Local Laws – The Copeland Act

DWSRF Project: _____

DWSRF Project No: _____

I, _____, _____, representing the
(Name) Title

_____ of _____,
(Organization) (City, Town, etc.)

Alabama do hereby certify that, in accordance with CFR 35.2104(c), it has not violated any Federal, State, or Local Law pertaining to fraud, bribery, graft, kickbacks, collusion, conflict of interest or other unlawful or corrupt practice relating to, or in connection with, facilities planning or design work related to the above referenced project.

Signature of Authorized Representative: _____

Title of Authorized Representative: _____

Date: _____

Site Certificate – Authorized Representative Certification

DWSRF Project: _____

DWSRF Project No: _____

I certify that the Applicant, _____, has acquired all real property including easements and rights-of-way that are or will be required for the construction, erection, extension, modification, operation and maintenance of the entire water treatment and distribution works within the scope of the DWSRF funded projects.

I certify that, if other municipalities are served by the water treatment and distribution works funded under the above referenced project, those municipalities have acquired all real property including easements and rights-of-way required for service to those municipalities.

I certify that the Title Counsel's Certification given on the attached certificate covers all real property including easements and rights-of-way that are or will be required for the construction, erection, extension, modification, operation and maintenance of the entire water treatment and distribution works within the scope of the funded under the above referenced project.

I further certify that all real property including easements required for the entire water treatment and distribution works funded under the above referenced project was acquired in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and Regulation 40 CFR Part 4.

Signature of Authorized Representative: _____

Title of Authorized Representative: _____

Date: _____

Site Certificate – Title Counsel Certification

DWSRF Project: _____

DWSRF Project No: _____

I, _____, Attorney at Law, representing
_____, as Title Counsel, do hereby certify:

1. That I have investigated and ascertained the location of, and am familiar with the legal description of the site or sites being provided by the Applicant for all elements of the water treatment and distribution works within the scope of the above referenced project to be constructed (modified, extended, improved, altered) operated and maintained in and upon such site or sites.
2. That I have examined the deed records of the county or counties in which said project is to be located and, in my opinion, the Applicant has a legal and valid fee simple title or such other estate or interest in the site of the project, including necessary easements and rights-of-way sufficient to assure undisturbed use and possession for the purposes of construction and operation and maintenance for the estimated life of the project.
3. That any deeds or documents required to be recorded in order to protect the title of the owner and the interest of the Applicant have been duly recorded and filed for record wherever necessary.
4. That, if applicable, the title to real property for which the Drinking Water Finance Authority has funded, has been encumbered in accordance with the requirements of State and local law to adequately protect the interest of the United States.
5. Remarks: *(use additional pages if necessary)*

Dated this _____ day of _____, 20 _____

Attorney at Law

Address

EPA Form 4700-4

Applicant must download, complete, and sign the latest version of EPA Form 4700-4. Attach an original copy of the form here.

This form is available at:
<http://www.epa.gov/ogd/forms/forms.htm>

Disadvantaged Business Enterprise (DBE)
Minority Business Enterprise (MBE) / Women’s Business Enterprise (WBE)

The DWSRF program requires all projects to comply with:

- Civil Rights Act of 1964 & 1990
- Executive Order 11246 (Equal Employment Opportunity)
- Executive Order 11625 and 12138 (MBE/WBE)

In compliance with the Federal regulations it is the policy of the DWSRF program to promote a “fair share” of subagreement awards to small minority, and women owned businesses for supplies, equipment, services and construction. Compliance with these contract provisions is required in order for project costs to be eligible for SRF funding. The State has negotiated a MBE/WBE “fair share” objective of:

Commodities (Supplies)	MBE 4%	WBE 11%
Contractual (Services)	MBE 8%	WBE 30%
Equipment	MBE 5%	WBE 20%
Construction	MBE 2.5%	WBE 3%

Please note that DBEs, MBEs, and WBEs must be certified by EPA, SBA, or DOT (or by state, local, Tribal, or private entities whose certification criteria match EPA’s). DBEs must be certified in order to be counted toward the recipient’s MBE/WBE accomplishments. Depending upon the certifying agency, a DBE may be classified as a DBE, a Minority Business Enterprise (MBE), or a Women’s Business Enterprise (WBE).

The loan recipient (owner) shall employ and document good faith efforts in following the six affirmative steps when using loan funds to procure sources of supplies, construction and services.

If the successful bidder plans to subcontract a portion of the project, the bidder must submit to the owner (within 10 days after bid opening) documentation of good faith efforts in following the six affirmative steps taken to utilize small, minority and women's businesses.

These “fair share” objectives are required to be stated in the loan agreement and in the project specifications (**SRF Supplemental General Conditions**).

Implementation of Six Affirmative Steps for Good Faith DBE Solicitation

1. Include qualified MBE/WBE’s on solicitation lists.
 - a) Maintain and update a listing of qualified MBE/WBE’s that can be solicited for supplies, construction and/or services.
 - b) Provide this listing to all interested parties who requested to be placed on the bidder’s mailing list or requested copies of bid or proposal documents
 - c) Contact sources within geographic area of project to identify qualified MBE/WBE’s for placement on MBE/WBE list.
 - d) Check for other MBE/WBE listings such as those utilized by the State Minority Business Office, the Small Business Administration, Minority Business Development Office, EPA Region IV Office of Small and Disadvantaged Business Utilization (OSBDU), or the Alabama Department of Transportation.

2. Assure that MBE/WBE's are solicited whenever they are potential sources.
 - a) Conduct meetings, conferences and follow-ups with MBE/WBE's, small, minority and/or women's business associations, minority media etc., to inform these groups of opportunities to provide supplies, services and construction.
 - b) Conduct pre-bid, pre-solicitation and post-award conferences to ensure that consultants, suppliers and builders solicit MBE/WBE's.
 - c) Provide bidders with listings of qualified MBE/WBE's and establish that a fair share of subagreements be awarded.
 - d) Advertise in general circulation, trade publications, State agency publications of identified MBE/WBE's, minority or women's business focused media, etc., concerning contracting opportunities on your projects. Maintain a list of minority or women's business focused publications that may be used to solicit MBE/WBE's.
 - e) Provide interested MBE/WBE's with adequate information about plans, specifications and other requirements of the proposed projects.
 - f) Provide interested MBE/WBE trade organizations with summaries of bid solicitations.
 - g) Consider notifying MBE/WBE's of future procurement opportunities so that they may establish bidding solicitations and procurement plans.
3. Dividing total requirements, when economically feasible, into small tasks or quantities to permit maximum participation of MBE/WBE's.
 - a) Perform an analysis to identify portions of work that can be divided and performed by qualified MBE/WBE's.
 - b) Scrutinize the elements of the total project to develop economically feasible units of work that are within the bonding range of MBE/WBEs.
 - c) Analyze bid packages to afford MBE/WBEs maximum participation.
4. Use the appropriate services and assistance of:
 - a) the Office of Small and Minority Business Assistance in the Alabama Development Office
 - b) the Minority Business Development Centers
 - c) the Alabama Department of Transportation (for WBEs)
 - d) the Small Business Association
5. Establish delivery schedules, within the requirements of the work permit, which will encourage participation of MBE/WBEs.
 - a) Consider lead times and scheduling requirements often needed by MBE/WBE firms.
 - b) Develop realistic delivery schedules, which may provide for greater MBE/WBE participation.
6. Require each contractor to take the affirmative steps of items 1-5 above in procuring subcontractors.

Use the services of outreach programs sponsored by the Minority Business Development Agency and/or the Small Business Association to recruit bona fide firms for placement on MBE/WBE bidder's lists and to assist these firms in the development of bid packaging.

Seek out Minority Business Development Centers (MBDCs) to assist you in identifying MBE/WBEs for potential work opportunities on your projects.

MBE/WBE Contacts

Office of Minority Business Enterprise
ATTN: Clarence Mann
401 Adams Avenue
Suite 524
Montgomery, AL 36130
1-800-447-4191 Toll Free
334-353-5680
334-353-4311 FAX

Alabama Small Business Development
Center Network
ATTN: Michael Brooks
621 Greensboro Ave.
Box 870896
Tuscaloosa, AL 35487
205-348-1582
www.asbdc.org

U. S. Small Business Administration
<https://www.sba.gov>

Alabama Department of Transportation
ATTN: John Huffman
1409 Coliseum Boulevard
Room N-101
Montgomery, AL 36130
334-244-6261
www.dot.state.al.us
Huffman.jo@dot.state.al.us

Andrew J. Mayo
Economic Development specialist
Office of Economic Development
City Hall/Third Floor
710 20th Street North
Birmingham, AL 35203
205-254-2799 (Office)
205-254-2774 (Direct)
www.birminghamal.gov/OED/index.aspx
<http://mapq.st/13EnewM>
andy.mayo@birminghamal.gov

Birmingham Construction Industrial Authority
Michael H. Bell. Executive Director
David Merrida, Associate Director
601 37th Street S.
Birmingham, AL 35222
205-324-6202
205-324-6210 (Fax)
info@bcia.org

Archnique L. Kidd
UUBE Coordinator
Mobile Area Water and Sewer System
207 North Catherine Street
Mobile, AL 36604
251-694-3194 Office
251-272-2506 Cell
251-694-9419 Fax
akidd@mawss.com

DWSRF Financial Information Summary

Applicant: _____
Project Name: _____
DWSRF Project No.: _____
Loan Amount: _____

Description of Proposed Facilities:

Certification of Financial Capability

_____ *(Applicant) has analyzed the cost and financial impacts of the proposed facilities and hereby certifies that it has the legal, institutional, managerial and financial capability to finance and manage the construction, operation, and maintenance of the proposed project.*

Signed: _____
(Authorized Representative)

Date: _____

Construction Cost Estimates

(Use additional sheets if necessary)

Water Treatment Plant(s):	Construction Cost
1:	
2:	
3:	
Water Treatment Sub-Total:	

Transmission and Distribution:	Cost
1:	
2:	
3:	
Trans. & Distr. Sub-Total:	

Source Development:	Cost
1:	
2:	
3:	
Source Devel. Sub-Total:	

Storage:	Cost
1:	
2:	
3:	
Storage Sub-Total:	

Miscellaneous (specify):	Cost
1:	
2:	
3:	
Miscellaneous Sub-Total:	

Engineering/Administration:	Cost
Administration:	
Design/Planning:	
Basic A/E Fees:	
Construction Inspection:	
Other: (specify):	
Engineering Sub-Total:	

Land Acquisition/Easements (Confirm eligibility with ADEM):	Cost
Land:	
Easements:	
Land Acquisition/Easements Sub-Total:	

Total Project Cost:	
----------------------------	--

Operations and Maintenance Cost Estimates

Annual O&M Costs:	Cost
Labor (Plant Operators):	
Utilities:	
Materials:	
Outside Services:	
Misc. Expenses:	
Total Annual O&M:	

Annual Water Charges

	Current	Revised
Number of Residences Served:		
Water Revenue:		
Number of Commercial/Industrial Users:		
Water Revenue:		

Residential Water Charges vs. Median Annual Household Income (MAHI)

	Current	Revised
Median Annual Household Income:		N/A
Average Annual Residential Water Bill:		
Annual Water Bill as % of MAHI:		

Financing and Revenues

New Facilities:

Total to be Borrowed from DWSRF:		
Term of Loan:	20	yrs
Interest Rate (<i>estimated</i>):		%
Estimated Debt Service Payment to DWSRF:		/yr

Existing Water System Debt/O&M:

Existing O&M:		/yr
Existing Water Debt Service Obligations:		/yr
Other Debt Service/Operations Obligations:		/yr
		/yr
		/yr
Total Existing Annual Obligations:		/yr
Total Projected Annual Debt Obligations:		/yr

Projected Outlay Schedule

Year: _____

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

Year: _____

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

Year: _____

Month	Outlay
Jan	
Feb	
Mar	
Apr	
May	
Jun	
Jul	
Aug	
Sept	
Oct	
Nov	
Dec	

*Grand Total: _____

*Must equal loan amount requested.

Construction Start Date: _____

Construction Completion Date: _____

Note: The construction completion date should be selected carefully, as loan repayment will begin immediately thereafter. Please contact the SRF Section if you have any questions.

Additional Financial Information

INSTRUCTIONS:

1. For “Systems owned by Towns, Cities, or Counties” where the security for the SRF loan will be a general obligation pledge of the Loan Recipient, please complete Part I only.
2. For “Systems owned by Towns, Cities or Counties” where the security for the SRF loan will be a pledge of revenues of the water and/or sewer system of the Loan Recipient, please complete Part II only.
3. For “Systems owned by Boards, Authorities or other public corporations” please complete Part III only.

Part I – Systems Owned by Towns, Cities or Counties (General Obligation Pledge)

A. Financial Information

1. The last three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please provide a list of all currently outstanding general obligation indebtedness, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt, and the date of final maturity of the debt.
4. If not provided in the Loan Recipient’s audited financial statements, please provide debt service requirements for total outstanding general obligation indebtedness on a yearly basis for all years in which debt service is currently payable.
5. Ad valorem tax rates currently levied on property within the jurisdiction of the Loan Recipient, broken down by millage rate per taxing authority (i.e., the state, county, city and any special assessments).
6. The top ten ad valorem taxpayers of the Loan Recipient for previous year and the amount of taxes paid by each.
7. The amount of ad valorem tax collected by the Loan Recipient for the past five years.
8. Total collections of the sales and use tax collected by the Loan Recipient for the the past five fiscal years.
9. Business tax receipts collected by the Loan Recipient for the past five years.
10. Current and proposed water and/or sewer rate schedules.

Demographic Information

1. A one paragraph description of the location of the Loan Recipient and governing structure.
2. Please provide a brief description of the transportation system, the elementary and secondary education systems and the health services provided in the Loan Recipient’s service area.
3. Population of the Loan Recipient as reported by the Census Bureau for the last two surveys available.
4. Please list the major employers for the Loan Recipient, broken out by industry, products and number of employees.

5. WATER & SEWER ACCOUNT INFORMATION

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

6. PRIMARY CUSTOMERS - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

7. WATER USAGE

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

8. SEWER SYSTEM (if appropriate)

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

Part II – Systems Owned by Towns, Cities or Counties (Revenue Pledge)

A. Financial Information:

1. The last three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please enclose the master trust indenture of the Loan Recipient.
4. Please provide a list of all currently outstanding revenue obligations, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt and the date of final maturity of the issue.
5. If not provided in the financial statements, please provide debt service requirements for total outstanding indebtedness of the Loan Recipient payable from revenues of the waste and/or sewer system on a yearly basis for all years in which debt service is currently payable.
6. Ad valorem tax rates currently levied on property within the jurisdiction of the Loan Recipient, broken down by millage rate per taxing authority (i.e., the state, county, and city and any special assessments).
7. Information furnished by the County Tax Assessor's office as to the assessed value of taxable properties (including motor vehicles) located within the jurisdiction of the Loan Recipient for the past five fiscal years.
8. Current and proposed water and/or sewer rate schedules.

B. Demographic Information:

1. A one paragraph description of the location of the Loan Recipient and its governing structure.
2. A brief description of the Project.
3. Population of the Loan Recipient, as reported by the Census Bureau for the last two surveys available.
4. A brief description of the assets owned by the Loan Recipient that comprises its water and/or sewer system.

5. WATER & SEWER ACCOUNT INFORMATION

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

6. PRIMARY CUSTOMERS - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

7. WATER USAGE

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

8. SEWER SYSTEM (if appropriate)

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

Part III – Systems Owned by Boards, Authorities or Other Public Corporations

A. Financial Information

1. The last three years financial statements. Any unaudited statements as they become available.
2. Please enclose final official statements for any bond issues completed by the Loan Recipient the past two years.
3. Please provide a list of all currently outstanding debt of the Loan Recipient, including the title of the issue, the series designation, the date of the issue, the original principal amount of the debt and the date of final maturity of the issue.
4. Current and proposed water and/sewer rate schedules.

B. Demographic Information

5. A one paragraph description of the area served by the Loan Recipient and the services provided by the Loan Recipient.
6. A brief description of the Project.
7. A brief description of the assets owned by the Loan Recipient that comprise its water and/or sewer system.

8. WATER & SEWER ACCOUNT INFORMATION

	20__	20__	20__	20__	20__
No. of water accounts					
No. of sewer accounts					

9. PRIMARY CUSTOMERS - For those customers (if any) that exceed 2% of total operating revenue for the water and/or sewer system.

Name of Customer	Industry/Field	FY20__ Annual Water Revenue	FY20__ Annual Sewer Revenue

10. WATER USAGE

	20__	20__	20__	20__	20__
Total Production (gallons)					
Daily Maximum (gallons)					
Daily Average (gallons)					

11. SEWER SYSTEM (if appropriate)

	20__	20__	20__	20__	20__
Average Daily Flow					
Total Gallons Treated					

Environmental Information Document Outline:

The Applicant must prepare an **Environmental Information Document (EID)** to support DWSRF funding for the proposed water treatment/distribution works. The EID describes and evaluates the environmental impacts of the feasible alternatives of which there should be, as a minimum, **at least four:** the chosen alternative, no action, and two additional alternatives. Furthermore, the alternatives should be substantially different in scope and/or placement and should be thoroughly compared/contrasted within the framework of the following guidelines.

Prior to preparation of the EID, the Applicant should obtain concurrence for the proposed project from the Alabama Historical Commission (AHC), the U. S. Fish and Wildlife Service (rare and endangered species protection), the US Army Corps of Engineers (floodplain management, floodway management, wetlands, Section 404 permits, dredge and fill, structures placed in navigable waterways), the Tennessee Valley Authority (TVA, where applicable), the Alabama Power Company (where applicable), ADECA's Office of Water Resources (new wells and surface sources) and the Regional Planning Agency. Written concurrence from these entities must be attached to the application. ***COMPLETION OF THE ENVIRONMENTAL REVIEW MAY NOT OCCUR UNTIL SUCH CONCURRENCE LETTERS ARE SUBMITTED.***

Included in the environmental review process is public participation culminating in a public meeting, which presents the proposed project to the public and includes discussion of both environmental and financial impacts. Minutes of the public meeting, with proof(s) of advertising and a sign-in sheet of attendees must be included as a part of the EID. The public meeting should be conducted prior to submission of the DWSRF application.

The EID shall be prepared according to the following outline:

A. Existing Environment.

1. Location of the Project Area(s).
 - a. With relation to the City/Town/Service Area.
 - b. With relation to the County and State borders.
 - c. In relation to the nearest metropolitan statistical area (MSA).
 - d. Plotted on the most current USGS Quadrangle Map (with the name, number, scale and revised date of the quadrangle used).

B. Existing Facilities.

1. Name, type and compliance status of all water sources that will be affected by or will supply the project area. For surface sources, identify the source watershed
2. Population served, population to be served by this project, and remaining population without potable water.
3. Condition of existing water treatment/distribution system.

C. Need for Proposed Facilities.

Note: projects that primarily intended to serve growth are not eligible for DWSRF funding.

1. Documentation of public health problems that will be corrected by the proposed project.
 - a. From the local public health agency, concerned citizens, ADEM, other governmental agencies, or the Consulting Engineer. (Examples include private well contamination, water source quality, etc.)
2. Lack of treatment capacity.
 - a. Include need(s) to increase capacity and a discussion of historical (seasonal) flow data.
3. Lack of treatment capability/quality, to include:
 - a. Discussion of permit violations to which the City/Town/Board/Authority is a party.
 - b. Discussion of any Administrative or Consent Order to which the City/Town/Board/Authority is a party.

D. Proposed Facilities and Proposed Funding.

1. Proposed Facilities

- a. Water treatment /distribution facilities to be constructed/upgraded/modified/affected.
 - I. Average daily flow for both current and design years.
 - II. Expected daily peak and minimum flow for both current and design years.
 - III. Expected water quality from new/upgraded facilities.
 - IV. Identify the surface or groundwater source to be developed.
 - V. Identify any land that must be obtained in order to construct/modify facilities.
 - VI. For water treatment facilities, identify the method of sludge disposal (if applicable) and any items to satisfactorily carry out the disposal (purchase more land, new permits for landfilling, etc.)
- b. Include Vicinity Map(s) that
 - I. Clearly show(s) the project area(s) in relation to nearby roads and streets.
 - II. Include(s) a North Arrow and Graphical Scale.
 - III. Clearly show(s) the location of the project area(s) by coordinates (State Plane Coordinates NAD83 (92 Corrections) or Metes and Bounds tied to the Rectangular Grid system of the State of Alabama or UTM Coordinates.

2. Proposed Funding Source(s)

- a. Funding source(s), status and amount(s).

E. Alternative Analysis.

1. Discussion of all feasible alternatives, to include:

- a. Alternative processes and/or locations considered.
- b. Alternative distribution/storage systems.
- c. Leakage reduction measures.
- d. Interconnections with nearby water systems.
- e. Physical, legal, or institutional constraints.
- f. Regulatory requirements.
- g. Capital and operations and maintenance (O&M) costs.
- h. Significant, irreversible, and/or unavoidable environmental impacts.

2. Choosing an alternative.

- a. Must include the "no action" option and why it was not chosen.
- b. Must clearly indicate the chosen alternative and why it has been chosen.
- c. Must provide an in depth (E 1 a – i) discussion of AT LEAST two other alternatives (in addition to the two alternatives discussed in E 2 a & b).

F. Physical Data. (See Part G, Section 11 for helpful links)

1. Description of the Topography of the City/Town and of the specific site area(s).
2. Description of the Geology of the City/Town and of the specific site area(s).
3. Hydrology of the City/Town and of the specific site area(s).
4. Climate and Precipitation of the City/Town to include:
 - a. Average annual temperature.
 - b. Average annual range of temperatures.
 - c. Average annual rainfall.
 - d. Average snowfall (if applicable).
 - e. Length of the growing season with average date of the first and last freeze.
 - f. Direction and Speed of prevailing winds for summer and winter.

5. Floodplains, floodways, and wetlands impact(s).
 - a. The project area(s) must be clearly located on the applicable Flood Insurance Rate Map (FIRM) with Panel Name, Panel Number, Date and graphical scale provided.
 - b. The project area(s) must be shown in relation to all activities within the project area, including temporary construction easements, and any permanent or man-made features in order to facilitate a clear understanding of the project location.
 - c. The potential effect of the project on these areas should be examined and discussed in detail.
 - d. Any chosen alternative that affects a floodplain, floodway and/or wetland must include:
 - I. A description of alterations to landforms, streams, and natural drainage patterns within the floodplain/floodway/wetland and their effect on local watercourses and the project.
 - II. A discussion of why the alternative is proposed in the floodway/floodplain/wetland.
 - III. A discussion of how the alternative will conform to applicable Federal, State, and/or local floodplain/floodway/wetland protection standards.
 - IV. A discussion of how the alternative is designed to minimize the potential harm to the floodplain/floodway/wetland.
 - V. Include a map clearly showing the relationship between the floodplain/floodway/wetland and all construction activities with contours of existing and finished grades and flood elevation(s).
6. Description of water mains to be constructed/replaced.
 - a. Size, type and classification of pipe(s).
 - b. Indicate bore and excavation methods, especially as they relate to existing watercourses, flood plains, floodways, and/or wetlands.
 - c. Demonstrate that the water source/storage system has capacity to supply additional flow, if any.
 - d. If rehabilitation of water lines will take place clearly indicate the type of repair(s) and the corresponding segment(s) of pipe.
 - e. Clearly delineate the location and type of construction/rehabilitation on a vicinity map that is of sufficient scale and size to be legible and that clearly relates the work to the surrounding environment (i.e. show all watercourses, structures, roads and utilities that are visible).

G. Environmental Consequences and Mitigative Measures.

1. Historical and Archaeological Features.
 - a. Include the concurrence/nonconcurrence letter from the Alabama Historical Commission (AHC).
 - b. Discuss any comments made by AHC and the effect on the proposed project.
 - c. Include a copy of any archaeological survey(s) performed for the AHC.
 - d. Insure that all contracts are awarded with the stipulation that "Should previously undetected cultural resources be encountered during project activities, work shall cease and the Alabama Historical Commission shall be contacted immediately."
2. Endangered Species and Critical Habitat.
 - a. Include the concurrence/nonconcurrence letter from the U. S. Fish and Wildlife Service.
 - b. Discuss any comments made by the U. S. Fish and Wildlife Service and the effect on the proposed project.
 - c. Include a copy of any survey(s) performed for the U. S. Fish and Wildlife Service.
 - d. Insure that all contracts are awarded with required Best Management Practices (BMP) plans, guidelines, and responsible entity.
3. Floodplain, Floodway, and Wetlands.
 - a. Include the concurrence/nonconcurrence letter from the U. S. Army, Corps of Engineers.
 - b. Discuss any comments made by the U. S. Army, Corps of Engineers and the effect on the proposed project.
4. Tennessee Valley Authority (if applicable).
 - a. Include the concurrence/nonconcurrence letter from the Tennessee Valley Authority.
 - b. Discuss any comments made by the Tennessee Valley Authority and the effect on the proposed project.
5. Alabama Power Company (if applicable).

- a. Include the concurrence/nonconcurrence letter from the Alabama Power Company.
 - b. Discuss any comments made by the Alabama Power Company and the effect on the proposed project.
6. Regional Planning Agency.
- a. Include the concurrence/nonconcurrence letter from the Regional Planning Agency.
 - b. Discuss any comments made by the Regional Planning Agency and the effect on the proposed project.
7. Environmental Justice.
- a. Environmental justice is the fair treatment and meaningful involvement of all people, regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations and policies. Fair treatment means that no group of people, including a racial, ethnic, or socioeconomic group should bear a disproportionate share of the negative environmental consequences resulting from industrial, municipal, and commercial operations or the execution of federal, state, local, and tribal programs and policies.
 - b. Discuss the impacts of the project on Environmental Justice areas affected.
 - c. Ensure that public participation and/or notification is enhanced if Environmental Justice areas are affected by the project.
8. Pollution from Construction Activities.
- a. Noise causes, intensity, and duration.
 - b. Erosion and siltation causes, duration and mitigation plan.
 - c. Dust causes, intensity, and duration.
 - d. Best Management Practices (BMP) and implementation plan
 - e. Impact on Public Parks and/or Prime Agricultural Land.
 - f. Impact on 303d listed streams.
 - g. Impacts from stream crossings.
 - h. If land clearing is involved, discuss the precautionary methods to be taken in order to protect the area environment from the use of herbicides, defoliants, blasting, cutting, and/or burning.
 - i. Specify the final disposal method for soil and vegetative spoil.
 - j. If facilities are to be abandoned, discuss what will be done with the abandoned structures and/or land.
9. Public Participation.
- a. The Public Meeting must be held before submittal of this application. Please contact the appropriate SRF staff engineer at ADEM to find out if the project will affect an Environmental Justice area(s).
 - b. Proof of advertising. Advertisement should run at least once per week for four consecutive weeks in the newspaper that serves the affected area.
 - c. If Environmental Justice areas are affected by the project then the advertisement requirement is expanded to ensure that the affected populations are made aware of the project and have every opportunity to respond. Examples of additional advertisements are:
 - I. Mailings to each residence affected (provide affidavit of mailing and a copy of the letter used as an addendum to this document).
 - II. Running an ad on a radio or television station that serves the affected community (provide an affidavit and transcript of the ad).
 - III. Advertise in a newspaper or other periodical that serves the affected community (provide a publishers affidavit and a copy of the ad).
 - IV. The Public Meeting should be held after 5:00 P.M. (local time) and should be in a building that is easily found and highly accessible. A sign-in sheet should be made available to everyone, and should be included as an addendum to this document.
 - d. Maintain at least one copy of the EID in a public facility (the City/Town Hall, the Board/Authority Office, the local Library, the place of the meeting or the local Post Office) for public review from the first day in which any advertisement is published through the time of the public meeting. The advertisement(s) should inform the public of the existence of this document, the location of this document during business hours, and that this document is for public review.
 - e. The agenda should follow the following format.
 - I. The Representative should be introduced and provide an overview of the project.
 - II. The selection of the funding source(s) should be discussed.
 - III. The new rate structure (if applicable) and fee structure (if applicable) should be discussed.

- IV. A period of question and answer should be allowed after all discussion is complete.
- f. Provide a copy of the minutes of the meeting and a list of the questions and answers as an addendum to this document.

10. Internet Links.

The following links are provided in order to facilitate the gathering of certain information required in the EID. These links are not the only source for this information. These links are provided solely as a courtesy. Alabama Department of Environmental Management staff has found that the target Web sites may contain useful information. Because ADEM has no control over the posting of material to this target Web site, the department cannot take responsibility for the validity of its contents. Please e-mail any comments, or if you encounter an inactive link, to ADEM.

