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

COALBED METHANE STORMWATER INSPECTION SUMMARY REPORT

Please Type or Print in Ink

Please Attach Additional Information As Necessary.

Name of Permittee:__________________________________________________________

Postal Address of Permittee:_________________________________________________

Facility Name:_____________________________________________________________

NPDES/SID Permit Number:__________________________________________________

County:______________________________________________________________

Month:__________________________ Year:___________________________

<table>
<thead>
<tr>
<th>Total Number of Sites</th>
<th>Wellpads</th>
<th>Treatment &amp; Storage Ponds</th>
<th>Compressor Stations</th>
<th>Pipeline ROWs</th>
<th>Other Related Appurtenances</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Inspected</td>
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<td>Percent Inspected</td>
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<tr>
<td>Number Needing Minor Maintenance</td>
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<tr>
<td>Number Needing Significant Maintenance</td>
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<tr>
<td>Number of Sites With Maintenance Completed</td>
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<tr>
<td>Cumulative Percentage of Facilities Inspected This Year</td>
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</tbody>
</table>

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 __________________________

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