

COMPOSTING FACILITY APPLICATION

PERMIT APPLICATION
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

1. Application type: _____ Initial Issuance
 _____ Reissuance
 _____ Modification

2. Facility Name _____

3. Applicant:
Name: _____
Address: _____

Telephone: _____

4. Location: (include county highway map or USGS map)

Township _____ Range _____
Section _____ County _____

5. Land Owner:
Name: _____
Address: _____

Telephone: _____

(Attach copy of agreement from landowner if applicable.)

6. Contact Person:
Name: _____
Position or Affiliation _____
Address: _____

Telephone: _____

Composting Facility Application - Page 2

7. **Size of Facility:** _____ Acres

8. **Identify proposed service area that solid waste will be received from:**

9. **Proposed maximum average daily volume to be received at the composting facility (choose one):**

_____ Tons/Day _____ Cubic Yards/Day

10. **List all waste streams to be accepted at the composting facility:**

11. **Per ADEM Admin. Code r. 335-13-14-.04(3), the following items should be included with this application:**

- Host government approval and Statement of Consistency;
- Legal property description and plat;
- Facility design plan;
- Facility operation plan;
- Process flow diagram;
- Fire prevention plan;
- Closure plan; and
- Names and addresses of all adjacent property owners.

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

DATE

ADEM

ANNUAL CONTAINMENT SUMP INSPECTION LOG FOR YEAR _____

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

Facility Name:		Owner:				
Address:		Address:				
City, County, Zip Code:		City, State, Zip Code:				
Facility I.D. #:		Phone #:				
Inspector Name:		Inspector Company:			Inspector Phone #:	
ADEM Unique Tank # or Dispenser #						
Product Stored (N/A for dispenser)						
Date of inspection	/ /	/ /	/ /	/ /	/ /	/ /
Type of sump inspected	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser
Lid tight and properly seals out water? (n/a for under dispenser sumps) (check correct box)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Sump free of water?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Sump free of fuel?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Sump cleaned out?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Sump free of breaches?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Sump components free of dripping or leaking fuel?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
All penetrations (boots, conduits, etc) into sump in good condition?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Piping interstitial space open, or test boots positioned, to allow product to enter sump from primary piping?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Are sensors positioned vertically near bottom of the Sump?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
During sump inspection, Were the sump sensors tested? If yes, provide sump sensor test results	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Piping in good condition?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Initials of inspector						
Repairs Needed	Date of Repair or Replacement	Description of any Repairs				

**ADEM DRAFT
SPILL CATCHMENT BASIN/SPILL BUCKET
ANNUAL TEST LOG FOR YEAR _____**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Unit at (334) 270-5655

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

ADEM Spill Catchment Basin/Spill Bucket Test Procedure

Clean the spill catchment basin/spill bucket and add enough liquid to completely fill the basin. If the liquid level drops by one quarter inch or more after at least one hour, the spill catchment basin/spill bucket fails the test. If the test fails, proceed as follows:

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

ADEM Unique Tank #						
Product Stored						
Lid in good condition and seals properly?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Water, Fuel, Trash & Debris removed from basin? (If yes, dispose of properly)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Drain valve operational?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Fill pipe cap seals properly?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Basin free of cracks or holes? (if no, it fails without testing)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Was enough liquid added to completely fill the basin	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Estimated drop in liquid level rounded to ¼ inch						
Date of test	/ /	/ /	/ /	/ /	/ /	/ /
Test start time	: : _____	: : _____	: : _____	: : _____	: : _____	: : _____
Test end time	: : _____	: : _____	: : _____	: : _____	: : _____	: : _____
Results of test	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive	<input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> inconclusive
Initials of tester						

Repairs Needed	Date of Repair or Replacement	Description of any Repairs

TERMINATION REQUEST – 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 OR DEVELOPMENT OR SALE

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

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 CBMPP AND OTHER INFORMATION AS NEEDED. PLEASE TYPE OR PRINT LEGIBLY IN INK.

Item I.

Permittee Name		Facility/Site Name	
NPDES Permit Number ALR10	Facility Street Address <u>or</u> Location Description		
County(s)		City, State, and Zip Code	

Item II.

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has all regulated activity authorized by this Permit at this facility been completed? (i.e. construction/industrial effects removed; solid waste/debris properly disposed; all disturbed areas have been fully reclaimed, permanently stabilized, or perennial vegetative cover established; and stormwater discharges do not represent an adverse impact to water quality.)
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the Permittee lost operational control of the facility/site?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the Permittee lost legal responsibility for the facility/site?
If "Yes" to any or all of questions 2 or 3, in order for this termination request to be granted, the Name, Phone Number, and Address of the succeeding responsible permittee/operator(s) <u>must</u> be listed and the succeeding responsible operator must obtain coverage:		
<div style="border-bottom: 1px solid black; width: 100%;"></div>		

"I understand that discharging pollutants in storm water associated with regulated activity to waters of the State that is not authorized by NPDES permit coverage is a violation of State law. I also understand that the submittal of this request for termination does not release the operator from liability for any violations of this permit, ADEM Administrative Code Chapter 335-6-6, or other ADEM rules until a complete and correct request for termination of the permit is received by the Department. I understand that the permittee, operator, owner, developer, contractors, home builder(s), property owners association, etc., separately or collectively, must retain permit coverage for subdivision developments or other phased developments until all disturbance activity, including individual home construction, is substantially complete. I understand that should an inspection or complaint reveal significant noncompliance with ADEM rules, an environmental problem related to the discharge of stormwater from the site or that incorrect information has inadvertently been provided, implementation of remedial measures may be required, to include resubmittal of the NOI in order to correct any deficiencies, comply with federal stormwater permitting requirements, and provide for the protection of water quality. "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.

Name & Designation of QCP	Signature	Date
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Name & Title of Responsible Official	Signature	Date
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Pursuant to Part IV.S. [Facility Identification] of the GP, the permittee is required to post and maintain facility identification. The permittee is required to post a sign at the front gate/entrance to identify the site. The permittee may use this example sign or create and use a sign meeting the requirements of Part IV.S. of the permit. If this sign is used, please make copies to post, and keep this original in your files. PLEASE PRINT CLEARLY USING BLUE OR BLACK INK. Areas that contain * are not required to be completed.

ADEM NPDES General Permit #:

ALR100000

ADEM Authorization #:

ALR10

Facility Name:

PERMITTEE:

***CONTACT:**

***PHONE #**

***ADDRESS:**

***City**

***State:**

***Zip:**

ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Item I.

Permittee Name:	Facility/Site Name:
Permit Number:	County:
Facility Entrance Latitude & Longitude:	Phone Number:
Facility Street Address or Location Description:	

Item II.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

1. <input type="checkbox"/> YES <input type="checkbox"/> NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s):
2. <input type="checkbox"/> YES <input type="checkbox"/> NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance:
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input type="checkbox"/> NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:

Item IV.

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:
1. <input type="checkbox"/> YES <input type="checkbox"/> NO Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.

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 OR DEVELOPMENT OR SALE

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

FOR OFFICE USE ONLY
NPDES PERMIT NUMBER
RECEIPT NUMBER

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

I. PERMITTEE INFORMATION Initial: Modification: Transfer: Renewal: Previous ALR _____

Permittee 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

II. FACILITY INFORMATION

Facility/Site Name	Facility Contact and Title
Facility Street Address <u>or</u> Location Description	Facility Contact Phone Number
Facility Front Gate Latitude and Longitude	City Zip Code County(s)
Directions to the Site	

III. ACTIVITY DESCRIPTION

Brief Description of Construction / Land disturbance activity(s): _____
Area of the Permitted site: Total site area in acres: _____ Total disturbed area in acres: _____

IV. RECEIVING WATERS

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.			
Receiving Water	Latitude	Longitude	Waterbody Classification

V. PRIORITY CONSTRUCTION SITE

Is this a Priority Construction Site? Yes No If yes, attach/submit a copy of the CBMPP

VI. FACILITY MAP

Please attach a USGS topographic map showing the location of the Facility including site boundaries.

