

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control: 335 Department or Agency: Alabama Department of  
Rule Number: 335-1-1-.07 Environmental Management  
Rule Title: Departmental Forms, Instructions and Procedures  
           New   X   Amend            Repeal            Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare or safety?           YES          

Is there a reasonable relationship between the state's police powers and the protection of the public health, welfare or safety?           YES          

Is there another, less restrictive method of regulation available that could adequately protect the public?           NO          

Does the proposed rule have the effect of directly or indirectly increasing the cost of any goods or services involved and, if so, to what degree?           NO          

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?           NO          

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?           YES          

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Does the proposed rule have an economic impact?           NO          

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedures Division of the Legislative Reference Service.

Signature of certifying officer:           *W. M. Elliott*          

Date:   March 21, 2016  

(DATE FILED)  
(STAMP)

Alabama Department of Environmental Management  
Permits and Services Division

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Environmental Management

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

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

SUBSTANCE OR PROPOSED ACTION:

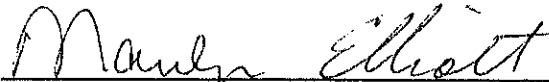
The Department proposes to amend Rule 335-1-1-.07  
in order to add forms required in the  
implementation of ADEM program regulations

TIME, PLACE, MANNER OF PRESENTING VIEWS:

Comments may be submitted in writing, or orally, at a public hearing to be held  
May 11, 2016 at 1:00PM 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: May 11, 2016

CONTACT PERSON AT AGENCY: Russell A. Kelly  
334-271-7700  
rak@adem.state.al.us



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:

<b>Name of Forms</b>	<b>Form Number</b>
112(j) Part 1 Applicability Notification	493
ADEM Baseline Monitoring Report Submittal Form	314
ADEM NPDES Individual Permit Application <b>M-4</b>	315
ADEM NPDES Pesticide Adverse Incident Report	29
ADEM Line Leak Detector (LLD) Test Report Form <b>M-1</b>	551
Air Emissions Electronic Reporting System (AEERS) Responsible Official Registration	38
Air Permit Application For Gasoline Dispensing Facilities <b>M-5</b>	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 <b>M-1</b>	316
Alabama Hazardous Waste Receipt for Samples and Documents	546
Alabama Hazardous Waste/Used Oil Transporter Permit Application <b>M-1</b>	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
Alternative Medical Waste Treatment Technology Equipment Approval Application	323
Annual Certification Form for Discharges Associated with Petroleum Storage and Handling Areas <b>M-1</b>	324
Annual Containment Sump Inspection Log	19
Annual Recycling Report	16
Annual Statistical Inventory Reconciliation (SIR) Report Form	326
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 <b>M-1</b>	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 <b>M-1</b>	328
Application for Alabama Well Driller's License <b>M-1</b>	193
Application for Approval of a Non-Regulated Use in the Alabama Coastal Area Developments and Subdivisions of Property Greater than 5 Acres in Size <b>M-1</b>	329
Application for Approval to Use a Water Supply Well	259

<b>Name of Forms</b>	<b>Form Number</b>
Application for Name Change or Transfer of Permit or Exemption <b>M-4</b>	330
Asbestos Removal Contractor Certification	497
Birmingham Fuel Supplier Report <b>M-1</b>	494
Boating Infrastructure Grant Application	518
Brownfields Assessment Request Application	550
Brownfields State Revolving Fund Application Form	543
Brownfields State Revolving Fund Pre-Application Form	542
Bulk (Gasoline) Plant Application <b>M-2</b>	331
CAIR Permit Application (for sources covered under a CAIR SIP)	519
Calculation of Total Annualized Project Cost for Private-Sector Projects	313
Calculation of Total Annualized Project Cost for Public-Sector Projects	312
Cargo Tank Tightness Test Report <b>M-1</b>	309
Cathodic Protection Monitoring Form <b>M-1</b>	332
Cathodic Protection Monitoring for Galvanic Systems	545
CBM NPDES Stormwater Discharge Monitoring Report	333
CBM Toxicity Test Report Summary	334
Chemical Monitoring Data Report	335
Chemical Monitoring Waiver Application	336
Chemical Sampling Chain of Custody Form	337
Clean Water State Revolving Fund (CWSRF) Loan Application Form <b>M-2</b>	339
Clean Water State Revolving Fund (CWSRF) Preapplication Form <b>M-3</b>	340
Coal Permit Precipitation Event Discharge Limitations Exemption Claim Report <b>M-2</b>	342
Coalbed Methane Stormwater Inspection Summary Report <b>M-1</b>	343
Coalbed Methane Temporary Pit Wastewater Land Application Certification Report <b>M-1</b>	344
Community Public Notification Certification Form	345
Community System Susceptibility Analysis Sheet	346
Composting Facility Application	18
Consumer Confidence Report Certification Form <b>M-1</b>	347
Cooling Water Supplemental Information <b>M-2</b>	510
CT Profiling Spreadsheet	535
Discharge Monitoring Report for CBM Coal – Type 60 Effluent	348

<b>Name of Forms</b>	<b>Form Number</b>
Discharge Monitoring Report for CBM Coal – Type 60 Manual	<b>349</b>
Discharge Monitoring Report for CBM Coal – Type 60 Standard	<b>350</b>
Discharge Monitoring Report for Coal – Type 1 & Type 3	<b>351</b>
Discharge Monitoring Report for Coal – Type 11	<b>352</b>
Discharge Monitoring Report for Coal – Type 13	<b>353</b>
Discharge Monitoring Report for Coal – Type 14 Sand & Gravel	<b>354</b>
Discharge Monitoring Report for Coal – Type 14 Fire Clay	<b>355</b>
Discharge Monitoring Report for Coal – Type 14 Shale – Common Clay	<b>356</b>
Discharge Monitoring Report for Coal – Type 15	<b>357</b>
Discharge Monitoring Report for Coal – Type 38	<b>358</b>
Discharge Monitoring Report for Coal – Type 5 & Type 7	<b>359</b>
Discharge Monitoring Report for Coal – Type 9	<b>360</b>
Discharge Monitoring Report for NonCoal – Type 30	<b>361</b>
Discharge Monitoring Report for NonCoal – Type 32	<b>362</b>
Discharge Monitoring Report for NonCoal – Type 34	<b>363</b>
Discharge Monitoring Report for NonCoal – Type 36 & Type 48 & Type 50	<b>364</b>
Discharge Monitoring Report for NonCoal – Type 41	<b>365</b>
Discharge Monitoring Report for NonCoal – Type 42	<b>366</b>
Discharge Monitoring Report for NonCoal – Type 44 & Type 45	<b>367</b>
Discharge Monitoring Report for NonCoal – Type 46	<b>368</b>
Disposal Approval Request <b>M-1</b>	<b>278</b>
Documentation of Disability Related Needs	<b>533</b>
Drinking Water State Revolving Fund (DWSRF) Loan Application Form <b>M-2</b>	<b>369</b>
Drinking Water State Revolving Fund (DWSRF) Preapplication Form <b>M-3</b>	<b>370</b>
EDMR-1 Permittee Registration Form <b>M-1</b>	<b>511</b>
EDMR-2 Electronic Signature Application Agreement <b>M-1</b>	<b>512</b>
EDMR-3 Deactivation Request Form <b>M-1</b>	<b>513</b>
EDMR Daily Discharge Monitoring Report Form	<b>514</b>
EDMR Monthly Discharge Monitoring Report Form	<b>515</b>
EDWRS Lab Registration Form	<b>34</b>
EDWRS Permittee Registration Form	<b>33</b>

<b>Name of Forms</b>	<b>Form Number</b>
EDWRS Terms and Conditions Agreement	35
EHS Notification Form	534
Emissions Statement Reporting Form <b>M-1</b>	372
Excess Emission Monitoring Report	373
Exemption Claim Form for Cofired Combustors (Appendix H – Division 3) <b>M-1</b>	374
Exemption Claim Form for Incinerators Burning Only Pathological, Low-Level Radioactive, and Chemotherapeutic Waste (Appendix H – Division 3) <b>M-1</b>	375
NPDES Individual Permit Application Addendum <b>M-1</b>	376
NPDES Individual Permit Application Minor Permit Modification Addendum <b>M-2</b>	377
Gasoline Dispensing Facility Information Survey <b>M-1</b>	378
Gasoline Transport Tank Truck Application <b>M-3</b>	198
General Permit ALR100000 Facility Sign	22
General Permit Application Package – NOI-11 <b>M-4</b>	380
General Permit Application Package – NOI-12 <b>M-5</b>	381
General Permit Application Package – NOI-14 <b>M-4</b>	382
General Permit Application Package – NOI-15 <b>M-3</b>	383
General Permit Application Package – NOI-16 <b>M-3</b>	384
General Permit Application Package – NOI-17 <b>M-3</b>	385
General Permit Application Package – NOI-18 <b>M-3</b>	386
General Permit Application Package – NOI-2 <b>M-3</b>	387
General Permit Application Package – NOI-20 <b>M-3</b>	388
General Permit Application Package – NOI-23 <b>M-3</b>	389
General Permit Application Package – NOI-24 <b>M-3</b>	390
General Permit Application Package – NOI-25 <b>M-4</b>	391
General Permit Application Package – NOI-28 <b>M-4</b>	392
General Permit Application Package – NOI-3 <b>M-3</b>	393
General Permit Application Package – NOI-34 <b>M-4</b>	394
General Permit Application Package – NOI-36 <b>M-5</b>	395
General Permit Application Package – NOI-6 <b>M-3</b>	396
General Permit Application Package – NOI-67 <b>M-3</b>	397
General Permit Application Package – NOI-64 <b>M-4</b>	522
General Phase II MS4 Stormwater Permit Renewal	520

<b>Name of Forms</b>	<b>Form Number</b>
General Permit for Phase II Small Municipal Separate Storm Sewer Systems (MS4) ALNOI <b>M-2</b>	<b>503</b>
Groundwater System Monthly Operational Data Report	<b>8</b>
Hydrogeology Unit Evaluation Report Form	<b>531</b>
Impressed Current Cathodic Protection System 60-Day Inspection Log	<b>400</b>
Individual NPDES Permit Noncompliance Notification (5-day Report)	<b>401</b>
Information Needed for 316(b) Determination in Regards to General NPDES Permits	<b>14</b>
Interior Lining Inspection Form	<b>403</b>
Interior Lining Report Form	<b>404</b>
Joint Application and Notification U. S. Department of Army, Corps of Engineers Alabama Department of Environmental Management <b>M-2</b>	<b>166</b>
Lead and Copper Monitoring Data Report	<b>405</b>
Major Source Operation Permit Skeleton Form	<b>495</b>
Manual Interstitial Monitoring Monthly Log	<b>406</b>
Material Safety Data Sheet Reporting	<b>407</b>
Maximum Residual Disinfectant Level Input Form (Samples)	<b>408</b>
Maximum Residual Disinfectant Level Input Form (Sources)	<b>409</b>
Medical Waste Notification Form <b>M-1</b>	<b>410</b>
Medical Waste Transporter Permit Application <b>M-4</b>	<b>411</b>
Medical Waste Treatment Permit Application <b>M-4</b>	<b>412</b>
Monthly Filter Plant Monthly Operational Data Report <b>M-4</b>	<b>242</b>
Monthly Membrane Surface Plant Operational Data Report	<b>243</b>
Monthly Statistical Inventory Reconciliation (SIR) Report	<b>414</b>
Municipal POTW SSO/MS4 Event Reporting Form <b>M-12</b>	<b>415</b>
Municipal Water Pollution Prevention (MWPP) Annual Report (Collection Systems) Package <b>M-1</b>	<b>416</b>
Municipal Water Pollution Prevention (MWPP) Annual Report Package <b>M-3</b>	<b>417</b>
Municipal Water Pollution Prevention Resolution Form	<b>418</b>
MWPP Sewage Sludge Survey <b>M-1</b>	<b>419</b>
Non-Community Public Notification Certification Form	<b>420</b>
Non-Compliance Report Form <b>M-2</b>	<b>421</b>
Notice of Demolition and/or Asbestos Removal <b>M-1</b>	<b>496</b>



