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: ____________________________ 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 ____________________________

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