VII. 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 _____

VIII. 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/controllering 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 _____

ADEM NPDES CONSTRUCTION STORMWATER NONCOMPLIANCE NOTIFICATION REPORT

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Complete this form, attach additional information as necessary, and send report to ADEM.

Item I.

Permittee Name		Facility/Site Name	
NPDES ALR10	County	Facility Contact and Title	
Facility Street Address <u>or</u> Location Description		City	State Zip
Phone Number	Fax Number	E-Mail Address	

Item II.

DESCRIPTION OF NONCOMPLIANCE OR NONCOMPLIANT DISCHARGE: _____
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Item III.

INSPECTION AND BMP CERTIFICATION REPORT(S), ANY PHOTOGRAPHS, AND ANY SAMPLING RESULTS <u>ARE ATTACHED</u> . IF NOT, PLEASE EXPLAIN: _____
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Item IV.

CAUSE OF NONCOMPLIANCE: _____

Item V.

PERIOD OF NONCOMPLIANCE: (Include exact date(s) and time(s) or, if not corrected, the anticipated time the noncompliance is expected to continue): _____

Item VI.

DESCRIPTION OF STEPS TAKEN AND/OR BEING TAKEN (PROPOSED COMPLIANCE SCHEDULE) TO REDUCE AND/OR ELIMINATE THE NONCOMPLYING DISCHARGE, REPAIR/REPLACE/UPGRADE BMPs, AND TO PREVENT ITS RECURRENCE: _____ _____

“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 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 am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Name & Designation of QCP	Signature	Date
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Name & Title of Permittee Responsible Official	Signature	Date
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ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
AIR DIVISION

INSTRUCTIONS FOR COMPLETING FORM ADEM-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 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 FORM ADEM-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.



ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

PERMIT APPLICATION

FOR

AIR POLLUTION CONTROL DEVICE

Grid boxes for identification number with label (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.)

- Settling chamber, Electrostatic precipitator, Afterburner, Baghouse, Cyclone, Multiclone, Absorber, Adsorber, Condenser, 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:

Table with columns for Pollutants Removed (Pollutant #1, #2, #3) and rows for Mass emission rate and Removal efficiency.

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 _____ (inches H₂O)

7. Stack dimensions:

- 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.)

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 _____

Notice of Temporary Closure

Submit this form to ADEM within 30 days of beginning temporary closure.

Owners must meet the following requirements:

- The tank must be emptied (less than 1 inch of residue)
- Product may be left in the tank, but only if release detection systems continue to be operated.
- Vent lines must remain open and functioning
- All other lines, pumps, manways, and ancillary equipment must be capped and secured
- Continue to operate and maintain **corrosion protection systems**

Return to:
 ADEM
 Groundwater Branch
 Post Office Box 301463
 Montgomery, Alabama 36130
 Fax: 334-270-5631
 E-mail: ustcompliance@adem.state.al.us

I. OWNERSHIP OF TANK(S)	II. LOCATION OF TANK(S)
<p>Owner Name (Corporation, Individual, Public Agency, or Other Entity)</p> <hr/> <p>Mailing Address</p> <hr/> <p>City State Zip Code</p> <hr/> <p>Contact</p> <hr/> <p>Area Code Phone Number</p>	<p>Facility I. D. Number</p> <hr/> <p>Facility Name or Company Site Identifier, as applicable</p> <hr/> <p>Street, County Road, Highway, or State Road, as applicable</p> <hr/> <p>County</p> <hr/> <p>City(Nearest) State Zip Code</p>

III. TANK(S) TEMPORARILY CLOSED					
	Unique Tank # (if registered)	Date last used	Tank Size	Grade	Amount Remaining in Tank (inches)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Owner Signature: _____	Date: _____
------------------------	-------------

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

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

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

PLEASE TYPE OR PRINT IN INK ONLY.

PURPOSE OF THIS APPLICATION

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

I. GENERAL INFORMATION

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

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

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

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

II. MEMBER INFORMATION

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

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

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

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

III. LEGAL STRUCTURE OF APPLICANT

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

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

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

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

D. Land Owner(s): _____

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

IV. COMPLIANCE HISTORY

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

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

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

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

V. OTHER PERMITS/AUTHORIZATIONS

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

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

VI. PROPOSED SCHEDULE

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

VII. ACTIVITY DESCRIPTION & INFORMATION

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

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

C. Detailed Directions to Site: _____

D. Is/ will this facility:

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

VIII. MATERIAL TO BE REMOVED, PROCESSED, OR TRANSLOADED

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

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

IX. PROPOSED ACTIVITY TO BE CONDUCTED

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

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

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

C. Narrative Description of the Activity: _____

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

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

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

Volume	Contents	Volume	Contents	Volume	Contents
_____ gallons	_____	_____ gallons	_____	_____ gallons	_____
_____ gallons	_____	_____ gallons	_____	_____ gallons	_____

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

XI. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN

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

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

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

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

XII. TOPOGRAPHIC MAP SUBMITTAL

Attach to this application a 7.5 minute series U.S.G.S. topographic map(s) or equivalent map(s) no larger than, or folded to a size of 8.5 by 11 inches (several pages may be necessary), of the area extending to at least one mile beyond property boundaries. The topographic or equivalent map(s) must include a caption indicating the name of the topographic map, name of the applicant, facility name, county, and township, range, & section(s) where the facility is located. Unless approved in advance by the Department, the topographic or equivalent map(s), at a minimum, must show:

(a) An outline of legal boundary of entire property (property lines and lease boundaries)	(i) All surrounding unimproved/improved roads
(b) An outline of the facility	(j) High-tension power lines and railroad tracks
(c) All existing and proposed disturbed areas	(k) Buildings and structures, including fuel/water tanks
(d) Location of discharge areas	(l) Contour lines, township-range-section lines
(e) Proposed and existing discharge points	(m) Drainage patterns, swales, washes
(f) Perennial, intermittent, and ephemeral streams	(n) All drainage conveyance/treatment structures (ditches, berms, etc.)
(g) Lakes, springs, water wells, wetlands	(o) Any other pertinent or significant feature
(h) All known facility dirt/improved access/haul roads	

XVII. PROPOSED NEW OR INCREASED DISCHARGES

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

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

B. If "Yes," complete this Part (XVII.B.), Part XVIII, and XIX. **Attach additional sheets/documentation and supporting information as needed.**

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

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

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

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

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

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

XVIII. ALTERNATIVES ANALYSIS – ADEM Form 311 3/02

Pursuant to ADEM Admin. Code Chapter 335-6-10, an evaluation of the discharge alternatives identified below has been completed and the following conclusions were reached. All proposed new or expanded discharges of pollutant(s) covered by the Individual NPDES permitting program are subject to the provisions of the antidegradation policy. As part of the permit application review process, the Department is required to determine, based on the applicant's demonstration, that the proposed new or increased discharge to Tier 2 waters is necessary for important economic or social development in the area in which the waters are located. As a part of this demonstration, a registered professional engineer (PE) licensed to practice in the State of Alabama must complete an evaluation of the discharge alternatives, to include calculation of total annualized project costs (Item XIX) for each technically feasible alternative. Technically feasible alternatives with total annualized pollution control project costs that are less than 110% of the preferred alternative total annualized pollution control project costs for the Tier 2 new or increased discharge proposal are considered viable alternatives. **Supporting documentation is attached, referenced, or otherwise handled as appropriate.**

Alternative	Viable	Non-Viable	Reason/Rationale For Indicating Non-Viable
1) Treatment/Discharge Proposed In This Application			
2) Land Application			
3) Pretreatment/Discharge to POTW By SID Permit			
4) Relocation of Discharge			
5) Reuse/Recycle – Pollution Prevention			
6) Other Process/Treatment Alternatives			
7) Underground Injection By UIC Permit			
8) Other Project Specific Alternative(s) Identified By the Applicant Or The ADEM			
9) Other Project Specific Alternative(s) Identified By the Applicant Or The ADEM			

COMMENTS: _____

XIX. CALCULATION OF TOTAL ANNUALIZED PROJECT COSTS FOR PRIVATE SECTOR PROJECTS - ADEM Form 313 8/02
 (ADEM Form 312 3/02 - Public Sector Project is available upon request)