<b>Name of Forms</b>	<b>Form Number</b>
Notice of Intent-General Permit Number ALR100000 <b>M-1</b>	<b>24</b>
Notice of Intent-General Permit Number ALG850000 <b>M-2</b>	<b>26</b>
Notice of Intent-General Permit Number ALG870000 <b>M-1</b>	<b>28</b>
Notice of Intent to Permanently Close Underground Storage Tanks <b>M-2</b>	<b>422</b>
Notice of Proposed UST New Installation or Upgrade <b>M-3</b>	<b>423</b>
Notice of Temporary Closure <b>M-1</b>	<b>310</b>
Notice of Termination-General Permit Number ALG870000	<b>30</b>
Notification – Above the Threshold Planning Quantities (TPQ) of Extremely Hazardous Substances	<b>424</b>
Notification for Above Ground Storage Tanks <b>M-1</b>	<b>283</b>
Notification for Underground Storage Tanks <b>M-2</b>	<b>279</b>
Notification of Election of Coverage under The Alabama Drycleaning Environmental Response Trust Fund Act <b>M-1</b>	<b>425</b>
Notification of Intent to Drill a Water Well	<b>60</b>
Notification of Regulated Waste Activity <b>M-3</b>	<b>8700-12</b>
NO <sub>x</sub> Budget Permit Application Form	<b>426</b>
NO <sub>x</sub> Budget Retired Unit Exemption Claim Form	<b>427</b>
NPDES Annual Notice of Registration (NOR)	<b>429</b>
NPDES Coalbed Methane Operation <b>M-3</b>	<b>549</b>
NPDES Noncoal/Nonmetallic Mining and Dry Processing Less than Five Acres, Program Notice of Registration Form <b>M-3</b>	<b>498</b>
NPDES Noncoal/Nonmetallic Mining and Dry Processing Less than Five Acres Stormwater Inspection Report and BMP Certification Form <b>M-2</b>	<b>500</b>
NPDES Noncoal/Nonmetallic and Dry Processing Less than Five Acres Stormwater Noncompliance Notification Report Form <b>M-2</b>	<b>501</b>
NPDES Construction, Noncoal Mining Less than Five Acres Stormwater Registration Termination Request and Certification Form <b>M-2</b>	<b>499</b>
NPDES Construction Stormwater Inspection Report and BMP Certification	<b>23</b>
NPDES Construction Stormwater Noncompliance Notification	<b>25</b>
NPDES Discharge Monitoring Report Form (Monthly)	<b>430</b>
NPDES Discharge Monitoring Report Form (Quarterly)	<b>431</b>

<b>Name of Forms</b>	<b>Form Number</b>
NPDES Individual Permit Pollution Abatement / Treatment Measures and Sediment Control Structures Certification Report <b>M-2</b>	<b>432</b>
NPDES Permit Application Semi-Public And Private Facilities <b>M-2</b>	<b>188</b>
NPDES Permit Application Supplementary Information <b>M-34</b>	<b>187</b>
<u>Permit Application of Reclaimed Water Reuse (RWR)</u>	<u>189</u>
NPDES Permitted Coalbed Methane Operations Pollution Abatement/Treatment Measures and Waste Treatment Facilities Certification Report <b>M-1</b>	<b>433</b>
Open Burning Incident Report	<b>434</b>
Operating Permit Application Facility Identification Form <b>M-5</b>	<b>103</b>
Operational Evaluation Level Exceedance Report <b>M-1</b>	<b>27</b>
Operator Certification Renewal Form <b>M-1</b>	<b>435</b>
Perc Dry Cleaner Status Update <b>M-1</b>	<b>436</b>
Permit Application for Air Pollution Control Device <b>M-23</b>	<b>110</b>
Permit Application for Compliance Schedule <b>M-1</b>	<b>437</b>
Permit Application for Continuous Emission Monitoring Systems (CEMS)	<b>438</b>
Permit Application for Indirect Heating Equipment <b>M-12</b>	<b>104</b>
Permit Application for Loading and Storage of Organic Compounds <b>M-1</b>	<b>108</b>
Permit Application for Manufacturing or Processing Operation <b>M-34</b>	<b>105</b>
Permit Application Solid Waste Disposal Facility	<b>439</b>
Permit Application Solid Waste Disposal Facility Construction/Demolition Landfill	<b>305</b>
Permit Application for Solvent Metal Cleaning <b>M-1</b>	<b>112</b>
Permit Application for Stationary Internal Combustion Engines <b>M-56</b>	<b>107</b>
Permit Application for Volatile Organic Compound Surface Coating Emission Source <b>M-23</b>	<b>109</b>
Permit Application for Waste Disposal <b>M-12</b>	<b>106</b>
Petroleum Solvent Dry Cleaning Questionnaire <b>M-1</b>	<b>440</b>
Plant and Collection System Personnel Inventory	<b>441</b>
Pollution Prevention Survey	<b>548</b>
Potable Water Laboratory Certification Application <b>M-2</b>	<b>442</b>
Processing and Recycling General Information	<b>15</b>
Progress Report Form	<b>443</b>

<b>Name of Forms</b>	<b>Form Number</b>
Project Completion Form <b>M-1</b>	444
PSD Project Information Form	445
Purchase Water System Monthly Operation Report	185
Raw Sewage Bypass and Overflow Event Reporting Form	446
Registration Form for the Construction, Installation, or Modification of an Incinerator <b>M-2</b>	52
Release Information Form	447
Remediation Approval Form <b>M-2</b>	448
Remediation Reporting Form <b>M-2</b>	449
Representative Stormwater Outfall Certification <b>M-3</b>	450
Request for Coal Permit Post-Mining Discharge Limitations <b>M-1</b>	451
Request for Release from Monitoring and Reporting Requirements <b>M-1</b>	452
Request to Remove Subsurface Withdrawal From Discharge Structure <b>M-1</b>	453
Request to Remove Treatment Basin/Pond or Other Discharge Structure <b>M-1</b>	454
Required Information for Mixing Zone Modeling <b>M-1</b>	455
SARA Title III Section 302 Notification	302
Scrap Tire Manifest <b>M-3</b>	536
Scrap Tire Processor Permit Application <b>M-3</b>	540
Scrap Tire Quarterly Report <b>M-3</b>	539
Scrap Tire Registration & Exemption Application <b>M-4</b>	537
Scrap Tire Site Registration	541
Scrap Tire Transporter Permit Application <b>M-4</b>	538
Seal Gap Test Form	184
Segmental Water System Certification Application	456
SID Discharge Monitoring Report Form (Monthly)	457
SID Discharge Monitoring Report Form (Quarterly)	458
Solid Waste Landfill Operator Certification Renewal	13
Solid Waste Landfill Operator Initial Certification Application	11
Solid Waste Landfill Operator Reciprocal Certification Application	12
Solid Waste Profile Sheet <b>M-1</b>	300
Specifications for Air Curtain Incinerators <b>M-1</b>	17
Spill Catchment Basin/Spill Bucket Annual Test Log <b>M-1</b>	20

<b>Name of Forms</b>	<b>Form Number</b>
SRF Payment Request Form	459
State Indirect Discharge Permit Application <b>M-4</b>	186
Statistical Inventory Reconciliation SIR 7 Day Release Investigation Notice Form	460
Supplemental Petroleum Application Information	516
Surface Source Susceptibility Analysis Worksheet	461
Tank Trust Fund Eligibility / Ineligibility Determination Form	462
Technical Proposal for Qualification as a Large Site Scrap Tire Fund Remediation Center <b>M-1</b>	530
Termination Request-General Permit Number ALR100000 <b>M-1</b>	21
Total Coliform Rule – Level 1 Assessment	36
Total Coliform Rule – Level 2 Assessment	37
Toxicity Discharge Monitoring Report Form	464
Toxicity Test Report Summary	465
Transfer Agreement Form	466
UIC Permit Application for Coal Mining Wastewater <b>M-1</b>	532
Underground and Above Ground Storage Tank Transfer of Ownership <b>M-1</b>	469
UST ARBCA Tier 1 Report Forms	471
UST ARBCA Tier 2 Report Forms	472
UST ARBCA Tier 3 Report Forms	473
UST Closure Site Assessment Report Form <b>M-2</b>	474
UST Closure Total Potential VOC Emissions Calculations	492
UST Free Product Recovery Report Form	475
UST Groundwater Monitoring Report Form	476
UST Line Tightness Test Report Form <b>M-1</b>	477
UST Natural Attenuation Monitoring Report Form	478
UST Release Fact Sheet	479
UST Release Report Form <b>M-2</b>	480
UST Site Classification System Checklist	481
UST System Effectiveness Monitoring Report Form	482
UST Tracer Tank Tightness Test Report Form <b>M-1</b>	483
UST Ullage Tank Tightness Test Report Form <b>M-1</b>	484
UST Vacuum Tank Tightness Test Report Form	485
UST Volumetric Overfill Tank Tightness Test Report Form <b>M-1</b>	486

<b>Name of Forms</b>	<b>Form Number</b>
UST Volumetric Underfill Tank Tightness Test Report Form	487
Visible Emission Field Test Sheet	502
Voluntary Cleanup Program Application	521
Water Supply Construction Permit Application <b>M-1</b>	488
Water Supply Permit Application (Modification)	489
Water Supply Permit Application (Renewal) <b>M-1</b>	490
Water System Update	491
Water Treatment Plant Quarterly Report for the Disinfectants and Disinfection Byproducts Rule <b>M-1</b>	547
Water and Wastewater Operator Exam Application <b>M-1</b>	505
Water and Wastewater Operator Experience Verification <b>M-1</b>	506
Water and Wastewater Operator for Multiple Systems <b>M-1</b>	508
Water and Wastewater Reciprocal Application <b>M-1</b>	507
Water Well Driller Reciprocal Application	194
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, July 28, 2015, XXXXX, 2016.

## ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) SANITARY SEWER OVERFLOW (SSO) EVENT REPORTING FORM

**Purpose of Form:** All publicly or privately owned wastewater treatment plants holding an NPDES permit are required to provide immediate notification to the Alabama Department of Environmental Management (ADEM), county public health officials, the public, and any other affected entity such as public water systems as soon as possible upon becoming aware of any notifiable sanitary sewer overflow (SSO) events.

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO's Hotline at (334) 274-4200 or electronically to the Department's eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department's eSSO Electronic Reporting System.

Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: (<https://e2.adem.alabama.gov/NPDES>).

Permittee Name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Date/Time SSO Began: \_\_\_\_\_

Is the SSO on-going?     Yes     No    If no, Date/Time SSO Stopped: \_\_\_\_\_

**MANDATORY - REPORT ESTIMATED VOLUME (If specific volume is known, complete value section. Otherwise, provide a range):**

<b>VALUE</b>	Estimated Volume Discharged: _____	gallons
<b>RANGE</b>	<input type="checkbox"/> <1,000 gallons <input type="checkbox"/> >1,000 gallons <input type="checkbox"/> >10,000 gallons <input type="checkbox"/> >100,000 gallons <input type="checkbox"/> >1,000,000 gallons	

Was the Department verbally notified within 24 hours?     Yes     No    Date/Time of Notification: \_\_\_\_\_

Person that verbally notified the Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Indicate source of discharge event:     Manhole                       Lift Station                       Broken Line  
     Cleanout                       Treatment Plant  
 Other (describe: \_\_\_\_\_)

Location of discharge (street address, etc.): \_\_\_\_\_

Latitude/Longitude of discharge (if known): \_\_\_\_\_

Known or suspected cause of the discharge: \_\_\_\_\_

Ultimate destination of discharge:     Ground Absorbed                       Storm Drain  
     Drainage Ditch                       Backup into Building/Residence  
 Creek or River (provide name): \_\_\_\_\_  
 Other (describe): \_\_\_\_\_

Did the discharge reach swimming water?     Yes                       No                       Unknown

Monitoring of the receiving water is:     Complete                       Ongoing                       Not Necessary

Was the affected area:  Cleaned?  Disinfected?