1. <http://www.nationalatlas.gov/index.html> navigate by clicking appropriate links under title
2. <http://www.ncdc.noaa.gov/oa/climate/research.html>
3. <http://www.fws.gov> U.S. Fish & Wildlife Service
4. <http://www.usace.army.mil/> U.S. Army Corps of Engineers
5. <http://www.preserveala.org/> Alabama Historical Commission

Total Coliform Rule - Level 2 Assessment

ADEM

PWSID: <input style="width: 95%;" type="text"/>	System Name: <input style="width: 95%;" type="text"/>
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Questions	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)
1. Evaluate sample site.				
a. What is the condition of the tap? (Provide comments)				
b. What is the location of the tap? (Provide comments)				
c. What is the regular use of the connection? (Provide comments)				
a. Were there any operation and maintenance activities that could have introduced total coliforms?				
e. Have there been any plumbing breaks or failure? If yes, when?				
f. List any identified cross connections after the service connection or in premise plumbing. (Provide comments)				
g. Were all the backflow prevention devices present, operational, and maintained?				
h. Were there any low pressure events or changes in the water pressure after the service connection or in the premise plumbing? If yes, when?				
i. Are there any treatment devices after the service connection or in premise? (Circle response, if applicable)			Point of Entry (POE)	Point of Use (POU)
j. Other comments on sample site?				
2. Sample protocol followed and reviewed.				
a. Flush tap, disinfect tap (flame, chlorine etc.), remove aerator, no swivel, fresh sample bottles and sample storage acceptable.				
3. Have any of the following occurred at relevant facilities prior to the collection of TC samples?				
a. Were there any operation and maintenance activities that could have introduced total coliforms?				
b. Have there been any interruptions in the treatment process?				
c. Has the system lost pressure to less than 5 psi?				
d. Have there been any vandalism and/or unauthorized access to the facilities?				
e. Are there any visible indicators of unsanitary conditions observed?				

Total Coliform Rule - Level 2 Assessment

ADEM

PWSID: <input style="width: 95%;" type="text"/>	System Name: <input style="width: 95%;" type="text"/>
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Questions	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)
f. Have there been any analytical results or any additional samples collected, including source water samples which were positive (not for compliance)?				
g. Have there been any community illness suspected of being waterborne (e.g. Does the community public health official indicate that an outbreak has occurred)?				
h. Did the water system receive any TCR monitoring violations in the past 12 months? If yes, when.				
i. What was the most recent date on which satisfactory total coliform samples were taken?	Date:			
j. Has there been a fire fighting event, flushing operation, sheared hydrant, etc?				
k. Other comments on records and maintenance?				
4. Recent operational changes to the system				
a. Have any inactive sources recently been introduced into the system?				
b. Have there been any new sources introduced into the system?				
c. Is there evidence of any potential sources of contamination (main breaks, low pressure, high turbidity, loss of disinfection, etc)?				
5. Distribution System				
a. System pressure: Is there evidence that the system experienced low or negative pressure? If yes, when?				
b. List any identified cross connections.				
c. Pump station: Are there any sanitary defects in the pump station? Are pump(s) operable?				
d. Last pump maintenance/service date?				
e. Air relief valves: Is the valve vault subject to flooding or does the vent terminate below grade?				
f. Fire hydrant/blow off: Are any located in an area with a high water table or pits?				
g. Is the distribution system secured to prevent unauthorized access?				

Total Coliform Rule - Level 2 Assessment

ADEM

PWSID:	System Name:
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Questions	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)
h. Are the backflow prevention devices at high risk sites present, operational and maintained?				
i. Have there been any water main repairs or additions? If yes, when and what was the repair or addition?				
j. Have there been any water main breaks? If yes, when?				
k. Was there any scheduled flushing of the distribution system? If yes, when?				
l. Is there any evidence flushing of intentional contamination in the distribution system?				
m. Other comments on the distribution system.				
6. Storage Tank				
a. Are the overflow and vents properly screened?				
b. Is the facility secured to prevent unauthorized access?				
c. Does the access opening have the proper gasket and sealed tightly?				
d. Could the physical condition of the tank be a source of contamination?				
e. Is the vent turned down and maintaining an approved air gap at the termination point?				
f. Does the drain/overflow line terminate at a minimum of 12" air gap?				
g. If present, is the pressure tank maintaining an appropriate minimum pressure?				
h. Has proper O&M been preformed?				
i. Was there any observed physical deterioration of the tank?				
j. Were there any observed leaks?				
k. Is there any evidence of intentional contamination at the storage tank?				
l. Has there been any facility maintenance (i.e. painting/coating)? If yes, when?				
m. Is the facility maintenance occurring on a regular schedule?				

Total Coliform Rule - Level 2 Assessment

ADEM

PWSID:	System Name:
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Questions	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)
n. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?				
o. What is the measured chlorine residual (total/free) of the water exiting the storage tank today?				
p. Are there any unsealed openings in the storage facility such as access doors, vents or joints?				
q. Other comments on the storage tank(s).				
7. Treatment Process				
a. Are treatment devices operational and maintained?				
b. Is there any recent changes installation or repair of the treatment equipment?				
c. Were there any recent changes in the treatment process? If yes, when and what was changed?				
d. Were there any interruptions of treatment (lapses in chemical feed, turbidity excursions, disinfection)? If yes, which part, when and for how long?				
e. What is the free chlorine residual measured immediately downstream from the point of application?				
f. Did a review of the filter turbidity profiles reveal any anomalies?				
g. Were all the backflow prevention devices present, operational, and maintained?				
h. Were the flow rates above the rated capacity?				
i. Were there anomalies on the settled water turbidities?				
j. Other comments on the treatment process.				

Total Coliform Rule - Level 2 Assessment

ADEM

PWSID:	System Name:
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Questions	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)
8. Source - Well				
a. Is the sanitary seal intact?				
b. Is the vent screened?				
c. Does the vent and pump to waste terminate in an approved air gap?				
d. Are there any unprotected cross connections at the wellhead?				
e. How is the well used? (Circle if applicable)			Primary Backup Emergency Not a PWS Not Drinking Water	
f. How far does the casing extend above grade?	Height:		Comments:	
g. Is the well cap vented?				
h. Is there evidence of standing water near the wellhead?				
i. Is the wellhead secured to prevent unauthorized access?				
j. Have there been any sewer spills, source water spills or other disturbances in the immediate area?				
k. Other comments on the well source. (Are there aspects of well construction and operation that would affect bacteriological positives?)				
9. Source - Spring				
a. What is the condition of the spring box development?				
b. What is the condition of the spring box?				
c. Is the spring secured to prevent unauthorized access?				
d. Other comments on the spring source.				
10. Source - Surface Water Supply				
a. Have there been any sewer spills, source water spills or other disturbances?				
b. Have there been any algal blooms?				
c. Has source water turnover occurred?				
d. Other source water comments.				

Total Coliform Rule - Level 2 Assessment

ADEM

PWSID:	System Name:
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Questions	Reviewed or N/A	Issue(s) (Y/N)	Issue Description	Corrective Action Taken (Including Date)
11. Environmental Events				
a. Has there been heavy rainfall?				
b. Has there been any flooding?				
c. Have there been changes in available source water (e.g., significant drop in the water table, water levels, reservoir capacity, etc.)				
d. Have there been any interruptions to electrical power?				
e. Have there been any extremes in heat or cold?				

Note: Form to be completed based on data and documents available to the PWS operator in charge, maintained on file and returned to ADEM within 30 days of triggering the assessment.

Additional Comments:

Print name of person completing form:		Phone:	
Signature:		Date:	



Form 370: Drinking Water State Revolving Fund Preapplication

The purpose of this preapplication is to gather information concerning potential projects eligible for funding from the Drinking Water State Revolving Fund (DWSRF). The DWSRF was established through amendments to the Safe Drinking Water Act (SDWA) to provide low-interest rate financing for construction of public water system improvements. This information will be used to develop a priority list of projects that will be eligible for assistance from the DWSRF. This form may be submitted at any time, but for the highest probability of funding it is recommended that it be submitted as early as possible after the start of the fiscal year (October 1). Please review the instructions, sign and date the preapplication and submit two complete copies with attachments to:

SRF Section
 Alabama Department of Environmental Management
 Post Office Box 301463
 Montgomery, Alabama 36130-1463

If by overnight mail:
 1400 Coliseum Boulevard
 Montgomery, Alabama 36110-2400
 (334) 271-913



Project Name		Assistance Amount Requested
		\$
Applicant	County	DUNS Number
Name and Title of Contact Person	Telephone	FAX
Street Address or Post Office Box	City, State, and ZIP	Email Address
Consulting Engineer	Telephone	FAX
Firm	Email	
Street Address or Post Office Box	City, State, and Zip	
Number of Connections to be Served by the Project	AL House District(s)	AL Senate District(s)
Total Number of System Connections (Current)	PWSID Number	DUNS Number

For the following questions, please attach additional pages if adequate space is not provided on this form:

1. Break down the total project costs (categories should sum to 100%):

Treatment: ___% Distribution: ___% Source: ___% Storage: ___%

2. Give a brief description of the proposed project and attach a copy of the preliminary engineering report (PER).

3. Give an estimated cost outline for the entire project. If available, give line item breakdowns.

4. List all other funding sources to be utilized to complete this project.

Other Funding Source(s)	Amount(s)	Commitment Date

5. Provide a proposed project schedule.

Activity	Date
Plans & Specifications Submitted to ADEM	
Bid Opening	
Notice to Proceed	
Start Construction	
Complete Construction	

6. Enter the Median Household Income (MHI) for the affected community:

Source: _____

\$

7. Enter the Average Annual Household Water Bill:

Source: _____

\$

Priority Ranking System

The following factors are used to rank the proposed project and will ultimately determine if the project is fundable. The applicant must provide documentation where required in order to receive credit. Any ranking criteria that cannot be verified by the Department will be awarded zero points.

A. Enforcement and Compliance Rating Criteria (Maximum: 50 points)

Ranking Criteria	Point Value
1 The system is under formal enforcement action by ADEM. Completion of the project will return the system to compliance.*	50
2 The project is a voluntary effort to resolve noncompliance and will mitigate the issuance of a formal enforcement action. *	40
3 The system is currently in compliance but will be in imminent noncompliance without the proposed project.*	25
Circle the point value that applies to the project and enter the total points claimed here. If none of the above criteria apply, enter zero. Note that credit can be claimed for only one of the above criteria.	

*Applicant must provide supporting documentation to receive credit.

B. Drinking Water Contaminants Criteria (Maximum: 150 points)

Ranking Criteria	Point Value
1 The system has current primary MCL violations and completion of the project will return the system to compliance.	100
2 The system has current secondary MCL violations and completion of the project will return the system to compliance.	50
3 The primary purpose of the project is to extend service to persons presently served by contaminated wells.*	50
Circle the point value(s) that apply to the project and enter the total points claimed here. If none of the above criteria apply, enter zero.	

*Applicant must attach supporting documentation from the local Health Department to receive credit.

C. Water/Energy Efficiency Rating (Maximum: 45 points)

Ranking Criteria	Point Value
1 The project significantly reduces unaccounted for water loss. The unaccounted for water loss during the last 12-month period was*:	
50% or higher	25
35% or higher	20
20% or higher	10
15% or higher	5
2 The project incorporates energy efficient design considerations with established objectives and targets for energy reduction opportunities.*	5

3	The project uses renewable energy such as wind, solar, geothermal, hydroelectric, micro-hydroelectric, biogas combined heat and power (CHP) systems, or biofuels production to provide power to a drinking water treatment plant.	5
4	The project implements upgrades to pumps and treatment processes which result in:	
	a) 20% or greater reduction in energy consumption at a drinking water treatment plant.*	10
	b) 10-20% reduction in energy consumption at a drinking water treatment plant, or 20% or greater reduction in energy consumption at a remote pump station.*	5
Circle the point value(s) that apply to the project and enter the total points claimed here. If none of the above criteria apply, enter zero.		<input type="text"/>

*Applicant must provide supporting documentation to receive credit.

D. Capacity and Pressure Criteria (Maximum: 100 points)

	Ranking Criteria	Point Value
1	The system lacks adequate capacity to provide safe drinking water, as evidenced by boil water notices, and/or total lack of service to existing customers for a significant period of time. Completion of the project will provide adequate capacity for existing customers.*	100
2	The project will mitigate pressure readings of <20 psi at 50 or more customer meters.*	50
3	The project will mitigate pressure readings of <20 psi at 10-49 customer meters.*	25
Circle the point value(s) that apply to the project and enter the total points claimed here. If none of the above criteria apply, enter zero.		<input type="text"/>

*Applicant must provide supporting documentation to receive credit.

E. System Consolidation Criteria (Maximum: 100 points)

	Ranking Criteria	Point Value
1	The project will consolidate two or more systems, resulting in the elimination of at least one public water system.	100
2	The project will establish a new interconnection between two water systems, where the beneficiary water system (or portion of the beneficiary water system) is served by only one source.	25
Circle the point value(s) that apply to the project and enter the total points claimed here (maximum credit 50 points). If none of the above criteria apply, enter zero.		<input type="text"/>

F. Sustainability Criteria (50 possible bonus points)

	Ranking Criteria	Point Value
1	The project implements one or more of the following planning methodologies:	
	a) Asset Management Plan*	10
	b) Water Conservation Plan, adopted by governing body*	5

2	The project includes one or several of the following design considerations:	
	a) LEED certified or other ADEM-approved green building techniques.	5
	b) Project envelope is located in a previously developed area.	5
	c) Use of environmentally friendly post-consumer recycled or reclaimed materials.	5
3	The project incorporates at least one of the following construction methods:	
	• Innovative erosion control practices;	5
	• Protection of onsite trees, vegetation, native habitats and urban forests; or	
	• Replanting of disturbed areas with native plant species.	
4	The project will utilize one or more of the following water conservation strategies:	
	a) Incorporates sustainable water pricing practices and rate structures.	10
	b) Completion of EPA's Water Quality Scorecard (see http://www.epa.gov/smartgrowth/water_scorecard.htm).	5
Circle the point value(s) that apply to the project and enter the total points claimed here (maximum bonus credit 50 points). If none of the above criteria apply, enter zero.		<input type="text"/>

G. Reporting Criteria (Maximum point reduction: 30)

	Ranking Criteria	Point Reduction
1	The system was cited during the last twelve months for late submittal of Monthly Operating Reports (MOR) or Consumer Confidence Reports (CCR), or was cited for a monitoring/reporting violation.	-10
2	The system was sent a Drinking Water Needs Survey and/or a Clean Watershed Needs Survey in the last four years and failed to return a completed survey.	-20
Circle the point value(s) that apply to the applicant and enter the total points here.		<input type="text"/>

H. Affordability Criteria (Maximum: 60 points)

	Ranking Criteria	Point Value
Divide the Average Annual Household Water Bill by the Median Household Income (from Page 2) and multiply by 100%:		
	2.50% or higher	60
	2.00 – 2.49%	40
	1.50 – 1.99%	20
	Less than 1.50%	0
Circle the point value that applies to the project and enter the total points claimed here.		<input type="text"/>

I. Infrastructure Improvement Criteria

	Ranking Criteria	Point Value
1	Construction of a new water treatment plant	20
2	Level of treatment upgrade to an existing water treatment plant	15
3	Modifications to address disinfection byproduct requirements	25
4	Replacement of water lines due to age, leaks, breaks, or lead or asbestos-cement pipe	10
5	Installation of new water lines, where none existed previously	5
6	Rehabilitation or replacement of a water storage tank	15
7	Installation of a new water storage tank	10
8	New or upgraded pump station (not associated with a tank project)	5
9	Security improvements to a water system	5
10	Emergency power generators	5
11	Construction of a new well	15
12	Rehabilitation/upgrade of an existing well	10
13	Installation of green stormwater infrastructure at a water treatment plant	5
14	Installation of water meters in previously unmetered areas, or replacement of traditional water meters with AMR or smart meters	10
15	Water meter replacement with traditional meters	5
16	Installation or retrofitting water efficient devices such as plumbing fixtures and appliances (toilets, showerheads, urinals)	5
17	Replacement of (potable) landscape irrigation with more efficient landscape irrigation systems	5
18	Recycling and water reuse projects that replace potable sources with non-potable sources (grey water, wastewater effluent)	10
19	Installation or upgrade of SCADA systems	5
	Circle the point value(s) that apply to the applicant and enter the total points here.	

J. Project Readiness (30 possible bonus points)

	Ranking Criteria	Point Value
	Project planning is complete and biddable plans and specifications will be submitted to ADEM within 60 days of this application for examination and/or issuance of a construction permit.	30
	Circle the point value that applies to the project and enter the total points claimed here.	

Sum the points from each category below.

Part A: Enforcement and Compliance (50 points maximum)	
Part B: Drinking Water Contaminants (150 points maximum)	
Part C: Water/Energy Efficiency (45 points maximum)	
Part D: Capacity and Pressure (100 points maximum)	
Part E: System Consolidation (50 points maximum)	
Part F: Sustainability (50 bonus points maximum)	
Part G: Reporting (Maximum Reduction of 30)	
Part H: Affordability (60 points maximum)	
Part I: Infrastructure Improvement	
Part J: Project Readiness (30 bonus points maximum)	
TOTAL POINTS CLAIMED:	

This form should be signed by the official who is authorized to execute contracts on behalf of the applicant jurisdiction. **TWO SIGNED COPIES (including attachments)** should be mailed to the address shown on Page 1 of this form.

The following attachments must be included with this form:

1. Preliminary Engineering Report – Required for all infrastructure projects
2. Detailed project narrative with schedules, cost breakdowns, etc – May be substituted for engineering report for all non-infrastructure projects
3. Copies of last three (3) audited financial statements
4. Project maps
5. Supporting documentation for priority points claimed, as required above. Any points claimed that cannot be readily substantiated from the information submitted will not be counted. The Department reserves the right to make the final determination of all points awarded.

The undersigned representative of the applicant certifies that the information in the application and in the attached statements and exhibits is true, correct and complete to the best of the applicant's knowledge, information and belief.

Signature of Authorized Representative	Print or Type Name
Title	Date

Instructions

Do not use this form for Clean Water State Revolving Fund projects. Use Form 340.

The Drinking Water State Revolving Fund is only open to public bodies. This includes any county, state agency, incorporated city or town, public corporation, district, cooperative, association, authority or any instrumentality thereof created by or pursuant to state law and having jurisdiction, power or authority with respect to the transmission, sale, production or delivery of drinking water, including also a combination of two or more of the foregoing.

Unrelated projects should be submitted on separate preapplications, and will be scored independently.

Projects primarily intended to serve future growth are not eligible for DWSRF funding.

Preapplications may be submitted at any time, but it is recommended that they be submitted as soon as possible after the start of the fiscal year (October 1) for maximum available funding.

PAGE 1

Project Name: Enter a short descriptive title for the project. Example: Kashmir Road Elevated Storage Tank Security Project.

Assistance Amount Requested: Enter the total amount of DWSRF assistance sought.

Applicant: Enter the name of the public body that will be the recipient of DWSRF assistance.

County: Enter the county where the work will occur. If the project spans 2 or more counties, enter the names of all counties impacted.

DUNS Number: Enter the Data Universal Numbering System number for the applicant, provided by Dun & Bradstreet.

Contact Person: Enter contact information for the employee or official who is most familiar with the project. This is the person the Department should contact if there are any questions or additional information required.

Consulting Engineer: Enter the contact information for the consulting engineer, if any.

Connections Served by the Project: Enter the number of customer connections that will directly benefit from the project.

Alabama Legislative Districts: Enter the district numbers for all districts impacted by the project.

Current Connections: Enter the total number of customer connections served by the applicant (Do not include connections served by other systems that purchase water from the applicant).

PWSID Number: Enter the PWSID number for the applicant. For consolidation projects, also include the PWSID number for the system that will be eliminated by the project.

DUNS Number: Enter the DUNS number for the applicant. If the applicant does not have a DUNS number, please register at <http://fedgov.dnb.com/webform> and enter the number received.

PAGE 2

1. **Needs Categories:** Break down all project costs according to the needs categories shown. The total must sum 100%.
2. **Project Description:** Provide a brief description of the proposed project (one paragraph or less). For infrastructure projects a copy of the preliminary engineering report must be attached. All other projects must include either a preliminary engineering report or other report that includes information on the project scope, need for the project, any alternatives considered, cost/scheduling information, and project maps.

3. **Cost Outline:** Provide estimated costs for all project components. Give as much detail as possible.
4. **Other Funding:** If funding sources other than the DWSRF will be used to finance any portion of the project costs, provide the name(s), amount(s), and any available commitment dates.
5. **Project Schedule:** Provide an estimated project schedule (for planning purposes, you may assume that the DWSRF funding agreement will be closed in August of the following year). Note that all work must be underway within one year of the funding agreement date, and completed within 3 years.
6. **MHI:** Provide the Median Household Income for the affected community, and the source used (typically, the most recent census). This information will be used as a tie-breaker should one or more projects have identical scores.
7. **Average Water Bill:** Enter the average annual household water bill for residential customers. Do not include industrial, commercial, wholesale, or consecutive customers. If this information is not available, the minimum residential water charge for one year may be used.

PAGE 3

- A. **Enforcement and Compliance Rating Criteria:** For the maximum point value of 50, the system must presently be under a formal enforcement action including a notice of violation, consent order, administrative order, or litigation. The project must return the system to compliance as its primary purpose. For 40 points credit, the applicant must demonstrate that the proposed project will result in compliance and, therefore, avoid formal enforcement by the Department. For 25 points credit, the applicant must demonstrate that the project is necessary to keep the system in compliance. Supporting documentation must be attached to receive credit. All other projects will be awarded zero points.
- B. **Drinking Water Contaminants Criteria**
 1. To receive credit, the purpose of the project must be to eliminate primary MCL violations that are occurring at the time of application.
 2. To receive credit, the purpose of the project must be to eliminate secondary MCL violations that are occurring at the time of application.
 3. If the primary purpose of the project is to extend water service to persons (existing residences) served by documented contaminated wells, credit may be claimed.
- C. **Water/Energy Efficiency Rating**
 1. The unaccounted for water loss must equal the amount shown on the last Sanitary Survey prepared by the ADEM Drinking Water Branch or other study/investigation. Include documentation to receive credit.
 2. Be sure to include a copy of the audit or plan for credit.

PAGE 4

3. The renewable energy project must be owned by the applicant.
4. Provide supporting documentation (manufacturer's literature, energy audits, etc.) in order to receive credit. Simply replacing equipment that is at the end of its useful life, with new equipment of average efficiency, does not qualify.
- D. **Capacity and Pressure Criteria:** Documentation must be provided to receive credit. Note that the maximum point value for this section is 100.
- E. **System Consolidation Criteria**
 1. At least one public water system must be dissolved as a result of the project to claim 100 points. (Note: points may be claimed elsewhere on this form by the applicant for enforcement and violations of the system to be eliminated)
 2. Credit may be claimed if the interconnection provides an additional source to a water system or portion of a water system that is served by only one source.
- F. **Sustainability Criteria:** Use of the techniques and design considerations listed can result in significant bonus points for the project ranking. Note: Credit for completing the EPA Water Quality Scorecard will only be awarded once per community. Subsequent years' applications will receive credit only if the applicant demonstrates improvement in their score.

PAGE 5

G. Reporting Criteria (Note that these values are deductions from the total points awarded to the project)

1. If, over the past 12 months from submittal of this preapplication, the system was cited by ADEM for late reports or a monitoring/reporting violation, ten points must be deducted. "Cited" includes issuance of a warning letter, Notice of Violation, consent order, administrative order, or litigation.
2. If the applicant was asked over the past four years to complete a survey for the Drinking Water Needs Survey or the Clean Watershed Needs Survey, and failed to do so, twenty points must be deducted. Example: Two years ago the Cameron Water Works was sent a Drinking Water Needs survey, but did not participate. Twenty points would be deducted from the Cameron Water Works' score.

H. Affordability Criteria: Be sure your calculations are based on the average annual household water bill, not the monthly water bill.

PAGE 6

I. Infrastructure Improvement Criteria: For each applicable component, add the applicable points to the total. To receive credit, the component must be a significant portion of the project. Example: installation of a new water storage tank with a fence, security light, and connection to an existing SCADA system would receive credit for the tank only (10 points) since the security and SCADA portions of the work are incidental.

J. Project Readiness: To receive bonus credit, project planning must be complete and biddable plans and specifications will be submitted to ADEM within 60 days of submittal of this application.

PAGE 7

Enter the points claimed from A. through J. Be sure to note the limits on points from each category. Sum the points and enter the total as shown.

Note: The final point determination is made by the Alabama Department of Environmental Management. Any points claimed that cannot be satisfactorily justified will be deducted from the total.

Be sure to submit two (2) complete, signed copies with all attachments.

This form must be signed by an official of the public body that is authorized to sign funding applications.

EXEMPTION CLAIM FORM FOR CO-FIRED COMBUSTORS

FACILITY INFORMATION

Facility Name: _____
Facility Address: _____

Contact Person Name: _____
Phone: _____
Fax: _____

Type of Facility: _____

WASTE INFORMATION

Please provide the distribution of the types of waste combusted in the incinerator each quarter (i.e., every three months):

- ___ % Hospital waste and medical/infectious waste (excluding wastes marked with a * below)
- ___ % *Pathological waste, low-level radioactive waste, and chemotherapeutic waste
- ___ % Other waste/fuel¹

Does the incinerator accept waste from off-site? Yes No

-
- ___ **Lb/Hr** How many pounds of waste/fuel¹ are typically charged per hour?
 - ___ **Hr/Day** How many hours per day is waste/fuel¹ charged into the incinerator?
 - ___ **Lb/Qtr** How many pounds of waste/fuel¹ are typically charged per quarter?
-

Please attach an explanation of the methodology that will be used on an ongoing basis to estimate the percentages of waste types discussed above.

CERTIFICATION

I am authorized to make this submission on behalf of the owners and operators of _____ and I hereby certify under penalty of law that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including possible fines and imprisonment. In addition, it is my understanding that I am not subject to a Major Source Operating Permit under Chapter 335-3-16 based solely on the requirements of ADEM Admin. Code R. 335-3-3-.04.

(Signature of Responsible Official)

¹ Excluding fuels such as propane or natural gas used to maintain combustion chamber temperatures

**EXEMPTION CLAIM FORM FOR INCINERATORS BURNING ONLY
PATHOLOGICAL, LOW-LEVEL RADIOACTIVE, AND CHEMOTHERAPEUTIC
WASTE**

FACILITY INFORMATION

Facility Name: _____
Facility Address: _____

Contact Person Name: _____

Phone: _____

Fax: _____

Type of Facility: _____

WASTE INFORMATION

For periods when only pathological, low-level radioactive and/or chemotherapeutic waste(s) are combusted provide the distribution of the types of waste combusted in the incinerator each quarter (i.e., every three months):

___ % Pathological waste
___ % Low-level radioactive waste
___ % Chemotherapeutic waste

Does the incinerator accept waste from off-site? Yes No

___ % Percentage of time when only pathological, low-level radioactive, and/or chemotherapeutic waste(s) are combusted.

___ Lb/Hr During periods when only pathological, low-level radioactive, and/or chemotherapeutic waste is combusted, how much do you typically charge (burn) per hour?

___ Hr/Day During periods when only pathological, low-level radioactive, and/or chemotherapeutic waste is combusted, how many hours per day do you charge?

___ Lb/Qtr During periods when only pathological, low-level radioactive, and/or chemotherapeutic waste is combusted, how many pounds are burned on a quarterly basis?

Please attach an explanation of the methodology that will be used on an ongoing basis to determine the time periods when only pathological, low-level radioactive, and/or chemotherapeutic waste are burned.

CERTIFICATION

I am authorized to make this submission on behalf of the owners and operators of _____ and I hereby certify under penalty of law that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including possible fines and imprisonment. In addition, it is my understanding that I am not subject to a Major Source Operating Permit under Chapter 335-3-16 based solely on the requirements of ADEM Admin. Code R. 335-3-.04.

(Signature of Responsible Official)

Alabama Department of Environmental Management

Air Emissions Electronic Reporting System (AEERS) Responsible Official Registration

INSTRUCTIONS: This form should be used to identify or change authorized responsible officials who will perform validation for data and documentation through ADEM AEERS. The form may be used in order to register a responsible official to one or multiple facilities. If registration for multiple Responsible Officials is required, please use separate forms for each individual. A responsible official is defined in the ADEM Administrative Code r. 335-3-16-.01 as:

1. For a Corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either (i) the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or (ii) the delegation of authority to such representative is approved in advanced by the Department;
2. For a partnership or sole proprietorship: a general partner or the proprietor respectively;
3. For a municipality, State, Federal, or other public agency: Either a principal executive officer or ranking elected official. For the purposes of the ADEM Administrative Code r. 335-3-16-.01, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA); or
4. For affected sources (i) the designated representative in so far as actions, standards, requirements, or prohibitions under Title IV (Acid Deposition Control) of the Act or the regulations promulgated thereunder are concerned; and (ii) The designated representative for any other purposes under the ADEM Administrative Code r. 335-3-16-.01.