This item must be completed for each technically feasible alternative evaluated in Item XVIII. **Copy, complete, and attach additional blocks/sheets and supporting information as needed.**

Capital Costs of pollution control project to be expended or financed by applicant (Supplied by applicant)	\$ _____ (1)	* While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.
Interest Rate for Financing (Expressed as a decimal)	_____ (i)	
Time Period of Financing (Assume 10 years *)	<u>10 years</u> (n)	
Annualization Factor ** = $\frac{i}{(1+i)^{10}-1} + i$ i = Interest Rate	_____ (2)	** Or refer to Appendix B (application information) for calculated annualization factors.
Annualized Capital Cost [Calculate: (1) x (2)]	\$ _____ (3)	
Annual Cost of Operation & Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration & replacement) ***	\$ _____ (4)	*** For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).
Total Annual Cost of Pollution Control Project [(3) + (4)]	\$ _____ (5)	

XXI. POLLUTION ABATEMENT PLAN (PAP) REVIEW CHECKLIST

Y	N	N/A

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

General Information:

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

Topographic Map:

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

1" - 500' or Equivalent Facility Map:

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

Detailed Design Diagrams:

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

Narrative of Operations:

Raw Materials Defined
 Processes Defined
 Products Defined

Schematic Diagram:

Points of Waste Origin
 Collection System
 Disposal System

Post Treatment Quantity and Quality of Effluent:

Flow
 Suspended Solids
 Iron Concentration
 pH

Description of Waste Treatment Facility:

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

Other:

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

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

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

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

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

The applicant is advised to contact:

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

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

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

XXIII. PROFESSIONAL ENGINEER (PE) CERTIFICATION

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

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

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

XXIV. RESPONSIBLE OFFICIAL SIGNATURE*

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

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

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

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

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

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

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

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

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

Please Type or Print In Ink

COAL PERMIT PRECIPITATION EVENT ALTERNATIVE DISCHARGE LIMITATIONS REPORT

Instructions: Your NPDES permit requires that certain information be provided in writing to the Alabama Department of Environmental Management (ADEM) to claim eligibility for precipitation event discharge limitations. Completion of this form and submission thereof to the ADEM at P. O. Box 301463, Montgomery, AL 36130-1463 with your DMRs and within the prescribed time period will satisfy this permit requirement. A detailed explanation must be attached for any “No” or blank responses or as necessary to explain any unusual circumstances.

1. Name of Permittee: _____
2. Postal Address of Permittee: _____
3. Facility Name: _____
4. NPDES Permit Number: _____
5. ASMC Permit Number(s): _____
6. Phone:() _____ Fax:() _____ Email Address: _____
7. Point Source (Outfall) Number: _____
8. Location of Outfall:
County: _____ Township: _____ Range: _____ Section: _____

9. List and explain persuasive evidence that the discharge or increase in the volume of the discharge was caused by an applicable precipitation event.

10. List and explain persuasive evidence of the amount of precipitation occurring during the applicable 24-hour event.

11. Origin of Drainage Eligible for Precipitation Event Limits – Please check the appropriate box

	Alkaline mine drainage
	Steep slope areas as defined in 515(d)(4) of SMCRA
	Mountaintop removal operations conducted pursuant to 515(c) of SMCRA
	Coal preparation plant and associated areas excluding acid and/or ferruginous drainage from coal refuse piles
	Acid and/or ferruginous drainage from coal refuse piles
	Acid and/or ferruginous mine drainage excluding drainage from mountaintop removal operations, steep slope areas, controlled surface mine drainage, and discharges from underground workings of underground mines
	* Acid and/or ferruginous mine drainage from underground workings of underground mines which commingle with other discharges eligible for precipitation event limits
	Controlled acid and/or ferruginous surface mine drainage
	Reclamation Areas
	Other – Explain in detail: _____

* Discharges of drainage from underground workings of underground mines that do not commingle with other discharges eligible for precipitation event limits are not eligible for precipitation event limits.

COAL PERMIT PRECIPITATION EVENT ALTERNATIVE DISCHARGE LIMITATIONS REPORT, continued

12. Precipitation Event Description - Please check the appropriate event

<input type="checkbox"/>	▶ 10-Year, 24-Hour Event
<input type="checkbox"/>	> 1-Year, 24-Hour Event, but ▶ 10-Year, 24-Hour Event
<input type="checkbox"/>	▶ 2-Year, 24 Hour Event
<input type="checkbox"/>	> 2-Year, 24-Hour Event, but ▶ 10-Year, 24-Hour Event
<input type="checkbox"/>	> 10-Year, 24-Hour Event

13. List the day and time at which the 24-hour precipitation event commenced and ceased.

14. Volume, or amount in inches of the applicable precipitation event _____

15. List the date and time that the discharge was sampled in accordance to the effluent limitations described in Part I,A.,3. The sample must be taken within 48 hours after the commencement of the applicable 24-hour precipitation event and prior to the cessation of the discharge or increased discharge.

Date: _____ Time: _____

16. List the date and time that the Permittee collected a sample for the purposes of analyzing the sample for the effluent limitations described in Part I,A.,1, or Part I,A.,2., whichever is applicable. This sample of the discharge must be taken within 24 to 36 hours after that cessation of the applicable 24-hour event and prior to the cessation of discharge. However, this sample is only required after the first time each calendar month that the Permittee submits a written claim of exemption from the effluent limits.

Date: _____ Time: _____

17. Did the discharge(s) for which you are claiming this exemption fail to meet the precipitation event discharge limitations pursuant to applicable permit conditions?

NO _____ YES _____

If "yes", you **must** also submit a 5-Day Notice of Noncompliance Report if the discharge(s) for which you are claiming this exemption fails to meet the precipitation event discharge limitations.

18. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

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

I understand that it is the Permittee's responsibility to ensure and verify receipt of this report by the Department, submit any additional information or explanation requested by the Department, and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this report, change."

Name and Title of Responsible Corporate Official or Authorized Agent

Signature

Date

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

**COALBED METHANE TEMPORARY PIT WASTEWATER LAND APPLICATION
CERTIFICATION REPORT**

Please Type or Print in Ink

Name of Permittee: _____

Postal Address of Permittee: _____

Facility Name: _____

NPDES/SID Permit Number: _____

County: _____

Well Pad Name & Number: _____

Well Pad Location: County: _____ Township: _____ Range: _____ Section: _____ (To nearest 1/4 section)

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

Name of Nearest Surface Receiving Stream: _____

Distance to Nearest Surface Receiving Stream: _____

Volume (gal): _____ pH (s.u.): _____ TDS (mg/l): _____

ADEM Notified: _____
Date & Time ADEM Inspector Notified

Based upon the inspection of (Date & Time) _____ performed prior to and during land application of pit wastewater from the pit(s) located at the site referenced above, which I or personnel under my direct supervision conducted

(list: _____), I certify that each land application site and all application equipment was in accordance with the land application procedures plan filed with the Department, that the pumped pit wastewater did not contain visible, floating material or oil & grease, and that all application procedures and operations were conducted in accordance with the above referenced NPDES permit and ADEM regulations.

I further certify that no unauthorized discharge to surface or ground waters has occurred as a result of these activities.

PE Name (Please Type or Print) Signature Date

PE Registration # and Affix Seal

"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."

Name and Title of Responsible Corporate Official or Authorized Agent

Signature Date

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

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

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

PLEASE TYPE OR PRINT IN INK ONLY.

PURPOSE OF THIS APPLICATION

- | | | |
|---|---|--|
| <input type="checkbox"/> "P" Outfall Change | <input type="checkbox"/> Information Update | <input type="checkbox"/> Change of Address |
| <input type="checkbox"/> Permit Transfer | <input type="checkbox"/> Change of Officers | <input type="checkbox"/> Other: _____ |

I. GENERAL INFORMATION

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

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

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

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

II. MEMBER INFORMATION

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

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

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

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

III. LEGAL STRUCTURE OF APPLICANT

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

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

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

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

D. Land Owner(s): _____

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

IV. COMPLIANCE HISTORY

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

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

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

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

V. CURRENT NPDES PERMIT RECENT APPLICATION INFORMATION

If permit transfer, list company name and facility name of current Permittee: _____

Yes No A copy of the current permit, compliance history information, and the information used to complete the most recent application for issuance or modification of this NPDES permit has been obtained and reviewed.