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

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Indicate efforts to notify public (check all that apply):  Press Release Date: \_\_\_\_\_  
 Placement of Signs Date: \_\_\_\_\_  
 Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_  
 Notice not required, because: \_\_\_\_\_

Indicate other officials notified (check all that apply):  County Health Department Date: \_\_\_\_\_  
 State Health Department Date: \_\_\_\_\_  
 Other (describe): \_\_\_\_\_ Date: \_\_\_\_\_  
 Notice not required, because: \_\_\_\_\_

Other states notified:  Florida  Georgia  Mississippi  Tennessee

Were any public water supply intake locations affected?  No  Yes

If yes, who was notified: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signature of Facility Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Facility Representative (type or print): \_\_\_\_\_

Title of Facility Representative: \_\_\_\_\_

**If the SSO Event was greater than 10,000 gallons, responsible official signature required:**

I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signature of Responsible Official: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Responsible Official (type or print): \_\_\_\_\_

Title of Responsible Official: \_\_\_\_\_

**ONE COPY OF A USGS QUAD SHEET OR OTHER GEOGRAPHICALLY REFERENCED MAP MUST BE ATTACHED SHOWING THE EXACT LOCATION OF ALL DISCHARGES GREATER THAN 10,000 GALLONS.**

**NOTICE OF INTENT – GENERAL PERMIT NUMBER ALR100000**

NPDES PERMIT NUMBER ALR100000 IS A GENERAL PERMIT AUTHORIZING DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITIES THAT RESULT IN A TOTAL LAND DISTURBANCE OF ONE ACRE OR GREATER AND SITES LESS THAN ONE ACRE BUT ARE PART OF A LARGER COMMON PLAN OF DEVELOPMENT OR SALE

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

PLEASE COMPLETE ALL QUESTIONS. INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL DELAY PROCESSING. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. ATTACH CBMPP AND OTHER INFORMATION AS NEEDED. PLEASE TYPE OR PRINT LEGIBLY IN INK.

I. PERMITTEE INFORMATION Initial:  Modification:  Transfer:  Renewal:  Previous ALR10 \_\_\_\_\_

Permittee Name (Legal Name)	Responsible Official Phone Number
Responsible Owner/Operator or 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
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Government Agency <input type="checkbox"/> Other _____	

**H. FACILITY INFORMATION**

Facility/Site Name	Facility Contact and Title
Facility Street Address or Location Description	Facility Contact Company Name
City                      Zip Code                      County(s)	Facility Contact Phone Number
Facility Front Gate Latitude and Longitude (For linear projects, please include coordinates for both the beginning and ending points of the project.)	Facility Contact e-Mail Address:
Detailed Directions to the Site	

**III. ACTIVITY DESCRIPTION**

Brief Description of Construction / Land disturbance activity(s):	
(For Modifications Only) Brief description of the action/change that has resulted in the request for permit modification:	
Primary SIC Code:	Primary NAICS Code:

**IV. PROPOSED SCHEDULE**

Anticipated Activity schedule:	Commencement date:	Completion date:
Area of the Registered site:	Total site area in acres:	Total disturbed area in acres:

**V. PRIORITY CONSTRUCTION SITE**

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach/submit a copy of the CBMPP that meets or exceeds the requirements of Parts III A. and E. of the construction stormwater general permit.
--



**VI. TOPOGRAPHIC MAP SUBMITTAL**

Please attach a recent 7.5 minute series USGS topographic map(s) no larger than 11 by 17 inches (several pages may be necessary), showing the location of the Facility including site boundaries, area of disturbance, a 1 mile radius, perennial, intermittent, and ephemeral streams, lakes/springs/wells/wetlands and contour lines. The map should also show the point(s) at which stormwater runoff will exit (outfall) the facility and the point(s) where stormwater runoff from the site will enter the receiving water.

**VII. RECEIVING WATERS**

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

List name of receiving water(s), latitude & longitude (decimal or deg, min, sec) of location(s) that run-off enters the receiving water, and the waterbody classification. Please refer to ADEM Admin. Code 335-6-11 for a detailed list of water use classifications. (Attach a separate list if necessary)

Receiving Water	Latitude	Longitude	Waterbody Classification

**VIII. GENERAL INFORMATION**

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

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

"I certify under penalty of law that a comprehensive Construction Best Management Practices Plan (CBMPP) for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this site/activity, and associated regulated areas/activities. The CBMPP meets the requirements of this permit and if properly implemented and maintained by the operator, discharges of pollutants in stormwater runoff can reasonably be expected to be effectively minimized to the maximum extent practicable according to the requirements of ADEM Administrative Code Chapter 335-6-6-23 and this Permit. The CBMPP describes the erosion and sediment control measures that must be fully implemented and regularly maintained as needed at the permitted site in accordance with sound sediment and erosion control practices to ensure the protection of water quality."

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

Address \_\_\_\_\_ Registration / Certification: \_\_\_\_\_

Name and Title (type or Print) \_\_\_\_\_ Phone Number \_\_\_\_\_

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

**X. OPERATOR - RESPONSIBLE OFFICIAL SIGNATURE**

Pursuant to ADEM Administrative Code Rule 335-6-6-.09, this NOI must be signed by a Responsible Official of the permittee who is the operator, owner, the sole proprietor of a sole proprietorship, a general/controlling member or partner, 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 and decision making for the site/activity. "I certify under penalty of law that this form, the CBMPP, and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the qualified credentialed professional (QCP) and other person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, correct, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I further certify that the proposed discharges described in this registration have been evaluated for the presence of any non-construction and/or coal/mineral mining stormwater, or process wastewaters have been fully identified."

Name and Title (type or Print) \_\_\_\_\_ Official Title \_\_\_\_\_

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

# NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG870000

NPDES PERMIT NUMBER ALG870000 IS A GENERAL PERMIT AUTHORIZING DISCHARGES FROM THE APPLICATION OF PESTICIDES

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

<b>FOR OFFICE USE ONLY</b>  NPDES PERMIT NUMBER _____  RECEIPT NUMBER _____
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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. PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK.

### PURPOSE OF THIS APPLICATION

- |  |   |
|--|---|
| <input type="checkbox"/> Initial Application<br><input type="checkbox"/> Modification of General Permit No. ALG87 _____<br><input type="checkbox"/> Transfer of General Permit No. ALG87 _____ | <input type="checkbox"/> Reissuance of General Permit ALG87 _____<br><input type="checkbox"/> Other _____ |
|--|---|

### I. OPERATOR INFORMATION

Operator Name	County (ies) of Application
Operator Mailing Address	City, State, Zip Code
Operator Physical Address	City, State, Zip Code
Operator Phone Number	Operator E-Mail Address
Contact Name and Title	Contact Phone Number

### II. LOCATION, IN ALABAMA, OF NPDES RECORDS STORAGE

Street Address	City, State, Zip
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### III. PESTICIDE USE PATTERNS

Check all that apply:

(a) <input type="checkbox"/> Mosquito and Other Flying Insect Pest Control	(c) <input type="checkbox"/> Animal Pest Control
(b) <input type="checkbox"/> Weed and Algae Pest Control	(d) <input type="checkbox"/> Forest Canopy or Other Area-Wide Pest Control

For each use pattern checked above, provide the following information (attach additional pages if necessary):

- Use Pattern from above: \_\_\_\_\_
- Receiving Waters (check one):
  - Coverage requested for all waters of the State within the areas identified on the location map, or
  - Coverage requested for all waters of the State within the areas identified on the location map, except the following:  
\_\_\_\_\_

(If you checked either Receiving Waters box above, skip Section V. below)

Coverage requested for specific waters of the State within the areas identified on the location map. **Complete Section IV. below.**

**IV. RECEIVING WATERS**

For each use pattern checked in Section III. above, where coverage is requested for specific waters, provide the following information (attach additional pages if necessary):

Use Pattern: \_\_\_\_\_

List the name of each receiving water for the indicated Use Pattern above (attach additional pages if necessary).

Receiving Water(s)	Receiving Water(s)

**V. ONRW Waters and Water Quality Impaired Waters**

Is/are the receiving water(s) classified as a ONRW water, as defined by Part VII.Q.40 of the general permit and ADEM Admin. Code r. 335-6-10-.10?  Yes  No

If yes, please list the ONRW water(s) below:

\_\_\_\_\_

NOTE: ONRW waters are identified in ADEM Admin. Code r. 335-6-11-.02

Pursuant to Part I.B.2(a) of the general permit, discharges from a pesticide application to a water of the State are not authorized by this permit if the water is identified as being impaired by that pesticide or its degradates. For the purposes of this permit, impaired waters are those that have been identified by the State, pursuant to Section 303(d) of the CWA, as not meeting applicable State water quality standards and those waters with EPA-approved or EPA-established Total Maximum Daily Loads (TMDLs) for a pesticide or its degradates.

Is/are the receiving water(s) impaired for the pesticide(s) being used, an active ingredient of the pesticide, or a degradate of an active ingredient of the pesticide(s)?  Yes  No

Current lists of 303(d) and TMDL waters are available on the ADEM website at <http://www.adem.state.al.us/programs/water/waterquality.cnt>

**VI. PESTICIDE APPLICATION TREATMENT AREA MAP**

Please attach a USGS or equivalent topographic map outlining the pesticide application treatment area. If multiple use patterns with different treatment areas are to be permitted, please provide a map for each use pattern and each different treatment area.

**VII. CERTIFICATION OF OPERATOR RESPONSIBLE OFFICIAL**

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. I further certify that the applicant has sufficient title, right or interest in the property where the proposed activity occurs.

Name (type or print) \_\_\_\_\_ Official Title \_\_\_\_\_

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

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT APPLICATION  
SUPPLEMENTARY INFORMATION FOR INDUSTRIAL FACILITIES**

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

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

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**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  |   |
- 
- 

1. Facility Name: \_\_\_\_\_

a. Operator Name: \_\_\_\_\_

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

\_\_\_\_\_

2. NPDES Permit Number AL \_\_\_\_\_

3. SID Permit Number (if applicable): IU \_\_\_\_\_

4. NPDES General Permit Number (if applicable) ALG \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility (Front Gate) Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

6. Facility Mailing Address (Street or Post Office Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Responsible Official (as described on page 13 of this application):

Name and Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

8. Designated Facility Contact:

Name and Title: \_\_\_\_\_

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

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

9. Designated Discharge Monitoring Report Contact:

Name and Title: \_\_\_\_\_

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

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

10. Type of Business Entity:

Corporation     General Partnership     Limited Partnership

Sole Proprietorship     Other (Please Specify) \_\_\_\_\_

11. Complete this section if the Applicant's business entity is a Corporation

a) Location of Incorporation:

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b) Parent Corporation of Applicant:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

c) Subsidiary Corporation(s) of Applicant:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

d) Corporate Officers:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e) Agent designated by the corporation for purposes of service:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

12. If the Applicant's business entity is a Partnership, please list the general partners.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

13. If the Applicant's business entity is a Proprietorship, please enter the proprietor's information.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

14. Permit numbers for Applicant's previously issued NPDES Permits and identification of any other State of Alabama Environmental Permits presently held by the Applicant, its parent corporation, or subsidiary corporations within the State of Alabama:

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

15. Identify all Administrative Complaints, Notices of Violation, Directives, Administrative Orders, or Litigation concerning water pollution, if any, against the Applicant, its parent corporation or subsidiary corporations within the State of Alabama within 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**SECTION B – BUSINESS ACTIVITY**

1. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes (If more than one applies, list in order of importance:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

2. If your facility conducts or will be conducting any of the processes listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply):