Within AEERS, a responsible official will have the authority to designate data preparers to calculate and input data into AEERS, but validation and submission of data and documentation using AEERS must be performed by the responsible official. Please note, this form does not provide any proof of identity, and further verification will be required to obtain an AEERS account. After completion of the following form, please either mail a hard copy to the address below or email a copy to your air contact within ADEM :

Alabama Department of Environmental Management
 Air Division
 Attn: [Your ADEM Air Contact]
 P. O. Box 301463
 Montgomery, Alabama 36130-1463

Part A. Responsible Official Contact Information

Add Update

*Last Name:		Suffix:	
*First Name:		Middle Name/Initial:	
Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Job Title:			
Employer's Name:			
*E-mail:			
*Mailing Address	Street: _____ City: _____ State: _____ Zip: _____		
*Phone Number(s):			

E-mail address must match registration in AEERS

* indicates required information

Part B. Facility Information

Permit Number*	Facility Name	Mailing Address	
		Street: _____ City, State: _____ Zip: _____	<input type="checkbox"/> New Application <input type="checkbox"/> Revised Information <input type="checkbox"/> Reactivation Request
		Street: _____ City, State: _____ Zip: _____	<input type="checkbox"/> New Application <input type="checkbox"/> Revised Information <input type="checkbox"/> Reactivation Request
		Street: _____ City, State: _____ Zip: _____	<input type="checkbox"/> New Application <input type="checkbox"/> Revised Information <input type="checkbox"/> Reactivation Request

Part C. Registration

I attest that I meet the standards defined in the ADEM Administrative Code r. 335-3-16-.01 to be considered a Responsible Official of the facilities listed in Part B. and request to be registered for future use of the ADEM Air Emissions Electronic Reporting System (AEERS). I understand that further identity proofing and a signed electronic signature agreement will be necessary to use this system.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that I believe that the included information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____ Name of Responsible Official <i>(Type or print legibly)</i>	_____ Signature	_____ Date Signed
_____ Official Title <i>(Type or print legibly)</i>		

For ADEM use only

Validation Method: Permit Application Facility Contacted

Validated by: _____ Date: _____ Signature: _____

Entered by: _____ Date: _____

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG110000

(ADEM Form 380)

DISCHARGES ASSOCIATED WITH CONCRETE AND CONCRETE PRODUCTS MANUFACTURING (NOT INCLUDING STORM WATER OR PROCESS WASTEWATER FROM CEMENT MANUFACTURING).

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY
NPDES PERMIT NUMBER _____
FACILITY NUMBER _____

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.

FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: _____

Name of permittee if different from above: _____

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 and Title: _____

Telephone Number: (____) _____

F. Standard Industrial Code (SIC) (Names and Codes): _____

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:

- Process Wastewater from new concrete batch plants or new sources
- Storm water associated with the manufacture of concrete and concrete products
- Storm water from petroleum handling operations
- Process Wastewater from existing or temporary concrete batch plants

I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes No

Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** wastewater permit? _____

Yes No NPDES Permit No. AL00 _____

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

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

Yes No SID Permit No. IU _____

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG _____
3. Modification of **GENERAL** Permit No. ALG _____

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes No

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

T. Is this a temporary concrete batch plant? Yes No

A temporary concrete batch plant means a non-permanent structure operating on an existing plant site for **less than 730 days cumulatively** during the period of coverage under the General Permit.

DSN011 – PROCESS WASTEWATER FROM NEW CONCRETE BATCH PLANTS OR NEW SOURCES

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

NOT APPLICABLE []

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

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

Receiving Stream _____

Type(s) of Discharge _____

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

Receiving Stream _____

Type(s) of Discharge _____

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

Receiving Stream _____

Type(s) of Discharge _____

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

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

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

Yes [] No []

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

Yes [] No [] If yes, please explain: _____

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

If yes, please give a detailed description of wash water use, additives, location, ultimate disposal, etc.

F. Are the interiors of tank railcars or tank trailers washed out? Yes [] No []

If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.

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

H. Are organic or petroleum based solvents used in washing operations on site? Yes [] No []

If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.

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

J. Is there any process water commingled with the cooling and/or blow down water? Yes [] No []

K. If answer to J. is yes, can they all be sampled separately? Yes [] No []

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

If no, please include the estimated gallons per day of discharge: _____ GPD

M. Does surface water intake total 2 million gal/day or more? Yes [] No []

N. Is 25% or more of the intake used for cooling purposes? Yes [] No []

O. Do you use biocides in your cooling or blowdown water? Yes [] No []

If yes, please submit a list of the biocide, corrosion inhibitor or chemical additive with this NOI. The applicant must also provide:

(1) name and general composition of biocide or chemical,

(2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.

(3) quantities to be used,

(4) frequencies of use,

(5) maximum proposed discharge concentrations, and

(6) EPA registration of number, if applicable.

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

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

Q. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []

If no, please include the estimated gallons per day of discharge _____ GPD

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

S. Is any source water chlorinated? Yes [] No []

If so, explain use and list outfall number(s) from A. in this section.

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

U. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

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

W. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions V and W is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions V and W is yes, then a Cooling Water Intake Structure Form must be completed and attached.

Complete this section only if applicable

COOLING WATER MONITORING OPTIONS

NOT APPLICABLE []

A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

B. If answer is no, which outfall(s) listed above under DSN011 are chlorinated AND are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.

DSN002- STORM WATER DISCHARGE INFORMATION ASSOCIATED WITH THE MANUFACTURE OF CONCRETE AND CONCRETE PRODUCTS FROM CONCRETE BATCH PLANTS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

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

- [] 1. Surface water
- [] 2. Seeps into the ground
- [] 3. Municipal storm sewer

D. The General NPDES Concrete Permit requires the development and implementation of a Best Management Practice (BMP) Plan and Stormwater Pollution Prevention (SPP) Plan.

Does the facility have a BMP Plan and SPP Plan in place? Yes [] No []

E. Are there any known impacts on receiving water? Yes [] No []

If yes, to what extent? _____

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

If yes, please list: _____

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

Yes [] No [] If yes, please explain: _____

H. Do you manufacture cement from raw materials? Yes [] No [] If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.

DSN008 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

B. List number and size of above ground storage tanks. Number Size

List number and size of underground storage tanks.

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

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

E. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have any of the following other control measures to prevent pollution? Yes [] No []

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

G. Known impact on receiving water? Yes [] No [] If yes, to what extent?

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

I. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []

J. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []

K. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []

- L. Are all tanks that contain a possible pollutant diked? Yes [] No []
- M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []
- N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []
- O. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____
- P. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.
- Q. Were there any past industrial activities on the site that would contribute to the present storm water pollution? Yes [] No [] If yes, please explain: _____

- R. Does the facility handle leaded fuels? Yes [] No []
- S. Does the facility handle aviation fuel, jet fuel, or diesel fuel? Yes [] No []
- T. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.
- U. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain. _____

- V. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? Yes [] No []
- W. Does the facility comply with 40 CFR Part 112? Yes [] No []
Last update of SPCC Plan, if applicable _____

In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? Yes [] No []

If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []

- X. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? Yes [] No []
- Y. Does the facility discharge to a public water supply stream segment as defined by ADEM Administrative Code R. 335-6-11-.02? Yes [] No []

Note: DSN008 requires that the permittee submit an annual petroleum certification by January 28th that all discharges during the preceding year were in accordance with the conditions of the permit. If the Department deems it necessary to require monitoring, then the facility may have additional testing under DSN002.

DSN012 – PROCESS WASTEWATER FROM EXISTING OR TEMPORARY CONCRETE BATCH PLANTS

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

NOT APPLICABLE []

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

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

Receiving Stream _____

Type(s) of Discharge _____

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

Receiving Stream _____

Type(s) of Discharge _____

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

Receiving Stream _____

Type(s) of Discharge _____

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

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

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

D. The General NPDES Concrete Permit requires the development and implementation of a Best Management Practice (BMP) Plan and a Stormwater Pollution Prevention (SPP) Plan. Does the facility have a BMP Plan and SPP Plan in place? Yes [] No []

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

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

- G. Are the interiors of tank railcars or tank trailers washed out? Yes [] No []
 If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.
- H. How are spent oil, hydraulic fluids and any other potential pollutants that are handled on site disposed?

- I. Are organic or petroleum based solvents used in washing operations on site? Yes [] No [] N/A []
 If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.
- J. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []
- K. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []
- L. If answer to K. is yes, can they all be sampled separately? Yes [] No []
- M. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
 Yes [] No []
 If no, please include the estimated gallons per day of discharge: _____ GPD
- N. Does surface water intake total 2 million gal/day or more? Yes [] No []
- O. Is 25% or more of the intake used for cooling purposes? Yes [] No []
- P. Do you use biocides in your cooling or blowdown water? Yes [] No []
 If yes, please submit a list of the biocide, corrosion inhibitor or chemical additive with this NOI. The applicant must also provide:
- (1) name and general composition of biocide or chemical,
 - (2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.
 - (3) quantities to be used,
 - (4) frequencies of use,
 - (5) proposed maximum discharge concentrations, and
 - (6) EPA registration of number, if applicable.
- * **BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS PERMIT**
- Q. Is your discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? Yes [] No []
- R. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []
 If no, please include the estimated gallons per day of discharge _____ GPD
- S. Is shock chlorination used at the facility? Yes [] No []
- T. Is any source water chlorinated? Yes [] No []
 If so, explain use and list outfall number(s) from A. in this section.
- U. Is demineralizer wastewater discharged? Yes [] No []

V. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

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

X. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions W and X is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions W and X is yes, then a Cooling Water Intake Structure Form must be completed and attached.

Complete this section only if applicable

COOLING WATER MONITORING OPTIONS

NOT APPLICABLE []

A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

B. If answer is no, which outfall(s) listed above under DSN012 are chlorinated AND are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

Please attach a map showing the location of the facility including major highways and/or landmarks. The map should include the location of the discharge points.

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG120000

(ADEM Form 381)

DISCHARGES ASSOCIATED WITH PRIMARY METALS, METAL FINISHING, FABRICATED METAL PRODUCTS, INDUSTRIAL COMMERCIAL MACHINERY, ELECTRONIC EQUIPMENT, TRANSPORTATION EQUIPMENT (NOT INCLUDING SHIP AND BOAT BUILDING AND REPAIR), AND MEASURING AND ANALYZING INSTRUMENTS CONSISTING OF STORM WATER, HYDROSTATIC TEST WATER FROM NEW CONTAINERS, NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, BOILER BLOWDOWN, DEMINERALIZER WASTEWATER, VEHICLE AND EQUIPMENT WASH WATER, AND STORM WATER FROM PETROLEUM STORAGE AND HANDLING AND EQUIPMENT STORAGE AND MAINTENANCE AREAS.

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY	
NPDES PERMIT NUMBER	_____
FACILITY NUMBER	_____

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.

FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: _____

Name of permittee if different from above: _____

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 and Title: _____

Telephone Number: (_____) _____

F. Standard Industrial Code (SIC) (Names and Codes): _____

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

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

- Storm water from primary metals, metal fabrication, etc
- Storm water from equipment parking and maintenance areas
- Storm water associated with foundries and foundry sand
- Noncontact cooling water, boiler blowdown, condensate
- Storm water from petroleum handling operations
- Exterior vehicle and equipment wash water
- Hydrostatic test waters

I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []
Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00

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

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

Yes [] No [] SID Permit No. IU

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit

2. Renewal of **GENERAL** Permit No. ALG

3. Modification of **GENERAL** Permit No. ALG

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

DSN001 – STORM WATER DISCHARGE FROM PRIMARY METALS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

- B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [] No []
If yes, attach the most recent copy of the analysis.
- C. Storm water runoff primarily discharges to (check one):
 [] 1. Surface water
 [] 2. Seeps into the ground
 [] 3. Municipal storm sewer
- D. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [] No []
- E. Does the facility have any of the following other control measures to prevent pollution?
 1. Structural control measures (basins, etc.) Yes [] No []
 2. Treatment of groundwater (retention, aeration) Yes [] No []
 3. Other. If so, please describe. _____
- F. Are there any known impacts on receiving water? Yes [] No [] If yes, to what extent?

- G. Were there any past industrial activities on the site that would contribute to storm water contamination?
 Yes [] No [] If yes, please explain: _____
- H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [] No []
 If yes, please list: _____
- I. Does your facility have an industrial process that would fall under the Federal Guidelines listed below?
 Yes [] No [] Please circle:
 1. 40 CFR 413 – Electroplating
 2. 40 CFR 433 – Metal Finishing
 3. 40 CFR 464 – Metal Molding and Casting
 4. 40 CFR 465 – Coil Coating
 5. 40 CFR 467 – Aluminum Forming Point Source
 6. 40 CFR 468 – Copper Forming
 7. 40 CFR 469 – Electrical & Electrical Components

DSN002– STORM WATER FROM EQUIPMENT PARKING AND MAINTENANCE AREAS

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:
1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____

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

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

- [] 1. Surface water
- [] 2. Seeps into the ground
- [] 3. Municipal storm sewer

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

E. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes [] No []
- 2. Treatment of groundwater (retention, aeration) Yes [] No []
- 3. Other. If so, please describe. _____

F. Known impacts on receiving water? Yes [] No [] If yes, to what extent?

G. Were there any past industrial activities on site that would contribute to storm water contamination? Yes [] No []

If yes, please explain: _____

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

If yes, please list: _____

DSN003 AND DSN008 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

B. List number and size of above ground storage tanks.

Number

Size

List number and size of underground storage tanks.

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 the analysis.

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

- [] 1. Surface water
[] 2. Seeps into ground
[] 3. Municipal storm sewer

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

F. Does the facility have any of the following other control measures to prevent pollution? Yes [] No []

1. Structural control measures (basins, etc.) Yes [] No []
2. Treatment of groundwater (retention, aeration) Yes [] No []
3. Other. If so, please describe. _____

G. Known impact on receiving water? Yes [] No [] If yes, to what extent?

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

I. Are any above ground tanks that contain a possible pollutant double walled? Yes [] No []

J. Are all above ground tanks that contain a possible pollutant double walled? Yes [] No []

K. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []

L. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []

M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []

N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []

O. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____

P. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.

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

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

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

T. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.

U. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____

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

W. Does the facility comply with 40 CFR Part 112? Yes [] No []

Last update of SPCC Plan, if applicable _____

In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []

If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []

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

Y. 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

DSN004 – DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE []

A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown or boiler blowdown, and demineralizer wastewater):

OUTFALLS:

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

- B. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []
- C. Is there any process water comingled with the cooling and/or blowdown water? Yes [] No []
- D. If answer to C. is yes, can they all be sampled separately? Yes [] No []
- E. Does surface water intake total 2 million gallons per day or more? Yes [] No []
- F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []
- G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
 Yes [] No []
 If no, please include the estimated gallons per day of discharge: _____ GPD

- H. Do you use biocides, corrosion inhibitors or chemical additive in your cooling water or blowdown water?
 Yes [] No []
 If yes, please submit a list of the biocide, corrosion inhibitor or chemical additive with this NOI. The applicant must also provide:

- (1) name and general composition of biocide or chemical,
 - (2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.
 - (3) quantities to be used,
 - (4) frequencies of use,
 - (5) maximum proposed discharge concentrations, and
 - (6) EPA registration of number, if applicable.
- * **BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS PERMIT**

- I. Is your discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? Yes [] No []
- J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []
 If no, please include the estimated gallons per day of discharge _____ GPD
- K. Is shock chlorination used at the facility? Yes [] No []
- L. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

- M. Is demineralizer wastewater discharged? Yes [] No []
- N. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
 If yes, to what extent? _____
- O. Is there a cooling water intake structure (CWIS) associated with this facility? Yes [] No []
- P. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions O and P is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions O and P is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

B. If answer is no, which outfall(s) listed above under DSN004 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit

DSN006 – HYDROSTATIC TEST WATER FROM NEW CONTAINERS

NOT APPLICABLE []

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

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____

B. Is the process water commingled with storm water prior to discharge? Yes [] No []

C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []

D. What product is being tested and describe testing activities? _____

E. Known impact on receiving water? Yes [] No [] If yes, to what extent?

F. Is chlorine present in the test water? Yes [] No []

DSN009 – DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

B. Is this process water comingled with storm water prior to discharge? Yes [] No []

C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
Attach a copy of analysis.

D. Give detailed description of wash water use, additives, location, ultimate disposal, etc. _____

E. Do you wash interior of tank railcars or tank trailers? Yes [] No []
If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility handle diesel equipment or diesel fuel? Yes [] No []

H. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []
If yes, please contact the Industrial Section of ADEM before proceeding.

DSN011 – STORM WATER DISCHARGES ASSOCIATED WITH FOUNDRIES AND FOUNDRY SAND

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

- B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [] No []
If yes, please attach the most recent copy of the analysis.
- C. Storm water runoff primarily discharges to (check one):
 1. Surface water
 2. Seeps into the ground
 3. Municipal storm sewer
- D. Are any foundry sands disposed of on site? Yes [] No [] If yes, list the outfall(s) from A. in this section that contains the storm water. _____
- E. Have the foundry sands been shown to be non-hazardous as required by ADEM Administrative Code 335-14-2-.03? Yes [] No []
- F. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [] No []
- G. Does the facility have any of the following other control measures to prevent pollution? Yes [] No []
- | | |
|---|--|
| 1. Structural control measures (basins, etc.) | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 2. Treatment of groundwater (retention, aeration) | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 3. Other. If so, please describe. _____ | |
- H. Known impacts on receiving water? Yes [] No [] If yes, to what extent?

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

- J. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [] No []
If yes, please list: _____
- J. Briefly describe the foundry type and its operation.

- K. Does your facility have an industrial process that would fall under the Federal Guidelines listed below?
Yes [] No [] Please circle:
1. 40 CFR 413 – Electroplating
 2. 40 CFR 433 – Metal Finishing
 3. 40 CFR 464 – Metal Molding and Casting
 4. 40 CFR 465 – Coil Coating
 5. 40 CFR 467 – Aluminum Forming Point Source
 6. 40 CFR 468 – Copper Forming
 7. 40 CFR 469 – Electrical & Electrical Components

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print) _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG140000 (ADEM 382)

NPDES PERMIT NUMBER ALG140000 IS A GENERAL PERMIT AUTHORIZING DISCHARGES ASSOCIATED WITH TRANSPORTATION INDUSTRIES AND WAREHOUSING (NOT INCLUDING BOAT AND SHIP BUILDING AND REPAIR ACTIVITIES) CONSISTING OF STORM WATER NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, BOILER BLOWDOWN, DEMINERALIZER WASTEWATER, AND VEHICLE AND EQUIPMENT WASH WATER.

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY	
NPDES PERMIT NUMBER	_____
FACILITY NUMBER	_____

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.

FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: _____

Name of permittee if different from above: _____

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 and Title: _____

Telephone Number: (_____) _____

F. Standard Industrial Code (SIC) (Names and Codes): _____

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

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

- Storm water from vehicle / equipment parking and maintenance
- Storm water from warehousing and storage of goods
- Noncontact cooling water, boiler blowdown, condensate
- Storm water from petroleum handling operations
- Exterior vehicle and equipment wash water

I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []
Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00 _____

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

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

Yes [] No [] SID Permit No. IU _____

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG _____
3. Modification of **GENERAL** Permit No. ALG _____

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

**DSN001 – STORM WATER DISCHARGE INFORMATION FROM VEHICLE AND EQUIPMENT
PARKING AND MAINTENANCE AREAS**

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

- B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [] No []
If yes, please attach the most recent copy of the analysis.
- C. Storm water runoff primarily discharges to (check one):
 [] 1. Surface water
 [] 2. Seeps into the ground
 [] 3. Municipal storm sewer
- D. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [] No []
- E. Does the facility have any of the following other control measures to prevent pollution?
 1. Structural control measures (basins, etc.) Yes [] No []
 2. Treatment of groundwater (retention, aeration) Yes [] No []
 3. Other. If so, please describe. _____
- F. Known impacts on receiving water? Yes [] No [] If yes, to what extent?

- G. Were there any past industrial activities on the site that would contribute to storm water contamination?
 Yes [] No [] If yes, please explain: _____
- H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [] No []
 If yes, please list: _____
- I. Is any part of your industrial activity (i.e., blasting, painting) located over water? Yes [] No []
 If yes, please explain: _____
- J. Is your facility located in a coastal zone (within 10-foot contour of sea level)? Yes [] No []

DSN002 AND DSN003 – STORM WATER FROM WAREHOUSING AND STORAGE OF GOODS

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:
1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
- B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [] No []
 If yes, attach the most recent copy of the analysis.

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

- 1. Surface water
- 2. Seeps into the ground
- 3. Municipal storm sewer

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

E. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes No
- 2. Treatment of groundwater (retention, aeration) Yes No
- 3. Other. If so, please describe. _____

F. Known impact on receiving water? Yes No If yes, to what extent?

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

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes No

If yes, please list: _____

I. Are there any materials stored at your facility that could contribute any of the following metals to storm water? Yes No Please indicate below:

Arsenic _____ Barium _____ Cadmium _____ Copper _____ Cyanide _____
 Lead _____ Mercury _____ Nickel _____ Silver _____ Zinc _____

DSN004 – DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE

A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater):

OUTFALLS:

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

B. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []

C. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []

D. If answer to C. is yes, can they all be sampled separately? Yes [] No []

E. Does surface water intake total 2 million gallons per day or more? Yes [] No []

F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []

G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)? Yes [] No []

If no, please include the estimated gallons per day of discharge: _____GPD

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

(1) name and general composition of biocide or chemical,

(2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.

(3) quantities to be used,

(4) frequencies of use,

(5) maximum proposed discharge concentrations, and

(6) EPA registration of number, if applicable.

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

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

J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []

If no, please include the estimated gallons per day of discharge _____GPD

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

L. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

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

N. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

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

P. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions O and P is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions O and P is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

B. If answer is no, which outfall(s) listed above under DSN004 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit

DSN006 AND DSN010 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

Number

Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

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

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

- [] 1. Surface water
- [] 2. Seeps into ground
- [] 3. Municipal storm sewer

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

F. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes [] No []
- 2. Treatment of groundwater (retention, aeration) Yes [] No []
- 3. Other. If so, please describe. _____

G. Known impact on receiving water? Yes [] No [] If yes, to what extent?

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

I. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []

J. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []

K. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []

L. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []

M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []

N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []

O. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____

P. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.

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

Yes [] No [] If yes, please explain: _____

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

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

T. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.

U. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____

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

W. Does the facility comply with 40 CFR Part 112? Yes [] No []

Last update of SPCC Plan, if applicable _____

In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []

If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []

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

Y. 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

DSN007 – DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

B. Is this process water commingled with storm water prior to discharge? Yes [] No []

C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
Attach the most recent copy of analysis.

D. Give detailed description of wash water, additives, location, ultimate disposal, etc. _____

E. Do you wash interior of tank railcars or tank trailers? Yes [] No [] If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

- G. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []
If yes, please contact the Industrial Section of ADEM before proceeding.
- H. How do you wash the vehicles (e.g. by hand or automated system)? _____
If you have an automated system, please provide a detailed description of the system (e.g. drive through system with rotating brushes, etc.)?

- I. What is the estimated maximum volume in gallons/day of discharge from washing activity? _____gallons/day
- J. Does the facility use chrome / wheel brighteners? Yes [] No []
- K. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []
If yes, please contact the Industrial Section of ADEM before proceeding.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG150000 (ADEM Form 383)

DISCHARGES ASSOCIATED WITH FOOD AND KINDRED INDUSTRIES CONSISTING OF STORM WATER, NON-CONTACT COOLING WATER, COOLING TOWER AND BOILER BLOWDOWN, DEMINERALIZER WASTEWATER, VEHICLE AND EQUIPMENT WASH WATER, AND STORM WATER FROM PETROLEUM STORAGE AND HANDLING AND EQUIPMENT STORAGE AND MAINTENANCE AREAS.

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY

NPDES PERMIT NUMBER _____
FACILITY NUMBER _____

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.

FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: _____

Name of permittee if different from above: _____

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 and Title: _____

Telephone Number: (_____) _____

F. Standard Industrial Code (SIC) (Names and Codes): _____

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

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

- Storm water
- Noncontact cooling water, boiler blowdown, condensate
- Storm water from petroleum handling operations
- Exterior vehicle and equipment wash water

I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []
Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00 _____

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

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

Yes [] No [] SID Permit No. IU _____

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG _____
3. Modification of **GENERAL** Permit No. ALG _____

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

DSN001 AND DSN002– STORM WATER DISCHARGE INFORMATION (ASSOCIATED WITH FOOD PRODUCTION)

NOT APPLICABLE []

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

1. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W

Receiving Stream _____

2. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W

Receiving Stream _____

3. Latitude (____)° (____)′ (____)″ N Longitude (____)° (____)′ (____)″ W

Receiving Stream _____

- B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [] No []
If yes, attach the most recent copy of the analysis.
- C. Storm water runoff primarily discharges to (check one):
 [] 1. Surface water
 [] 2. Seeps into the ground
 [] 3. Municipal storm sewer
- D. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [] No []
- E. Does the facility have any of the following other control measures to prevent pollution?
 1. Structural control measures (basins, etc.) Yes [] No []
 2. Treatment of groundwater (retention, aeration) Yes [] No []
 3. Other. If so, please describe. _____
- F. Known impact on receiving water? Yes [] No [] If yes, to what extent?

- G. Were there any past industrial activities on the site that would contribute to storm water contamination?
 Yes [] No [] If yes, please explain: _____
- H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [] No []
 If yes, please list: _____
- I. Does bulk material from bulk handling areas contaminate storm water? Yes [] No []
- J. Does this facility deal with live warm-blooded animals at any time? Yes [] No []
- K. If your facility's biochemical oxygen demand analysis exceeds 100 mg/l, it is the facility's responsibility to review its BMP and update it to improve its effectiveness.

DSN003 AND DSN004 – DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

OUTFALLS:

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

B. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []

C. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []

D. If answer to C. is yes, can they all be sampled separately? Yes [] No []

E. Does surface water intake total 2 million gallons per day or more? Yes [] No []

F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []

G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
Yes [] No []

If no, please include the estimated gallons per day of discharge: _____ GPD

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

(1) name and general composition of biocide or chemical,

(2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.

(3) quantities to be used,

(4) frequencies of use,

(5) maximum proposed discharge concentrations, and

(6) EPA registration of number, if applicable.

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

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

J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []
If no, please include the estimated gallons per day of discharge _____ GPD

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

L. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

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

N. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
If yes, to what extent? _____

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

P. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions O and P is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions O and P is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

B. If answer is no, which outfall(s) listed above under DSN003 and DSN004 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form, that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit

- H. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []
- I. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []
- J. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []
- K. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []
- L. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []
- M. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []
- N. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____
- O. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.
- P. Were there any past industrial activities on the site that would contribute to storm water contamination? Yes [] No [] If yes, please explain: _____

- Q. Does the facility handle leaded fuels? Yes [] No []
- R. Does the facility handle aviation fuel, jet fuel, or diesel fuel? Yes [] No []
- S. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.
- T. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____

- U. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? Yes [] No []
- V. Does the facility comply with 40 CFR Part 112? Yes [] No []
Last update of SPCC Plan, if applicable _____
- In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []
- If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []
- W. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? Yes [] No []
- X. 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

DSN008 – DISCHARGE ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

B. Is this process water commingled with storm water prior to discharge? Yes [] No []

C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
Attach the most recent copy of analysis.

D. Give detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? Yes [] No []

If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []

If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: (_____) _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: (_____) _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: (_____) _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG160000
(ADEM Form 384)

DISCHARGES ASSOCIATED WITH STORM WATER RUNOFF, NOT CONTAINING LEACHATE, FROM ACTIVE AND INACTIVE LANDFILLS AND FROM TRANSFER STATIONS INCLUDING STORM WATER RUNOFF FROM MAINTENANCE OPERATIONS AND EXPANSION CONSTRUCTION ACTIVITIES AT LANDFILLS, VEHICLE AND EQUIPMENT WASH WATER AND STORM WATER FROM PETROLEUM STORAGE AND HANDLING AND EQUIPMENT STORAGE AND MAINTENANCE AREAS.

**Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

FOR OFFICE USE ONLY	
NPDES PERMIT NUMBER	_____
FACILITY NUMBER	_____

ANSWER ALL QUESTIONS IN THE 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.

FACILITY IDENTIFICATION INFORMATION

- A. Name of Facility to be shown on Permit: _____
Name of permittee if different from above: _____
- 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 and Title: _____
Telephone Number: (_____) _____
- F. Standard Industrial Code (SIC) (Names and Codes): _____
- G. Description of industrial activity and land use at the facility: _____

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
 Storm water
 Storm water from petroleum handling operations
 Exterior vehicle and equipment wash water
- I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []
Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

Has the facility been issued an **INDIVIDUAL** NPDES permit?

Yes [] No [] NPDES Permit No. AL00

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

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

Yes [] No [] SID Permit No. IU

L. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG
3. Modification of **GENERAL** Permit No. ALG

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

Yes [] No []

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

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

P. Date facility started or will start operations: _____

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

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

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

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

If yes, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial/Municipal Branch of ADEM before proceeding.

DSN001- STORM WATER DISCHARGE INFORMATION

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

- B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [] No []
If yes, attach the most recent copy of the analysis.
- C. Storm water runoff primarily discharges to (check one):
 [] 1. Surface water
 [] 2. Seeps into the ground
 [] 3. Municipal storm sewer
- D. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [] No []
- E. Does the facility have any of the following other control measures to prevent pollution?
 1. Structural control measures (basins, etc.) Yes [] No []
 2. Treatment of groundwater (retention, aeration) Yes [] No []
 3. Other. If so, please describe. _____
- F. Known impact on receiving water? Yes [] No [] If yes, to what extent?

- G. Does the storm water contain any leachate? Yes [] No [] If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.
- H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [] No []
 If yes, please list: _____
- I. Has the facility been closed for over three years? Yes [] No []
- J. Was the closure approved by ADEM? Yes [] No [] If yes, include a copy of the ADEM approval letter.
- K. An NPDES storm water permit is required until ADEM approves the closure.
- L. Were there any past industrial activities on the site that would contribute to storm water contamination?
 Yes [] No [] If yes, please explain: _____

DSN002 and DSN003 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:
1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____

Number

Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

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

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

- [] 1. Surface water
[] 2. Seeps into ground
[] 3. Municipal storm sewer

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

Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) Yes [] No []
2. Treatment of groundwater (retention, aeration) Yes [] No []
3. Other. If so, please describe. _____

F. Known impact on receiving water? Yes [] No [] If yes, to what extent?

G. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes [] No [] If yes, what occurred and how did it happen? _____

H. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []

I. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []

J. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []

K. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []

L. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []

M. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []

N. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____

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

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

Yes [] No [] If yes, please explain: _____

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

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

S. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.

T. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain. _____

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

V. Does the facility comply with 40 CFR Part 112? Yes [] No []

Last update of SPCC Plan, if applicable _____

In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []

If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []

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

X. 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

DSN004 – DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

B. Is this process water commingled with storm water prior to discharge? Yes [] No []

C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
Attach the most recent copy of analysis.

D. Give detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? Yes [] No []

If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does the facility handle diesel equipment or diesel fuel? Yes [] No []

H. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []
If yes, please contact the Industrial Section of ADEM before proceeding.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: (_____) _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG170000

(ADEM Form 385)

STORM WATER DISCHARGES ASSOCIATED WITH PAINTS, VARNISHES, LACQUERS, ENAMELS AND ALLIED PRODUCTS STORAGE AND MANUFACTURING; NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, BOILER BLOWDOWN, VEHICLE AND EQUIPMENT WASH WATER, AND STORM WATER FROM PETROLEUM STORAGE AND HANDLING AND EQUIPMENT STORAGE AND MAINTENANCE AREAS.

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY
NPDES PERMIT NUMBER _____
FACILITY NUMBER _____

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.

FACILITY IDENTIFICATION INFORMATION

- A. Name of Facility to be shown on Permit: _____
Name of permittee if different from above: _____
- 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 and Title: _____
Telephone Number: (_____) _____
- F. Standard Industrial Code (SIC) (Names and Codes): _____
- G. Description of industrial activity and land use at the facility: _____

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
 Storm water
 Noncontact cooling water, boiler blowdown, condensate
 Storm water from petroleum handling operations
 Exterior vehicle and equipment wash water
- I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []

Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00

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

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

Yes [] No [] SID Permit No. IU

M. Is this Notice of Intent for (circle one):

- 1. First time issuance of a **GENERAL** Permit
- 2. Renewal of **GENERAL** Permit No. ALG
- 3. Modification of **GENERAL** Permit No. ALG

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

DSN001– STORM WATER DISCHARGE INFORMATION

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

- B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [] No []
If yes, attach the most recent copy of the analysis.
- C. Storm water runoff primarily discharges to (check one):
 [] 1. Surface water
 [] 2. Seeps into the ground
 [] 3. Municipal storm sewer
- D. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [] No []
- E. Does the facility have any of the following other control measures to prevent pollution?
 1. Structural control measures (basins, etc.) Yes [] No []
 2. Treatment of groundwater (retention, aeration) Yes [] No []
 3. Other. If so, please describe. _____
- F. Known impact on receiving water? Yes [] No [] If yes, to what extent?

- G. Were there any past industrial activities on the site that would contribute to storm water contamination?
 Yes [] No [] If yes, please explain: _____
- H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [] No []
 If yes, please list: _____

**DSN002- DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER,
 COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND
 DEMINERALIZER WASTEWATER**

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

OUTFALLS:

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

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

B. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []

C. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []

D. If answer to C. is yes, can they all be sampled separately? Yes [] No []

E. Does surface water intake total 2 million gallons per day or more? Yes [] No []

F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []

G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
Yes [] No []

If no, please include the estimated gallons per day of discharge: _____ GPD

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

(1) name and general composition of biocide or chemical,

(2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.

(3) quantities to be used,

(4) frequencies of use,

(5) maximum proposed discharge concentrations, and

(6) EPA registration of number, if applicable.

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

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

J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []

If no, please include the estimated gallons per day of discharge _____ GPD

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

L. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

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

- N. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
If yes, to what extent? _____
- O. Is there a cooling water intake structure (CWIS) associated with this facility? Yes [] No []
- P. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions O and P is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions O and P is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

- A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

- B. If answer is no, which outfall(s) listed above under DSN002 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?
- _____

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

- C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit

DSN004 AND DSN006 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

Number

Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

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

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

- 1. Surface water
- 2. Seeps into ground
- 3. Municipal storm sewer

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

F. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes [] No []
- 2. Treatment of groundwater (retention, aeration) Yes [] No []
- 3. Other. If so, please describe. _____

G. Known impact on receiving water? Yes [] No [] If yes, to what extent?

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

I. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []

J. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []

K. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []

L. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []

M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []

N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []

O. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____

P. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.

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

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

- S. Does the facility handle aviation fuel, jet fuel, or diesel fuel? Yes [] No []
- T. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.
- U. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____
- V. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? Yes [] No []
- W. Does the facility comply with 40 CFR Part 112? Yes [] No []
Last update of SPCC Plan, if applicable _____
- In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []
- If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []
- X. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? Yes [] No []
- Y. 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

DSN007 – DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:
1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
- B. Is this process water commingled with storm water prior to discharge? Yes [] No []
- C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
If yes, attach the most recent copy of analysis.
- D. Give detailed description of wash water use, additives, location, ultimate disposal, etc.

- E. Do you wash interior of tank rail cars or tank trailers? Yes [] No []
 If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.
- F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

- G. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []
 If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: (_____) _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: (_____) _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: (_____) _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG180000

(ADEM Form 386)

DISCHARGES ASSOCIATED WITH THE SALVAGE AND RECYCLING INDUSTRY CONSISTING OF STORM WATER, NON-CONTACT COOLING WATER, COOLING TOWER AND BOILER BLOWDOWN, DEMINERALIZER WASTEWATER, VEHICLE AND EQUIPMENT WASH WATER, AND STORM WATER FROM PETROLEUM STORAGE AND HANDLING AND EQUIPMENT STORAGE AND MAINTENANCE AREAS

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY	
NPDES PERMIT NUMBER	_____
FACILITY NUMBER	_____

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.

FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: _____

Name of permittee if different from above: _____

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 and Title: _____

Telephone Number: (_____) _____

F. Standard Industrial Code (SIC) (Names and Codes): _____

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

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

- Storm water from automotive recycling and salvage
- Storm water from salvage and recycling of metal scrap (not including automobiles)
- Storm water from salvage and recycling of nonmetal scrap
- Noncontact cooling water, boiler blowdown, condensate, and demineralizer wastewater
- Storm water from petroleum storage and fueling areas
- Exterior vehicle and equipment wash water

I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []
Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00

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

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

Yes [] No [] SID Permit No. IU

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG
3. Modification of **GENERAL** Permit No. ALG

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

DSN001, DSN002, AND DSN003– STORM WATER DISCHARGE INFORMATION

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

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

- [] 1. Surface water
- [] 2. Seeps into the ground
- [] 3. Municipal storm sewer

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

E. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes [] No []
- 2. Treatment of groundwater (retention, aeration) Yes [] No []
- 3. Other. If so, please describe. _____

F. Known impact on receiving water? Yes [] No [] If yes, to what extent?

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

Yes [] No [] If yes, please explain: _____

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

If yes, please list: _____

I. Circle the type discharge(s) at your facility and list associated outfall from A. in this section.

- | | Outfall |
|--|---------|
| 1. Automotive recycling and salvage | _____ |
| 2. Salvage and recycling of metal scrap
(not including automobiles) | _____ |
| 3. Salvage and recycling of nonmetal scrap | _____ |

**DSN004 – DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER,
COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND
DEMINERALIZER WASTEWATER**

NOT APPLICABLE []

A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

OUTFALLS:

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

B. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []

C. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []

D. If answer to C. is yes, can they all be sampled separately? Yes [] No []

E. Does surface water intake total 2 million gallons per day or more? Yes [] No []

F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []

G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
Yes [] No []

If no, please include the estimated gallons per day of discharge: GPD _____

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

- (1) name and general composition of biocide or chemical,
- (2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.
- (3) quantities to be used,
- (4) frequencies of use,
- (5) maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable.

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

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

J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []

If no, please include the estimated gallons per day of discharge _____ GPD

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

L. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

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

N. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
If yes, to what extent? _____

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

P. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions O and P is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions O and P is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

B. If answer is no, which outfall(s) listed above under DSN004 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit

DSN006 AND DSN008 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

Number Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

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

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

- [] 1. Surface water
- [] 2. Seeps into ground
- [] 3. Municipal storm sewer

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

F. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes [] No []
- 2. Treatment of groundwater (retention, aeration) Yes [] No []
- 3. Other. If so, please describe. _____

G. Known impact on receiving water? Yes [] No [] If yes, to what extent?

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

I. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []

J. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []

K. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []

L. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []

M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []

N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []

O. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____

P. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.

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

Yes [] No [] If yes, please explain: _____

- R. Does the facility handle leaded fuels? Yes [] No []
- S. Does the facility handle aviation fuel, jet fuel, or diesel fuel? Yes [] No []
- T. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.
- U. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____
- V. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? Yes [] No []
- W. Does the facility comply with 40 CFR Part 112? Yes [] No []
Last update of SPCC Plan, if applicable _____
- In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []
- If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []
- X. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? Yes [] No []
- Y. 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

DSN009 – DISCHARGE ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:
1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
- B. Is this process water commingled with storm water prior to discharge? Yes [] No []
- C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
Attach the most recent copy of analysis.
- D. Give detailed description of wash water use, additives, location, ultimate disposal, etc.

- E. Do you wash interior of tank rail cars or tank trailers? Yes [] No []
 If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.
- F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?
- _____
- _____

- G. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []
 If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG020000

(ADEM Form 387)

DISCHARGES ASSOCIATED WITH THE MANUFACTURE OF ASPHALT CONCRETE, ASPHALT ROOFING, LINOLEUM AND PRINTED ASPHALT FELT AND OF HOT MIX ASPHALT FROM ASPHALT CEMENT CONSISTING OF STORM WATER, NON-CONTACT COOLING WATER, COOLING TOWER AND BOILER BLOWDOWN, DEMINERALIZER WASTEWATER, VEHICLE AND EQUIPMENT WASH WATER; AND STORM WATER FROM PETROLEUM STORAGE AND HANDLING AND EQUIPMENT STORAGE AND MAINTENANCE AREAS

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY NPDES PERMIT NUMBER _____ FACILITY NUMBER _____
--

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.

FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: _____

Name of permittee if different from above: _____

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 and Title: _____

Telephone Number: (____) _____

F. Standard Industrial Code (SIC) (Names and Codes): _____

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

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

- Storm water
- Noncontact cooling water, boiler blowdown, condensate
- Storm water from petroleum handling operations
- Exterior vehicle and equipment wash water

I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []
Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00

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

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

Yes [] No [] SID Permit No. IU

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG
3. Modification of **GENERAL** Permit No. ALG

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

DSN001- STORM WATER DISCHARGE INFORMATION

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

- B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [] No []
If yes attach the most recent copy of the analysis.
- C. Storm water runoff primarily discharges to (check one):
 [] 1. Surface water
 [] 2. Seeps into the ground
 [] 3. Municipal storm sewer
- D. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [] No []
- E. Does the facility have any of the following other control measures to prevent pollution?
 1. Structural control measures (basins, etc.) Yes [] No []
 2. Treatment of groundwater (retention, aeration) Yes [] No []
 3. Other. If so, please describe. _____
- F. Known impact on receiving water? Yes [] No [] If yes, to what extent?

- G. Were there any past industrial activities on the site that would contribute to storm water contamination?
 Yes [] No [] If yes, please explain: _____
- H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [] No []
 If yes, please list: _____
- I. Does your facility fall under 40 CFR Part 443? Yes [] No [] If yes, please circle one:
 1. Subpart A – Asphalt Emulsion Subcategory *
 2. Subpart B – Asphalt Concrete Subcategory
 3. Subpart C – Asphalt Roofing Subcategory
 4. Subpart D – Linoleum and Printed Asphalt Felt Subcategory
 5. None apply to my facility

***SUBPART A CANNOT BE COVERED UNDER THIS PERMIT**

DSN002– DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, demineralizer wastewater):

OUTFALLS:

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

B. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []

C. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []

D. If answer to C. is yes, can they all be sampled separately? Yes [] No []

E. Does surface water intake total 2 million gallons per day or more? Yes [] No []

F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []

G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
Yes [] No []

If no, please include the estimated gallons per day of discharge: _____ GPD

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

(1) name and general composition of biocide or chemical,

(2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.

(3) quantities to be used,

(4) frequencies of use,

(5) maximum proposed discharge concentrations, and

(6) EPA registration of number, if applicable.

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

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

J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []

If no, please include the estimated gallons per day of discharge _____ GPD

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

L. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

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

N. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

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

P. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions O and P is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions O and P is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

B. If answer is no, which outfall(s) listed above under DSN002 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit

DSN004 AND DSN006 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

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

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____

Number

Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

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

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

1. Surface water
 2. Seeps into the ground
 3. Municipal storm sewer

E. This permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? Yes No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) Yes No
2. Treatment of groundwater (retention, aeration) Yes No
3. Other. If so, please describe. _____

G. Known impact on receiving water? Yes No If yes, to what extent?

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

I. Are any above ground tanks that contain a possible pollutant double-walled? Yes No

J. Are all above ground tanks that contain a possible pollutant double-walled? Yes No

K. Are any above ground tanks that contain a possible pollutant diked? Yes No

L. Are all above ground tanks that contain a possible pollutant diked? Yes No

M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes No

N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes No

O. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____

P. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes No If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.

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

Yes No If yes, please explain: _____

R. Does the facility handle leaded fuels? Yes No

S. Does the facility handle aviation fuel, jet fuel, or diesel fuel? Yes No

T. Is hydrostatic testing of petroleum handling equipment done on site? Yes No If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.

- U. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____
- V. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? Yes [] No []
- W. Does the facility comply with 40 CFR Part 112? Yes [] No []
Last update of SPCC Plan, if applicable _____
- In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []
- If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []
- X. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? Yes [] No []
- Y. 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

DSN007 – DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:
1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
- B. Is this process water commingled with storm water prior to discharge? Yes [] No []
- C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
Attach the most recent copy of analysis.
- D. Give detailed description of wash water use, additives, location, ultimate disposal, etc.

- E. Do you wash interior of tank rail cars or tank trailers? Yes [] No []
If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.
- F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

- G. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []
If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG200000

(ADEM Form 388)

STORM WATER DISCHARGES ASSOCIATED WITH THE PLASTIC AND RUBBER INDUSTRY (EXCLUDING INDUSTRIES COVERED UNDER 40 CFR PART 414 – ORGANIC CHEMICALS, PLASTICS AND SYNTHETIC FIBER INDUSTRIES) CONSISTING OF STORM WATER, NON-CONTACT COOLING WATER, COOLING TOWER AND BOILER BLOWDOWN, DEMINERALIZER WASTEWATER, VEHICLE AND EQUIPMENT WASH WATER; AND STORM WATER FROM PETROLEUM STORAGE AND HANDLING AND EQUIPMENT STORAGE AND MAINTENANCE AREAS.

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY

NPDES PERMIT NUMBER _____

FACILITY NUMBER _____

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.

FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: _____

Name of permittee if different from above: _____

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 and Title: _____

Telephone Number: (_____) _____

F. Standard Industrial Code (SIC) (Names and Codes): _____

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

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

- Storm water from the plastics
- Storm water the rubber industry
- Noncontact cooling water, boiler blowdown, condensate
- Storm water from petroleum handling operations
- Exterior vehicle and equipment wash water

I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []
Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00 _____

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

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

Yes [] No [] SID Permit No. IU _____

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG _____
3. Modification of **GENERAL** Permit No. ALG _____

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

DSN001– STORM WATER DISCHARGE FROM PLASTICS INDUSTRY

NOT APPLICABLE []

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

OUTFALLS:

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____

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

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

- [] 1. Surface water
[] 2. Seeps into the ground
[] 3. Municipal storm sewer

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

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) Yes [] No []
2. Treatment of groundwater (retention, aeration) Yes [] No []
3. Other. If so, please describe _____

F. Known impacts on receiving water? Yes [] No []

If yes, to what extent? _____

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

Yes [] No []

If yes, please list: _____

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

I. Is your industry a guideline industry that would fall under the Federal Guidelines listed below: Yes [] No []

- *40 CFR 414 – Organic Chemical, Plastic and Synthetic Fibers
- 40 CFR 463 – Plastics Molding and Forming

***40 CFR 414 IS NOT ELIGIBLE FOR COVERAGE UNDER THIS GENERAL PERMIT**

DSN002- STORM WATER FROM RUBBER INDUSTRY

NOT APPLICABLE []

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

OUTFALLS:

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

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

- [] 1. Surface water
- [] 2. Seeps into the ground
- [] 3. Municipal storm sewer

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

E. Does the facility have any of the following other control measures to prevent pollution? Yes [] No []

- 1. Structural control measures (basins, etc.) Yes [] No []
- 2. Treatment of groundwater (retention, aeration) Yes [] No []
- 3. Other. If so, please describe. _____

F. Known impacts on receiving water? Yes [] No []

If yes, to what extent? _____

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

Yes [] No []

If yes, please list: _____

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Were there any past industrial activities on the site that would contribute to storm water contamination?

Yes [] No [] If yes, please explain: _____

I. Is your industry a guideline industry that would fall under the Federal Guidelines listed below: Yes [] No []

- 40 CFR 428 – Rubber Manufacturing Point Source Category

**DSN003 – DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER,
COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND
DEMINERALIZER WASTEWATER**

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

OUTFALLS:

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

- B. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []
- C. Is there any process water coming with the cooling and/or blowdown water? Yes [] No []
- D. If answer to C. is yes, can they all be sampled separately? Yes [] No []
- E. Does surface water intake total 2 million gallons per day or more? Yes [] No []
- F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []
- G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
Yes [] No []
If no, please include the estimated gallons per day of discharge: _____ GPD

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

- (1) name and general composition of biocide or chemical,
- (2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.
- (3) quantities to be used,
- (4) frequencies of use,
- (5) maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable.

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

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

J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []
If no, please include the estimated gallons per day of discharge _____ GPD

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

L. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

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

N. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
If yes, to what extent? _____

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

P. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions O and P is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions O and P is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

- A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

- B. If answer is no, which outfall(s) listed above under DSN003 is both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the Impacted stream.

- C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form, that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.

DSN005 AND DSN007 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

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

- 1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
- 2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
- 3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
- 4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____

Number Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

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

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

- [] 1. Surface water
- [] 2. Seeps into ground
- [] 3. Municipal storm sewer

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

F. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes [] No []
- 2. Treatment of groundwater (retention, aeration) Yes [] No []
- 3. Other. If so, please describe _____

G. Known impact on receiving water? Yes [] No [] If yes, to what extent?

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

I. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []

J. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []

K. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []

L. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []

- M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []
- N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []
- O. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____
- P. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.
- Q. Were there any past industrial activities on the site that would contribute to storm water contamination?
Yes [] No [] If yes, please explain: _____

- R. Does the facility handle leaded fuels? Yes [] No []
- S. Does the facility handle aviation fuel, jet fuel, or diesel fuel? Yes [] No []
- T. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.
- U. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____

- V. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?
Yes [] No []
- W. Does the facility comply with 40 CFR Part 112? Yes [] No []
Last update of SPCC Plan, if applicable _____
- In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []
- If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []
- X. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? Yes [] No []
- Y. 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 []

DSN008 – DISCHARGE ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE []

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

1. Latitude ()° ()′ ()″ N Longitude ()° ()′ ()″ W

Receiving Stream _____

2. Latitude ()° ()′ ()″ N Longitude ()° ()′ ()″ W

Receiving Stream _____

3. Latitude ()° ()′ ()″ N Longitude ()° ()′ ()″ W

Receiving Stream _____

4. Latitude ()° ()′ ()″ N Longitude ()° ()′ ()″ W

Receiving Stream _____

B. Is this process water commingled with storm water prior to discharge? Yes [] No []

C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
Attach the most recent copy of analysis.

D. Give detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? Yes [] No []
If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []
If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG230000

(ADEM Form 389)

STORM WATER DISCHARGES ASSOCIATED WITH THE STONE, GLASS, AND CLAY INDUSTRY CONSISTING OF STORM WATER, NON-CONTACT COOLING WATER, COOLING TOWER AND BOILER BLOWDOWN, DEMINERALIZER WASTEWATER, VEHICLE AND EQUIPMENT WASH WATER; AND STORM WATER FROM PETROLEUM STORAGE AND HANDLING AND EQUIPMENT STORAGE AND MAINTENANCE AREAS

Mail to: **Alabama Department of Environmental Management**
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY
NPDES PERMIT NUMBER
FACILITY NUMBER

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.

FACILITY IDENTIFICATION INFORMATION

- A. Name of Facility to be shown on Permit: _____
Name of permittee if different from above: _____
- 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 and Title: _____
Telephone Number: (_____) _____
- F. Standard Industrial Code (SIC) (Names and Codes): _____
- G. Description of industrial activity and land use at the facility: _____

- H Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
 Storm water from the manufacture of stone, glass and clay products
 Noncontact cooling water, boiler blowdown, uncontaminated condensate
 Storm water from petroleum storage and fueling areas
 Exterior vehicle and equipment wash water
- I. Please indicate which, if any, of the discharges in H. are combined. _____

J. Has the facility ever been issued an NPDES Permit? Yes [] No []

Please provide the permit number and facility name at time of permitting

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00

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

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

Yes [] No [] SID Permit No. IU

M. Is this Notice of Intent for (mark one):

- 1. First time issuance of a **GENERAL** Permit
- 2. Renewal of **GENERAL** Permit No. ALG
- 3. Modification of **GENERAL** Permit No. ALG

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm or sanitary sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

DSN001- STORM WATER DISCHARGE INFORMATION ASSOCIATED WITH THE MANUFACTURE OF STONE, GLASS AND CLAY PRODUCTS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

- B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [] No []
If yes, attach the most recent copy of the analysis.
- C. Storm water runoff primarily discharges to (check one):
 [] 1. Surface water
 [] 2. Seeps into the ground
 [] 3. Municipal storm sewer
- D. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [] No []
- E. Does the facility have any of the following other control measures to prevent pollution?
 1. Structural control measures (basins, etc.) Yes [] No []
 2. Treatment of groundwater (retention, aeration) Yes [] No []
 3. Other. If so, please describe. _____
- F. Known impacts on receiving water? Yes [] No [] If yes, to what extent?

- G. Were there any past industrial activities on the site that would contribute to storm water contamination?
 Yes [] No [] If yes, please explain: _____
- H. Is your process/wash down water mixed with storm water during rain events? Yes [] No [] If no, please explain. _____
- I. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [] No []
 If yes, please list: _____

**DSN002- DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER,
 COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND
 DEMINERALIZER WASTEWATER**

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

OUTFALLS:

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

B. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []

C. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []

D. If answer to C. is yes, can they all be sampled separately? Yes [] No []

E. Does surface water intake total 2 million gallons per day or more? Yes [] No []

F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []

G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
Yes [] No []

If no, please include the estimated gallons per day of discharge: _____ GPD

H. Do you use biocides in your cooling or blowdown water? Yes [] No []

If yes, please submit a list of the biocide, corrosion inhibitor or chemical additive with this NOI. The applicant must also provide:

- (1) name and general composition of biocide or chemical,
- (2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.
- (3) quantities to be used,
- (4) frequencies of use,
- (5) maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable.

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

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

J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []

If no, please include the estimated gallons per day of discharge _____ GPD

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

L. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section. _____

- M. Is demineralizer wastewater discharged? Yes [] No []
- N. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
If yes, to what extent _____
- O. Is there a cooling water intake structure (CWIS) associated with this facility? Yes [] No []
- P. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions O and P is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions O and P is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

- A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

- B. If answer is no, which outfall(s) listed above under DSN002 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

- C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.

DSN004 AND DSN006 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

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

- | | |
|---|---|
| 1. Latitude (<input type="text"/>)° (<input type="text"/>)' (<input type="text"/>)" N | Longitude (<input type="text"/>)° (<input type="text"/>)' (<input type="text"/>)" W |
| Receiving Stream _____ | |
| 2. Latitude (<input type="text"/>)° (<input type="text"/>)' (<input type="text"/>)" N | Longitude (<input type="text"/>)° (<input type="text"/>)' (<input type="text"/>)" W |
| Receiving Stream _____ | |
| 3. Latitude (<input type="text"/>)° (<input type="text"/>)' (<input type="text"/>)" N | Longitude (<input type="text"/>)° (<input type="text"/>)' (<input type="text"/>)" W |
| Receiving Stream _____ | |

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

Receiving Stream _____

Number

Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

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

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

- [] 1. Surface water
[] 2. Seeps into ground
[] 3. Municipal storm sewer

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

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) Yes [] No []
2. Treatment of groundwater (retention, aeration) Yes [] No []
3. Other. If so, please describe. _____

G. Known impact on receiving water? Yes [] No [] If yes, to what extent?

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

I. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []

J. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []

K. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []

L. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []

M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []

N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []

O. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____

P. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.

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

Yes [] No [] If yes, please explain: _____

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

- S. Does the facility handle aviation fuel, jet fuel, or diesel fuel? Yes [] No []
- T. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.
- U. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____

- V. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? Yes [] No []
- W. Does the facility comply with 40 CFR Part 112? Yes [] No []
 Last update of SPCC Plan, if applicable _____
- In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []
- If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []
- X. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? Yes [] No []
- Y. 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

DSN007 – DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:
1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
 Receiving Stream _____
- B. Is this process water commingled with storm water prior to discharge? Yes [] No []
- C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
 Attach a copy of analysis.
- D. Give detailed description of wash water use, additives, location, ultimate disposal, etc.

- E. Do you wash interior of tank rail cars or tank trailers? Yes [] No []
 If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.
- F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

- G. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []
 If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: (_____) _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: (_____) _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG240000 (ADEM Form 390)

DISCHARGES ASSOCIATED WITH THE TEXTILE INDUSTRY CONSISTING OF NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, BOILER BLOWDOWN, DEMINERALIZER WASTEWATER, VEHICLE & EQUIPMENT WASH WATER, AND STORM WATER, INCLUDING STORM WATER FROM PETROLEUM STORAGE AND HANDLING AND EQUIPMENT STORAGE AND MAINTENANCE AREAS

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY
NPDES PERMIT NUMBER _____
FACILITY NUMBER _____

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.