If "No." Please explain: _____

Yes No If "P" outfall deletion or upgradient relocation, a copy of the p outfall additional information addendum form is attached.

IV. OTHER PERMITS/AUTHORIZATIONS

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

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

XXIV. RESPONSIBLE OFFICIAL SIGNATURE*

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

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

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

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

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

Name (type or print) _____ Official Title _____

Signature _____ Date Signed _____

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

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

OTHER/ADDITIONAL INFORMATION

XXIV. RESPONSIBLE OFFICIAL SIGNATURE*

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

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

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

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

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

Name (type or print) _____ Official Title _____

Signature _____ Date Signed _____

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

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

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

**NPDES INDIVIDUAL PERMIT POLLUTION ABATEMENT/TREATMENT MEASURES AND
SEDIMENT CONTROL STRUCTURES CERTIFICATION REPORT**

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

Name of Permittee: _____

Postal Address of Permittee: _____

Facility Name: _____

NPDES Permit Number: _____

Point Source (Outfall) Number: _____

Location of Outfall:

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

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

Consulting Firm Name & Address: _____

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

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

which I or personnel under my supervision (Print name: _____) conducted, I certify that all pollution abatement/treatment structures/measures, including each basin and its associated structures, have been designed and properly constructed according to good engineering practices, and in accordance with the requirements of the above-referenced NPDES permit and: (check one)

ASMC PERMITTED OR BONDED FACILITIES

In accordance with ASMC Administrative Code 880-X-8F and 880-X-10C and/or the detailed design plans approved by ASMC.

NON-ASMC PERMITTED OR BONDED FACILITIES

ADEM Administrative Code r. 335-6-9, including Appendix A and B, and applicable sections of Chapters 335-6-3, 335-6-6, and are built:

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

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

PE Name (Please Type or Print)

Signature

Date

PE Registration # and Affix Seal

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

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

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

Name of Permittee: _____

Postal Address of Permittee: _____

Facility Name: _____

NPDES Permit Number: _____

Point Source (Outfall) Number: _____

Location of Outfall:

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

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

Consulting Firm Name & Address: _____

Consulting Firm

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

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

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

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

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

PE Name (Please Type or Print)

Signature

Date

PE Registration # and Affix Seal

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

REQUEST FOR COAL PERMIT POST-MINING DISCHARGE LIMITATIONS

Please type or print in ink. Use one form per outfall. Please complete all questions. Use "N/A" where appropriate. Incorrect/Incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances.

Instructions: Your NPDES permit requires that certain information be provided in writing to the Alabama Department of Environmental Management (ADEM) in order to obtain approval for post-mining discharge limitations for a permitted outfall and its associated drainage area. You are advised that you must continue monitoring and reporting using standard limitations until the Department grants approval of your request in writing. Complete this form and send to ADEM at PO Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee: _____

2. Postal Address of Permittee: _____

3. Facility Name: _____

4. NPDES Permit Number: _____

5. ASMC Permit Number(s): _____

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

7. Point Source (Outfall) Number: _____

8. Location of Outfall:

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

9.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 The Permittee has received an 85% Phase II bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ASMC release(s) is attached.

10.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.

11.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.

12.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department's determination regarding this request, or 3) explain a "no" response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.

REQUEST FOR COAL PERMIT POST-MINING DISCHARGE LIMITATIONS, Continued

13. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

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

I understand that it is the Permittee's responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

Name and Title of Responsible Corporate Official or Authorized Agent

Signature Date

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

REQUEST FOR RELEASE FROM MONITORING AND REPORTING REQUIREMENTS

Please type or print in ink. Use one form for each outfall. Please complete all questions. Use "N/A" where appropriate. Incorrect/Incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances.

Instructions: Your NPDES permit requires that certain information be provided in writing to the Alabama Department of Environmental Management (ADEM) in order to obtain approval to terminate monitoring and reporting requirements for a permitted outfall and its associated drainage area. You are advised that you must continue monitoring and reporting until the Department grants approval of your request in writing. Complete this form and submit to ADEM at PO Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee: _____
2. Postal Address of Permittee: _____
3. Facility Name: _____
4. NPDES/SID Permit Number: _____
5. ASMC/ADIR Permit Number(s): _____ (if applicable)
6. Phone:(____) _____ Fax:(____) _____ Email Address: _____
7. Point Source (Outfall) Number: _____
8. Location of Outfall:
County: _____ Township: _____ Range: _____ Section: _____

ASMC PERMITTED OR BONDED FACILITIES

9.

Yes	No	The Permittee has received a 100% Phase III bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. <u>Please ensure that a copy(s) of the applicable ASMC bond release(s) is attached.</u>
<input type="checkbox"/>	<input type="checkbox"/>	
10.

Yes	No	The Permittee has received approval from ASMC to remove and mine through the outfall(s), and the drainage previously treated by the mined-through outfall(s) is routed and properly controlled/treated by another permitted and properly certified existing outfall. List approved/certified outfall receiving drainage: _____
<input type="checkbox"/>	<input type="checkbox"/>	

NON-ASMC PERMITTED OR BONDED FACILITIES

11.

Yes	No	The Permittee has received a 100% bond release from the Alabama Department of Industrial Relations (DIR) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. <u>Please ensure that a copy(s) of the applicable DIR reclamation release(s) is attached.</u>
<input type="checkbox"/>	<input type="checkbox"/>	
12.

Yes	No	Unless waived by the Department, the Permittee, in order to <u>expedite</u> review/approval of this request, <u>has attached</u> inspection reports prepared and certified by 1) a Professional Engineer (PE) registered in the State of Alabama or a qualified professional under the PE's direction, or 2) a Certified Professional in Sediment And Erosion Control (CPESC), which certify that the facility has been fully reclaimed or that water quality remediation has been achieved. The first inspection should be conducted approximately one year prior to and the second inspection should be conducted within thirty days of the Permittee's request for termination of monitoring and reporting requirements. Permanent, perennial vegetation has been re-established on all areas mined or disturbed for at least one year since mining has ceased in the drainage basin(s) associated with the surface discharge, or all areas have been permanently graded such that all drainage is directed back into the mined pit to preclude any surface discharges. Responding "No" may significantly delay approval until an inspection can be performed by Department personnel.
<input type="checkbox"/>	<input type="checkbox"/>	

REQUEST FOR RELEASE FROM MONITORING AND REPORTING REQUIREMENTS, Continued

ALL FACILITIES

13. Yes No All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.
14. Yes No The outfall is a pumped discharge and, (1) the pump has been removed and piping has been removed or effectively closed/sealed to prevent future discharge, or (2) the pump has been removed and the pumped drainage previously treated by the outfall(s) is routed and properly controlled/treated by another permitted and properly certified existing outfall. List approved/certified outfall receiving drainage: _____
15. Yes No All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.
16. Yes No The Permittee's request for termination of monitoring and reporting requirements contained in this permit is supported by monitoring data covering a period of at least six consecutive months or such longer period as is necessary to assure that the data reflect discharges occurring during varying climatological conditions. Please attach copies of the last twelve (12) months of DMRs previously submitted to the Department to expedite the review/approval process.
17. Yes No The Permittee hereby certifies that the samples collected and reported in the monitoring data submitted in support of the Permittee's request for monitoring termination or suspension are representative of the discharge and were collected in accordance with all permit terms and conditions respecting sampling times (e.g., rainfall events) and methods and were analyzed in accordance with all permit terms and conditions respecting analytical methods and procedures.
18. Yes No The Permittee hereby certifies that during at least the previous twelve (12) months prior to this request, there was no chemical treatment in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall.
19. Yes No Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department's determination regarding this request, or 3) explain a "no" response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.
20. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

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

I understand that it is the Permittee's responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

Name and Title of Responsible Corporate Official or Authorized Agent

Signature

Date

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

REQUEST TO REMOVE SUBSURFACE WITHDRAWAL FROM DISCHARGE STRUCTURE

Please type or print in ink. Use one form per outfall. Please complete all questions. Use "N/A" where appropriate. Incorrect/Incomplete Forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances.