Industrial Categories

- |                          |  |                          |   |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Aluminum Forming                                 | <input type="checkbox"/> | Metal Molding and Casting                 |
| <input type="checkbox"/> | Asbestos Manufacturing                           | <input type="checkbox"/> | Metal Products                            |
| <input type="checkbox"/> | Battery Manufacturing                            | <input type="checkbox"/> | Nonferrous Metals Forming                 |
| <input type="checkbox"/> | Can Making                                       | <input type="checkbox"/> | Nonferrous Metals Manufacturing           |
| <input type="checkbox"/> | Canned and Preserved Fruit and Vegetables        | <input type="checkbox"/> | Oil and Gas Extraction                    |
| <input type="checkbox"/> | Canned and Preserved Seafood                     | <input type="checkbox"/> | Organic Chemicals Manufacturing           |
| <input type="checkbox"/> | Cement Manufacturing                             | <input type="checkbox"/> | Paint and Ink Formulating                 |
| <input type="checkbox"/> | Centralized Waste Treatment                      | <input type="checkbox"/> | Paving and Roofing Manufacturing          |
| <input type="checkbox"/> | Carbon Black                                     | <input type="checkbox"/> | Pesticides Manufacturing                  |
| <input type="checkbox"/> | Coal Mining                                      | <input type="checkbox"/> | Petroleum Refining                        |
| <input type="checkbox"/> | Coil Coating                                     | <input type="checkbox"/> | Phosphate Manufacturing                   |
| <input type="checkbox"/> | Copper Forming                                   | <input type="checkbox"/> | Photographic                              |
| <input type="checkbox"/> | Electric and Electronic Components Manufacturing | <input type="checkbox"/> | Pharmaceutical                            |
| <input type="checkbox"/> | Electroplating                                   | <input type="checkbox"/> | Plastic & Synthetic Materials             |
| <input type="checkbox"/> | Explosives Manufacturing                         | <input type="checkbox"/> | Plastics Processing Manufacturing         |
| <input type="checkbox"/> | Feedlots   | <input type="checkbox"/> | Porcelain Enamel                          |
| <input type="checkbox"/> | Ferroalloy Manufacturing                         | <input type="checkbox"/> | Pulp, Paper, and Fiberboard Manufacturing |
| <input type="checkbox"/> | Fertilizer Manufacturing                         | <input type="checkbox"/> | Rubber                                    |
| <input type="checkbox"/> | Foundries (Metal Molding and Casting)            | <input type="checkbox"/> | Soap and Detergent Manufacturing          |
| <input type="checkbox"/> | Glass Manufacturing                              | <input type="checkbox"/> | Steam and Electric                        |
| <input type="checkbox"/> | Grain Mills                                      | <input type="checkbox"/> | Sugar Processing                          |
| <input type="checkbox"/> | Gum and Wood Chemicals Manufacturing             | <input type="checkbox"/> | Textile Mills                             |
| <input type="checkbox"/> | Inorganic Chemicals                              | <input type="checkbox"/> | Timber Products                           |
| <input type="checkbox"/> | Iron and Steel                                   | <input type="checkbox"/> | Transportation Equipment Cleaning         |
| <input type="checkbox"/> | Leather Tanning and Finishing                    | <input type="checkbox"/> | Waste Combustion                          |
| <input type="checkbox"/> | Metal Finishing                                  | <input type="checkbox"/> | Other (specify) _____                     |
| <input type="checkbox"/> | Meat Products                                    |                          |   |

A facility with processes inclusive in these business areas may be covered by Environmental Protection (EPA) categorical standards. These facilities are termed "categorical users" and should skip to question 2 of Section C.

3. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

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**SECTION C – WASTEWATER DISCHARGE INFORMATION**

Facilities that checked activities in question 2 of Section B and are considered Categorical Industrial Users should skip to question 2 of this section.

1. **For Non-Categorical Users Only:** Provide wastewater flows for each of the processes or proposed processes. Using the process flow schematic (Figure 1, pg 14), enter the description that corresponds to each process. [New facilities should provide estimates for each discharge.]

Process Description	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow	Discharge Type (batch, continuous, intermittent)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

Non-Process Discharges (e.g. non-contact cooling water)	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow
_____	_____	_____
_____	_____	_____

2. **Complete this Section only if you are subject to Categorical Standards and plan to directly discharge the associated wastewater to a water of the State.** If Categorical wastewater is discharged exclusively via an indirect discharge to a public or privately-owned treatment works, check "Yes" in the appropriate space below and proceed directly to part 2.c .

[ ] Yes

For Categorical Users: Provide the wastewater discharge flows or production (whichever is applicable by the effluent guidelines) for each of your processes or proposed processes. Using the process flow schematic (Figure 1, pg 14), enter the description that corresponds to each process. [New facilities should provide estimates for each discharge.]

2a.

<u>Regulated Process</u>	<u>Applicable Category</u>	<u>Applicable Subpart</u>	<u>Type of Discharge Flow (batch, continuous, intermittent)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2b.

<u>Process Description</u>	<u>Last 12 Months (gals/day) Highest Month Average*</u>	<u>Highest Flow Year of Last 5 (gals/day) Monthly Average*</u>	<u>Discharge Type (batch, continuous, intermittent)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\* Reported values should be expressed in units of the applicable Federal production-based standard. For example, flow (MGD), production (pounds per day), etc.**

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute

Percent of total discharge: \_\_\_\_\_

2c.

<u>Non categorical Process Description</u>	<u>Last 12 Months (gals/day) Highest Month Avg. Flow</u>	<u>Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow</u>	<u>Discharge Type (batch, continuous, intermittent)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute

Percent of total discharge: \_\_\_\_\_

2d.

Non-Process Discharges (e.g. non-contact cooling water)	Last 12 Months (gals/day) Highest Month Avg. Flow	Highest Flow Year of Last 5 (gals/day) Monthly Avg. Flow
_____	_____	_____
_____	_____	_____

**All Applicants must complete Questions 3 – 5.**

3. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Flow Metering	Yes	___	No	___	N/A	___
Sampling Equipment	Yes	___	No	___	N/A	___

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

\_\_\_\_\_  
\_\_\_\_\_

4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, skip Question 5)

Briefly describe these changes and their anticipated effects on the wastewater volume and characteristics:

\_\_\_\_\_  
\_\_\_\_\_

5. List the trade name and chemical composition of all biocides and corrosion inhibitors used:

Trade Name	Chemical Composition
_____	_____
_____	_____
_____	_____

For each biocide and/or corrosion inhibitor used, please include the following information:

- (1) 96-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach,
- (2) quantities to be used,
- (3) frequencies of use,
- (4) proposed discharge concentrations, and
- (5) EPA registration number, if applicable

**SECTION D – WATER SUPPLY**

Water Sources (check as many as are applicable):

- Private Well  Surface Water  
 Municipal Water Utility (Specify City): \_\_\_\_\_  Other (Specify): \_\_\_\_\_

**IF MORE THAN ONE WELL OR SURFACE INTAKE, PROVIDE DATA FOR EACH ON AN ATTACHMENT**

City: \_\_\_\_\_ \*MGD Well: \_\_\_\_\_ \*MGD Well Depth: \_\_\_\_\_ Ft. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Surface Intake Volume: \_\_\_\_\_ \*MGD Intake Elevation in Relation to Bottom \_\_\_\_\_ Ft.

Intake Elevation: \_\_\_\_\_ Ft. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Name of Surface Water Source: \_\_\_\_\_

\* MGD – Million Gallons per Day

**Cooling Water Intake Structure Information**

**Complete questions 1 and 2 if your water supply is provided by an outside source and not by an onsite water intake structure? (e.g., another industry, municipality, etc...)**

1. Does the provider of your source water operate a surface water intake? Yes  No   
(If yes, continue, if no, go to Section E.)

a) Name of Provider \_\_\_\_\_ b) Location of Provider \_\_\_\_\_

c) Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

2. Is the provider a public water system (defined as a system which provides water to the public for human consumption or which provides only treated water, not raw water)? Yes  No   
(If yes, go to Section E, if no, continue.)

**Only to be completed if you have a cooling water intake structure or the provider of your water supply uses an intake structure and does not treat the raw water.**

3. Is any water withdrawn from the source water used for cooling? Yes  No

4. Using the average monthly measurements over any 12-month period, approximately what percentage of water withdrawn is used exclusively for cooling purposes? \_\_\_\_\_%

5. Does the cooling water consist of treated effluent that would otherwise be discharged? Yes  No   
(If yes, go to Section E, if no, complete questions 6 – 17.)

6. a. Is the cooling water used in a once-through cooling system? Yes  No   
b. Is the cooling water used in a closed cycle cooling system? Yes  No

7. When was the intake installed?  
(Please provide dates for all major construction/installation of intake components including screens)

8. What is the maximum intake volume?  
(maximum pumping capacity in gallons per day)

9. What is the average intake volume?  
(average intake pump rate in gallons per day average in any 30-day period)

10. What is the actual intake flow (AIF) as defined in 40 CFR §125.92(a)? \_\_\_\_\_MGD
11. How is the intake operated? (e.g., continuously, intermittently, batch)
12. What is the mesh size of the screen on your intake?
13. What is the intake screen flow-through area?
14. What is the through-screen design intake flow velocity? \_\_\_\_\_ ft/sec
15. What is the through-screen actual velocity (in ft/sec)? \_\_\_\_\_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. Attach a site map showing the location of the water intake in relation to the facility, shoreline, water depth, etc.

**SECTION E – WASTE STORAGE AND DISPOSAL INFORMATION**

Provide a description of the location of all sites involved in the storage of solids or liquids that could be accidentally discharged to a water of the state, either directly or indirectly via such avenues as storm water drainage, municipal wastewater systems, etc., which are located at the facility for which the NPDES application is being made. Where possible, the location should be noted on a map and included with this application:

Description of Waste	Description of Storage Location

Provide a description of the location of the ultimate disposal sites of solid or liquid waste by-products (such as sludges) from any wastewater treatment system located at the facility.

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

**\*Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site. If any wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.**

**SECTION F – COASTAL ZONE INFORMATION**

Is the discharge(s) located within 10-foot elevation 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? \_\_\_\_\_
- B. Will the project be a source of new air emissions? \_\_\_\_\_
- C. Does the project involve dredging and/or filling? \_\_\_\_\_
- Has the Corps of Engineers (COE) permit been received? \_\_\_\_\_
- Corps Project Number \_\_\_\_\_
- D. Does the project involve wetlands and/or submersed grassbeds? \_\_\_\_\_
- E. Are oyster reefs located near the project site?  
(Include a map showing project and discharge location with respect to oyster reefs) \_\_\_\_\_
- F. Does the project involve the siting, construction and operation of an energy facility as defined in ADEM Admin. Code R. 335-8-1-.02(bb)? \_\_\_\_\_
- G. Does the project involve shoreline erosion mitigation? \_\_\_\_\_
- H. Does the project involve construction on beaches and dunes? \_\_\_\_\_
- I. Will the project interfere with public access to coastal waters? \_\_\_\_\_
- J. Does the project lie within the 100-year floodplain? \_\_\_\_\_
- K. Does the project involve the registration, sale, use, or application of pesticides? \_\_\_\_\_
- L. Does the project propose to construct a new well or alter an existing well to pump more than 50 GPD? \_\_\_\_\_
- M. Has the applicable permit been obtained? \_\_\_\_\_

**SECTION G – ANTI-DEGRADATION EVALUATION**

In accordance with 40 CFR 131.12 and the Alabama Department of Environmental Management Administrative Code, Section 335-6-10-.04 for antidegradation, the following information must be provided, if applicable. It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity. 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, go to Section H.
- 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 yes, do not complete this section.

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 and ADEM forms 311 and 313 (attached). Form 313 must be provided for each alternative considered technically viable.

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

- A. What environmental or public health problem will the discharger be correcting?
- B. How much will the discharger be increasing employment (at its existing facility or as the result of locating a new facility)?
- C. How much reduction in employment will the discharger be avoiding?
- D. How much additional state or local taxes will the discharger be paying?
- E. What public service to the community will the discharger be providing?
- F. What economic or social benefit will the discharger be providing to the community?