FACILITY IDENTIFICATION INFORMATION

- A. Name of Facility to be shown on Permit: _____
Name of permittee if different from above: _____
- 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 and Title: _____
Telephone Number: (_____) _____
- F. Standard Industrial Code (SIC) (Names and Codes): _____
- G. Description of industrial activity and land use at the facility: _____
- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
 Storm water associated with the manufacture of textile products
 Storm water from wood chip storage areas
 Noncontact cooling water, boiler blowdown, demineralizer wastewater, uncontaminated condensate
 Storm water from petroleum storage and fueling areas
 Exterior vehicle and equipment wash water
- I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []

Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00

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

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

Yes [] No [] SID Permit No. IU

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG
3. Modification of **GENERAL** Permit No. ALG

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

DSN001 AND DSN002- STORM WATER DISCHARGE INFORMATION

NOT APPLICABLE []

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

OUTFALLS:

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

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

- [] 1. Surface water
- [] 2. Seeps into the ground
- [] 3. Municipal storm sewer

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

E. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes [] No []
- 2. Treatment of groundwater (retention, aeration) Yes [] No []
- 3. Other. If so, please describe. _____

F. Is your process/wash down water mixed with storm water during rain events? Yes [] No []

If no, please explain _____

G. Are there any known impacts on receiving water? Yes [] No []

If yes, to what extent? _____

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

If yes, please list: _____

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

Yes [] No [] If yes, please explain: _____

J. Briefly describe your operations: _____

K. Does bulk material from bulk handling areas contaminate storm water? Yes [] No []

L. Are there uncovered coal and/or wood chip storage areas on site that require a permit? Yes [] No []

If yes, list outfall number (s) from A. in this section.

**DSN003 – DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER,
COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND
DEMINEALIZER WASTEWATER**

NOT APPLICABLE []

A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

OUTFALLS:

- 1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
Type of Discharge _____
- 2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
Type of Discharge _____
- 3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
Type of Discharge _____
- 4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
Type of Discharge _____
- 5. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
Type of Discharge _____

- B. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []
- C. Is there any process water comingled with the cooling and/or blowdown water? Yes [] No []
- D. If answer to C. is yes, can they all be sampled separately? Yes [] No []
- E. Does surface water intake total 2 million gallons per day or more? Yes [] No []
- F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []
- G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
Yes [] No []
If no, please include the estimated gallons per day of discharge: _____ GPD

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

- (1) name and general composition of biocide or chemical,
- (2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.
- (3) quantities to be used,
- (4) frequencies of use,
- (5) maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable.

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

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

J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []
If no, please include the estimated gallons per day of discharge _____ GPD

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

L. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

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

N. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
If yes, to what extent? _____

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

P. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WWTP that also supplies drinking water, then the answer is no.

If the answer to both questions O and P is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions O and P is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

- E. This permit requires the development and implementation of a Best Management Practices (BMP) Plan. Does the facility have a BMP Plan? Yes [] No []
- F. Does the facility have any of the following other control measures to prevent pollution?
1. Structural control measures (basins, etc.) Yes [] No []
 2. Treatment of groundwater (retention, aeration) Yes [] No []
 3. Other. If so, please describe. _____
- G. Known impact on receiving water? Yes [] No [] If yes, to what extent?

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

- I. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []
- J. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []
- K. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []
- L. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []
- M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []
- N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []
- O. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____
- P. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.
- Q. Were there any past industrial activities on the site that would contribute to storm water contamination?
Yes [] No [] If yes, please explain: _____

- R. Does the facility handle leaded fuels? Yes [] No []
- S. Does the facility handle aviation fuel, jet fuel, or diesel fuel? Yes [] No []
- T. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.
- U. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____

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

W. Does the facility comply with 40 CFR Part 112? Yes [] No []

Last update of SPCC Plan, if applicable _____

In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []

If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []

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

Y. 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

DSN008 – DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE []

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

OUTFALLS:

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

B. Is this process water commingled with storm water prior to discharge? Yes [] No []

C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
Attach the most recent copy of analysis.

D. Give detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? Yes [] No []

If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []
If yes, please contact the Industrial Section of ADEM before proceeding.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG250000 (ADEM 391)

DISCHARGES OF NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, AND BOILER BLOWDOWN WITH AND WITHOUT DEMINERALIZER WASTEWATER

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY
NPDES PERMIT NUMBER _____
FACILITY NUMBER _____

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.

FACILITY IDENTIFICATION INFORMATION

- A. Name of Facility to be shown on Permit: _____
Name of permittee if different from above: _____
- 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 and Title: _____
Telephone Number: (_____) _____
- F. Standard Industrial Code (SIC) (Names and Codes): _____
- G. Description of industrial activity and land use at the facility: _____

- H. Has the facility been issued an NPDES **INDIVIDUAL** permit?
Yes [] No [] NPDES Permit No. AL00 _____
Do you intend to replace your individual permit with this General Permit? Yes [] No []
- I. Has the facility been issued a State Indirect Discharge (SID) Permit?
Yes [] No [] SID Permit No. IU _____

- J. Is this Notice of Intent for (check one):
1. First time issuance of a **GENERAL** Permit
 2. Renewal of **GENERAL** Permit No. ALG
 3. Modification of **GENERAL** Permit No. ALG
- K. Are any of the discharges that you intend to be covered by this permit going to a municipal storm or municipal/private sanitary sewer? Yes [] No [] If Yes, then please contact the Industrial/Mining Permit Section of ADEM before proceeding.
- L. Name of surface water to which the municipal storm sewer discharges: _____
- M. Have you notified the municipality by letter as required by 40 CFR 122.26(a)(4)? Yes [] No []
- N. Does the facility discharge to a public water supply, Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code R. 335-6-11-.02? Yes [] No []
- O. Is your facility located in a coastal zone (within 10-foot contour of sea level)? Yes [] No []
- P. Date facility started or will start operations: _____

DSN001- DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

OUTFALLS:

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. 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/Municipal Branch of ADEM before proceeding.

C. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []

D. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []

E. If answer to D. is yes, can they all be sampled separately? Yes [] No []

F. Does surface water intake total 2 million gallons per day or more? Yes [] No []

G. If answer to F. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []

H. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

Yes [] No []

If no, please include the estimated gallons per day of discharge: _____ GPD

I. Do you use biocides in your cooling or blowdown water? Yes [] No []

If yes, please submit a list of the biocide, corrosion inhibitor or chemical additive with this NOI. The applicant must also provide:

- (1) name and general composition of biocide or chemical,
- (2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.
- (3) quantities to be used,
- (4) frequencies of use,
- (5) maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable.

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

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

K. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []

If no, please include the estimated gallons per day of discharge _____ GPD

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

M. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

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

O. Are there any know impacts on the receiving water as a result of the discharge? Yes [] No []
If yes, to what extent? _____

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

Q. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions P and Q is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions P and Q is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

B. If answer is no, which outfall(s) listed above under DSN001 and DSN002 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form, that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

Please attach a map showing the location of the facility including major highways and/or landmarks. The map should include the location of the discharge points.

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG280000

THIS NOTICE OF INTENT IS FOR 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.**

Mail to: **Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

FOR OFFICE USE ONLY

NPDES PERMIT NUMBER _____

FACILITY NUMBER _____

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.

FACILITY IDENTIFICATION INFORMATION

A. Name of the Permittee: _____

(Permit issued will cover all facility operations per company per tract. If more than one platform operation is in the same tract, please provide additional descriptive information below for each additional platform).

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

City, State and Zip Code _____

C. Tract Number and County: _____

D. Latitude and Longitude of Facility Location (use Main Platform if one located in tract):

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

E. Permittee Contact and Job Title: _____

Telephone Number: () _____

F. Standard Industrial Code (SIC) (Names and Codes): _____

G. Description of industrial activity: _____

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

- 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
- 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
- Treated domestic wastewater of less than 10,000 gallons per day from continuously manned facilities, intermittently manned facilities, floating construction and/or maintenance facilities
- Non-contact cooling water and boiler blowdown
- Low volume miscellaneous discharges, such as desalinization unit discharges, fire control system test water, hydrostatic test water, diverter test water, etc (Please refer to the permit for complete description.)

- I. Please indicate which, if any, of the discharges in H. are combined. _____
- J. Has the facility ever been issued an NPDES Permit? Yes [] No []
Please provide the permit number and facility name at time of permitting.
Permit Number: _____
Facility Name: _____
- K. Has the facility been issued an NPDES **INDIVIDUAL** permit?
Yes [] No [] NPDES Permit No. AL00
Do you intend to replace your individual permit with this General Permit? Yes [] No []
- L. Is this Notice of Intent for (mark one):
1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG
3. Modification of **GENERAL** Permit No. ALG
- 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 []
If yes, briefly describe the discharge _____
- O. Does the facility now or in the future plan to discharge produced water and/or drilling muds and cuttings?
Yes [] No []
If yes, you must apply for an individual permit. Please contact the Industrial Section of ADEM.
- P. Will the discharges from this facility be located within 1,000 feet of submerged grassbeds or oyster reefs?
Yes [] No []
If yes, you must apply for an individual permit. Please contact the Industrial Section of ADEM.
- Q. 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.
- R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? Yes [] No []
(A list of the impaired waters can be found at <http://www.adem.state.al.us/programs/water/303d.cnt> for 303(d) listed waters and <http://www.adem.state.al.us/programs/water/approvedTMDLs.htm> for waters subject to a TMDL.)
If yes, do your discharges contain pollutants of concern listed for the impaired water(s)? Yes [] No []
If yes, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial/Municipal Branch of ADEM before proceeding.

**DSN001 – DECK DRAINAGE FROM WORK AREAS AND NON-WORK AREAS OF PLATFORM COMPLEXES,
REMOTE WELL STRUCTURES, PIGGING PLATFORMS AND TEMPORARY RIGS, FLOATING CONSTRUCTION
FACILITIES, AND WASTE COLLECTION BARGES**

NOT APPLICABLE []

A. List latitude and longitude (to seconds) and name of receiving water body:

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 permit requires the development and implementation of a Best Management Practices (BMP) Plan. Does the facility have any of the following other control measures to prevent pollution? Yes [] No []

(check one)

Structural control measures (basins, etc.)

Other. If so, please describe: _____

C. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

D. 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 – 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) and name of receiving water body:

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, coverage under the general permit cannot be granted.**

C. Is the discharge located within 1,000 feet of an active or closed oyster reef? Yes [] No [] **If yes, coverage under the general permit cannot be granted.**

D. 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 []

E. Will domestic wastewater be commingled and co-treated with sanitary or galley wastewater? Yes [] No []

F. Will the discharge be introduced below the surface of the water? Yes [] No []

G. 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 []

H. Will the discharge be from a continuously manned facility? Yes [] No []

If no, what frequency is the facility manned? _____

I. Will the discharge be to waters listed as Shellfish Harvesting? Yes [] No []

J. Will the discharge be to pathogen impaired waters? Yes [] No []

K. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

DSN004 – 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) and name of receiving water body:

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, coverage under the general permit cannot be granted.**
- C. Is the discharge located within 1,000 feet of an active or closed oyster reef? Yes [] No [] **If yes, coverage under the general permit cannot be granted.**
- D. 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 []
- E. Will domestic wastewater be commingled and co-treated with sanitary or galley wastewater? Yes [] No []
- F. Will the discharge be introduced below the surface of the water? Yes [] No []
- G. 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 []
- H. Will the discharge be from a continuously manned facility? Yes [] No []
If no, what frequency is the facility manned? _____
- I. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
If yes, to what extent? _____

DSN007 – NON-CONTACT COOLING WATER AND BOILER BLOWDOWN

NOT APPLICABLE []

A. List latitude and longitude (to seconds) and name of receiving water body:

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. If there are more than one of these discharges, can they be sampled separately? Yes [] No []

C. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []

D. If answer to C. is yes, can they all be sampled separately? Yes [] No []

E. Does surface water intake total 2 million gallons per day or more? Yes [] No []

F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []

G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
Yes [] No []

If no, please include the estimated gallons per day of discharge: _____ GPD

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

- (1) name and general composition of biocide or chemical,
- (2) 48-hour or 96-hour LC50 data for the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) for fresh water discharges. For salt water, the mysid shrimp, and sheepshead minnow or inland silverside. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is submitted.
- (3) quantities to be used,
- (4) frequencies of use,
- (5) proposed discharge concentrations, and
- (6) EPA registration of number, if applicable.

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

I. Is the discharge to the Gulf of Mexico? Yes [] No []

J. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

K. Will the discharge be introduced below the surface of the water, when feasible? Yes [] No []

L. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

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

N. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions M and N is no, then the Cooling Water Intake Structure section does not need to be completed. If the answer to either or both questions M and N is yes, then the following Cooling Water Intake Structure section must be completed.

COOLING WATER INTAKE STRUCTURE

1. a) Is this an offshore oil and gas facility for which construction began after July 17, 2006? Yes [] No []
- b) Is there a cooling water intake structure (CWIS) associated with this facility? Yes [] No []
If more than one intake, provide information for each intake separately.
- c) Do any of the CWISs have an intake design rate of 2 mgd or more? Yes [] No []
- d) Is 25% or more (using the average monthly measurements, or estimates for new facilities, over a 12-month period) of the CWIS used for cooling purposes? Yes [] No []

If the answers to all of 1.a) – 1.d) are 'Yes', the facility may not be able to be covered under this general permit. Please contact the Industrial/Mining Permit Section of ADEM before proceeding.

If the answer to any of 1.a) – 1.d) are 'No', then continue with 2. below.

2. Does the provider of your source water operate a CWIS? Yes [] No [] N/A []
If "Yes," provide name and location of provider, including the latitude and longitude of the intake, and provide responses to questions 3 through 6.. If "No," stop.
3. Is the provider in 2. 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 [] N/A []
If "Yes," stop. If "No," answer questions 4 through 6.
4. Is any water withdrawn from the source water used for cooling? Yes [] No []
If "No," stop. If "Yes," continue.
5. Approximately what percent (using the average monthly measurements over any 12-month period) of water withdrawn is used exclusively for cooling purposes? _____%
6. Does the cooling water consist of treated effluent that would otherwise be discharged? Yes [] No []
If "Yes," stop. If "No," continue.
7. Is the cooling water used in a once-through or closed cycle cooling system? Yes [] No []
8. When was the intake installed? (Please provide dates for all major construction/installation of intake components including screens.)
9. 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.)
10. What is the maximum design intake volume? (maximum pumping capacity in gallons per day)

11. What is the average intake volume? (average intake pump rate in gallons per day average in any 30-day period)
12. How is the intake operated? (e.g., continuously, intermittently, batch)
13. What is the mesh size of the screen on your intake?
14. What is the intake screen flow-through area?
15. What is the through screen design intake flow velocity? _____ ft/sec
16. What is the mechanism for cleaning the screen? (e.g., does it rotate for cleaning?)
17. Do you have any additional fish detraction technology on your intake? Yes [] No []
18. Have there been any studies to determine the impact of the intake on aquatic organisms? Yes [] No []
If yes, please provide.
19. Latitude and Longitude of CWIS Location:

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

20. 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; WASHDOWN OF CEMENT HANDLING PIPES, AND EQUIPMENT; EXCESS CEMENT SLURRY THAT HAS NOT BEEN DOWNHOLE; BULK TANK VENT DISCHARGES; BALLAST WATER AND BILGE WATER WHICH HAS NOT COME INTO CONTACT WITH PRODUCT, WASTE OR WASTE RESIDUAL; AND WASTEWATER RESULTING FROM MAINTENANCE AND REPAIR ACTIVITIES ASSOCIATED WITH CLEANING, PRESSURE WASHING, BLASTING AND PAINTING OF PLATFORMS, REMOTE WELL STRUCTURES, PIGGING PLATFORMS AND TEMPORARY RIGS.

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) and name of receiving water body:

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 the discharges? 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 []**

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 facility. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.**

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 Name and Title (type or print): _____

Physical Address: _____

Phone Number: () _____

Responsible Official Signature: _____ Date _____

Printed Name: _____

Email Address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG030000

(ADEM Form 393)

DISCHARGES ASSOCIATED WITH BOAT AND SHIP BUILDING AND REPAIR INDUSTRIES (INCLUDING OIL AND GAS WELL DRILLING AND PRODUCTION PLATFORMS BUILDING AND REPAIR) CONSISTING OF STORM WATER, NON-CONTACT COOLING WATER, BOILER BLOWDOWN, CONDENSATE, TREATED SANITARY WASTEWATER, BILGE/BALLAST WATER, WASH WATER, HYDROSTATIC AND PRESSURE TEST WATER, AND HYDROBLAST WATER (NOT INCLUDING WET ABRASIVE BLAST WATER)

**Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

FOR OFFICE USE ONLY
NPDES PERMIT NUMBER _____
FACILITY NUMBER _____

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.

FACILITY IDENTIFICATION INFORMATION

- A. Name of Facility to be shown on Permit: _____
Name of permittee if different from above: _____
- 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 and Title: _____
Telephone Number: () _____
- F. Standard Industrial Code (SIC) (Names and Codes): _____
- G. Description of industrial activity and land use at the facility: _____

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water associated with boat and ship (including offshore oil and gas well drilling and production platforms building and repair activities)
 - Treated sanitary wastewater (only to that portion of the Mobile River classified as agricultural and industrial)
 - Bilge and ballast water, wash water including pressure wash water, hydrostatic and pressure test water, and hydroblast water (not including wet abrasive blasting water)
 - Noncontact cooling water, boiler blowdown, uncontaminated condensate, demineralizer wastewater
 - Storm water from petroleum storage and handling areas
- I. Please indicate which, if any, of the discharges in H. are combined. _____

J. Has the facility ever been issued an NPDES Permit? Yes [] No []

Please provide the permit number and facility name at time of permitting

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00

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

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

Yes [] No [] SID Permit No. IU

M. Is this Notice of Intent for (mark one):

- 1. First time issuance of a **GENERAL** Permit
- 2. Renewal of **GENERAL** Permit No. ALG
- 3. Modification of **GENERAL** Permit No. ALG

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm or sanitary sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

S. 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 []

T. 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/wquality/2014AL303dList.pdf> for 303(d) listed waters and for 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/Municipal Branch of ADEM before proceeding.

DSN001, DSN002 AND DSN003 – STORM WATER DISCHARGE INFORMATION FROM BOAT AND SHIP BUILDING/REPAIR ACTIVITIES (INCLUDING OFFSHORE OIL AND GAS WELL DRILLING AND PRODUCTION PLATFORMS)

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

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

- [] 1. Surface water
- [] 2. Seeps into the ground
- [] 3. Municipal storm sewer

D. Is your process/wash down water mixed with storm water during rain events? Yes [] No []

If no, please explain: _____

E. Are there any known impacts on receiving water? Yes [] No []

If yes, to what extent? _____

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

Yes [] No [] If yes, please explain: _____

G. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [] No []

If yes, please list: _____

H. This permit requires the development and implementation of a Best Management Practices (BMP) Plan. Does the facility have any of the following other control measures to prevent pollution? Yes [] No []

- 1. Structural control measures (basins, etc.)
- 2. Treatment of groundwater (retention, aeration)
- 3. Other. If so, please describe. _____

I. Does the facility build and/or repair only recreational and pleasure boats? Yes [] No []

If the facility repairs only engines, then coverage under this permit is not appropriate. Please contact the Department to determine if permitting is required.

J. Does the facility build and/or repair offshore oil and gas well drilling and production platforms? Yes [] No []

K. Are **all** industrial activities conducted under roof (including storage of products and waste residuals, and blasting, and painting operations)? Yes [] No []

L. Is any part of your industrial activity (i.e., blasting, painting) located over water? Yes [] No []

If yes, please explain: _____

DSN004 – TREATED SANITARY WASTEWATER (DISCHARGES ARE AUTHORIZED ONLY TO THAT PORTION OF THE MOBILE RIVER CLASSIFIED AS AGRICULTURAL AND INDUSTRIAL)

NOT APPLICABLE []

A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream. Also attach a map which locates these points:

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

B. Sanitary wastewater primarily discharges to (check one):

- [] 1. Surface water
- [] 2. Municipal sanitary sewer
- [] 3. Municipal storm sewer
- [] 4. Is received by a commercial waste hauler
- [] 5. Septic tank

C. Is there a municipal sanitary sewer line available in the area? Yes [] No []

If yes, please explain why these discharges are not connected to the sanitary sewer: _____

D. Does the facility have a biological treatment system? Yes [] No []

E. Are there any known impacts on receiving water? Yes [] No []

F. Does the discharge occur only during the normal operation of a vessel while being used as a means of transportation? Yes [] No [] If yes, these discharges are excluded from NPDES permitting requirements.

DSN005 AND DSN006 – DISCHARGES OF BILGE AND BALLAST WATER, WASH WATER INCLUDING PRESSURE WASH WATER, HYDROSTATIC AND PRESSURE TEST WATER, AND HYDROBLAST WATER (NOT INCLUDING WET ABRASIVE BLASTING WATER)

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

- B. Is this process water commingled with storm water prior to discharge? Yes [] No []
- C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
Attach a copy of analysis.
- D. If there are more than one of these discharges, can they be sampled separately? Yes [] No []
- E. If the answer to D. is yes, can they all be sampled separately? Yes [] No []
- F. Do you use additives in the wash water, test water, or hydroblast water (other than detergent)? Yes [] No []
If yes, please submit a list of them with this NOI and indicate outfall number from A. in the section.
- G. Will any of these waters come into contact with product, waste, or waste residual or contain oils or solvents?
Yes [] No []. If yes, the discharge cannot be covered under the general permit. Please contact the Industrial Section of ADEM before proceeding.
- H. Will the pressure wash water contain paint chips? Yes [] No []. If yes, please list the affected outfalls in A. above.
- I. Does this facility use wet abrasive blasting? Yes [] No []. If yes, please list the method of disposal. The discharge cannot be covered under the general permit, please contact the Industrial Section of ADEM before proceeding.
- J. Circle the treatment used for pressure wash water contaminated with paint chips and hydroblast water:
 - 1. Collect for off-site disposal
 - 2. On-site treatment prior to discharge (list treatment used):
- K. Does your facility use organic petroleum based solvents in its washing operations? Yes [] No [] If yes, the discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.

DSN007 – DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer water):

OUTFALLS:

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

B. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []

C. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []

D. If answer to C. is yes, can they all be sampled separately? Yes [] No []

E. Does surface water intake total 2 mgd or more? Yes [] No []

F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [] No []

G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
Yes [] No []

If no, please include the estimated gallons per day of discharge: _____ GPD

H. Do you use biocides in your cooling or blowdown water? Yes [] No []

If yes, please submit a list of the biocide, corrosion inhibitor or chemical additive with this NOI. The applicant must also provide:

- (1) name and general composition of biocide or chemical,
- (2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.
- (3) quantities to be used,
- (4) frequencies of use,
- (5) maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable.

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

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

J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []

If no, please include the estimated gallons per day of discharge _____ GPD

- K. Is shock chlorination used at the facility? Yes [] No []
- L. Is any source water chlorinated? Yes [] No []. If yes, explain use and list outfall number(s) from A. in this section. _____
- M. Is condensate water discharged? Yes [] No []
- N. Is demineralizer wastewater discharged? Yes [] No []
- O. Does the discharge occur during the normal operation of a vessel while being used as a means of transportation? Yes [] No [] If yes, these discharges are excluded from NPDES permitting requirements.
- P. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No [] If yes, to what extent? _____
- Q. Is there a cooling water intake structure (CWIS) associated with this facility? Yes [] No []
- R. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions Q and R is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions Q and R is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

- A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

- B. If answer is no, which outfall(s) listed above under DSN007 are chlorinated? _____

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

- C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form, that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.

DSN009 AND DSN010 – STORM WATER FROM PETROLEUM STORAGE AND FUELING AREAS

NOT APPLICABLE []

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

1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____

Number

Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

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

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

- [] 1. Surface water
[] 2. Seeps into ground
[] 3. Municipal storm sewer

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

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) Yes [] No []
2. Treatment of groundwater (retention, aeration) Yes [] No []
3. Other. If so, please describe. _____

G. Is there a known impact on receiving water? Yes [] No [] If yes, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes [] No []. If yes, what occurred and how did it happen?

I. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []

J. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []

- K. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []
- L. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []
- M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []
- N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []
- O. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.
- P. Were there any past industrial activities on the site that would contribute to storm water contamination?
 Yes [] No [] If yes, please explain: _____

- Q. Does the facility handle leaded fuels? Yes [] No []
- R. Does the facility handle aviation fuel, jet fuel, or diesel fuel? Yes [] No []
- S. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.
- T. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____

- U. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?
 Yes [] No []
- V. Does the facility comply with 40 CFR Part 112? Yes [] No []

Last update of SPCC Plan, if applicable _____

In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []

If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? 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 and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

Please attach a map showing the location of the facility including major highways and/or landmarks. The map should include the location of the discharge points.

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG340000

(ADEM Form 394)

DISCHARGES ASSOCIATED WITH PETROLEUM PRODUCTS CONSISTING OF STORM WATER, HYDROSTATIC TEST WATER, AND GROUNDWATER RESULTING FROM THE STORAGE, HANDLING, TRANSPORTATION, INVESTIGATION OF POTENTIAL CONTAMINATION, OR OTHER OPERATIONS INVOLVING PETROLEUM AND EXTERIOR VEHICLE WASHWATER ASSOCIATED WITH PETROLEUM AND ITS DERIVATIVES

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY	
NPDES PERMIT NUMBER	_____
FACILITY NUMBER	_____

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.

FACILITY IDENTIFICATION INFORMATION

- A. Name of Facility to be shown on Permit: _____
Name of permittee if different from above: _____
- 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 and Title: _____
Telephone Number: (_____) _____
- F. Standard Industrial Code (SIC) (Names and Codes): _____
- 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:
- Groundwater and/or storm water incidental to groundwater cleanup operations which has been contaminated with automotive gasoline, aviation fuel, jet fuel, or diesel fuel
 - Storm water from petroleum storage and fueling areas
 - Exterior vehicle and equipment wash water
 - Hydrostatic test water generated on site.
- I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []

Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00 _____

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

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

Yes [] No [] SID Permit No. IU _____

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG _____
3. Modification of **GENERAL** Permit No. ALG _____

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

DSN001-DISCHARGES ASSOCIATED WITH GROUNDWATER REMEDIATION ACTION

NOT APPLICABLE []

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

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

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

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

- B. Has groundwater runoff from the facility been analyzed for presence of any known pollutants? Yes [] No []
If yes, attach the most recent copy of the analysis.
- C. Groundwater primarily discharges to (check one):
 1. Surface water
 2. Seeps into the ground
 3. Municipal storm sewer
- D. This permit requires the development and implementation of a Best Management Practices (BMP) Plan. Does the facility have a BMP Plan? Yes [] No []
- E. Does the facility have any of the following other control measures to prevent pollution?
 1. Structural control measures (basins, etc.) Yes [] No []
 2. Treatment of groundwater (retention, aeration) Yes [] No []
 3. Other. If so, please describe. _____
- F. Known impact on receiving water? Yes [] No [] If yes, to what extent?

- G. Does the facility discharge to a public water supply stream segment as defined by ADEM Administrative Code R. 335-6-11-.02? [] Yes [] No
- H. List outfall(s) in A. of this section that are treated for groundwater _____

- I. Will there be any discharge of groundwater as a result of aquifer testing? Yes [] No [] If yes, this discharge must meet the requirements of this general permit.
- J. Does the facility plan to discharge well purge waters? Yes [] No [] If yes, this discharge must meet the requirements of this general permit
- K. Does the facility plan to discharge storm water accumulated in UST tank pits during closure? Yes [] No []
If yes, this discharge must meet the requirements of this general permit.
- L. Were there any past industrial activities on the site that would contribute to storm water pollution?
Yes [] No [] If yes, please explain.
- M. Did the facility handle leaded fuels? Yes [] No [] If yes, did the contamination result from the handling of leaded fuel? Yes [] No []
- N. Has the facility ever handled aviation fuel, jet fuel, or diesel fuel? Yes [] No [] If yes, did the contamination result from the handling of aviation fuel, jet fuel, or diesel fuel? Yes [] No []
- O. Will you stockpile contaminated material on site? Yes [] No [] If yes, which outfall(s) in A. of this section are for storm water runoff from these stockpiles? _____

DSN002 AND DSN004 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

Number

Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

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

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

- [] 1. Surface water
[] 2. Seeps into ground
[] 3. Municipal storm sewer

E. This permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have any of the following other control measures to prevent pollution? Yes [] No []

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) Yes [] No []
2. Treatment of groundwater (retention, aeration) Yes [] No []
3. Other. If so, please describe. _____

G. Known impact on receiving water? Yes [] No [] If yes, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes [] No [] If yes, what occurred and how did it happen? _____

I. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []

J. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []

K. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []

L. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []

M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []

N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []

O. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____

P. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No []

If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.