Instructions: Part II,A.,2. of the permit requires an existing outfall to be constructed with effective subsurface withdrawal. Certain information must be provided in writing to the Alabama Department of Environmental Management (ADEM) in order to obtain approval to remove subsurface withdrawal from an existing treatment basin/pond or other approved discharge structure for a permitted outfall and its associated drainage area. Complete this form and submit to ADEM at PO Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee: _____
2. Postal Address of Permittee: _____
3. Facility Name: _____
4. NPDES/SID Permit Number: _____
5. ASMC/ADIR Permit Number(s): _____ (if applicable)
6. Phone:(____) _____ Fax:(____) _____ Email Address: _____
7. Point Source (Outfall) Number: _____
8. Location of Outfall:
County: _____ Township: _____ Range: _____ Section: _____

ASMC PERMITTED OR BONDED FACILITIES

9.

Yes	No	The Permittee has received a 60% Phase III bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall. <u>Please ensure that a copy(s) of the applicable ASMC bond release(s) is attached.</u>
<input type="checkbox"/>	<input type="checkbox"/>	
10.

Yes	No	Vegetative cover has been established and/or disturbed areas have been otherwise stabilized, and potential sources of floating solids have been covered or removed, and there are no active mining areas as defined by 40 CFR 434.11(b) draining to the outfall.
<input type="checkbox"/>	<input type="checkbox"/>	

NON-ASMC PERMITTED OR BONDED FACILITIES

11.

Yes	No	The Permittee, in order to <u>expedite</u> review/approval of this request, <u>has attached</u> inspection report(s) prepared and certified by 1) a Professional Engineer (PE) registered in the State of Alabama or a qualified professional under the PE's direction, or 2) a Certified Professional in Sediment And Erosion Control (CPESC), which certifies that the facility has been fully regraded and vegetative cover has been established.
<input type="checkbox"/>	<input type="checkbox"/>	

**REQUEST TO REMOVE SUBSURFACE WITHDRAWAL FROM DISCHARGE STRUCTURE,
Continued**

ALL FACILITIES

12. Yes No All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.
13. Yes No All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.
14. Yes No Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department's determination regarding this request, or 3) explain a "no" response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.
15. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

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

I understand that subsurface withdrawal can not be removed from the treatment structure until the Department grants approval of this request in writing.

I understand that if after removal of subsurface withdrawal from the treatment structure, effluent quality can not be maintained within permit limits or significant levels of floating pollutants that could be prevented by subsurface withdrawal still occur, reconstruction of subsurface withdrawal may be required.

I understand that it is the Permittee's responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

Name and Title of Responsible Corporate Official or Authorized Agent

Signature

Date

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

REQUEST TO REMOVE TREATMENT BASIN/POND OR OTHER DISCHARGE STRUCTURE

In lieu of this form, ASMC permitted facilities may submit written approval from ASMC to remove the treatment structure.

Please type or print in ink. Use one form per outfall. Please complete all questions. Use "N/A" where appropriate. Incorrect/Incomplete forms will be returned and may delay approval. Please attach a detailed explanation for any "No" responses or as necessary to explain any unusual circumstances.

Instructions: Certain information must be provided in writing to the Alabama Department of Environmental Management (ADEM) in order to obtain approval to remove an existing treatment basin/pond or other approved discharge structure for a permitted outfall and its associated drainage area. Submit written approval from ASMC (if applicable) or complete this form and submit to ADEM at PO Box 301463, Montgomery, AL 36130-1463.

1. Name of Permittee: _____
2. Postal Address of Permittee: _____
3. Facility Name: _____
4. NPDES/SID Permit Number: _____
5. ASMC/ADIR Permit Number(s): _____ (if applicable)
6. Phone:() _____ Fax:() _____ Email Address: _____
7. Point Source (Outfall) Number: _____
8. Location of Outfall:
County: _____ Township: _____ Range: _____ Section: _____

ASMC PERMITTED OR BONDED FACILITIES

9. Yes No The Permittee has received a 85% Phase II bond release from the Alabama Surface Mining Commission (ASMC) for all areas disturbed in the drainage area(s), including the treatment basin (if a Phase II release from ASMC for the treatment pond(s) cannot be obtained prior to removal of the treatment pond(s), the Permittee must attach a copy of their pond removal/reclamation plan to this request), associated with the discharge from the permitted outfall. Please ensure that a copy(s) of the applicable ASMC release(s) is attached.
-

NON-ASMC PERMITTED OR BONDED FACILITIES

10. Yes No The Permittee, in order to expedite review/approval of this request, has attached inspection report(s) prepared and certified by 1) a Professional Engineer (PE) registered in the State of Alabama or a qualified professional under the PE's direction, or 2) a Certified Professional in Sediment And Erosion Control (CPESC), which certifies that the facility has been fully regraded and perennial vegetative cover has been planted and established.
-

REQUEST TO REMOVE TREATMENT BASIN/POND OR OTHER DISCHARGE STRUCTURE, Continued

ALL FACILITIES

11. Yes No All mining, processing, or disturbance in the drainage basin(s) associated with the discharge has ceased and site access is adequately restricted, controlled, or regularly monitored to prevent unpermitted and unauthorized mining, processing, transportation, or associated operations/activity.
12. Yes No All surface effects of the mining activity such as fuel or chemical tanks/containers, wet preparation equipment (washers), old tools or equipment, junk, garbage, debris, fuel/chemical spills, contaminated soils, etc. have been removed/remediated and disposed of according to applicable State and federal regulations.
13. Yes No The Permittee's request for removal of the treatment structure is supported by monitoring data covering a period of at least six consecutive months or such longer period as is necessary to assure that the data reflect discharges occurring during varying climatological conditions. Please attach copies of the last twelve (12) months of DMRs previously submitted to the Department to expedite the review/approval process.
14. Yes No The Permittee hereby certifies that the samples collected and reported in the monitoring data submitted in support of the Permittee's request for treatment structure removal are representative of the discharge and were collected in accordance with all permit terms and conditions respecting sampling times (e.g., rainfall events) and methods and were analyzed in accordance with all permit terms and conditions respecting analytical methods and procedures.
15. Yes No The Permittee hereby certifies that during at least the previous twelve (12) months prior to this request, there was no chemical treatment in the drainage area(s), including the treatment basin, associated with the discharge from the permitted outfall.
16. Yes No Additional information is attached to 1) further support this request, 2) provide pertinent additional information, as required by the permit, that is not requested on this form that may impact the Department's determination regarding this request, or 3) explain a "no" response on this form, or 4) provide an explanation for circumstances which may potentially result in delay or non-approval of this request.
17. Attach a copy of the pond removal plan which details the procedures and Best Management Practices (BMPs) that will be implemented and maintained during and after removal to ensure protection of water quality.
18. Print or type the name and title of the principal executive officer or authorized agent whose signature appears below:

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

I understand that the treatment structure can not be removed until the Department grants approval of this request in writing. I understand that pursuant to requirements of the permit, monitoring and reporting of discharges must continue after the structure is removed. Representative samples will be taken at the end of the ditch, channel, swale, etc. or other acceptable discharge conveyance which remains after removal of the treatment structure.

I understand that if effluent quality can not be maintained within permit limits after removal of the treatment structure, reconstruction of the treatment structure may be required.

I understand that it is the Permittee's responsibility to ensure and verify receipt of this request by the Department and that the Permittee is required to immediately notify the Department in writing should conditions or information provided in this request, upon which approval may be granted, change."

Name and Title of Responsible Corporate Official or Authorized Agent

Signature

Date

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
 NPDES NONCOAL/NONMETALLIC MINING AND DRY PROCESSING LESS THAN FIVE ACRES PROGRAM
 NOTICE OF REGISTRATION (NOR)**

**THIS FORM IS TO BE USED FOR ADEM ADMINISTRATIVE CODE CHAPTER 335-6-12 - NPDES
 NONCOAL/NONMETALLIC MINING AND DRY PROCESSING LESS THAN FIVE ACRES AND AREAS ASSOCIATED
 WITH THESE ACTIVITIES**

PLEASE COMPLETE ALL QUESTIONS. PLEASE READ THE INSTRUCTIONS FOR COMPLETING THIS FORM CAREFULLY BEFORE COMPLETING. INSTRUCTIONS CAN BE FOUND ON THE ADEM WEBPAGE AT WWW.ADEM.STATE.AL.US. RESPOND WITH "N/A" AS APPROPRIATE. INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL DELAY ACCEPTANCE OF REGISTRATION. 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 BLUE OR BLACK INK.