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## **SECTION H – EPA Application Forms**

All Applicants must submit EPA permit application forms. More than one application form may be required from a facility depending on the number and types of discharges or outfalls found there. The EPA application forms are found on the Department's website at <http://www.adem.state.al.us/>. The EPA application forms must be submitted in duplicate as follows:

1. All applicants must submit Form 1.
2. Applicants for existing industrial facilities (including manufacturing facilities, commercial facilities, mining activities, and silvicultural activities) which discharge process wastewater must submit Form 2C.
3. Applicants for new industrial facilities which propose to discharge process wastewater must submit Form 2D.
4. Applicants for new and existing industrial facilities which discharge only non-process wastewater (i.e., non-contact cooling water and/or sanitary wastewater) must submit Form 2E.
5. Applicants for new and existing facilities whose discharge is composed entirely of storm water associated with industrial activity must submit Form 2F, unless exempted by § 122.26(c)(1)(ii). If the discharge is composed of storm water and non-storm water, the applicant must also submit Forms 2C, 2D, and/or 2E, as appropriate (in addition to Form 2F).

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## **SECTION I – ENGINEERING REPORT/BMP PLAN REQUIREMENTS**

See ADEM 335-6-6-.08(i) & (j)

**SECTION J- 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 requested 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 submitted 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 requested compliance schedule.

**SECTION K – 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 "SIGNATORIES TO PERMIT APPLICATIONS AND REPORTS" (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."*

SIGNATURE OF RESPONSIBLE OFFICIAL: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

(TYPE OR PRINT)  
 NAME OF RESPONSIBLE OFFICIAL: \_\_\_\_\_

TITLE OF RESPONSIBLE OFFICIAL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

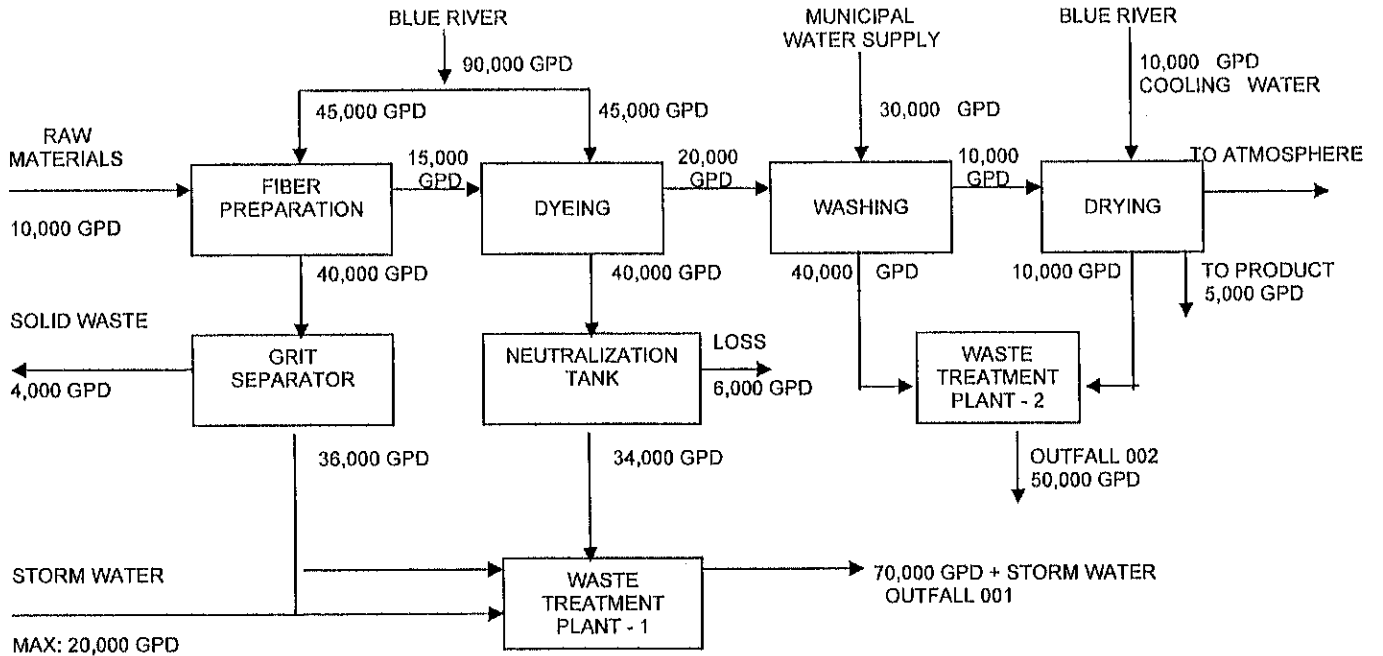
CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**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.



FIGURE 1



SCHEMATIC OF WATER FLOW  
BROWN MILLS INC  
CITY, COUNTY, STATE

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION

INSTRUCTIONS FOR COMPLETING ADEM FORM 110  
APPLICATION FOR AIR POLLUTION CONTROL DEVICE

All air pollution control devices which are connected in series to one process or one group of processes, whether existing or to be constructed, should be described on this form.

All questions which are applicable should be answered. Vendors' equipment specifications may be attached in order to adequately complete this form. If an item does not apply (except for Item 12), type "N/A" in that block.

- Item 1: Self-explanatory
- Item 2: Check all devices which are to be connected to a unit or group of units. For example, if emissions from a foundry cupola are conducted through a gas-fired afterburner, and then a quench chamber, a venturi scrubber, a cyclonic separator, the fan and stack to the atmosphere, check Afterburner, Wet Scrubber, and Other. Write "Venturi" in the space for kind of Wet scrubber and "Quench Chamber" and "Cyclonic Separator" in the space for Other.
- Item 3: Self-explanatory
- Item 4: Self-explanatory
- Item 5: Columns are provided for 3 types of pollutants emitted by a source or sources. In most cases no more than 3 types of pollutants are regulated by the State for a particular type of source. These emission parameters for the control device should coincide with the maximum operating capacity, the greatest emission rate or the most difficult control conditions for the source. The manufacturer may not guarantee every emission parameter, but the Mass Emission Rate Required by Regulation must be stated. The Department must be assured that the owner or operator has a clear understanding of the task required of the equipment.
- Item 6: Outlet conditions should be stated for those conditions within a stack or vent or at the exit to a stack or a vent. Intermediate locations may be labeled by the applicant, such as "After Cyclone" or "Before Scrubber". The velocity should be calculated based upon the actual volumetric flow.
- Item 7: Self-explanatory with the exception of UTM Coordinates, which means *Universal Transverse Mercator* Coordinates (for Alabama, N-S is between 3337.000km-3875.000km and E-W is between 362.000km-709.000km; Zone 16) and GEP Stack Height, which means *Good Engineering Practice (GEP)* stack height as defined in ADEM Administrative Code r. 335-3-14-.03(2)(a)5., 335-3-15-.02(9)(a)5., or 335-3-16-.02(10)(a)5., as applicable. This space should only be used if a GEP analysis has been performed or if the stack is a grandfathered stack, thus yielding a GEP stack height equivalent to "Height above grade."

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION**

**INSTRUCTIONS FOR COMPLETING ADEM FORM 110  
APPLICATION FOR AIR POLLUTION CONTROL DEVICE**

(Continued)

- Item 8:** A clear diagram must be presented, especially for proposed control systems with many elements. Additional sheets may be used, if necessary.
- Item 9:** Including further details with the initial application will help to expedite the issuance of a permit. Certain details may be required by the Department in order to conduct a valid review of a proposed system.
- Item 10:** Unusual features, such as fluidized beds, turning vanes, new designs, etc. should be illustrated here.
- Item 11:** Any pertinent facts not requested elsewhere are to be listed here for most devices. A number of operating parameters will be desired for complex or unusual devices, such as electrostatic precipitators, baghouses and adsorbers.
- Item 12:** This item must be completed. Give conditions under which the by-pass will be used. If no by-pass is to be installed, type "There will be no by-pass".
- Item 13:** Space is provided for two types of solid waste and two types of liquid waste. Attach additional sheets, if necessary.
- Volume of solid waste should be stated in pounds per day or tons per week. Volume of liquid waste should be stated in gallons per day.

# ADEM

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 PERMIT APPLICATION  
 FOR  
 AIR POLLUTION CONTROL DEVICE

-      -        
 (ADEM Use Only)

1. Name of firm or organization \_\_\_\_\_

2. Type of pollution control device: (if more than one, check each; however, separate forms are to be submitted for each specific device.)

- |   |   |
|---|---|
| <input type="checkbox"/> Settling chamber | <input type="checkbox"/> Electrostatic precipitator |
| <input type="checkbox"/> Afterburner      | <input type="checkbox"/> Baghouse                   |
| <input type="checkbox"/> Cyclone          | <input type="checkbox"/> Multiclone                 |
| <input type="checkbox"/> Absorber         | <input type="checkbox"/> Adsorber                   |
| <input type="checkbox"/> Condenser        | <input type="checkbox"/> Wet Suppression            |

Wet scrubber (kind): \_\_\_\_\_

Stage 1 - Vapor balance (type): \_\_\_\_\_

Other (describe): \_\_\_\_\_

3. Control device manufacturer's information:

Name of manufacturer \_\_\_\_\_ Model No. \_\_\_\_\_

4. Emission source to which device is installed or is to be installed:

\_\_\_\_\_

5. Emission parameters:

	Pollutants Removed		
	Pollutant #1	Pollutant #2	Pollutant #3
<b>Mass emission rate (#/hr)</b>			
Uncontrolled .....			
Designed .....			
Manufacturer's guaranteed .....			
<b>Mass emission rate (Expressed as units of standard)</b>			
Required by regulation .....			
Manufacturer's guaranteed .....			
<b>Removal efficiency (%)</b>			
Designed .....			
Manufacturer's guaranteed .....			

6. Gas conditions:

	Inlet	Intermediate Locations	Outlet
Volume (SDCFM, 68°F, 29.92" hg)			
(ACFM, existing conditions)			
Temperature (°F)			
Velocity (ft/sec)			
Percent moisture			

Pressure drop across device: \_\_\_\_\_ (Inches H<sub>2</sub>O)

7. Stack dimensions:

- UTM Coordinates (E-W)..... \_\_\_\_\_ (km)
- UTM Coordinates (N-S)..... \_\_\_\_\_ (km)
- Height above grade ..... \_\_\_\_\_ (feet)
- Inside diameter at exit (if opening is round)..... \_\_\_\_\_ (feet)
- Inside area at exit (if opening is not round) ..... \_\_\_\_\_ (sq. feet)
- Base Elevation..... \_\_\_\_\_ (feet)
- GEP Stack Height ..... \_\_\_\_\_ (feet)

8. Provide a flow diagram which includes gas exit from process, each control device, location of by-pass, fan or blower, each emission point, exits for collected pollutants, and location of sampling ports.

9. Enclosed are:

- Blueprints
- Manufacturer's literature
- Emissions test of existing installation
- Other \_\_\_\_\_
- Particle size distribution report
- Size-efficiency curves
- Fan curves

10. If the pollution control device is of unusual design, please provide a sketch of the device.

11. List below the important operating parameters for the device. (For example: air/cloth ratio and fabric type, weight, and weave for baghouse; throat velocity and water use rate for a venturi scrubber; etc.)

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12. By-pass (if any) is to be used when:

13. Disposal of collected air pollutants:

	Solid waste	Solid waste	Liquid waste	Liquid waste
Volume				
Composition				
Is waste hazardous?				
Method of disposal				
Final destination				

If collected air pollutants are recycled, describe:

Name of person preparing application \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION

INSTRUCTIONS FOR COMPLETION OF  
INDIRECT HEATING EQUIPMENT  
(FUEL BURNING EQUIPMENT) ADEM FORM 104

All applicable portions of this form should be completed by printing or typing. When any item is not applicable, the letters "NA" should be placed in the left margin beside the item. If the entire ADEM Form 104 is not applicable to your plant or facility, items 1 and 2 and the signature block should be completed and the words "NOT APPLICABLE" should be inserted beneath the signature block. At least one copy of this form must be included in the group of initial permit applications for each facility or plant.