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

Yes [] No [] If yes, please explain: _____

R. Does the facility handle leaded fuels? Yes [] No []
If yes, please contact the Industrial Municipal/Branch before proceeding.

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

T. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No []
Please be aware this outfall only covers hydrostatic test water generated on site.

U. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____

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

W. Does the facility comply with 40 CFR Part 112? Yes [] No []
Last update of SPCC Plan, if applicable _____

In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []

If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []

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

Y. 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

DSN005 – DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS (EXCLUDING COMMERCIAL CAR WASHES)

NOT APPLICABLE []

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

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

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

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

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

B. Is this process water commingled with storm water prior to discharge? Yes [] No []

C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
Attach a copy of analysis.

D. Give detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? Yes [] No []
If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []
If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.

DSN007 – DISCHARGES ASSOCIATED WITH HYDROSTATIC TEST WATER

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

Number

Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

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

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

- [] 1. Surface water
[] 2. Seeps into ground
[] 3. Municipal storm sewer

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

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) Yes [] No []
2. Treatment of groundwater (retention, aeration) Yes [] No []
3. Other. If so, please describe. _____

G. Known impact on receiving water? Yes [] No [] If yes, to what extent?

H. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [].
If yes, the facility will need to contact the Industrial Section of ADEM regarding an Individual Permit.

I. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No []

J. Is chlorine present in any source water (i.e., city or well water) used for hydrostatic testing? Yes [] No []

K. Does the facility discharge to a public water supply stream segment as defined by ADEM Administrative Code R. 335-6-11-.02? [] 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 and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG360000

(ADEM Form 395)

NPDES PERMIT NUMBER ALG360000 IS A 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 HYDRO ELECTRIC GENERATING FACILITIES AND WASTEWATER RESULTING FROM MAINTENANCE AND REPAIR ACTIVITIES ASSOCIATED WITH CLEANING, PRESSURE WASHING, BLASTING AND PAINTING OF STRUCTURES OVER WATER

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY
NPDES PERMIT NUMBER _____
FACILITY NUMBER _____

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.

FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: _____

Name of permittee if different from above: _____

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 and Title: _____

Telephone Number: (_____) _____

F. Standard Industrial Code (SIC) (Names and Codes): _____

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
- Sumps and drains –including powerhouse sumps and drains, valve pit drains, head cover drains, and gallery sumps and drains.
- Plant and unit oil/water separators
- Treated sanitary wastewater
- Uncontaminated storm water
- Pretreated drilling supernate wastewater.
- Wastewater resulting from maintenance and repair activities associated with cleaning, pressure washing, blasting and painting of structures
- Uncontaminated storm water from bulk petroleum secondary containment areas and/or storm water from fuels handling and refueling areas

I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []

Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00

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

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

Yes [] No [] SID Permit No. IU

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit

2. Renewal of **GENERAL** Permit No. ALG

3. Modification of **GENERAL** Permit No. ALG

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes [] No []

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

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

Q. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [].

If yes, the facility will need to contact the Industrial/Municipal Branch of ADEM regarding an Individual Permit.

R. Does the facility discharge to a public water supply, Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code R. 335-6-11-.02? Yes [] No []

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

T. Are all industrial activities under roof (including storage)? Yes [] No []

U. Date facility started or will start operations: _____

V. What is the size of the site in acres? _____

W. 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/Municipal Branch of ADEM before proceeding.

DSN001 – ONCE THROUGH COOLING WATER TO INCLUDE GENERATOR WATER, GENERATOR THRUST BEARING COOLING WATER, TURBINE GUIDE COOLING WATER, TRANSFORMER AND MISCELLANEOUS COOLING WATERS LIST SOURCE

NOT APPLICABLE []

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN001-1** Source _____ Receiving Stream _____
Latitude ()° ()' ()“ N Longitude ()° ()' ()“ W
2. **DSN001-2** Source _____ Receiving Stream _____
Latitude ()° ()' ()“ N Longitude ()° ()' ()“ W
3. **DSN001-3** Source _____ Receiving Stream _____
Latitude ()° ()' ()“ N Longitude ()° ()' ()“ W
4. **DSN001-4** Source _____ Receiving Stream _____
Latitude ()° ()' ()“ N Longitude ()° ()' ()“ W
5. **DSN001-5** Source _____ Receiving Stream _____
Latitude ()° ()' ()“ N Longitude ()° ()' ()“ W

B. Are there any known impacts on the receiving water as a result of the discharge? 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 [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions C and D is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions C and D is yes, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached.

DSN002 – SUMPS AND DRAINS – INCLUDING POWERHOUSE SUMPS AND DRAINS, VALVE PIT DRAINS, AND GALLERY SUMPS AND DRAINS

NOT APPLICABLE []

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN002-1** Source _____ Receiving Stream _____
Latitude ()° ()' ()“ N Longitude ()° ()' ()“ W
2. **DSN002-2** Source _____ Receiving Stream _____
Latitude ()° ()' ()“ N Longitude ()° ()' ()“ W
3. **DSN002-3** Source _____ Receiving Stream _____
Latitude ()° ()' ()“ N Longitude ()° ()' ()“ W

4. **DSN002-4** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
5. **DSN002-5** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
 If yes, to what extent? _____

DSN003 – PLANT AND UNIT OIL/WATER SEPARATORS

NOT APPLICABLE []

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN003-1** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
2. **DSN003-2** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
3. **DSN003-3** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
4. **DSN003-4** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
5. **DSN003-5** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
 If yes, to what extent? _____

DSN004 – SANITARY WASTEWATER

NOT APPLICABLE []

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN004-1** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
2. **DSN004-2** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W

3. **DSN004-3** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
4. **DSN004-4** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
5. **DSN004-5** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
 If yes, to what extent? _____

DSN005 – UNCONTAMINATED STORM WATER

NOT APPLICABLE []

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN005-1** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
2. **DSN005-2** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
3. **DSN005-3** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
4. **DSN005-4** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
5. **DSN005-5** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
 If yes, to what extent? _____

DSN006 – DRILLING SUPERNATE WASTE DISCHARGED TO THE FOREBAY

NOT APPLICABLE []

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN006-1** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W

2. **DSN006-2** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
3. **DSN006-3** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
4. **DSN006-4** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
5. **DSN006-5** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
 If yes, to what extent? _____

DSN007 – WASTEWATER RESULTING FROM MAINTENANCE AND REPAIR ACTIVITIES ASSOCIATED WITH CLEANING, PRESSURE WASHING, BLASTING AND PAINTING OF STRUCTURES OVER WATER

NOT APPLICABLE []

A. List source, name of receiving stream, and latitude and longitude (to seconds):

1. **DSN007-1** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
2. **DSN007-2** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
3. **DSN007-3** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
4. **DSN007-4** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W
5. **DSN007-5** Source _____ Receiving Stream _____
 Latitude ()° ()' ()" N Longitude ()° ()' ()" W

B. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
 If yes, to what extent? _____

DSN008 and DSN009 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

A. List source, name of receiving stream, and latitude and longitude (to seconds):

- 1. **DSN009-1** Source _____ Receiving Stream _____
Latitude ()° ()' ()" N Longitude ()° ()' ()" W
- 2. **DSN009-2** Source _____ Receiving Stream _____
Latitude ()° ()' ()" N Longitude ()° ()' ()" W
- 3. **DSN009-3** Source _____ Receiving Stream _____
Latitude ()° ()' ()" N Longitude ()° ()' ()" W
- 4. **DSN009-4** Source _____ Receiving Stream _____
Latitude ()° ()' ()" N Longitude ()° ()' ()" W
- 5. **DSN009-5** Source _____ Receiving Stream _____
Latitude ()° ()' ()" N Longitude ()° ()' ()" W

Number Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

- C. Do all tanks that contain a possible pollutant have secondary containment? Yes [] No [] N/A []
- D. Is the secondary containment capable of containing 110% of the contents of the largest tank in the containment area? Yes [] No [] N/A []
- E. Are the walls and floors of the secondary containment relatively impermeable to the stored substance(s)? Yes [] No [] N/A []
- F. Does your BMP Plan address spill prevention and remediation? Yes [] No [] N/A []
- G. Is uncontaminated storm water discharged from the secondary containment? Yes [] No []
From which outfalls listed above is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged?

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

I. Does the facility comply with 40 CFR Part 112? Yes [] No []

Date of SPCC Plan if applicable: _____

In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []

J. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []

If yes, to what extent? _____

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

Please attach a map showing the location of the facility including major highways and/or landmarks. The map should include the location of the discharge points.

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG060000

(ADEM Form 396)

DISCHARGES ASSOCIATED WITH THE LUMBER, WOOD, AND PAPER PRODUCTS INDUSTRY (NOT INCLUDING WOOD PRESERVING OPERATIONS) CONSISTING OF STORM WATER, PROCESS WATER FROM WET DECKING, NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, BOILER BLOWDOWN, DEMINERALIZER WASTEWATER, AND VEHICLE AND EQUIPMENT WASH WATER

**Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

FOR OFFICE USE ONLY

NPDES PERMIT NUMBER _____

FACILITY NUMBER _____

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.

FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: _____

Name of permittee if different from above: _____

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 and Title: _____

Telephone Number: (_____) _____

F. Standard Industrial Code (SIC) (Names and Codes): _____

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

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

- Storm water from lumber and wood products industries
- Storm water from paper products, fiber box, composite can, and tube industries
- Wet decking water
- Noncontact cooling water, boiler blowdown, condensate
- Storm water from petroleum handling operations
- Exterior vehicle and equipment wash water

I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes [] No []

Please provide the permit number and facility name at time of permitting.

Permit Number: _____

Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00

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

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

Yes [] No [] SID Permit No. IU

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG
3. Modification of **GENERAL** Permit No. ALG

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

DSN001– STORM WATER DISCHARGE INFORMATION FOR THE LUMBER AND WOOD PRODUCTS INDUSTRY

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

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

- [] 1. Surface water
- [] 2. Seeps into the ground
- [] 3. Municipal storm sewer

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

E. Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes [] No []
- 2. Treatment of groundwater (retention, aeration) Yes [] No []
- 3. Other. If so, please describe. _____

F. Known impact on receiving water? Yes [] No []

If yes, to what extent? _____

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

Yes [] No [] If yes, please explain: _____

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

If yes, please list: _____

I. Briefly describe your operations: _____

J. Does the facility have any wood preserving operations? Yes [] No [] If yes, you must apply for an individual permit, please contact the Industrial Section of ADEM.

K. Do you at present have sawdust or another wood product debris pile within 100 feet of a water of the state or a natural or manmade drainage course? Yes [] No []

L. Does the facility conduct dipping operations on site? Yes [] No [] If yes, are the dipping operations exposed to storm water? Yes [] No [] ***An MSDS sheet for the dipping formulation must be enclosed.**

DSN002 – DISCHARGE ASSOCIATED WITH WET DECKING WATER

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

B. Is this process water comingled with storm water prior to discharge? Yes [] No []

C. Has the process water been analyzed for pollutants? Yes [] No [] Attach copy of analysis.

D. Explain the nature of the process water: _____

DSN003 AND DSN004 – DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, BOILER BLOWDOWN, AND DEMINERALIZED WASTEWATER

NOT APPLICABLE []

A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, boiler blowdown, or demineralizer wastewater):

OUTFALLS:

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

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

Receiving Stream _____

Type of Discharge _____

- B. If more than one discharge is listed in A. above, can they be sampled separately? Yes [] No []
- C. Is there any process water commingled with the cooling and/or blowdown water? Yes [] No []
- D. If answer to C. is yes, can they all be sampled separately? Yes [] No []
- E. Does surface water intake total 2 million gallons per day or more? Yes [] No []
- F. If answer to E is yes, is 25% or more of the intake used for cooling purposes? Yes [] No []
- G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?
Yes [] No []

If no, please include the estimated gallons per day of discharge: _____ GPD

- H. Do you use biocides, corrosion inhibitors or chemical additives in your cooling or blowdown water? Yes [] No []
If yes, please submit a list of the biocide, corrosion inhibitor or chemical additive with this NOI. The applicant must also provide:

- (1) name and general composition of biocide or chemical,
- (2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.
- (3) quantities to be used,
- (4) frequencies of use,
- (5) maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable.

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

- I. Is your discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? Yes [] No []
- J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [] No []
If no, please include the estimated gallons per day of discharge _____ GPD
- K. Is shock chlorination used at the facility? Yes [] No []
- L. Is any source water chlorinated? Yes [] No [] If yes, explain use and list outfall number(s) from A. in this section.

-
- M. Is demineralizer wastewater discharged? Yes [] No []
- N. Are there any known impacts on the receiving water as a result of the discharge? Yes [] No []
If yes, to what extent? _____
- O. Is there a cooling water intake structure (CWIS) associated with this facility? Yes [] No []
- P. Does the provider of your source water operate a CWIS? Yes [] No [] If your source water is from a WTP that also supplies drinking water, then the answer is no.

If the answer to both questions O and P is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions O and P is yes, then a Cooling Water Intake Structure Form must be completed and attached.

COOLING WATER MONITORING OPTIONS

A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

B. If answer is no, which outfall(s) listed above under DSN003 and DSN004 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.

DSN007 AND DSN011 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS

NOT APPLICABLE []

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

- | | |
|------------------------------|----------------------------|
| 1. Latitude ()° ()' ()" N | Longitude ()° ()' ()" W |
| Receiving Stream _____ | |
| 2. Latitude ()° ()' ()" N | Longitude ()° ()' ()" W |
| Receiving Stream _____ | |
| 3. Latitude ()° ()' ()" N | Longitude ()° ()' ()" W |
| Receiving Stream _____ | |
| 4. Latitude ()° ()' ()" N | Longitude ()° ()' ()" W |
| Receiving Stream _____ | |

Number Size

B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

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

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

- [] 1. Surface water
- [] 2. Seeps into ground
- [] 3. Municipal storm sewer

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

Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes [] No []
- 2. Treatment of groundwater (retention, aeration) Yes [] No []
- 3. Other. If so, please describe. _____

F. Known impact on receiving water? Yes [] No [] If yes, to what extent?

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

H. Are any above ground tanks that contain a possible pollutant double-walled? Yes [] No []

I. Are all above ground tanks that contain a possible pollutant double-walled? Yes [] No []

J. Are any above ground tanks that contain a possible pollutant diked? Yes [] No []

K. Are all above ground tanks that contain a possible pollutant diked? Yes [] No []

L. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [] No []

M. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [] No []

N. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? _____

O. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.

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

Yes [] No [] If yes, please explain: _____

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

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

S. Is hydrostatic testing of petroleum handling equipment done on site? Yes [] No [] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.

T. Are any trucks or equipment fueled at this facility? Yes [] No [] Is your fueling area protected from storm water including flowing water? Yes [] No [] If yes, please explain: _____

- U. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? Yes [] No []
 - V. Does the facility comply with 40 CFR Part 112? Yes [] No []
Last update of SPCC Plan, if applicable _____
- In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes [] No []
- If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes [] No []
- W. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? Yes [] No []
 - X. 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

DSN009 – DISCHARGE ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:
 1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
 2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
 3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
 4. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
- B. Is this process water comingled with storm water prior to discharge? Yes [] No []
- C. Has the process water been analyzed for presence of any known pollutants? Yes [] No []
Attach a copy of analysis.
- D. Give detailed description of wash water use, additives, location, ultimate disposal, etc.

- E. Do you wash interior of tank rail cars or tank trailers? Yes [] No []
If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility use organic or petroleum based solvents in its washing operations? Yes [] No []

If yes, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM before proceeding.

DSN012 - STORM WATER DISCHARGE INFORMATION FOR THE PAPER AND RELATED PRODUCTS INDUSTRY

NOT APPLICABLE []

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

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

Receiving Stream _____

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

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

- [] 1. Surface water
- [] 2. Seeps into the ground
- [] 3. Municipal storm sewer

D. This permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have any of the following other control measures to prevent pollution? Yes [] No []

- 1. Structural control measures (basins, etc.)
- 2. Treatment of groundwater (retention, aeration)
- 3. Other. If so, please describe. _____

E. Known impact on receiving water? Yes [] No []

If yes, to what extent? _____

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

Yes [] No [] If yes, please explain: _____

G. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [] No []

If yes, please list: _____

H. Briefly describe your operations: _____

I. Does the facility have any wood preserving operations? Yes [] No [] If yes, you must apply for an individual permit, please contact the Industrial Section of ADEM.

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 and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print) _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: (_____) _____

Email address: _____

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

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG670000

(ADEM Form 397)

DISCHARGES ASSOCIATED WITH HYDROSTATIC WATER FROM NEW AND EXISTING PETROLEUM AND NATURAL GAS PIPELINES

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY	
NPDES PERMIT NUMBER	_____
FACILITY NUMBER	_____

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.

FACILITY IDENTIFICATION INFORMATION

- A. Name of Facility to be shown on Permit: _____
Name of permittee if different from above: _____
- B. Mailing Address of Facility: – PO Box or Street Route _____
City, State and Zip Code _____
- C. Location (STREET ADDRESS) of Facility: _____
County: _____
- D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):
Latitude (_____)° (_____)’ (_____)“ N Longitude (_____)° (_____)’ (_____)“ W
- E. Facility Contact Person and Title: _____
Telephone Number: (_____) _____
- F. Standard Industrial Code (SIC) (Names and Codes): _____
- 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:
 Hydrostatic test water from new and existing petroleum and petroleum product pipelines
 Hydrostatic test water from new and existing natural gas pipelines
- I. Please indicate which, if any, of the discharges in H. are combined.

- J. Has the facility ever been issued an NPDES Permit? Yes No
Please provide the permit number and facility name at time of permitting.
Permit Number: _____
Facility Name: _____

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes [] No [] NPDES Permit No. AL00

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

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

Yes [] No [] SID Permit No. IU

M. Is this Notice of Intent for (circle one):

- 1. First time issuance of a **GENERAL** Permit
- 2. Renewal of **GENERAL** Permit No. ALG
- 3. Modification of **GENERAL** Permit No. ALG

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm sewer?

Yes [] No []

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

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

Q. Date facility started or will start operations: _____

R. What is the size of the site in acres? _____

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/Municipal Branch of ADEM before proceeding.

T. Prior to discharge of hydrostatic test waters and/or prior to removing waters of the state for hydrostatic test discharges, your facility should contact the Corp of Engineers and Game and Fish with the Conservation Department.

**DSN002-HYDROSTATIC TEST WATER FROM NEW AND EXISTING PETROLEUM
AND PETROLEUM PRODUCT PIPELINES**

NOT APPLICABLE []

A. List receiving streams that your company intends to discharge within the county for which this NOI is being completed. All receiving streams that your company intends to discharge must be listed. A map must be included with your application showing the location of the pipeline through the county. Advanced written notification should be received by the Department at least 168 hours prior to discharge. The advanced notification must include the latitude and longitude (to seconds), receiving stream of discharge, and contact telephone number:

- 1. Receiving Stream _____
- 2. Receiving Stream _____
- 3. Receiving Stream _____

B. Test water runoff primarily discharges to (check one):

- 1. Surface water
- 2. Seeps into the ground
- 3. Municipal storm sewer

C. Has the test water been analyzed for presence of any known pollutants? Yes No

If yes, attach the most recent copy of analysis.

D. Test water primarily discharges to (check one):

- 1. Surface water
- 2. Seeps into ground
- 3. Municipal storm sewer

E. This permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? Yes No

Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes No
- 2. Treatment of groundwater (retention, aeration) Yes No
- 3. Other. If so, please describe. _____

F. What product is piped through the line? _____

G. Known impact on receiving water? Yes No If yes, to what extent. _____

H. What erosion control measures will be taken? _____

I. How will turbidity be kept to a level consistent with the receiving waters? _____

J. How will oil sheen be prevented? _____

K. Is the pipeline to be tested new? Yes No

L. Is chlorine present in the test water? Yes No

M. Will there be a product containing lead transported through this pipe within 30 days of any discharge?

Yes No

DSN003-HYDROSTATIC TEST WATER FROM NEW AND EXISTING NATURAL GAS PIPELINES

NOT APPLICABLE

A. List receiving streams that your company intends to discharge within the county for which this NOI is being completed. All receiving streams that your company intends to discharge must be listed. A map must be included with your application showing the location of the pipeline through the county. Advanced written notification should be received by the Department at least 168 hours prior to discharge. The advanced notification must include the latitude and longitude (to seconds), receiving stream of discharge, and contact telephone number:

- 1. Receiving Stream _____
- 2. Receiving Stream _____
- 3. Receiving Stream _____

B. Test water runoff primarily discharges to (check one):

- 1. Surface water
- 2. Seeps into the ground
- 3. Municipal storm sewer

C. Has the test water been analyzed for presence of any known pollutants? Yes No
If yes, attach the most recent copy of analysis.

D. Test water primarily discharges to (check one):

- 1. Surface water
- 2. Seeps into ground
- 3. Municipal storm sewer

E. This permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? Yes No

Does the facility have any of the following other control measures to prevent pollution?

- 1. Structural control measures (basins, etc.) Yes No
- 2. Treatment of groundwater (retention, aeration) Yes No
- 3. Other. If so, please describe. _____

F. What product is piped through the line? _____

G. Known impact on receiving water? Yes No If yes, to what extent. _____

H. What erosion control measures will be taken? _____

I. How will turbidity be kept to a level consistent with the receiving waters? _____

J. How will oil sheen be prevented? _____

K. Is the pipeline to be tested new? Yes No

L. Is chlorine present in the test water? Yes No

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 and Official title (type or print): _____

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.

Address: _____

Phone Number: (_____) _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: (_____) _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: (_____) _____

Email address: _____

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

MUNICIPAL WATER POLLUTION PREVENTION (MWPP)

ANNUAL REPORT

SUBMITTED BY: _____

TREATMENT FACILITY: _____ NPDES #: _____

MUNICIPALITY: _____ COUNTY: _____

CONTACT PERSON: _____
Responsible Official

_____ Title

Telephone #: _____ Fax #: _____

Email Address: _____

CHIEF OPERATOR: _____
Name

Telephone #: _____ Fax #: _____

Email Address: _____

Date: _____

REVIEWED BY: _____
Consulting Engineer

Telephone #: _____ Fax #: _____

Date: _____

**MWPP Annual Report
Information Source List**

The following information will be needed to complete the compliance maintenance report that covers the calendar year of _____ (due **May 31**, _____).

- Part 1
 - A. The average plant influent flow for each month (million gallons per day/MGD) during the year.
 - B. The average plant influent BOD (CBOD) for each month (mg/l and lb/day) in the year.
 - C. The plant's average design flow (MGD) and design BOD (CBOD) loading (lbs/day).

- Part 2
 - A. The monthly average permit and DMR effluent concentration for BOD (CBOD), TSS, NH3-N, and/or TKN in mg/l for the year
 - B. The monthly average effluent limits and DMR loading for BOD (CBOD), TSS, NH3-N, and/or TKN in lbs/day for the year

- Part 3 The age of the treatment plant defined as the number of years since the last major reconstruction to increase the organic or hydraulic capacity of the plant. The last calendar year minus the year the new construction was brought on-line.

- Part 4 Bypass and overflow information. This is the number of bypass or overflow events of untreated wastewater due to heavy rain or equipment failure whether intentional or inadvertent from all collection systems tributary to the treatment facility.

- Part 5
 - A. Describe the characteristics and quantity of sludge generated.
 - B. If sludge is landspread, how many months of sludge storage does the plant have? This should include on-site and off-site storage from the treatment plant. The digester capacity may be used in the calculation.

- Part 6
 - A. Sludge Disposal Method
 - B. The number of approved land disposal sites for sludge available, and how many months or years these disposal sites will these be available for use.

- Part 7 The number of sewer extensions installed in the community last year, the design population, design flow, and design BOD (CBOD) for each sewer extension.

- Part 8 Operator Certification

- Part 9 Financial Status

- Part 10 Subjective Evaluation

- Part 11 Summary Sheet

Instructions to the Operator-in-Charge

1. Complete all sections of the MWPP Report to the best of your ability.
2. Parts 1 through 8 contain questions for which points will be generated. These points are intended to communicate to the Department and the governing body or owner the actions necessary to prevent effluent violations. Enter the point totals from Parts 1 through 8 on Part 11: Summary Sheet.
3. Add the point totals on Part 11: Summary Sheet.
4. Submit the MWPP Report to the governing body and the consulting engineer and owner for review and approval.
5. The governing body should pass a resolution which contains the following points:
 - a. The resolution should acknowledge the governing body or owner has reviewed the MWPP Report.
 - b. The resolution should indicate what actions will be taken to prevent effluent violations.
 - c. The resolution should provide any other information the governing body or owner deems appropriate.
6. **The MWPP Report and the resolution must be submitted by May 31st to Municipal Section, Water Division, ADEM, P.O. Box 301463, Montgomery, AL 36130-1463.**

Facility Name: _____

Part 1: Influent Loading/Flows

A. List the average monthly volumetric flows and BOD₅ (CBOD₅) loadings received at your facility during the last calendar year.

<u>Month</u>	<u>Column 1 Average Monthly Flowrate (MGD)</u>	<u>Column 2 Average Monthly BOD₅ (CBOD₅) Concentration (mg/l)</u>	<u>Column 3 Average Loading BOD₅ (CBOD₅) (lbs/day^{**})</u>
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____
Annual Avg.	_____	_____	_____

** As reported on NPDES Discharge Monitoring Reports (DMRs) and as required by EPA's NPDES Self-Monitoring System, User Guide, March 1985.

B. List the average design flow and average design BOD₅ (CBOD₅) loading for the facility below. If you are not aware of these design quantities, contact your consulting engineer.

	<u>Average Design Flow</u>	<u>Average Design BOD₅ (CBOD₅) Loading (lbs/day)</u>
Design Criteria	_____	_____
90% of the Design Criteria	_____	_____

- C. How many times did the monthly flow (Column 1) to the WWTP exceed 90% of design flow?
 _____(Check the appropriate point total)
 0 - 4 = 0 points 5 or more = 5 points
- D. How many times did the monthly flow (Column 1) to the WWTP exceed the design flow?
 _____(Check the appropriate point total)
 0 = 0 points 1 – 2 = 5 points 3 – 4 =10 points 5 or more =15 points
- E. How many times did the monthly BOD₅ (CBOD₅)* loading (lbs/day) (Column 3) to the WWTP exceed 90% of the design loading?
 _____(Check the appropriate point total)
 0 -1 = 0 points 2 – 4 =5 points 5 or more =10 points
- F. How many times did the monthly BOD₅ (CBOD₅)* loading (lbs/day) (Column 3) to the WWTP exceed the design loading?
 _____ (Check the appropriate point total)
 0 = 0 points 1 = 10 points 2 =20 points 3 =30 points 4 =40 points 5 =50 points
- G. Enter each point value marked for C through F and enter the sum in the appropriate blank below.
- C points = _____
 D points = _____
 E points = _____
 F points = _____

TOTAL POINTS VALUE FOR PART 1 _____
 Enter this value on Part 11: Summary Sheet.

*To obtain equivalent BOD₅ loading for comparison with design loading for those permittees using influent CBOD₅, divide annual average CBOD₅, loading in lbs/day from Part 1, A by 0.7.

Facility Name: _____

Part 2: Effluent Quality/Plant Performance

A. List the monthly average permit limits for the facility in the blanks below and the average monthly effluent DMR BOD₅, (CBOD₅) TSS, NH₃-N and/or TKN concentration produced by the facility during the last calendar year.