I. REGISTRANT INFORMATION: Registration Modification Transfer Re-Registration ALR _____

Registrant Name	Responsible Official Phone Number	# of Years Coverage Requested:
Responsible Owner/Operator or Official, and Title	Responsible Official E-Mail Address	
Responsible Official (RO) Mailing Address	City, State, and Zip Code	
Responsible Official (RO) Street/Physical Address	City, State, and Zip Code	

II. FACILITY INFORMATION

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

III. ACTIVITY DESCRIPTION

Please specify Mining < 5 acres Activity: <input type="checkbox"/> Dirt-Chert <input type="checkbox"/> Sand-Gravel <input type="checkbox"/> Shale-Clay <input type="checkbox"/> Crushed-Dimension Stone <input type="checkbox"/> Other _____	
Area of the Registered site: Total site area in acres: _____	Total disturbed area in acres: _____
Primary SIC Code _____ NAICS Code _____	Brief Description of Activity: _____

IV. RECEIVING WATERS

List discharge point number, name of receiving water(s), latitude & longitude (decimal or deg,min,sec) of location(s) that run-off enters the receiving water, total number of disturbed acres, total number of drainage acres which will drain through each discharge point, and the waterbody classification.

Discharge Point No.	Receiving Water	Latitude	Longitude	Disturbed Acres	Drainage Acres	Waterbody Use Classification

V. TIER 1 WATERBODIES

Yes No Does this site discharge to a Tier 1 waterbody segment, as described in ADEM Admin. Code r. 335-6-10-.12, due to an activity pollutant of concern? If 'Yes', submittal of the Tier 1 fee and CBMPP is required.

Yes No If you answered 'No' to the above question, does this site discharge to a Tier 1 waterbody segment, as described in ADEM Admin. Code r. 335-6-10-.12, due to any other pollutant?

VI. FACILITY MAP

Please attach a 7.5 minute series USGS topographic map showing the location of the facility including site boundaries.

VII. MODIFICATION & RE-REGISTRATION - CONTINUING EDUCATION & INSPECTION INFORMATION

Yes No. Required inspections/monitoring by QCP/QCI have been performed and records retained. **If "No", explain:**

List name(s) and designation/certification #s of QCPs/QCIs that performed required inspections/monitoring:

VIII. 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, utilizing effective BMPs from the Alabama Handbook For Erosion Control, Sediment Control, And Stormwater Management On Constructions Sites And Urban Areas, Alabama Soil and Water Conservation Committee, as amended (ASWCC). If the CBMPP is properly implemented and maintained by the registrant, 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 335-6-12. The CBMPP describes the pollution abatement/prevention management and effective structural & nonstructural BMPs that must be fully implemented and regularly maintained as needed at the registered site in accordance with sound sediment and erosion 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 _____

IX. OPERATOR - RESPONSIBLE OFFICIAL SIGNATURE

Pursuant to ADEM Administrative Code Rule 335-6-6-.09, this NOR must be signed by a Responsible Official of the registrant who is the operator, owner, the sole proprietor of a sole proprietorship, a general/controller 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 (type or print) _____ Official Title _____

Signature _____ Date Signed _____

**ADEM – NPDES NONCOAL/NONMETALLIC MINING AND DRY PROCESSING LESS THAN 5 ACRES
STORMWATER INSPECTION REPORT AND BMP CERTIFICATION**

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Complete this form, attach additional information as necessary, and send report to the ADEM Montgomery office.

Item I.

Registrant Name		Facility/Site Name	
NPDES ALR16	County	Facility Contact and Title	
Facility Latitude & Longitude (decimal or deg,min,sec)		Facility Street Address <u>or</u> Location Description	
Township(s), Range(s), Section(s)		City	State Zip
Phone Number	Fax Number	E-Mail Address	

Item II.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drain through each treatment system or BMP:

Receiving Water	Disturbed Acres	Receiving Water	Disturbed Acres
_____	_____	_____	_____

Item III.

Any Discharge Sampling Data Attached. Any Instream Sampling Data Attached. Any Photographs attached.

Based on this site evaluation which a QCI, QCP, or a qualified person under the direct supervision of a QCP conducted, discharge and/or instream sampling is not necessary to properly evaluate the effectiveness of BMP implementation to ensure compliance with this registration. I understand that it is the responsibility of the registrant to know and effectively evaluate the quality of the stormwater being discharged. Lack of knowledge regarding the requirements of ADEM Administrative Code Chapter 335-6-12, stormwater discharge or instream water quality, shall not constitute a valid defense with regard to deficiencies in BMP implementation and maintenance, or negative impacts to water quality.

Item IV.

INSPECTION RESULTS: (Describe current activities, deficiencies, proposed corrective action(s) and compliance schedule, etc.)

“Based upon the inspection of (date & time) _____ by the QCP, QCI, or a qualified person (list: _____) under the direct supervision of the QCP identified below conducted, the QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility’s CBMPP, good sediment, erosion, and other pollution control practices, and the requirements of ADEM Administrative Code Chapter 335-6-12. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. 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 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 am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Name & Designation of QCI or QCP	Signature	Date
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Name & Title of Registrant Responsible Official	Signature	Date
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**ADEM – NPDES NONCOALNONMETALLIC MINING AND DRY PROCESSING LESS THAN 5 ACRES
STORMWATER NONCOMPLIANCE NOTIFICATION REPORT**

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Complete this form, attach additional information as necessary, and send report to the ADEM Montgomery office.

Item I.

Registrant Name		Facility/Site Name	
NPDES ALR16	County	Facility Contact and Title	
Facility Latitude & Longitude (decimal or deg,min,sec)		Facility Street Address <u>or</u> Location Description	
Township(s), Range(s), Section(s)		City	State Zip
Phone Number	Fax Number	E-Mail Address	

Item II.

DESCRIPTION OF NONCOMPLIANCE OR NONCOMPLIANT DISCHARGE:

Item III.

INSPECTION AND BMP CERTIFICATION REPORT(S), ANY PHOTOGRAPHS, AND ANY SAMPLING RESULTS ARE ATTACHED. IF NOT, PLEASE EXPLAIN:

Item IV.

CAUSE OF NONCOMPLIANCE:

Item V.

PERIOD OF NONCOMPLIANCE: (Include exact date(s) and time(s) or, if not corrected, the anticipated time the noncompliance is expected to continue):

Item VI.

DESCRIPTION OF STEPS TAKEN AND/OR BEING TAKEN (PROPOSED COMPLIANCE SCHEDULE) TO REDUCE AND/OR ELIMINATE THE NONCOMPLYING DISCHARGE, REPAIR/REPLACE/UPGRADE BMPs, AND TO PREVENT ITS RECURRENCE:

"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 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 am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Name & Designation of QCP	Signature	Date
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Name & Title of Registrant Responsible Official	Signature	Date
---	-----------	------

STATE OF ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ALABAMA NOTICE OF INTENT (ALNOI)

General Permit for Phase II Small Municipal Separate Storm Sewer Systems (MS4)

I. General Information:

A. Ownership Status (Please check one):

Small Municipal Separate Storm Sewer System

Federal Facility

State Facility

B. Name of small MS4: _____

C. Name of Permittee (if different from above): _____

D. Name of responsible official: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E. Designated storm water management program contact:

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

F. Is this NOI for: (Please check one)

Initial Issuance _____

Reissuance _____

Modification _____

II. Location/ Boundaries:

A. Location:

1. Name of Urbanized Area or municipality where your MS4 is located:

2. Name of your organization:

3. The latitude and longitude to the seconds of the approximate center of your MS4:

Latitude _____ Longitude _____

4. All entities except counties must include a location map showing city, town, or district boundaries, and urbanized area (UA) boundaries, if part(s) of the MS4 is within a UA.