For the purpose of this application, an indirect heat exchanger is defined to be a boiler or other device with the same basic function. Any questions regarding the applicability of this form should be directed to this office.

A separate permit application should be submitted for each indirect heat exchanger that requires a permit.

- Items 1-5: Are self-explanatory.
- Item 6: May be included as part of monitoring plan (if so, please indicate in space provided)
- Item 7: Potential emissions should be based on emission tests, approved emission factors, etc.  
All calculations should be attached
- Item 8: Is self-explanatory.
- Item 9: Potential emissions should be based on manufacturers' design, emission tests, approved emission factors, etc.  
All calculations should be attached
- Item 10: Stack height is that above ground level. UTM Coordinates, which means *Universal Transverse Mercator* Coordinates, for Alabama, N-S is between 3337.000km-3875.000km and E-W is between 362.000km-709.000km; Zone 16. Standard temperature is 70°F; standard pressure is 29.92 inches of Hg. Volume of gas discharged can be calculated with the gas velocity (FPS) and stack diameter (Ft).
- Item 11: Is self-explanatory.

**PERMIT APPLICATION  
FOR  
INDIRECT HEATING EQUIPMENT  
(FUEL BURNING EQUIPMENT)**

-




-

Do not write in this space

1. Name of firm or organization: \_\_\_\_\_

2. Unit Description (i.e. No. 1 Power Boiler): \_\_\_\_\_

Equipment manufacturer's information

Name of manufacturer: \_\_\_\_\_

Model number: \_\_\_\_\_

Rated capacity-input: \_\_\_\_\_ (Btu/hr.)

Boiler type:       Fire tube     Water tube     other(specify): \_\_\_\_\_

Manufactured date: \_\_\_\_\_

Proposed installation date: \_\_\_\_\_

Original installation date (if existing): \_\_\_\_\_

Reconstruction or Modification date (if applicable): \_\_\_\_\_

3. Type of fuel used:

Primary:

Fuel	Heat Content	Units	Max. % Sulfur	Max. % Ash	Grade No. [fuel oil only]	Supplier [used oil only]
Coal		Btu/lb				
Fuel Oil		Btu/gal				
Natural Gas		Btu/ft <sup>3</sup>				
L. P. Gas		Btu/ft <sup>3</sup>				
Wood		Btu/lb				
Other (specify)						

Standby:

Fuel	Heat Content	Units	Max. % Sulfur	Max. % Ash	Grade No. [fuel oil only]	Supplier [used oil only]
Coal		Btu/lb				
Fuel Oil		Btu/gal				
Natural Gas		Btu/ft <sup>3</sup>				
L. P. Gas		Btu/ft <sup>3</sup>				
Wood		Btu/lb				
Other (specify)						



4. Purpose ( if multipurpose, note percent in each use category):

Space heat \_\_\_\_\_ %    Power generation \_\_\_\_\_ %    Process heat \_\_\_\_\_ %

Other (specify): \_\_\_\_\_

5. Normal schedule of operation:

Hours per day: \_\_\_\_\_ Days per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_

6. For each regulated pollutant, describe any limitations on source operation which affects emissions or any work practice standard (attach additional page if necessary):

\_\_\_\_\_  
 \_\_\_\_\_

7. Fugitive Emissions (attach calculation worksheets):

POLLUTANT	POTENTIAL EMISSIONS		BASIS OF CALCULATION	REGULATORY EMISSION LIMIT (lb/hr)	REGULATORY EMISSION LIMIT (in units of standard)
	lb/hr	t/yr			
Particulate					
Sulfur dioxide					
Nitrogen oxides					
Carbon monoxide					
VOC's					
Other					

8. Is there any emission control equipment on this emission source?

Yes    No (If "yes", complete ADEM Form 110)

9. Point Emissions (attach calculation worksheets):

POLLUTANT	POTENTIAL EMISSIONS		BASIS OF CALCULATION	REGULATORY EMISSION LIMIT	REGULATORY EMISSION LIMIT
	lb/hr	t/yr		(lb/hr)	(in units of standard)
Particulate					
Sulfur dioxide					
Nitrogen oxides					
Carbon monoxide					
VOC's					
Other					

10. Stack data:

UTM Coordinate (E-W) \_\_\_\_\_ (km)      UTM Coordinate (N-S) \_\_\_\_\_ (km)  
 Height above grade \_\_\_\_\_ (feet)      Gas temperature at exit \_\_\_\_\_ (°F)  
 Inside diameter at exit \_\_\_\_\_ (feet)      Volume of gas discharged \_\_\_\_\_ (ACFM)  
 Base Elevation \_\_\_\_\_ (feet)

Are sampling ports available?  Yes  No (If "yes", describe. Draw on separate sheet if necessary):

11. Is this item in compliance with all applicable air pollution rules and regulations?

Yes  No (if "no", a compliance schedule, ADEM Form 437, must be attached.)

Name of person preparing application: \_\_\_\_\_

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

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION**

**INSTRUCTIONS FOR COMPLETION OF  
MANUFACTURING OR PROCESSING OPERATION ADEM FORM 105**

All applicable portions of this form should be completed by printing or typing. When any item is not applicable, the letters "NA" should be placed in the left margin beside the item. If the entire ADEM Form 105 is not applicable to your plant or facility, items 1 through 4 and the signature block should be completed and the words "NOT APPLICABLE" should be inserted beneath the signature block. At least one copy of this Form must be included in the group of initial permit applications for each facility or plant.

A separate copy of this Form is to be completed for each process, operation, machine or other source which has the potential for emission of contaminants to the atmosphere. Two or more pieces of equipment may be grouped as a single permit unit.

**Items 1 & 2: Self-explanatory**

**Item 3:** Identify the equipment as specific type; i.e., state "open hearth furnace", "electric arc furnace", etc., rather than the general term, "furnace". When two or more pieces of equipment are grouped as a unit, then the individual component of the unit must be identified. If the unit receives input material from, or provides input material to, another operation in your facility, the relationship should be made clear.

**Item 4: Self-explanatory**

**Item 5:** All raw materials input to the unit are to be identified, including solid fuels such as coal or coke. Exclude fuels for indirect heat exchangers; these are to be included on ADEM Form 104.

**Item 6:** Do not include those fuels used in indirect heat exchangers, for which ADEM Form 104 is provided.

**Item 7:** List all products, including intermediates used in other operations, and those which are not usable because they do not meet specifications.

**Item 8:** May be included as part of monitoring plan (if so, please indicate in space provided)

**Item 9:** If the answer to this item is "yes", the application will not be considered complete unless ADEM Form 110 is attached to Form 105.

- Item 10:** Each stack, vent, etc. which may emit air contaminants is to be separately identified with a number which is also used in Item 12. Stack height is that above ground level. UTM Coordinates, which means *Universal Transverse Mercator* Coordinates, for Alabama, N-S is between 3337.000km-3875.000km and E-W is between 362.000km-709.000km; Zone 16. Standard temperature is 70°F; standard pressure is 29.92 inches of Hg. Volume of gas discharged can be calculated with the gas velocity (FPS) and stack diameter (Ft). Emission points not associated with a stack or vent should be labeled as "fugitives" under stack height.
- Item 11:** Each air contaminant which is known or suspected to be emitted from each emission point is to be listed. The allowable emission specified in the Regulation must be stated. The Department must be assured that the owner or operator has a clear understanding of the allowable emission rate.
- Item 12:** If applications for more than one process are being submitted for a facility, the use of a single flow diagram for the entire facility is allowed. Use of one flow diagram is suggested for integrated operations. Points of air contaminant emissions are to be numbered to correspond with those points listed in Item 10.
- Item 13:** If the answer is no, then an ADEM Form 437 form should be attached.
- Item 14:** Self-explanatory
- Item 15:** This item is designed to determine if there are any fugitive dust problems associated with material handling of either the raw materials or finished products used in the process.

**USE ADDITIONAL SHEETS IF NECESSARY**

**PERMIT APPLICATION  
FOR  
MANUFACTURING OR PROCESSING OPERATION**

□ □ □ □ - □ □ □ □ □ □ - □ □ □ □ □ □

Do not write in this space

1. Name of firm or organization: \_\_\_\_\_

2. Briefly describe the operation of this unit or process in your facility: (separate forms are to be submitted for each type of process or for multiple units of one process type. If the unit or process receives input material from, or provides input material to, another operation, please indicate the relationship between the operations.) An application should be completed for each alternative operating scenario.

Operating scenario number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Type of unit or process (e.g., calcining kiln, cupola furnace): \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Rated process capacity (manufacturer's or designer's guaranteed maximum) in pounds/hour: \_\_\_\_\_

Manufactured date: \_\_\_\_\_ Proposed installation date: \_\_\_\_\_

Original installation date (if existing): \_\_\_\_\_

Reconstruction or Modification date (if applicable): \_\_\_\_\_

4. Normal operating schedule:

Hours per day: \_\_\_\_\_ Days per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_

Peak production season (if any): \_\_\_\_\_

5. Materials (feed input) used in unit or process (include solid fuel materials used, if any):

Material	Process Rate Average (lb/hr)	Maximum (lb/hr)	Quantity tons/year

6. Total heat input capacity of process heating equipment (exclude fuel used by indirect heating equipment previously described on ADEM Form 104): \_\_\_\_\_ MMBtu/hr

Fuel	Heat Content	Units	Max. % Sulfur	Max. % Ash	Grade No. [fuel oil only]	Supplier [used oil only]
Coal		Btu/lb				
Fuel Oil		Btu/gal				
Natural Gas		Btu/ft <sup>3</sup>				
L. P. Gas		Btu/ft <sup>3</sup>				
Wood		Btu/lb				
Other (specify)						

7. Products of process or unit:

Products	Quantity/year	Units of production

8. For each regulated pollutant, describe any limitations on source operation which affects emissions or any work practice standard (attach additional page if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is there any emission control equipment on this emission source?

Yes  No (Where a control device exists, ADEM Form 110 must be completed and attached).

10. Air contaminant emission points: (Each point of emission should be listed separately and numbered so that it can be located on the attached flow diagram):

Emission Point	Stack							
	UTM Coordinates		Height Above Grade (Feet)	Base Elevation (Feet)	Diameter (Feet)	Gas Exit Velocity (Feet/Sec)	Volume of Gas Discharged (ACFM)	Exit Temperature (°F)
	E-W (km)	N-S (km)						

\* Std temperature is 68°F - Std pressure is 29.92" in Hg.

11. Air contaminants emitted: Basis of estimate (material balance, stack test, emission factor, etc.) must be clearly indicated on calculations appended to this form. Fugitive emissions must be included and calculations must be appended.

Emission Point	Pollutants	Potential Emissions			Regulatory Emission Limit	
		(lb/hr)	(Tons/yr)	Basis of Calculation	(lb/hr)	(units of standard)

12. Using a flow diagram:
- (1) Illustrate input of raw materials,
  - (2) Label production processes, process fuel combustion, process equipment and air pollution control equipment,
  - (3) Illustrate locations of air contaminant release so that emission points under item 10 can be identified.

(Check box if extra pages are attached)  
Process flow diagram



13. Is this unit or process in compliance with all applicable air pollution rules and regulations?

Yes     No

(if "no", a compliance schedule, ADEM Form 437 must be completed and attached.)

14. Does the input material or product from this process or unit contain finely divided materials which could become airborne?

Yes     No

15. If "yes", is this material stored in piles or in some other facility as to make possible the creation of fugitive dust problems?

Yes     No

List storage piles or other facility (if any):

Type of material	Particle size (diameter or screen size)	Pile size or facility (average tons)	Methods utilized to control fugitive emissions (wetted, covered, etc.)