(1) NPDES Permit Concentration

	<u>Months</u>	BOD ₅ (CBOD ₅) (mg/l)	TSS (mg/l)	NH ₃ -N (mg/l)	TKN (mg/l)
Permit Limit	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

(2) DMR Concentration

<u>Qtr</u>	<u>Month</u>	BOD ₅ (CBOD ₅) (mg/l)	TSS (mg/l)	NH ₃ -N (mg/l)	TKN (mg/l)
1	January	_____	_____	_____	_____
	February	_____	_____	_____	_____
	March	_____	_____	_____	_____
2	April	_____	_____	_____	_____
	May	_____	_____	_____	_____
	June	_____	_____	_____	_____
3	July	_____	_____	_____	_____
	August	_____	_____	_____	_____
	September	_____	_____	_____	_____
4	October	_____	_____	_____	_____
	November	_____	_____	_____	_____
	December	_____	_____	_____	_____
	Annual Avg.	_____	_____	_____	_____

B. List the monthly average permit limit and DMR loadings below.

(1) NPDES Permit Loading

	<u>Months</u>	BOD ₅ (CBOD ₅) (lbs/day)	TSS (lbs/day)	NH ₃ -N (lbs/day)	TKN (lbs/day)
Permit Limit	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

(2) DMR Loading

<u>Qtr</u>	<u>Month</u>	BOD ₅ (CBOD ₅) (lbs/day)	TSS (lbs/day)	NH ₃ -N (lbs/day)	TKN (lbs/day)
1	January	_____	_____	_____	_____
	February	_____	_____	_____	_____
	March	_____	_____	_____	_____
2	April	_____	_____	_____	_____
	May	_____	_____	_____	_____
	June	_____	_____	_____	_____
3	July	_____	_____	_____	_____
	August	_____	_____	_____	_____
	September	_____	_____	_____	_____
4	October	_____	_____	_____	_____
	November	_____	_____	_____	_____
	December	_____	_____	_____	_____
Annual Avg.		_____	_____	_____	_____

C. During the past year did the BOD₅ (CBOD₅) concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any consecutive quarters? (Check the appropriate point total.)

No = 0 points

Yes = 121 points

D. During the past year did the BOD₅ (CBOD₅) concentration (mg/l) and/or loading (lbs/day), exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)

No = 0 points Yes = 121 points

E. During the past year did the effluent TSS concentration (mg/l) or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any two consecutive quarters? (Check the appropriate point total.)

No = 0 points Yes = 121 points

F. During the past year did the TSS concentration (mg/l) and/or loading (lbs/day) exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)

No = 0 points Yes = 121 points

G. During the past year did the NH₃-N or TKN concentration (mg/l) and/or loading (lbs/day) exceed the product of 1.4 times the monthly average permit limit during two months of any two consecutive quarters? (Check the appropriate point total.)

No = 0 points Yes = 121 points

H. During the past year did either the NH₃-N or TKN concentration (mg/l) and/or loading (lbs/day), exceed the monthly average permit limit during four months of any two consecutive quarters? (Check the appropriate point total.)

No = 0 points Yes = 121 points

I. Enter each point value checked for C through H in the blanks below.

C Points = _____

D Points = _____

E Points = _____

F Points = _____

G Points = _____

H Points = _____

HIGHEST INDIVIDUAL POINT VALUE FOR PART 2 (C-H) _____(HIGHEST POINT = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: _____

Part 3: Age of the Wastewater Treatment Facility

A. What year was the wastewater treatment plant constructed or last reconstructed? _____

Subtract the above answer from the report year to determine age:

$$\text{Age} = (\text{Last Calendar year}) - (\text{Answer to A})$$

$$\text{Age} \quad \underline{\hspace{2cm}} = (\underline{\hspace{2cm}}) - (\underline{\hspace{2cm}})$$

Enter Age in Part C below.

B. Check the type of treatment facility employed.

	Factor
_____ Mechanical Treatment Plant	2.0
_____ Aerated Lagoon	1.5
_____ Stabilization Pond	1.0
_____ Other (Specify: _____)	1.0

C. Multiply the factor listed next to the type of the facility your community employs by the age of your facility to determine the total point value for Part 3:

$$\underline{\hspace{2cm}} \text{ (Factor)} \times \underline{\hspace{2cm}} \text{ (Age)} = \underline{\hspace{2cm}} \text{ TOTAL POINT VALUE FOR PART 3}$$

Enter the above value on Part 11: Summary Sheet. If the total point value exceeds 40, enter 40 on Part 11: Summary Sheet.

Facility Name: _____

Part 4: Bypassing and Overflows

- A. How many bypass or overflow events of untreated wastewater occurred in the last year at the WWTP due to heavy rain? _____
- B. How many bypass or overflow events of untreated wastewater occurred in the last year prior to the headworks of the WWTP due to heavy rain? _____
- C. How many of the bypass or overflow events listed in Parts A and B have been corrected such that future bypass or overflow events at the same location due to heavy rain are not anticipated? _____
- D. Add together Answers A and B and subtract Answer C from that total.
A + B - C = _____(Check the appropriate point total.)
 0 = 0 points 1 = 5 points 2 =10 points 3 =15 points
 4 =20 points 5 =25 points 6 = 30 points 7 = 35 points
 8 =40 points 9 =45 points 10 =50 points 11 or more =100 points
- E. How many bypass or overflow events of untreated wastewater occurred in the last year at the WWTP due to equipment failure? (This includes clogged/broken lines or manholes.)_____
- F. How many bypass or overflow events of untreated wastewater occurred in the last year due to equipment failure prior to the headworks of the WWTP? (This includes clogged/broken lines or manholes.) _____
- G. How many of the bypass or overflow events listed in Parts E and F have been corrected such that future bypass or overflow events at the same location due to the same equipment failure are not anticipated? _____
- H. Add together Answers E and F and subtract Answer G from that total.
E + F - G = _____(Check the appropriate point total.)
 0 = 0 points 1 = 5 points 2 =10 points 3 =15 points
 4 =20 points 5 =25 points 6 = 30 points 7 = 35 points
 8 =40 points 9 =45 points 10 =50 points 11 or more =100 points
- I. Add point values checked in D and H and enter the total in the blank below.

TOTAL POINT VALUE FOR PART 4 _____

Enter this value on Part 11: Summary Sheet.

All bypass or overflow events that have occurred in the last year (for any reason) must be individually reported with this MWPP report.

Facility Name: _____

Part 5: Sludge Quantity and Storage

- A. Please provide information concerning sludge quantity, characteristics, and storage practices based on available data as requested on the *MWPP Sewage Sludge Survey*, ADEM Form 419.
- B. How many months of sludge storage capacity does the wastewater treatment facility have available, either on-site or off-site? (i.e., How many months can the facility operate without land spreading or disposing of sludge?) _____

(Check the appropriate point total.)

- Greater than or equal to 4 months = 0 points
- Less than 4 months, but greater than or equal to 3 months = 10 points
- Less than 3 months, but greater than or equal to 2 months = 20 points
- Less than 2 months, but greater than or equal to 1 month = 30 points
- Less than one month = 50 points

TOTAL POINT VALUE FOR PART 5 _____

Enter this value on Part 11: Summary Sheet.

Part 6: Sludge Disposal Practices and Sites

- A. Please provide the sludge disposal practices and site information based on available data as requested on the *MWPP Sewage Sludge Survey*, ADEM Form 419.
- B. How many months or years does the facility have access to and approval for sufficient land disposal sites to provide proper land disposal? (Check the appropriate point total.)

- 36 or more months = 0 points
- 24 - 35 months = 10 points
- 12 - 23 months = 20 points
- 6 - 11 months = 30 points
- Less than 6 months = 50 points

TOTAL POINT VALUE FOR PART 6 _____

Enter this value on Part 11: Summary Sheet.

Facility Name: _____

Part 7: New Development

Are there any major new developments (industrial, commercial, or residential) in the last calendar year or anticipated in the next 2-3 years such that either flow or BOD₅ (CBOD₅) loadings to the sewage system could significantly increase? Estimate additional loadings below.

Design Population: _____ Design Flow: _____ MGD Design BOD₅ (CBOD₅): _____ lbs/day
Equivalent (PE)

List industrial and/or residential developments.

Will the additional loading overload the plant?
(Check the appropriate point total.)

No = 0 points Yes = 121 points

Enter the point total in the blank below.

TOTAL POINT VALUE FOR PART 7 _____ (highest point total = 121)
Enter this value on Part 11: Summary Sheet.

Part 8: Operator Certification

Complete the *Plant and Collection System Personnel Inventory*, ADEM Form 441.

Do both the plant operator and collection system staffing comply with ADEM Administrative Code; Division 10, Operator Certification Program?
(Check the appropriate point total.)

No = 0 points Yes = 121 points

TOTAL POINT VALUE FOR PART 8 _____ (highest point total = 121)
Enter this value on Part 11: Summary Sheet.

Facility Name: _____

Part 9: Financial Status

- A. Are User-Charge Revenues sufficient to cover operation and maintenance expenses? If no, how are O&M costs being financed? **Include user charge rates.**

Residential Minimum _____ Plus rate _____/1,000 gal.

Industrial Minimum _____ Plus rate _____/1,000 gal.

Monthly residential rate based on 6,000 gallons usage \$ _____

- B. What financial resources are available to pay for the wastewater improvements and/or reconstruction needs?

- C. Please attach a rate sheet and the most recent audit, if available.

Part 10: Subjective Evaluation

- A. Describe briefly the physical and structural conditions of the wastewater treatment facility.

- B. Describe the general condition of the sewer system (sewer lines, manholes, lift stations).

C. What sewage system improvements does the community have planned for construction in the next 5 years?

D. What is the theoretical design life of the plant, and what is the estimated remaining useful life of the wastewater treatment facility?

E. What problems, if any, over the last year have threatened treatment or conveyance within the system?

F. Is the community presently involved in formal planning for treatment facility upgrading?

G. How many days in the last year were there residential backups at any point in the collection system for any reason other than clogging of the lateral connection? _____

H. Does the plant have a written plan for preventive maintenance on major equipment items? If yes, describe.

I. Does this preventive maintenance program depict frequency of intervals, types of lubrication, and other preventive maintenance tasks necessary for each piece of equipment?

(Check the appropriate response.) Yes No

J. Are these preventive maintenance tasks, as well as equipment problems, being recorded and filed so future maintenance problems can be assessed properly?

(Check the appropriate response.) Yes No

K. Describe any major repairs or mechanical equipment replacement made in the last year and include the approximate cost for those repairs. Do not include major treatment plant construction or upgrading programs.

L. List any additional comments. (Attach additional sheets if necessary.)

Facility Name: _____

Part 11: Summary Sheet

1. Enter in the values from Parts 1 through 8 in the left column below. Add the numbers in the left column to determine the MWPP Report point total the wastewater system generated for the previous calendar year.

<u>Actual Values</u>	<u>Maximum Possible</u>
Part 1 _____ points	80 points
Part 2 _____ points	121 points
Part 3 _____ points	40 points
Part 4 _____ points	200 points
Part 5 _____ points	50 points
Part 6 _____ points	50 points
Part 7 _____ points	121 points
Part 8 _____ points	121 points
Total _____ points	783 points

2. Check the facility type that best describes the plant's treatment and disposal of wastewater.
- Mechanical plant with surface water discharge
 - Aerated Lagoon or stabilization pond with surface water discharge
 - Mechanical plant using land disposal of liquid wastes
 - Aerated Lagoon or stabilization pond using land disposal of liquid wastes
3. Check the range that describes the action needed to address problems identified in the report.
- 0 - 70 points Actions as Appropriate*
 - 71 - 120 points Departmental Recommendation Range*
 - 121 – 783 points Municipality Action Range*

***Other actions may be required by NPDES outside the scope of this report.**

4. Complete the *Municipal Water Pollution Prevention Resolution Form*, ADEM Form 418.

5. In Question 1, do any of the actual point values in the left column equal the maximum possible points in the right column?

(Check the appropriate response.) Yes No

If yes, provide a written explanation for this situation in the space below.

MWPP SEWAGE SLUDGE SURVEY

Note: Permittees that submitted the "Annual Report Review Form" for sludge to the EPA may submit a copy with the MWPP in lieu of this Attachment

Facility Background Information:

1. Facility Information Permit Number: _____
- Name: _____
- Street Address: _____
- County: _____
2. Facility Contact
- Name: _____
- Title: _____
- Telephone: _____
- Permittee Name: _____
- Mailing Address: _____

Facility Flow Information:

1. Facility Wastewater Treatment Capacity
- Average Daily Flow: _____ MGD
- Facility Design Capacity: _____ MGD
2. Estimated Septage Quantity Handled (Residuals Removed from Septic Tank Systems)
- Average Domestic Septage: _____ gallons per month
- Average Commercial Septage: _____ gallons per month
3. Method of Septage Processing
- Mixed with Influent Wastewater for Treatment
- Mixed with Sewage Sludge
- _____
4. Estimated Percentage Contributing Wastewater Flow
- Residential: _____ %
- Industrial: _____ %
- Other: _____ % Describe: _____
5. List type of wastewater treatment process(es) utilized at this facility:
- _____
- _____
6. Estimated sewage sludge wasting rate at this facility: _____ lb/day dry weight
or _____ gallons per day
7. Estimated untreated sludge received from off site: _____ lb/day dry weight
or _____ gallons per day
8. Estimated percent solids of combined sewage sludge prior to treatment: _____ %

9. List the sewage sludge treatment processes used in preparing sludge for final use or disposal:

Sludge Quantity
(untreated pounds per day)

10. Estimate the total volume of sludge generated:

(dry U.S. tons per year)

Sludge Disposal Methods

1. Which of the following describes the current method of sewage sludge disposal for this facility?

	Current Practices		Quantity (dry U.S. tons/year)	Proposed Practices	
	<i>Approved by ADEM</i>			<i>Approved by ADEM</i>	
	<i>Yes</i>	<i>No</i>		<i>Yes</i>	<i>No</i>
a. <input type="checkbox"/> Land Application, Bulk Shipped	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Agriculture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Forest	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Contact	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lawn/Home Garden	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Land Application, Bagged/Other Container	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Agriculture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Forest	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Contact	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lawn/Home Garden	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Incineration	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Subtitle D Landfill (Disposal Only)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Lined Treatment Lagoon or Stabilization Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
f. <input type="checkbox"/> Unlined Lagoon or Stabilization Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
g. <input type="checkbox"/> Other (Please Describe)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

2. If "f" was selected above and sludge is stored for two (2) or more years, enter the distance between the surface disposal site and the property line: _____ feet

Pollutant Concentrations:

1. Enter the total concentrations of the following analytes using existing data. **Do not enter TCLP results.**

Analyte	Concentration (mg/kg or ppm)	Sample Type	Sample Date	Detection Level Of Analysis
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				
Ammonium-Nitrogen				
Nitrate-Nitrogen				
Total Kjeldahl Nitrogen				

2. Enter the estimated or determined percent solids of the sewage sludge when sampled for the above analysis: _____%

Treatment Provided for Sewage Sludge at the Facility:

1. Which class of pathogen reduction does the sewage sludge meet at the facility? (As defined in 40 CFR Part 503)

Class A

Alternative A1 – Time and Temperature

Alternative A2 – Alkaline Treatment

Alternative A3 – Analysis and Operation

Alternative A4 – Analysis Only

Alternative A5 – Process to Further Reduce Pathogens (PFRP)

Heat Drying Thermophilic Aerobic Digestion Heat Treatment

Pasteurization Gamma Ray Irradiation Beta Ray Irradiation Composting

Alternative A6 – PFRP Equivalent _____

Class B

Alternative B1 – Fecal Coliform Count

Alternative B2 – Process to Significantly Reduce Pathogens (PSRP)

Aerobic Digestion Air Drying Anaerobic Digestion

Composting Lime Stabilization

Alternative B3 – PSRP Equivalent _____

Neither or Unknown

Vector Attraction Control:

- Option 1 – Minimum 38% Reduction in Volatile Solids
- Option 2 – Anaerobic Processes with Bench-Scale Demonstration of Volatile Solids Reduction
- Option 3 – Aerobic Processes with Bench-Scale Demonstration of Volatile Solids Reduction
- Option 4 – Specific Oxygen Uptake Rate (SOUR) for Aerobically Digested Sludge
- Option 5 – Aerobic Processes plus Elevated Temperature
- Option 6 – Raised pH to 12 and Retained at 11.5
- Option 7 – 75% Solids with No Unstabilized Solids
- Option 8 – 90% Solids with Unstabilized Solids
- Option 9 – Injection Below Land Surface
- Option 10 – Incorporation into Soil within 6 or 8 Hours
- Option 11 – Covering Active Sewage Sludge Unit Daily
- None of the Above

Groundwater Monitoring:

1. If disposal practice is surface disposal or land application, is groundwater monitoring required or performed at this site? Yes* No

*If yes, please submit a copy of the groundwater monitoring reports along with this survey. Also, please provide the approximate depth to groundwater and the groundwater monitoring procedures used to obtain the data.

Land Application of Sewage Sludge:

Answer the following questions if sewage sludge is applied to land.

1. If sewage sludge is land applied in bulk form, what type of crop or other vegetation is grown on this site?

2. If sewage sludge is land applied in bulk form, what is the nitrogen requirement for this crop or vegetation?

3. If sewage sludge is land applied in bulk form, briefly describe the nature of any complaints filed from neighbors?

DRAFT ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTICE OF PROPOSED UST NEW INSTALLATION OR UPGRADE

(Use a separate form for each separate place of operation)

Date of this Notice: _____

If you have any questions on how to fill out this form or if you are not sure whether or not the new installation will be located within a Well Head Protection Area, please call the Groundwater Branch of ADEM at 334/270-5655.

PART I. GENERAL INFORMATION

Facility I. D. #: _____ (indicate as unregistered if new place of operation)	Scheduled Installation Date: _____ (30 DAYS ADVANCE NOTICE REQUIRED)
Facility County: _____	UST Owner: _____
Name: _____	Owner Mailing Address: _____
Physical Address _____	Contact Person: _____
GPS Lat: _____ Long: _____ or <input type="checkbox"/> Map Attached	Contact Phone #: _____

IMPORTANT!: The Department requires double walled tanks and piping with interstitial monitoring as a leak detection method to prevent leaks from all UST systems installed on or after August 6, 2007. UST systems installed without meeting these requirements and not approved by the Department will be required to be permanently closed.

THE INSTALLATION OF ANY OF THE FOLLOWING REQUIRES SUBMITTAL OF PLANS AND SPECIFICATIONS COVERING THE APPROPRIATE ITEM(S) LISTED BELOW. THE PLANS AND SPECIFICATIONS MUST BEAR THE SEAL OR NUMBER OF A PROFESSIONAL ENGINEER REGISTERED IN THE STATE OF ALABAMA.

Specifications must include the Manufacturer, Model and Version of any proposed anchorage system and/or liquid or vapor sensor leak detection equipment. **PLEASE INDICATE IF ANY OF THE ITEMS BELOW APPLY AT THIS SITE.**

- Field Installed Cathodic Protection System will be installed. **(The design of Field Installed Cathodic Protection systems must be performed by a corrosion specialist.)**
- Groundwater Monitoring System will be installed.
- Vapor Monitoring System will be installed.
- UST or UST System will be installed such that the tank(s) will be wholly or partially submerged during any time of the year.

For any of the above that are checked, plans and specifications are required UNLESS the manufacturer's standard design was submitted by an Alabama Registered Professional Engineer and pre-approved by the Department.

- DESIGN PLANS AND SPECIFICATIONS ATTACHED**
 - MANUFACTURER'S DESIGN WAS PRE-APPROVED BY ADEM**
- Name of tank manufacturer _____
- Number of brochure which includes standard design: _____
- Date of brochure _____

AIR DIVISION REQUIREMENTS

ADEM Air Division requires Stage I vapor recovery on all new installations of gasoline tank systems greater than or equal to 3000 gallons that were installed or upgraded after October 1, 1990. Stage I vapor recovery is NOT required for diesel tank systems. As of January 10, 2008, the coaxial vapor balance system is **no longer approved** on new installations of gasoline tank systems at gasoline dispensing facilities subject to 40 CFR Part 63, Subpart CCCCC.

All inquiries concerning this requirement should be directed to ADEM Air Division at (334)271-7861, except for facilities in Jefferson County (205-930-1247) and the city of Huntsville (256-427-5740).

- This is a new installation or upgrade that includes Stage I equipment.
- An ADEM Air Permit Application has been completed.**

PART II. TANK AND/OR NEW PIPING INSTALLATION

For Upgrades Continue on Part III. (Page 4)

A. TANKS

- 1. Number of new double wall tank system(s) to be installed? _____
- 2. Size of tank(s)? _____ gallons
- 3. Proposed use of tank(s):
 - Petroleum products
 - Alternative fuels
 - Waste oil
 - Emergency power
 - Hazardous materials
 - Heating oil

NOTE: Make sure equipment is compatible with alternative fuels.

NOTE: Heating oil tanks are NOT regulated. Completion of this form is not required for heating oil tanks.

B. PIPING

- 1. Installation of new piping
- 2. Installation of new piping to replace existing piping

NOTE: A repair of 5 feet of piping or more requires replacing the entire piping run with double walled piping.

NOTE: All piping replacements require submittal of the piping closure assessment portion of ADEM Form #474.

LEAK DETECTION

ONLY LEAK DETECTION EQUIPMENT THAT HAS BEEN DETERMINED BY THE DEPARTMENT TO MEET MINIMUM LEAK DETECTION PERFORMANCE REQUIREMENTS MAY BE USED IN THE STATE OF ALABAMA.

A list of approved equipment is available on the Internet at www.nwglde.org

TANK(S)

**Required for all UST new installations of tanks on or after August 6, 2007*

- * Monthly interstitial monitoring

Method _____

Manufacturer _____ Model _____

List any additional tank release detection methods (e.g. ATG), but not required by regulations:

- Additional method(s) used

Method _____

Manufacturer _____ Model _____

PRESSURIZED PIPING

Group I. Check one of the following:

- Mechanical line leak detector

Manufacturer _____ Model _____

- Interstitial monitoring sump sensor with automatic shutoff device (3.0 gph)

Manufacturer _____ Model _____

- Automatic electronic line leak detector shutoff device (3.0 gph) (non-interstitial)

Manufacturer _____ Model _____

Group II. Interstitial monitoring is required for all UST new installations of pressurized piping on or after August 6, 2007.

- Monthly interstitial monitoring

Method _____

Manufacturer _____ Model _____

List any additional method(s) used for group I or Group II, but not required by regulations:

Method _____

Manufacturer _____ Model _____

SUCTION PIPING *Safe suction*

Only an option when piping slopes towards tank, there is only one check valve in each line and the check valve is located directly below pump. The check valve must be visible for inspection.

(Note: Safe suction piping may be installed as single walled)

*Required for all ust new installations of other than safe suction piping

* *Interstitial monitoring for other than safe suction*

Method _____

Manufacturer _____ Model _____

List any additional method(s) used, but not required by regulations:

Method _____

Manufacturer _____ Model _____

GRAVITY FEED PIPING

No requirements

MATERIALS OF CONSTRUCTION**TANK(S)**

Inspect interstice or check vacuum or liquid level in interstice in accordance with manufacturers instructions after all construction has been completed, including paving, prior to bringing system into service.

Coated & factory cathodically protected steel (double walled)

Manufacturer _____

Fiberglass (double walled)

Manufacturer _____

Steel tank clad with fiberglass (double walled)

Manufacturer _____

Steel tank clad with polyurethane in accordance with Steel Tank Institute (STI) ACT-100-U or equivalent standard (double walled)

Manufacturer _____

PIPING

All new nonmetallic piping must meet the latest UL standard 971

Fiberglass (double or single walled for safe suction)

Manufacturer _____ Model _____

Steel with secondary containment which provides an air filled annular space

Flexible underground piping (double or single walled for safe suction)

Manufacturer _____ Model _____

TYPE OF FLEX CONNECTOR

Flexible connector

Manufacturer _____ Model _____

Flexible underground piping

Manufacturer _____ Model _____

Other (please specify) _____

Manufacturer _____ Model _____

SPILL PREVENTION

Catchment basin(s) (spill bucket) Single wall Double wall

Manufacturer _____

Model _____

OVERFILL PREVENTION

- Automatic shutoff device (flapper valve)
 High level overflow alarm (must alert fuel deliverer)
 Ball float vent valve (Cannot be used with pressurized delivery, suction piping, or single point {coaxial} stage 1 vapor recovery.)

UNDER DISPENSER CONTAINMENT

All new dispensers are required to have under dispenser containment that are accessible for annual inspections.

Manufacturer _____

Model _____

SUBMERSIBLE PUMP CONTAINMENT SUMPS

All submersible pumps are required to have secondary containment sumps that are accessible for annual inspections.

Manufacturer _____

Model _____

SKIP TO PAGE 6 FOR OWNER SIGNATURE

PART III. FOR UPGRADING UST SYSTEMS INSTALLED PRIOR TO AUGUST 6, 2007 ONLY

An Upgrade is defined as the addition or retrofit of UST systems including tanks, piping, leak detection, cathodic protection, lining, or spill and overflow controls to improve the ability of an underground storage tank system to detect or prevent the release of product.

Number of tank system(s) to be upgraded _____

Type of upgrade:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Tank(s) only | <input type="checkbox"/> Piping only | <input type="checkbox"/> Tank(s) and Piping | <input type="checkbox"/> Spill Prevention |
| <input type="checkbox"/> Overflow Prevention | <input type="checkbox"/> New Dispenser | <input type="checkbox"/> Containment Sumps | <input type="checkbox"/> Other |

LEAK DETECTION

ONLY LEAK DETECTION EQUIPMENT THAT HAS BEEN DETERMINED BY THE DEPARTMENT TO MEET MINIMUM
LEAK DETECTION PERFORMANCE REQUIREMENTS MAY BE USED IN THE STATE OF ALABAMA

A list of approved equipment is available at www.nwglde.org

TANK(S)

- Adding an automatic tank gauge (0.2 gph monthly static test)

Manufacturer _____

Model _____

Probe Model _____

- Adding a continuous automatic tank gauge (CSLD test))

Manufacturer _____

Model _____

Probe Model _____

- Adding vapor monitoring system (**Plans and specifications are required - see page 1**)

- Adding groundwater monitoring (**Plans and specifications are required - see page 1**)

- Adding monthly statistical inventory reconciliation (SIR)

SIR vendor _____

Program _____

Version _____

- Adding monthly interstitial monitoring

Describe method of interstitial monitoring _____

Manufacturer _____

Model _____

PRESSURIZED PIPINGCheck one from **EACH** of the following two groups**Group I.** Check one of the following:

- Adding mechanical line leak detector (3.0 gph)

Manufacturer _____ Model _____

- Adding automatic electronic line leak detector shutoff device (3.0 gph)

Manufacturer _____ Model _____

- Adding sump sensor relayed to shut off the pump (3.0 gph)

Manufacturer _____ Model _____

- Modifying an existing sump sensor to be able to shut-off the pump (3.0 gph) (All existing Group I systems must be capable of shutting off or restricting flow prior to August 6, 2008.)

Manufacturer _____ Model _____

Group II. Check one of the following:

- Annual line testing (0.1 gph)

- Automatic electronic line leak detector testing (0.2 gph monthly or 0.1 gph annual test)

Manufacturer _____ Model _____

- Monthly vapor monitoring (Plans and specifications are required - see page 1)

- Monthly groundwater monitoring (Plans and specifications are required - see page 1)

- Monthly statistical inventory reconciliation (SIR)

SIR vendor _____ Program _____ Version _____

- Monthly interstitial monitoring

Describe method of interstitial monitoring _____

Manufacturer _____ Model _____

SUCTION PIPING

- No Requirements for Safe Suction Only an option when piping slopes towards tank, there is only one check valve in each line and the check valve is located directly below pump. The check valve must be visible for inspection.

- Line Testing (0.1 gph) every 3 years

- Monthly vapor monitoring (Plans and specifications are required - see page 1)

- Monthly groundwater monitoring (Plans and specifications are required - see page 1)

- Monthly statistical inventory reconciliation (SIR) (0.2 gph)

SIR vendor _____ Program _____ Version _____

- Monthly interstitial monitoring

Describe method of interstitial monitoring _____

Manufacturer _____ Model _____

GRAVITY FEED PIPING

No requirements

CORROSION PROTECTION**TANK(S)**

- Adding interior lining (UST Interior Lining Report Form #404 must be completed and returned with an amended ADEM 279 registration form within 30 days of bringing the upgraded system into service.)

- Adding impressed current cathodic protection (Plans and specifications are required - see page 1)

PIPING

Closure Report Form #474 must be submitted for closure of piping when **ONLY** piping is replaced.

Adding impressed current cathodic protection (Plans and specifications are required - see page 1) For Metallic, Fiberglass or Flexible Underground Piping, repairs may be made to existing piping only if one repair of less than 5 ft can be made to one run of piping within a 30 day period. Otherwise complete the new installation portion of this form.