5. Counties must include a map showing county boundaries, unincorporated area boundaries within the county, and urbanized (UA) boundaries.

III. Known or Suspected Water Quality Problems:

A. The name(s) of the receiving waters to which your MS4 discharges (attach a separate list if necessary):

B. Indicate if any of the receiving water(s), to which your MS4 discharges, are included on the latest 303(d) list, included in an EPA approved total maximum daily load (TMDL), or otherwise designated by the Department as being impaired. (The 303(d) list, TMDLs and impaired water information may be found at the following ADEM website: <http://www.adem.state.al.us/programs/water/waterquality.cnt>)

C. Describe any known or suspected water quality concerns within your jurisdictional area (e.g. stream siltation, 303(d) listed streams, habitat degradation, elevated levels of pollutants, etc.), including location (attach additional page(s) if necessary):

IV. Sharing Responsibility

A. Has another entity agreed to implement a control measure on your behalf?

Yes _____ No _____ (If yes, skip to B; if no, skip to Part III)

1. Control Measure #1:

a. Name of entity _____

b. Control measure or component of control measure to be implemented by entity on your behalf:

2. Control Measure #2:

a. Name of entity _____

b. Control measure or component of control measure to be implemented by entity on your behalf:

B. Attach an additional page if necessary to list additional shared responsibilities. **It is mandatory that you submit a copy of a written agreement between your MS4 and the other entity demonstrating written acceptance of responsibility.**

V. Storm Water Management Plan

A. Attach a description of your Storm Water Management Plan (SWMP) that includes management practices; control techniques; and system, design and engineering

methods to reduce pollutants in storm water run-off to the maximum extent practicable (MEP) for the following six minimum control measures:

1. Public Education and Outreach
2. Public Involvement/Participation
3. Illicit Discharge Detection and Elimination
4. Construction Site Storm Water Runoff Control
5. Post-construction Storm Water Management in New Development and Redevelopment
6. Pollution Prevention/Good Housekeeping

VI. Certification Statement

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 gathered and evaluated the information submitted. Based upon 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.

Printed Name: _____ Date: _____

Signature: _____ Title: _____

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

**COALBED METHANE OPERATIONS – EXPLORATION, DEVELOPMENT, OPERATION, CLOSURE, AND
ASSOCIATED ACTIVITIES AND AREAS**

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

PLEASE TYPE OR PRINT IN INK ONLY.

PURPOSE OF THIS APPLICATION

- Initial Permit Application for New Facility
 Modification of Existing Permit
 Reissuance of Existing Permit
 Reissuance & Modification of Existing Permit
 Reissuance & Transfer of Existing Permit
 Other _____

I. GENERAL INFORMATION

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

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

Responsible Official (as described on page 9 of this application):		Responsible Official Title:	
Mailing Address of Responsible Official:		Physical Address of Responsible Official:	
City:	State:	Zip:	City: State: Zip:
Phone Number of Responsible Official:	Fax Number of Responsible Official:	Email Address of Responsible Official:	

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

II. MEMBER INFORMATION

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

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

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

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

III. LEGAL STRUCTURE OF APPLICANT

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

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

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

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

D. Land Owner(s): _____

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

IV. COMPLIANCE HISTORY

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

	Yes	No
(1) An Alabama NPDES, SID, or UIC permit suspended or terminated?	<input type="checkbox"/>	<input type="checkbox"/>
(2) An Alabama or federal environmental permit suspended or terminated?	<input type="checkbox"/>	<input type="checkbox"/>
(3) An Alabama State Oil & Gas Board permit or other approval suspended or terminated?	<input type="checkbox"/>	<input type="checkbox"/>
(4) An Alabama or federal performance/environmental bond, or similar security deposited in lieu of a bond, or portion thereof, forfeited?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

V. OTHER PERMITS/AUTHORIZATIONS

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

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

VI. PROPOSED SCHEDULE

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

VII. ACTIVITY DESCRIPTION & INFORMATION

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

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

C. Detailed Directions to Site: _____

D. Is/ will this facility:

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

VIII. PROPOSED ACTIVITY TO BE CONDUCTED

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

- | | |
|---|---|
| <input type="checkbox"/> CBM exploration/production (drilling, fracturing, etc.) | <input type="checkbox"/> Surface water withdrawal |
| <input type="checkbox"/> Land Application of temporary pit waters | <input type="checkbox"/> Conventional Oil & Gas exploration |
| <input type="checkbox"/> Creek/stream pipeline or road crossings | <input type="checkbox"/> Gob well development |
| <input type="checkbox"/> Construction related temporary borrow pits/areas | <input type="checkbox"/> Chemicals used in process or wastewater treatment (coagulant, biocide, etc.) |
| <input type="checkbox"/> Onsite construction debris or equipment storage/disposal | <input type="checkbox"/> Construction excavation |
| <input type="checkbox"/> Grading, clearing, grubbing, etc. | <input type="checkbox"/> Reclamation of disturbed areas |
| <input type="checkbox"/> Waterbody relocation or other alteration | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Other beneficiation/manufacturing operations. If "Yes", please describe: _____ | |

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

C. Narrative Description of the Activity: _____

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

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

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

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

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

X. POLLUTION ABATEMENT & PREVENTION (PAP) PLAN

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

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

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

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

XI. TOPOGRAPHIC MAP SUBMITTAL

Attach to this application a 7.5 minute series U.S.G.S. topographic map(s) or equivalent map(s) no larger than, or folded to a size of 8.5 by 11 inches (several pages may be necessary), of the area extending to at least one mile beyond property boundaries. The topographic or equivalent map(s) must include a caption indicating the name of the topographic map, name of the applicant, facility name, county, and township, range, & section(s) where the facility is located. Unless approved in advance by the Department, the topographic or equivalent map(s), at a minimum, must show:

(a) An outline of legal boundary of entire facility (property lines and lease boundaries)	(k) All surrounding unimproved/improved roads
(b) Compressor stations	(l) High-tension power lines and railroad tracks
(c) All existing and proposed disturbed areas	(m) Buildings and structures, including fuel/water tanks
(d) Facility gas and water pipelines	(n) Contour lines, township-range-section lines
(e) Proposed and existing discharge points	(o) Drainage patterns, swales, washes
(f) Perennial, intermittent, and ephemeral streams	(p) All drainage conveyance/treatment structures (ditches, berms, etc.)
(g) Lakes, springs, water wells, wetlands	(q) Any other pertinent or significant feature
(h) All known facility dirt/improved access roads	(r) Location of any waste storage/disposal areas
(i) Wellpads and service roads	(s) Location of facility sign showing Permittee name, facility name, and NPDES Number
(j) Other information relevant to facility operation	

XII. RECEIVING WATERS

List the requested permit action for each outfall (issue, reissue, add, delete, move, etc.), outfall designation including denoting “E” for existing and “P” for proposed outfalls, name of receiving water(s), whether or not the stream is included in a TMDL, latitude and longitude (to seconds) of location(s) that run-off enters the receiving water, distance of receiving water from outfall in feet, number of disturbed acres, the number of drainage acres which will drain through each treatment system, outfall, or BMP, and if the outfall discharges to an ADEM listed CWA Section 303(d) waterbody segment at the time of application submittal.

Action	Outfall E/P	Receiving Water	Latitude	Longitude	Distance to Rec. Water	Disturbed Acres	Drainage Acres	ADEM WUC	303(d) Segment (Y/N)	TMDL Segment* (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 reported as available); (3) Requested interim limitations, if applicable; (4) Date of final compliance with the TMDL limitations; and (5) Any other additional information available to support the requested compliance schedule.