Name of person preparing application: \_\_\_\_\_

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

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
AIR DIVISION

INSTRUCTIONS FOR  
COMPLETION OF ADEM FORM 112

- Item 1: Self-explanatory.
- Item 2: Each degreasing unit should be identified here. This identification should be used consistently throughout this form to describe the actual degreasing unit. List all solvents utilized by each degreasing unit. Solvent consumption should be based on the amount of solvents purchased minus the amount of solvents reclaimed if any. Reclaimed solvents include only those solvents which have been recovered for reuse or have been separated for disposal. Estimates of disposed solvent amounts must be based on accurate and well kept records. Use additional sheets if necessary.
- Item 3: The type of solvent metal cleaning operation is to be indicated here. This form may be completed for more than one type of operation.
- Item 4: Self-explanatory.
- Item 5: The description of the solvent metal cleaning device(s) should be given here. The vapor area should be equal to that area within the degreasing unit, length x width, in which the solvent remains in a gaseous form. The freeboard ratio is equal to the freeboard height divided by the width of the degreaser. For cold cleaning devices, the freeboard height is equal to the distance from the solvent liquid level in the degreaser tank to the lip of the tank. For vapor degreasers, the freeboard height is equal to the distance from the solvent vapor level in the tank to the lip of the tank. The operating time should include only that time in which the degreasing unit is being operated in terms of hours per day, days per week and weeks per year.
- Item 6: Give a chronological history of the degreasing operation including the original installation date, modification dates and a detailed description of each modification made. Include in this description, the effect the modification(s) had on the capacity of the unit as well as any effects the modification(s) had on the amount or type of air contaminants emitted from the degreasing operation. Include a separate history for each unit identifying the unit with the appropriate degreaser identification. Use additional sheets if necessary.
- Item 7 Self-explanatory

- Item 8** Each stack, vent, etc. which may emit air contaminants is to be separately identified with a number which is also used in Item 12. Stack height is that above ground level. UTM Coordinates, which means *Universal Transverse Mercator* Coordinates, for Alabama, N-S is between 3337.000km-3875.000km and E-W is between 362.000km-709.000km; Zone 16. Standard temperature is 70°F; standard pressure is 29.92 inches of Hg. Volume of gas discharged can be calculated with the gas velocity (FPS) and stack diameter (Ft).
- Item 9:** Each stack, vent, etc., which may emit air contaminants, along with its appropriate degreaser identification, is to be separately identified with a number which was also used in Item 8. Pollutants should not be listed as "VOC's" in Item 9 but should include the actual chemicals which make up the solvent i.e. xylene, toluene, etc.. The basis of the estimates should include material balance, stack test, emission factors manual, etc.. Emission points not associated with a stack or vent should be labeled as "Fugitives".
- Flow diagram** If applications for more than one permit are being submitted for a facility, the use of a single flow diagram for the entire facility is allowed. The use of one flow diagram is suggested for integrated operations. Points of air contaminant emissions are to be numbered and degreaser identifications are to be labeled to correspond with the numbers and labels listed in Items 8 and 9.

**PERMIT APPLICATION  
FOR  
SOLVENT METAL CLEANING**

-




-

Do not write in this space

1. Name of firm or organization. \_\_\_\_\_

2. Description of solvents used:

Degreaser Identification	Solvents	Volatility (psia @ 100°f)	Consumption/yr* (gallons)	Density (lbs/gal)

\* consumption = amount purchased less amount reclaimed.

3. Number of solvent metal cleaning devices by type:

Cold cleaning devices \_\_\_\_\_

Conveyorized degreasers \_\_\_\_\_

Open top degreasers \_\_\_\_\_

4. Are all solvent metal cleaning operations in compliance with all applicable air pollution rules and regulations?

yes     no

(If "no", a compliance schedule, ADEM Form 437, must be completed and attached.)

5. Description of solvent metal cleaning devices:

EXAMPLE

TYPE DEGREASER	Conveyorized		
DEGREASER IDENTIFICATION	Unit no. 1		
MANUFACTURER	Baron Blakeslee		
MODEL NUMBER	1624		
TYPE SOLVENT USED	trichlorethylene		
TEMP. OF SOLVENT - °F	190		
VAPOR AREA - SQ. FT.	41.3		
FREEBOARD RATIO	0.75		
EQUIPPED WITH COVER	yes		
EQUIP W/CONDENSER FLOW SW	no		
EQUIP W/THERMOSTAT	yes		
EQUIP W/REFRIGERATED CHILLER	yes		
EQUIP W/SPRAY PUMP SAFETY SW	no		
EQUIP W/LEVEL CONTROL SW	no		
NORMAL OPERATING SCHEDULE [FOR EXISTING UNITS ONLY]	8 hr/day, 5 days/week, 50 weeks/yr		

6. Attach a chronological history of the degreasing operation including the original installation date, modification dates, and a detailed description of each modification. Include a separate history for each degreasing unit identified with its appropriate degreaser identification.

7. For each regulated pollutant, describe any limitations on source operation which affects emissions or any work practice standard (attach additional pages if necessary):

8. Air contaminant emission points: (Each point of emission should be listed separately and numbered so that it can be located on the attached flow diagram):

Emission Point	UTM Coordinates		Height Above Grade (Feet)	Base Elevation (Feet)	Diameter (Feet)	Gas Exit Velocity (Feet/Sec)	Volume of Gas Discharged (ACFM)	Exit Temperature (°F)
	Stack							
	E-W (km)	N-S (km)						

9. Air contaminants emitted: fugitives must be included and calculations appended.

Emission point	Degreaser Identification	Pollutant	Potential emission rate		Basis for Calculation	Regulatory emission limit	
			(lbs/hr)	(tons/yr)		(lbs/hr)	(units of standard)

\* material balance, stack test, emission factors manual, etc.

\*\*For each pollution control device indicated, an ADEM Form 110 must be completed and attached.

Name of person preparing application: \_\_\_\_\_

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

9. Using a flow diagram, illustrate locations of air contaminant release so that emission points under item 8 can be identified.

FLOW DIAGRAM



ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 Instructions for  
**ADEM Form 107**  
 Permit Application for  
 Stationary Internal Combustion Engines

Item	Description
1	Self explanatory
2	In addition to selecting the purpose of the application, you must provide (1) the date the facility plans to commence construction if the application is for the installation or modification of an engine, and/or (2) the date the engine was first installed at this location if the application is for an engine that is currently installed at the facility.
3A, 3B, & 3C	Self explanatory
3D	Provide the name or number used to identify this engine in facility records and by facility employees. Examples include: Generator No. 1; Mainline Unit No. 12; Compressor Engine No. 7, etc.
3E	Self explanatory. Please note, if the serial number is not known at the time the application is submitted, you should provide the serial number to the Air Division upon completion of installation of the engine.
4A	If the proposed engine is a new (unused) engine, you must provide the date the engine was ordered from the manufacturer. This date is needed to determine applicability under certain federal regulations. If the proposed engine is used, you may leave this field blank.
4B	Self explanatory. However, if the engine has been/will be ordered from a manufacturer, you may enter "Unknown" if the Date of Manufacture is not known or the engine has not been manufactured yet. You should provide the Date of Manufacture to the Air Division upon completion of installation of the engine.
4C	Provide the date the engine was modified or reconstructed as defined in Subpart A of either 40 CFR Part 60 or 63, as applicable.
4D	You must only provide this information if the application is for the installation of a used engine. Applicability under federal NSPS and NESHAP regulations is not affected by moving an engine from one location to another. To correctly determine applicability, it is important to know when an engine was first placed into service.
5	Self explanatory. For engines generating electricity, please also provide the maximum electrical output and specify the units, either in kilowatts (kWe) or megawatts (MWe).
6	Self explanatory
7A, 7B & 7C	For a reciprocating engine, please provide the engine power rating in both brake horsepower and mechanical kilowatts (1 bhp = 0.746 kWm). If the engine drives an electrical generator do <u>not</u> use the electrical kilowatt rating for the generator as the rating for the engine. For a combustion turbine, you only need to provide the heat input (MMBtu/hr) unless the emission factors used to calculate the potential emission are based on brake horsepower (bhp). If so, you must also provide the brake horsepower of the turbine.
7D, 7E, 7F & 7G	Self explanatory
7H	Please note that the cylinder displacement is needed for an <u>individual</u> cylinder for applicability purposes. You should divide the total engine displacement by the number of cylinders. If the cylinder displacement (volume) is in units of cubic inches, it can be converted by dividing the number of cubic inches for one cylinder by 61.02 (i.e. 1 liter=61.02 cubic inches).
8 thru 10	Self explanatory except UTM Coordinates, which means Universal Transverse Mercator Coordinates, for Alabama, N-S is between 3337.000km-3875.000km and E-W is between 362.000km-709.000km; Zone 16
11	Mark all federal regulations under which the engine is an AFFECTED SOURCE, regardless of whether the engine has any applicable emission standards or work/management practice requirements.
12 thru 14	Self explanatory
15	This area is for you to provide any information that you wish to provide to supplement this application. If the information is providing clarification for a specific item in the form, please indicate which item the information is clarifying or supplementing.

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 PERMIT APPLICATION FOR  
 STATIONARY INTERNAL COMBUSTION ENGINES

-     -      
 Permit Number (ADEM Use Only)

**1. Facility Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**2. Purpose of Application:**

Initial installation of a new engine (i.e. engine that has never been in service at any location)  
 Initial installation of a used engine (i.e. an engine that has been in service at another location)  
 Modification/Reconstruction of an engine currently installed at the facility  
 Update information for an engine currently installed at the facility  
 Title V Application  
 Other, please describe: \_\_\_\_\_

If this application is for the installation, modification, or reconstruction of an engine, please provide the date construction is scheduled to begin: \_\_\_\_\_  
  
 If this application is for an engine currently installed at this facility, please provide the date that the engine was initially installed at this facility: \_\_\_\_\_

**3. Engine Identification:**

A. Manufacturer's Name: \_\_\_\_\_ B. Model Number: \_\_\_\_\_ C. Model Year: \_\_\_\_\_  
 D. Facility's Identification Number or Description: \_\_\_\_\_ E. Serial Number: \_\_\_\_\_

**4. Engine Applicability Dates:**

A. For a new engine, Date Ordered: \_\_\_\_\_ B. Date Manufactured: \_\_\_\_\_ C. Date Modified/Reconstructed: \_\_\_\_\_  
 D. For a used engine, approximate date engine was first placed into service at any location: \_\_\_\_\_

**5. Engine Function:**  Compression  Electrical Generation (Maximum Electrical Output: \_\_\_\_\_)  Fire Pump Driver  
 Other Pump Driver  Research & Development  Test Cell/Stand  Other, please describe: \_\_\_\_\_

**6. Engine Operation:**  Emergency Only  Non-emergency, please provide typical operating schedule in Items A-D below:  
 Limited Use (<100 hr/yr) A. Hours Per Day: \_\_\_\_\_ B. Days Per Week: \_\_\_\_\_ C. Weeks per Year: \_\_\_\_\_  
 D. Peak Season (if any): \_\_\_\_\_

**7. Engine Specifications:**

A. Maximum Brake Horsepower (bhp): \_\_\_\_\_ B. Maximum Engine Power (kW<sub>m</sub>): \_\_\_\_\_ C. Maximum Heat Input (MMBtu/hr): \_\_\_\_\_  
 D. Type:  Simple Cycle Turbine  Combined Cycle Turbine  Regenerative Cycle Turbine  Reciprocating Engine  
 E. Piston Movement:  2-Stroke RICE  4-Stroke RICE  N/A  Other: \_\_\_\_\_  
 F. Air/Fuel Mix:  Rich Burn RICE  Lean Burn RICE  Diffusion Flame Turbine  Lean Premix Turbine  Other: \_\_\_\_\_  
 G. Ignition Type:  Spark  Compression  N/A H. Cylinder Displacement (Liters per cylinder): \_\_\_\_\_

**8. Fuel Information:**

	Fuel Type/Description	Sulfur Content (indicate % by weight OR ppm)	Fuel-bound Nitrogen Content (indicate % by weight OR ppm)	Percent (%) of Gross Heat Input on Annual Basis
Primary Fuel				
Secondary/Backup				

**9. Stack Parameters (if a control device is installed, the information should be for the control device's stack exit):**

A. Height above grade (feet): \_\_\_\_\_ B. Inside Diameter at Exit (feet): \_\_\_\_\_ C. Exhaust Gas Volume (ACFM): \_\_\_\_\_  
 D. Base Elevation (feet): \_\_\_\_\_ E. Exhaust Gas Temperature°F: \_\_\_\_\_ F. Are sampling ports available?  Yes  No  
 G. UTM Coordinate (E-W) (km): \_\_\_\_\_ H. UTM Coordinate (N-S) (km): \_\_\_\_\_

**10. Point Source Emissions (You must attach calculations and, if used as the basis for emission estimates, manufacturer specification sheets):**

Pollutant	Uncontrolled <sup>1</sup> Potential Emission Rate		Controlled <sup>1,2</sup> Potential Emission Rate		Basis for Potential Emissions Calculation/Estimate (e.g. AP-42, Manufacturer Data)	Comment (Optional)
	lb/hr	ton/yr	lb/hr	ton/yr		
NOx						
CO						
VOC						
PM						
SO2						
Formaldehyde						
Total HAP						

<sup>1</sup>Potential emissions should be calculated based on 8,760 hr/yr and maximum operation unless an enforceable limit will be applicable.