PART IV. CERTIFIED CONTRACTOR

UST SYSTEMS MUST BE INSTALLED BY AN INDIVIDUAL CERTIFIED IN ACCORDANCE WITH ADEM ADMINISTRATIVE CODE RULE 335-6-15-.47. SUBPARAGRAPH (e) OF THIS RULE REQUIRES THESE INDIVIDUALS TO:

- 1. EXERCISE SUPERVISORY CONTROL DURING INSTALLATION,**
- 2. BE PRESENT AT THE JOB SITE DURING CRITICAL JUNCTURES,**
- 3. ENSURE THIS FORM IS SUBMITTED TO THE DEPARTMENT 30 DAYS PRIOR TO INSTALLATION/UPGRADE.**

Visit the ALPEC Website to obtain a list of certified contractors at www.alpec.net or call ALPEC at 334 288-4103.

Certified Installer Name:	Certification Expiration Date:
Company Name:	Phone Number:
Address:	

Signature of Person Completing This Form: _____ **Date:** _____

PART V. OWNER SIGNATURE

A LETTER INDICATING DEPARTMENT APPROVAL OF THIS FORM AND ALL APPLICABLE DESIGN PLANS AND SPECIFICATIONS MUST BE RECEIVED BY THE UST OWNER PRIOR TO INITIATING CONSTRUCTION. IF THE TANK SYSTEM(S) ARE NOT INSTALLED OR UPGRADED WITHIN 6 MONTHS OF THIS NOTIFICATION, RE-NOTIFICATION IS REQUESTED. ALSO, RE-NOTIFICATION IS REQUIRED IF ANY DESIGN CHANGES ARE MADE AFTER RECEIVING DEPARTMENT APPROVAL.

WITHIN THIRTY (30) DAYS OF BRINGING THE NEW OR UPGRADED SYSTEM INTO SERVICE, A NEW OR AMENDED UST NOTIFICATION FORM #279 SHOULD BE COMPLETED AND SUBMITTED TO THE DEPARTMENT.

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS AND THAT BASED ON THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Signature of Owner: _____ **Date:** _____

AFTER THIS FORM IS COMPLETED AND SIGNED, RETURN IT TO THE FOLLOWING ADDRESS:

***The Alabama Department of Environmental Management
Groundwater Branch
Post Office Box 301463
Montgomery, Alabama 36130-1463***

**REPRESENTATIVE STORM WATER OUTFALL CERTIFICATION
ADEM Form 450**

This is to certify that the **storm water** outfalls located at:

DSN _____ Latitude (_____)° (_____)' (_____)" N and Longitude (_____)° (_____)' (_____)" W

DSN _____ Latitude (_____)° (_____)' (_____)" N and Longitude (_____)° (_____)' (_____)" W

DSN _____ Latitude (_____)° (_____)' (_____)" N and Longitude (_____)° (_____)' (_____)" W

DSN _____ Latitude (_____)° (_____)' (_____)" N and Longitude (_____)° (_____)' (_____)" W

are associated with similar industrial activities such that the characteristics of storm water runoff are essentially the same. Therefore, _____ (facility name) requests that it be allowed to sample the outfall(s) located at:

DSN _____ Latitude (_____)° (_____)' (_____)" N and Longitude (_____)° (_____)' (_____)" W

DSN _____ Latitude (_____)° (_____)' (_____)" N and Longitude (_____)° (_____)' (_____)" W

DSN _____ Latitude (_____)° (_____)' (_____)" N and Longitude (_____)° (_____)' (_____)" W

as the representative outfall(s).

This form must be signed by the official representative of the facility who is: the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or an executive officer of **at least the level of vice president** for a corporation, having overall responsibility for the operation of the facility.

CERTIFICATION: I certify that I have chosen the point(s) that is/are most likely or as likely to contain potential pollutants from the area. 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.

Permit Number (*if already a permitted facility): _____

Name and Official title (type or print): _____

Address: _____

Phone Number: (_____) _____

Signature: _____

Please print name: _____

Date signed: _____

Email address: _____

***If this is a modification to an existing permit, then a modification fee must also be included.**

INSTRUCTIONS

One certification should be submitted for each set of points from the same drainage area for which you want to designate a representative sampling point or points.

If you have more than one drainage area, you must submit a site drawing designating the drainage areas and all points of discharge with the chosen representative sampling points designated in each area.

If you have more than one drainage area, you may request that only one area be sampled if the areas are very similar to one another in terms of potential pollutants. You must choose as the representative sampling point the point that has the highest potential to contain pollutants in the storm water.

Cooling Water Supplemental Information
ADEM Form 510

Cooling Water Intake Structures

This form must be completed by those facilities with a cooling water intake structure (CWIS). Also those facilities where the provider of their source water operates a CWIS must complete this form.

FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: _____

B. Name of permittee if different from above: _____

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

City, State and Zip Code _____

D. Location (STREET ADDRESS) of Facility: _____

City, County: _____

E. Has the facility been issued an NPDES **INDIVIDUAL** wastewater permit?

Yes [] No [] NPDES Permit No. AL00 _____

F. Has the facility been issued an NPDES **General** permit?

Yes [] No [] NPDES Permit No. ALG _____

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

Yes [] No [] SID Permit No. IU _____

1. a) Is this a new facility, other than offshore oil and gas, which began operation after January 17, 2002?

Yes [] No []

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

If more than one intake, provide information for each intake separately.

c) Do any of the CWIS have an intake design rate of 2 mgd or more? Yes [] No []

d) Is 25% or more (using the average monthly measurements, or estimates for new facilities, over a 12-month period) of the CWIS used for cooling purposes? Yes [] No []

If the answers to all of 1.a) – 1.d) are 'Yes', the facility may not be able to be covered under this general permit. Please contact the Industrial Municipal Branch of ADEM before proceeding.

If the answer to any of 1.a) – 1.d) are 'No', then continue with 2. below.

2. Does the provider of your source water operate a CWIS? Yes [] No [] No Provider []
 If "Yes," provide name and location of provider, including the latitude and longitude of the intake, and provide responses to questions 3. through 6. If "No," stop.
3. Is the provider in 2. 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 [] No Provider []
 If "Yes," stop. If "No," answer questions 4 through 6.
4. Is any water withdrawn from the source water used for cooling? Yes [] No []
 If "No," stop. If "Yes," continue.
5. Approximately what percent (using the average monthly measurements over any 12-month period) of water withdrawn is used exclusively for cooling purposes? _____%
6. Does the cooling water consist of treated effluent that would otherwise be discharged? Yes [] No []
 If "Yes," stop. If "No," continue.
7. Is the cooling water used in a once-through or closed cycle cooling system? Yes [] No []
8. When was the intake installed? (Please provide dates for all major construction/installation of intake components including screens.)
9. 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.)
10. What is the maximum design intake volume (maximum pumping capacity in gallons per day)?
11. What is the average intake volume (average intake pump rate in gallons per day average in any 30-day period)?
12. How is the intake operated (e.g., continuously, intermittently, batch)?
13. What is the mesh size of the screen on your intake?
14. What is the intake screen flow-through area?
15. What is the through screen design intake flow velocity? _____ft/sec
16. What is the mechanism for cleaning the screen? (e.g., does it rotate for cleaning?)
17. Do you have any additional fish detraction technology on your intake? Yes [] No []
18. Have there been any studies to determine the impact of the intake on aquatic organisms? Yes [] No []
 If yes, please provide.
19. Latitude and Longitude of CWIS Location:
 Latitude (_____)° (_____)' (_____)" N Longitude (_____)° (_____)' (_____)" W
20. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.

This form must be signed by the official representative of the facility who is: **the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or an executive officer of at least the level of vice president for a corporation, having overall responsibility for the operation of the facility.** If the responsible official delegates a duly authorized representative, that written delegation should accompany this form and specify either the individual or position having responsibility for the overall operation of the regulated facility or activity.

*If this form is not signed appropriately, or is found to be incomplete, it will be returned.

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.

Permit Number (*if already a permitted facility) _____

Name of Permittee _____

Mailing Address _____

Responsible Official Signature: _____

Name and Official title (type or print) _____

Date signed _____

Address: _____

Phone Number: () _____ Email address: _____

Alabama Department of Environmental Management

Permittee Registration Form for e-DMR/e-SSO

This form should be used to register a Permittee for ADEM's E2 Reporting System and authorize any changes to permit requirements that may be necessary to allow the identified Permittee to submit Discharge Monitoring Reports and Sanitary Sewer Overflow Reports electronically. This form should also be used by the Permittee to add, change, or delete E2 Reporting System accounts for individuals that the Permittee authorizes (or no longer authorizes) to view/prepare or certify e-DMR or e-SSO submissions. **Note:** Any individual for which a Certifier account is requested must also sign and submit an Electronic Signature Agreement (ESA) for e-DMR/e-SSO (ADEM Form 512). A Certifier account cannot be created without a properly completed and signed ESA. Please review ADEM's E2 Reporting System Permittee Participation Package should you have any questions about completing this form. It is available on ADEM's website at <https://e2.adem.alabama.gov/NPDES>. Please send a hard copy of completed form(s) with original wet-ink signature(s) to:

ADEM
Attn: E2 Coordinator
P O Box 301463
Montgomery, AL 36130-1463

Part A. Permittee Information

1. Permit Number(s): _____
Note: A Permittee may enroll in the E2 Reporting System for more than one permit on this form; however, please be aware that the User(s) listed in Part B below will have the authorities requested for each permit number listed above. If that is not your intention, only list the permit(s) for which you are requesting authorization for the User(s) listed in Part B below.
2. Permittee Name: _____
3. Mailing Address (Line 1): _____
4. Mailing Address (Line 2): _____
5. Mailing Address (City, State, Zip): _____
6. Application Purpose: New Application Revised Permittee or Application Information Request for Reactivation

Part B. User Account Information (* indicates required information)

1 S T U S E R A C C O U N T	User Account Designation(s) (Both an Account Action and Account Type must be indicated for an e-DMR or e-SSO account.)			
	1.a. e-DMR Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/> N/A		1.b. Account Type: <input type="checkbox"/> Viewer/Preparer <input type="checkbox"/> Certifier	
	2.a. e-SSO Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/> N/A		2.b. Account Type: <input type="checkbox"/> Viewer/Preparer <input type="checkbox"/> Certifier	
	Comment: _____			
	User General Information and Contact Information			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		3.a. First Name*	
			3.b. Middle Name/Initial	
			3.c. Last Name*	
			3.d. Suffix	
	4. Job Title: _____		5. Employer's Name: _____	
2 N D U S E R A C C O U N T	User Account Designation(s) (Both an Account Action and Account Type must be indicated for an e-DMR or e-SSO account.)			
	1.a. e-DMR Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/> N/A		1.b. Account Type: <input type="checkbox"/> Viewer/Preparer <input type="checkbox"/> Certifier	
	2.a. e-SSO Account Action: <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete <input type="checkbox"/> N/A		2.b. Account Type: <input type="checkbox"/> Viewer/Preparer <input type="checkbox"/> Certifier	
	Comment: _____			
	User General Information and Contact Information			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		3.a. First Name*	
			3.b. Middle Name/Initial	
			3.c. Last Name*	
			3.d. Suffix	
	4. Job Title: _____		5. Employer's Name: _____	
6. e-mail*: _____				
7.a. Office Phone No.*: _____		7.b. Cell Phone No.: _____		
8. Mailing Address (Line 1)*: _____				
9. Mailing Address (Line 2): _____				
10. Mailing Address (City, State, Zip)*: _____				

3 R D U S E R A C C O U N T

User Account Designation(s) *(Both an Account Action and Account Type must be indicated for an e-DMR or e-SSO account.)*

1.a. e-DMR Account Action: Add Update Delete N/A 1.b. Account Type: Viewer/Preparer Certifier

2.a. e-SSO Account Action: Add Update Delete N/A 2.b. Account Type: Viewer/Preparer Certifier

Comment: _____

User General Information and Contact Information

Mr. Ms. Dr.

3.a. First Name* 3.b. Middle Name/Initial 3.c. Last Name* 3.d. Suffix

4. Job Title: _____ 5. Employer's Name: _____

6. e-mail*: _____

7.a. Office Phone No.*: _____ 7.b. Cell Phone No.: _____

8. Mailing Address (Line 1)*: _____

9. Mailing Address (Line 2): _____

10. Mailing Address (City, State, Zip)*: _____

Part C. Permittee Registration

I request that the above identified Permittee be registered for electronic reporting and request any Department initiated minor permit revisions (where no fee is required) that may be necessary to allow use of the ADEM E2 Reporting System. As a Responsible Official or a Duly Authorized Representative, I agree that representatives for this facility will follow permit requirements and the procedures for the electronic submission of DMR and SSO report forms, as described in the Permittee Participation Package.

Please establish or revise the above user accounts in accordance with the information provided for each identified User Account. I understand that if a Certifier account is requested for an individual above, an Electronic Signature Agreement (ESA) for e-DMR/e-SSO (ADEM Form 512) must be properly completed and signed. A Certifier account will not be created without a properly completed and signed ESA.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Responsible Official or Duly Authorized Representative <i>(Type or print legibly)</i>	Signature	Date Signed
Official Title <i>(Type or print legibly)</i>	 	

Note: This form may only be signed by a Responsible Official (RO) or Duly Authorized Representative (DAR), as specified in the ADEM Admin. Code. An RO may sign this form to appoint any individual as a Viewer/Preparer or Certifier. A DAR may sign this form to appoint himself/herself as a Viewer/Preparer or a Certifier, but may only sign this form for another individual to appoint them as a Viewer/Preparer. The ADEM Admin. Code does not allow a DAR to delegate signatory authority to another individual.

If a DAR signing this form has been granted signatory authority by a document other than an accompanying ADEM Form 512 (ESA), please provide a copy with this application to expedite the processing.

For ADEM Use Only

	Name	Date		Date
Received By:			Trial Start:	
Approved By:			Full E2:	
E2 Updated:				

Notes: _____

Alabama Department of Environmental Management
Electronic Signature Agreement (ESA) for e-DMR/e-SSO

AGREEMENT FOR SUBMITTING ELECTRONIC DOCUMENTS TO THE ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) USING THE ALABAMA ELECTRONIC ENVIRONMENTAL (E2) REPORTING SYSTEM (the "Agreement"), by and between the ADEM, Montgomery, Alabama, a state governmental agency, and reporting party ("Certifier") who has signed and returned this Electronic Signature Agreement (ESA), is effective on the date on which ADEM issues the initial PERSONAL IDENTIFICATION NUMBER (PIN), in acceptance of Certifier's signed ESA.

1. **RECITALS.** The intent of this agreement is to create legally binding obligations upon the parties using the specified data transmission protocols and the E2 Reporting System, to ensure that the Certifier agrees to: (i) maintain the confidentiality and protect the electronic signature from unauthorized use or compromise, and follow any procedures specified by the ADEM for this purpose; (ii) be held as legally bound, obligated, or responsible by use of the assigned electronic signature as by hand-written signature.
2. **VALIDITY AND ENFORCEABILITY.** This Agreement has been executed by the parties to evidence their mutual intent to follow Department procedures to create binding regulatory reporting documents using electronic transmission and receipt of such records consistent with the provisions of Chapter 6 of the ADEM Administrative Code. Acceptance and execution of this agreement by the ADEM shall be evidenced by the issuance of a PIN to the Certifier. Consistent with ADEM Administrative Code electronic signatures under this agreement shall have the same force and effect as a written signature.
3. **RECEIPT.** Once submitted by a Certifier, a document shall be deemed received by ADEM when the submission ID is generated and the file processed by the E2 System Server. No Document shall satisfy any reporting requirement or be of any legal effect until the auto generated submission ID is provided. The Certifier is responsible for the content of each transmission, in accordance with the associated certification statement, and for reviewing the accuracy of the processed document information and as made available by the ADEM E2 Reporting System.
4. **SIGNATURE.** The Certifier shall adopt as its electronic signature any Personal Identification Number (PIN) assigned by ADEM following acceptance of this ESA. The Certifier agrees that any such Signature affixed to or associated with any transmitted Document shall be sufficient to verify such party originated and possessed the requisite authority both to originate the transaction and to verify the accuracy of the content, in the format of the specified E2 Reporting System transmission protocol or otherwise, at the time of transmittal. The Certifier also expressly agrees that each report it submits by using its PIN constitutes their agreement with the associated certification statement.
5. **DEFINITIONS.** Whenever used in this Agreement or any documents incorporated into this Agreement by reference, the following terms shall be defined as follows:
 - (a). *Personal Identification Number (PIN).* Assigned by ADEM following acceptance of this ESA, each PIN will consist of a unique sequence of alpha-numeric characters and when combined with the knowledge based security question answer shall constitute the electronic signature.
 - (b). *Compromise.* When the PIN is intentionally or unintentionally given, disclosed, delegated, or otherwise made available, including any theft or loss, to any other person or organization.
 - (c). *Writing.* Any document properly transmitted pursuant to this Agreement shall be considered to be a "writing" or "in writing".
6. **TRANSMISSION PROTOCOLS.** All Reports transmitted between the parties shall adhere to the Protocol(s) established by the ADEM for files to be received by the ADEM E2 Reporting System and in affect at the time of a transaction. The Department may modify such Protocol(s), as may be necessary, to promote or continue usability of the E2 Reporting System. The Department shall make available any such Protocol(s), changes to Protocols, or related implementation guidelines for reporting using the ADEM E2 Reporting System.
7. **SECURITY.** The parties shall take reasonable actions to implement and maintain security procedures necessary to ensure the protection of transmissions against the risk of unauthorized access, alteration, loss or destruction including, but not limited to: protecting the secrecy of passwords and electronic signatures and transmitting only files in an acceptable protocol.
 - (a). *Use of PIN.* Each Certifier shall be either the Responsible Official or a person identified as an authorized representative for signatory purposes by the Responsible Official for each facility, person, or other entity for which information is being reported. If a PIN has been compromised or where there is evidence of potential compromise, it will be automatically or manually suspended. In addition, ADEM will inactivate or revoke a PIN where the Certifier is no longer an authorized representative. Each Certifier expressly agrees that the Department may act immediately and unilaterally in any decision to suspend, inactivate, revoke, or otherwise disallow use of a PIN by any Certifier, where the Department believes that such action is necessary to ensure the authenticity, integrity, or general security of transmissions or records, or where there are any actual or apparent violations of this ESA.

(b). *Protection of PIN.* Each party must protect the security and confidentiality of any PIN from compromise and shall take all necessary steps to prevent its loss, disclosure, modification, or unauthorized use. The Certifier shall notify ADEM immediately, but, not later than one business day, if it has reason to believe the security of any PIN has been compromised and must request a change. If ADEM has reason to believe that PIN security has been compromised, the ADEM will consult with the Certifier, when practical, and initiate PIN changes where necessary. The Certifier is responsible for immediately notifying ADEM (in writing) of termination of employment, reassignment, or any other change or cessation of status as an authorized representative.

8. **SEVERABILITY.** Any provision of this Agreement which is determined to be invalid or unenforceable will be ineffective to the extent of such determination without invalidating the remaining provisions of this Agreement or affecting the validity or enforceability of such remaining provisions.

9. **INABILITY TO TRANSMIT OR FILE REPORTS ELECTRONICALLY.** No party shall be liable for any failure to perform its obligations in connection with any Electronic Transaction or any Electronic Document, where such failure results from any act or cause beyond such party's control which prevents such party from electronically transmitting or receiving any Documents, except that the Certifier is nonetheless required to submit records or information required by law via other means, as provided by applicable law and within the time period provided by such law.

10. **GOVERNING LAW.** This Agreement shall be governed by and interpreted in accordance with Chapter 6, Alabama Statutes, other applicable provisions of Laws of Alabama, and the Federal laws of the United States.

The ADEM and the Certifier have caused this Agreement to be properly executed on their behalf, as of the date the Certifier is issued a PIN, in accordance with and following acceptance of this agreement by the ADEM.

Type or Print Legibly

Certifier:

I, the undersigned, have the authority to enter into this Agreement under the applicable standards for _____ (Permitte Name) and for (Permit Number(s)) _____ .

Name of Certifier <i>(Type or print legibly)</i>	Certifier's Signature	Date Signed
---	-----------------------	-------------

Certifier's Official Title <i>(Type or print legibly)</i>	Certifier's Employer's Name <i>(Type or print legibly)</i>
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If the Certifier listed above does not meet the definition of Responsible Official as defined in the ADEM Administrative Code or has not been previously appointed as an Authorized Representative, a Responsible Official must appoint the Certifier as an Authorized Representative below:

I, _____, authorize _____ to sign reports and other information (e.g. Discharge Monitoring Reports) as an Authorized Representative as defined in the ADEM Administrative Code on my behalf for _____ (Permitte Name) .

Responsible Official's Signature	Responsible Official's Title <i>(Type or print legibly)</i>	Date Signed
----------------------------------	--	-------------

**Alabama Department of Environmental Management
Deactivation Request Form for e-DMR/e-SSO**

This form should be used to deactivate a Permittee's registration in ADEM's E2 Reporting System if the Permittee is no longer able or does not desire to continue to operate as an E2 Reporting System Permittee as described in the ADEM E2 Reporting System Permittee Participation Package. (Please note, this form is not for deleting individual E2 User Accounts. To delete an individual E2 User Account, please complete and submit an *ADEM Form 511: Permittee Registration Form for e-DMR/e-SSO*.) A Permittee may not deactivate its registration in ADEM's E2 Reporting System if it holds a permit that requires participation. Please review ADEM's E2 Reporting System Permittee Participation Package should you have any questions about completing this form. It is available on ADEM's website at <https://e2.adem.alabama.gov/NPDES>. Please send a hard copy of the completed form with original wet-ink signature to:

ADEM
Attn: E2 Coordinator
P O Box 301463
Montgomery, AL 36130-1463

1a. Facility ID: _____	1b. Facility Name: _____
Note: The Facility ID can be located by clicking on "Associated Facilities" when logged into a Permittee's representative's E2 User Account.	
2. Permittee Name: _____	
3. Mailing Address (Line 1): _____	
4. Mailing Address (Line 2): _____	
5. Mailing Address (City, State, Zip): _____	
6. Office Phone No.: _____	7. eMail Address: _____
8. Requested Deactivation Date: _____	
Note: Unless prearranged with the E2 Reporting System Coordinator, please allow 30 days for processing.	

I request that the registration for the above identified Permittee's facility be deactivated in ADEM's E2 Reporting System. I certify that the Permittee does not currently hold any permits for this facility that require participation in ADEM's E2 Reporting System.

I understand that the Permittee is obligated to continue to use the E2 Reporting System to conclude any unfinished business (submitting or correcting reports) that involves reporting requirements during the time frame in which the Permittee was an active E2 Reporting System Permittee.

I understand that this request in no way changes the reporting requirements of the Permittee, and that the Permittee must continue to submit all DMR and/or SSO reports. This request is only an indication that the Permittee will no longer use the ADEM E2 Reporting System.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Responsible Official or Duly Authorized Representative <i>(Type or print legibly)</i>	Signature	Date Signed
Official Title <i>(Type or print legibly)</i>		

Note: This form may only be signed by a Responsible Official (RO) or Duly Authorized Representative (DAR), as specified in the ADEM Admin. Code.

For ADEM Use Only		
	Name	Date
Received By:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Approved By:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
E2 Updated:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
		Deactivation : <input style="width:100%;" type="text"/>

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG640000

(ADEM Form 522)

DISCHARGES OF FILTER BACKWASH WATER, SEDIMENTATION BASIN WASHDOWN, AND DECANT WATER FROM WATER TREATMENT PLANTS

(DISCHARGES FROM ION-EXCHANGE AND REVERSE OSMOSIS ARE NOT COVERED BY THIS GENERAL PERMIT)

Mail to: Alabama Department of Environmental Management
Industrial General Permit Section
Industrial/Municipal Branch
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY

NPDES PERMIT NUMBER _____

FACILITY NUMBER _____

PLEASE ANSWER ALL APPLICABLE QUESTIONS. IF SPACE IS INSUFFICIENT TO ADDRESS ANY ITEM BELOW PLEASE CONTINUE ANSWER ON AN ATTACHED SHEET OF PAPER.

FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: _____

Name of permittee if different from above: _____

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 and Title: _____

Telephone Number: (_____) _____

F. Briefly describe your plant process(es) and list the facility's Standard Industrial Code (SIC) (Names and Codes):

G. Has the facility been issued an NPDES **INDIVIDUAL** wastewater permit? _____

Yes [] No [] NPDES Permit No. AL00 _____

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

H. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG _____
3. Modification of **GENERAL** Permit No. ALG _____

- I. Are any of the discharges that you intend to be covered by this permit going to a municipal storm or sanitary sewer?
Yes [] No []
- J. Name of surface water to which the municipal storm sewer discharges: _____
- K. Have you notified the municipality by letter as required by 40 CFR 122.26(a)(4)? Yes [] No []
- L. Date facility started or will start operations: _____
- M. What is the size of the site in acres? _____
- N. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? Yes [] No []
(A list of the impaired waters can be found at <http://www.adem.state.al.us/programs/water/303d.cnt> for 303(d) listed waters and <http://www.adem.state.al.us/programs/water/approvedTMDLs.htm> for waters subject to a TMDL.)
If yes, do your discharges contain pollutants of concern listed for the impaired water(s)? Yes [] No []
If yes, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial/Municipal Branch of ADEM before proceeding.

**DSN001 – DISCHARGES ASSOCIATED WITH FILTER BACKWASH WATER,
SEDIMENTATION BASIN WASHDOWN, AND DECANT WATER FROM WATER TREATMENT PLANTS**

NOT APPLICABLE []

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property, and name of receiving stream:
OUTFALLS:
1. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
2. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
3. Latitude ()° ()' ()" N Longitude ()° ()' ()" W
Receiving Stream _____
- B. If there are more than one of these discharges, can they be sampled separately? Yes [] No []
- C. Is your discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? Yes [] No []
- D. Please check the process(es) that applies to this plant:
- [] 1. Iron removal
[] 2. Aluminum removal
[] 3. Manganese and/or turbidity removal
[] 4. Pathogen removal
[] 5. Phosphate-based inhibitors
[] 6. Ion-exchange and reverse osmosis *

* Please note that Discharges from ion-exchange and reverse osmosis are **not** covered by this general permit. If you use this process, then contact the Department regarding an Individual NPDES Permit*

Describe more completely if necessary: _____

E. List any additives used in the water treatment process, such as coagulants, oxidizing enhancers, etc.:

F. Source(s) of raw water:

- Surface water
- Ground water
- Both

G. Plant processes that may contribute to waste water discharge (check all that apply):

- Presedimentation washdown
- Sedimentation washdown
- Filter backwash
- Filter-to-waste
- Other: _____

H. Average flow of finished water production (MGD) during the preceding 12 months: _____

I. List all know substances that may be found in the waste water discharge (for example: silt, chlorine, chloroform):

Removed substances: _____

Chemical additives: _____

Chemical reaction products: _____

J. Number and volume of sedimentation basins: _____

K. The following pertain to the water that is released from the sedimentation basin(s):

Number of times water is released: _____ per week.*

Number of hours: _____ per release.*

Volume (gallons): _____ per release.*

*(For existing facilities, use average of last 12 months of operation. New facilities may indicate "Not Applicable – N/A".)

L. The following pertain to filter backwashing:

- 1) Number of filters backwashed _____.
- 2) Frequency for each filter _____ times per week.
- 3) Amount of water used to backwash _____ gallons for each filter
- 4) Frequency sedimentation basin is washed out _____ times per year.
- 5) Amount of water used to wash out the largest sedimentation basin: _____ gallons
- 6) Type of treatment provided for backwash and sedimentation basin wash waters, and the design capacity of the treatment system:

Type of Treatment

Design Capacity

_____	_____
_____	_____
_____	_____
_____	_____

M. Within the last 3 years, have any biological tests for acute or chronic toxicity been run on the discharge or on the receiving water in relation to the discharge? Yes [] No []

If Yes, please describe the purpose and type of test, and the pollutants analyzed: _____

Name of lab or consulting firm conducting the test: _____

Address: _____

Phone Number: () _____

N. Provide (or attach) a sketch of the site showing all settling ponds, discharge point(s), and sludge disposal areas.

Chlorine Monitoring Options

A. Is water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)?
Yes [] No []

IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION

B. If answer is no, which outfall(s) listed above under DSN001 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [] No []

For which outfall(s)? _____

If your answer is yes to question C. you are certifying by signing this form that the conditions are as stated above in this Section (Chlorine Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.

GENERAL INFORMATION

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

DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY

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

SIGNATURES

Responsible Official Signature: _____ Date Signed: _____

Name and Official title (type or print): _____

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.

Address: _____

Phone Number: () _____ Email address: _____

DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE

DMR Contact Name and Official title (type or print): _____

DMR Contact Address: _____

DMR Contact Phone Number: () _____

DMR Contact Email Address: _____

NOI PREPARER

Name of Individual (type or print): _____

Name of Firm: _____

Address: _____

Phone Number: () _____

Email address: _____

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