XIII. DISCHARGE CHARACTERIZATION

A. EPA Form 2C/2D Submittal

Yes No

A complete and correct EPA Form 2C and/or 2D is attached for each existing and/or proposed outfall. If "No", please explain:

XIV. INFORMATION

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

EPA Form(s) 1 and 2F need not be submitted unless specifically required by the Department. EPA Form(s) 2C and/or 2D are required to be submitted. Other than those proposed activities described in this application there are no other potential pollutants, processes, process wastewaters or activities that require NPDES permit coverage. Permit coverage will allow for use of captive borrow areas used solely for the permitted operation. Coverage under the Department's NPDES Construction Stormwater Permit Program allows for short-lived, construction related, limited removal or relocation of fill material offsite, and does not provide coverage for mining activities described in ADEM Admin. Code Ch. 335-6-9 that will equal or exceed 5 un-reclaimed acres.

I understand by submission of this application, that I am advised to contact:

- (1) The Alabama State Oil & Gas Board,
- (2) The Alabama Historical Commission for requirements related to any potential historic or culturally significant sites,
- (3) The Alabama Department of Conservation and Natural Resources (ADCNR) for requirements related to potential presence of threatened/endangered species, and
- (4) The US Army Corps of Engineers, Mobile or Nashville Districts, if this project could cause fill to be placed in federal waters/wetlands or could interfere with navigation.

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

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

XV. PROPOSED NEW OR INCREASED DISCHARGES

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

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

B. If "Yes," complete this Part (XV.B.), Part XVI, and XVII. **Attach additional sheets/documentation and supporting information as needed.**

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

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

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

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

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

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

XVI. ALTERNATIVES ANALYSIS – ADEM Form 311 3/02

Pursuant to ADEM Admin. Code Chapter 335-6-10, an evaluation of the discharge alternatives identified below has been completed and the following conclusions were reached. All proposed new or expanded discharges of pollutant(s) covered by the Individual NPDES permitting program are subject to the provisions of the antidegradation policy. As part of the permit application review process, the Department is required to determine, based on the applicant’s demonstration, that the proposed new or increased discharge to Tier 2 waters is necessary for important economic or social development in the area in which the waters are located. As a part of this demonstration, a registered professional engineer (PE) licensed to practice in the State of Alabama must complete an evaluation of the discharge alternatives, to include calculation of total annualized project costs (Item XVII) for each technically feasible alternative. Technically feasible alternatives with total annualized pollution control project costs that are less than 110% of the preferred alternative total annualized pollution control project costs for the Tier 2 new or increased discharge proposal are considered viable alternatives. **Supporting documentation is attached, referenced, or otherwise handled as appropriate.**

Alternative	Viable	Non-Viable	Reason/Rationale For Indicating Non-Viable
1) Treatment/Discharge Proposed In This Application			
2) Land Application			
3) Pretreatment/Discharge to POTW By SID Permit			
4) Relocation of Discharge			
5) Reuse/Recycle – Pollution Prevention			
6) Other Process/Treatment Alternatives			
7) Underground Injection By UIC Permit			
8) Other Project Specific Alternative(s) Identified By the Applicant Or The ADEM			
9) Other Project Specific Alternative(s) Identified By the Applicant Or The ADEM			

COMMENTS: _____

XVII. CALCULATION OF TOTAL ANNUALIZED PROJECT COSTS FOR PRIVATE SECTOR PROJECTS - ADEM Form 313 3/02
 (ADEM Form 312 3/02 - Public Sector Project is available upon request)

This item must be completed for each technically feasible alternative evaluated in Item XVI. **Copy, complete, and attach additional blocks/sheets and supporting information as needed.**

Capital Costs of pollution control project to be expended or financed by applicant (Supplied by applicant)	\$ _____ (1)	* While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.
Interest Rate for Financing (Expressed as a decimal)	_____ (i)	
Time Period of Financing (Assume 10 years *)	<u>10 years</u> (n)	
Annualization Factor ** = $\frac{i}{(1+i)^{10} - 1} + i$ i = Interest Rate	_____ (2)	** Or refer to Appendix B (application information) for calculated annualization factors.
Annualized Capital Cost [Calculate: (1) x (2)]	\$ _____ (3)	
Annual Cost of Operation & Maintenance (including but not limited to monitoring, inspection, permitting fees, waste disposal charges, repair, administration & replacement) ***	\$ _____ (4)	*** For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).
Total Annual Cost of Pollution Control Project [(3) + (4)]	\$ _____ (5)	

XVIII. POLLUTION ABATEMENT PLAN (PAP) INFORMATION

Outfall(s):				
#	Y	N	N/A	
1				A comprehensive, detailed PAP Plan and/or applicable component plans with format/content acceptable to ADEM is attached.
2				Procedures to inspect/evaluate all treatment/storage/discharge facilities/systems at least annually by a professional engineer registered in the State of Alabama (PE), or a qualified professional (QP) under the direct supervision of the PE are documented, implemented, regularly evaluated, and updated as necessary.
3				Procedures to inspect/evaluate all treatment/storage/discharge facilities/systems for potential discharges to groundwater at least annually by a PE or a QP under the direct supervision of the PE are documented, implemented, regularly evaluated, and updated as necessary.
4				Procedures to inspect/evaluate all pipelines, wellpads, compressor stations, diffuser or other discharge structures, monitoring systems, and other structures/facilities as required by the permit, by PE, or QP under the direct supervision of the PE are documented, implemented, regularly evaluated, and updated as necessary.
5				Automated and/or manual leak detection program procedures are documented, implemented, regularly evaluated, and updated as necessary.
6				Construction stormwater management plan that meets the BMP requirements of ADEM Admin. Code Ch. 335-6-12 is documented, implemented, regularly evaluated, and updated as necessary.
7				Spill prevention control and countermeasures (SPCC) management plan is documented, implemented, regularly evaluated, and updated as necessary.
8				Plan detailing procedures for one-time land application wastewater from temporary holding pits related to well construction, completion, and maintenance have been documented, implemented, regularly evaluated, and updated as necessary.
9				Sample analyses, toxicity testing, and other laboratory operations (whether conducted by the operator or a contract lab) have been and are regularly evaluated by a Qualified Credentialed Professional (QCP).
10				Procedures to ensure that pollutants in stormwater runoff from all areas of operation and/or disturbance is effectively controlled are documented, implemented, regularly evaluated, and updated as necessary.
11				Procedures to ensure that outer slopes of access roads, related structures, and all ROWs vegetated or otherwise stabilized is documented, implemented, regularly evaluated, and updated as necessary.
12				Detailed plans/drawings/records maintained for all structures, facilities, stream crossings, etc.
13				The applicant has completed the surface water discharge alternatives analysis and has retained supporting documentation, including annualized costs for each technically feasible alternative available for review upon request.
14				Records of all plans, maps, activities, or other identified items are available for review or submittal to ADEM upon request.

XIV. POLLUTION ABATEMENT PLAN (PAP) REVIEW CHECKLIST

Y	N	N/A	General Information
			PE seal and/or license #
			Name and address of operator
			Name/address of owner, if different
			Legal description of facility
			Number of employees
			Hours of operation
			Water supply and disposition
			Design Plans
			Diffuser
			Storage or treatment ponds
			SPCC
			Maintenance Plans/Schedules
			Pre-treatment measures
			Alarm systems
			Schedule for maintenance/closure of treatment/storage/discharge structures
			Narrative of Operations
			Processes described
			Products described
			Identity, MSDS sheets, composition of all biocides, inhibitors, chemicals, etc.
			Treatment systems
			Hydrostatic test water(s) management

Y	N	N/A	Topographic or Equivalent Facility Map
			Project location
			Size and location of borrow areas/pits
			Location of all treatment facilities
			Location of proposed/existing discharge points
			Location of adjacent streams
			Proposed and existing well sites
			Water & gas pipelines, compressor stations
			Access roads
			Generalized Schematic Diagram
			Wellpads
			Pipelines
			Collection System
			Treatment System
			Diffuser design and discharge system capacity
			Other:
			Methods for minimizing NPS discharges
			Closure plans – well plug & abandon
			PE rationale(s) for any alternate standards, designs or plans
			Measures for minimizing impacts to streams - buffer strips, berms, etc.
			All SID permits associated with facility
			Pollution Prevention (P2) efforts

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

XX. PROFESSIONAL ENGINEER (PE) CERTIFICATION

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

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

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

XXI. RESPONSIBLE OFFICIAL SIGNATURE*

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

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

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

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

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

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

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

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