<sup>2</sup>If the pollutant is uncontrolled, leave blank.

**11. Applicable Regulations (Mark all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> 40 CFR 63, Subpart YYYY, NESHAP for Stationary Combustion Turbines | <input type="checkbox"/> 40 CFR 63, Subpart ZZZZ, NESHAP for Stationary RICE                   |
| <input type="checkbox"/> 40 CFR 60, Subpart GG, NSPS for Stationary Gas Turbines            | <input type="checkbox"/> 40 CFR 60, Subpart IIII, NSPS for Stationary Compression Ignition ICE |
| <input type="checkbox"/> 40 CFR 60, Subpart KKKK, NSPS for Stationary Combustion Turbines   | <input type="checkbox"/> 40 CFR 60, Subpart JJJJ, NSPS for Stationary Spark Ignition ICE       |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Other: _____  |

**12. Regulatory Standards, Limitations, and Requirements:**

A.	Pollutant/Parameter	Rate/Value	Units of Standard	Regulatory Basis <sup>3</sup>	Engine Potential Emission Rate (in units of standard)
	<i>Example: NOx + NMHC</i>	<i>6.4</i>	<i>g/kW-hr</i>	<i>NSPS, Subpart IIII</i>	<i>4.95 g/kW-hr</i>
	<i>Example: Annual Operation</i>	<i>6,000</i>	<i>hr/yr</i>	<i>SMS-PSD</i>	<i>NA</i>

<sup>3</sup>For federal regulations, specify which NSPS or NESHAP is the basis. If a synthetic minor limit is being requested or is already applicable, specify either SMS-PSD or SMS-Title V

B. For engines subject to emission standards under NSPS, Subpart IIII or NSPS, Subpart JJJJ, is this engine certified by the manufacturer pursuant to the applicable regulation to meet the applicable emission standards?  N/A  No  Yes (If yes, attach a copy of the certification)

C. For emergency or limited use engines, is this engine equipped with a non-resettable hour meter?  N/A  No  Yes

**13. Pollution Control Information:**

**A. Device/Technology Type(s):**

- No Controls
- Air-to-Fuel Ratio Controller
- Water or Steam Injection
- Low NO<sub>x</sub> Burners
- Oxidation Catalyst
- Selective Non-catalytic Reduction (SNCR)
- Non-selective Catalytic Reduction (NSCR/3-way Catalyst)
- Selective Catalytic Reduction (SCR)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**B. Control Efficiencies (Typical Operation)**

Pollutant	% Reduction
NO <sub>x</sub>	
CO	
VOC	
Formaldehyde	

**C. Operational Parameters (if any):**

**14. Compliance Status:**

Is this engine in compliance with all applicable air pollution rules and regulations?     Yes     No (if "No", must attach ADEM Form 437)

**15. Clarifying/Supplemental Information (Optional):**

Please provide the following for the person preparing this application:

Name (Print or Type): \_\_\_\_\_ Company/Affiliation: \_\_\_\_\_

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

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
Air Division

INSTRUCTIONS FOR COMPLETION OF DATA SHEET FOR WASTE DISPOSAL  
ADEM FORM 106

All applicable portions of this form should be completed by printing or typing. When any item is not applicable, the letters "NA" should be placed in the left margin beside the item. If the entire ADEM Form 106 is not applicable to your plant or facility, Item 1 and the signature block should be completed and the words "NOT APPLICABLE" should be inserted beneath the signature block. At least one copy of this form must be included in the group of initial permit applications for each facility or plant.

This form serves two purposes. The primary purpose is to provide information for the permit application. The secondary purpose is to inventory the waste generated at each plant and determine the method used to dispose of it. The form may be considered not applicable if normal office waste is the only waste generated and it is not burned. Otherwise, all applicable sections must be completed whether a permit is required or not.

SECTION I

- Item 1: Identify the name of the facility.
- Item 2: The quantity (tons per year) of each type of waste generated should be provided and the method of disposal indicated. Please use the disposal codes listed beneath the box.
- Item 3: Indicate whether the disposal methods comply with all applicable air pollution regulations. If they do not, attach a ADEM Form 437.

SECTION II

Complete this section if any waste is disposed of by incineration.

- Item 1: This information is design criteria and can be found on the incinerator manufacturer's name plate. The name plate should be in a conspicuous place on the incinerator. The "Type of Waste" refers to the Incinerator Institute of America classification of waste (except for Type 7, hazardous waste).
- Items 2-11 Self-explanatory
- Item 12: Stack height is that above ground level. UTM Coordinates, which means *Universal Transverse Mercator* Coordinates, for Alabama, N-S is between 3337.000km-3875.000km and E-W is between 362.000km-709.000km; Zone 16. Standard temperature is 70°F; standard pressure is 29.92 inches of Hg. Volume of gas discharged can be calculated with the gas velocity (FPS) and stack diameter (Ft).
- Item 13: Self-explanatory

**PERMIT APPLICATION  
FOR  
WASTE DISPOSAL**

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Do not write in this space

**SECTION I**

1. Name of firm or organization: \_\_\_\_\_

2. Type and quantity of waste generated:

Type waste	Quantity - tons/yr	Disposal method code*
Paper		
Cardboard		
Wood		
Plastic		
Rubber		
Gaseous		
Liquid		
Pathological		
Incombustibles		
Garbage		
Other		

\* method codes

(1) incineration

(2) company operated on-site disposal

(3) commercial disposal service

(4) hauled by source to separate disposal site

(5) sold or otherwise transferred to another source for reclaiming or recycling

(6) other (specify): \_\_\_\_\_

3. Do the methods used for disposing of waste comply with all applicable air pollution rules and regulations?

yes       no

(if "no", a compliance schedule, ADEM Form 437, must be completed and attached.)

SECTION II

If waste disposal is by incineration, please complete the following:

1. Incinerator manufacturer's information:

- a. Name of manufacturer: \_\_\_\_\_
- b. Model number: \_\_\_\_\_
- c. Rated capacity (specify units): \_\_\_\_\_
- d. Check type of waste (see final page for definitions of waste types)

Type 0    Type 1    Type 2    Type 3    Type 4    Type 5    Type 6    Type 7

2. Type of incinerator (check all applicable):

- Single chamber                      Multiple chamber
- Other (specify): \_\_\_\_\_

3. Auxiliary equipment (check all applicable):

- Primary burner                      Fuel: \_\_\_\_\_ (type)
- Secondary burner                      Fuel: \_\_\_\_\_ (type)

4. Combustion air:

- Natural draft                      Starved air                      Induced draft                      Forced draft
- Other (specify): \_\_\_\_\_

5. Have tests been performed on this model incinerator?

- yes                      no                      if yes, attach copy of report

6. Waste feed method:

- Fuel fed                      Continuous direct                      Chute fed                      Batch direct

7. Operating schedule (typical)

Hours per day: from: (time) to: (time)

Days per week: on: m  t  w  t  f  s  s

Weeks per year: \_\_\_\_\_

8. For each regulated pollutant, describe any limitations on source operation which affects emissions or any work practice standard (attach additional pages if necessary):

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9. Fugitive Emissions (attach calculation worksheets):

POLLUTANT	POTENTIAL EMISSIONS		BASIS OF CALCULATION	REGULATORY EMISSION LIMIT (lb/hr)	REGULATORY EMISSION LIMIT (in units of standard)
	lb/hr	t/yr			
Particulate					
Sulfur dioxide					
Nitrogen oxides					
Carbon monoxide					
Volatile organic compounds					
Other					

10. Is there any emission control equipment on the incinerator?

yes       no      if "yes", complete ADEM Form 110



11. Point Emissions (attach calculation worksheets):

POLLUTANT	POTENTIAL EMISSIONS		BASIS OF CALCULATION	REGULATORY EMISSION LIMIT (lb/hr)	REGULATORY EMISSION LIMIT (in units of standard)
	lb/hr	t/yr			
Particulate					
Sulfur dioxide					
Nitrogen oxides					
Carbon monoxide					
Volatile organic compounds					
Other					

12. Stack data:

UTM Coordinate (E-W) \_\_\_\_\_ (km)      UTM Coordinate (N-S) \_\_\_\_\_ (km)  
 Height above grade \_\_\_\_\_ (feet)      Gas temperature at exit \_\_\_\_\_ (°F)  
 Inside diameter at exit \_\_\_\_\_ (feet)      Volume of gas discharged \_\_\_\_\_ (ACFM)  
 Base Elevation \_\_\_\_\_ (feet)

Are sampling ports available?  Yes  No (If "yes", describe. Draw on separate sheet if necessary):

13. Is this item in compliance with all applicable air pollution rules and regulations?

Yes       No      (if "no", a compliance schedule, ADEM Form 437, must be attached.)

Name of person preparing application (PRINT or TYPE): \_\_\_\_\_

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

## CLASSIFICATION OF WASTES

- Type 0**      **Trash, a mixture of highly combustible waste such as paper, cardboard, cartons, wood boxes, and combustible floor sweepings, from commercial and industrial activities. The mixtures contain up to 10% by weight of plastic bags, coated paper, laminated paper, treated corrugated cardboard, oily rags, and plastic or rubber scraps.**
- This type of waste contains 10% moisture, 5% incombustible solids and has a heating value of 8500 Btu per pound as fired.
- Type 1**      **Rubbish, a mixture of combustible waste such as paper, cardboard, cartons, wood scraps foliage and combustible floor sweepings, from domestic, commercial and industrial activities. The mixture contains up to 20% by weight of restaurant or cafeteria waste, but contains little or no treated papers, plastic or rubber wastes.**
- Type 2**      **Refuse, consisting of an approximately even mixture rubbish and garbage by weight.**
- This type of waste is common to apartment and residential occupancy consisting of up to 50% moisture, 7% incombustible solids, and has a heating value of 4300 Btu per pound as fired.
- Type 3**      **Garbage, consisting of animal and vegetable wastes from restaurants, cafeterias, hotels, hospitals, markets, and like installations.**
- This type of waste contains up to 70% moisture, up to 5% incombustible solids and has a heating value of 2500 Btu per pound as fired
- Type 4**      **Human and animal remains, consisting of carcasses, organs and solid organic wastes from hospitals, laboratories, abattoirs, animal pounds, and similar sources, consisting of up to 85% moisture, 5% incombustible solids, and having a heating value of 1000 Btu per pound as fired.**
- Type 5**      **By-product waste, gaseous, liquid or semi-liquid, such as tar, paints, solvents, sludge, fumes, etc., from industrial operations. Heating values must be determined by the individual materials to be destroyed.**
- Type 6**      **Solid by-product waste, such as rubber, plastics, wood waste, etc. from industrial operations. Heating values must be determined by the individual materials to be destroyed.**
- Type 7**      **Hazardous waste as defined in 40 CFR Part 261, Subpart A, Paragraph 261.3.**