

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG200000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG200000, which is the general permit authorizing storm water discharges associated with the plastic and rubber industry (excluding industries covered under 40 CFR Part 414-Organic Chemicals, Plastics, and Synthetic Fiber Industries); non-contact cooling water; uncontaminated condensate; cooling tower blowdown; boiler blowdown; demineralizer wastewater; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas. Please mark the “**Not Applicable**” box if a section is not applicable. Incomplete or wrong answers could result in more stringent permit requirements. If space is insufficient to address any item below please continue answer on an attached sheet of paper. Mail completed form to:

**ADEM-Water Division  
Industrial General Permit Section  
PO Box 301463  
Montgomery, Alabama 36130-1463**

<b><u>FOR ADEM USE ONLY</u></b>
NPDES PERMIT NUMBER
FACILITY NUMBER

**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG200000  
[ ] **Reissuance** of coverage under NPDES General Permit Number ALG200000 (Current Permit No. ALG20\_\_\_\_\_)  
[ ] **Modification** of coverage under NPDES General Permit Number ALG200000 (Current Permit No. ALG20\_\_\_\_\_)

**FACILITY IDENTIFICATION INFORMATION**

A. Name of Permittee: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

B. Mailing Address of Facility: – PO Box or Street Route \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

C. Location (STREET ADDRESS) of Facility: \_\_\_\_\_

City, County: \_\_\_\_\_

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (\_\_\_\_\_)° (\_\_\_\_\_)’ (\_\_\_\_\_)” N      Longitude (\_\_\_\_\_)° (\_\_\_\_\_)’ (\_\_\_\_\_)” W

E. Facility Contact Person:

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

F. Standard Industrial Code (SIC) [The primary SIC Code should reflect the primary activity of business (i.e. generates the highest revenue)]:

SIC Code

SIC Description

1. \_\_\_\_\_ (Primary) \_\_\_\_\_

2. \_\_\_\_\_ (Secondary) \_\_\_\_\_

3. \_\_\_\_\_ (Tertiary) \_\_\_\_\_

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

- H. Check the type of discharge at your facility and complete the applicable sections associated with the type checked:
- Storm water discharges associated with the plastics industry (DSN001)
  - Storm water discharges associated with the rubber industry (DSN002)
  - Discharges associated with non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, and demineralizer wastewater (DSN003)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN005 and DSN007)
  - Discharges associated with vehicle and equipment exterior washing operations (DSN008)
- I. Are any discharges in H. above combined?  Yes  No If YES, indicate which discharges are combined:  
\_\_\_\_\_
- J. Has the facility been issued an NPDES **INDIVIDUAL** permit?
- Yes  No If YES, NPDES Permit No. AL00\_\_\_\_\_
- Do you intend to replace your individual permit with this General Permit?  Yes  No
- K. Has the facility been issued a State Indirect Discharge (SID) Permit?
- Yes  No If YES, SID Permit No. IU\_\_\_\_\_
- L. Has the facility ever been issued coverage under an NPDES **GENERAL** Permit other than a permit listed in the "Purpose of this Notice of Intent" section?  Yes  No If YES, please provide the following:
- Permit Number: AL\_\_\_\_\_ Facility Name on Permit:\_\_\_\_\_
- M. Are any discharges that you intend to be covered by this general permit going to municipal storm sewer?
- Yes  No
- N. Name of surface water to which the municipal storm sewer discharges:\_\_\_\_\_
- O. Have you notified the municipality by letter as required by 40 CFR §122.26(a)(4)?  Yes  No
- P. Date facility started or will start operations: \_\_\_\_\_
- Q. What is the size of the site in acres? \_\_\_\_\_
- R. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)?  Yes  No  
(A list of the impaired waters can be found at <http://www.adem.state.al.us/programs/water/303d.cnt> for 303(d) listed waters and <http://www.adem.state.al.us/programs/water/approvedTMDLs.htm> for waters subject to a TMDL.)  
If YES, do your discharges contain pollutants of concern listed for the impaired water(s)?  Yes  No  
If YES, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial Section of ADEM's Water Division before proceeding.
- S. Is your facility located in a coastal zone (i.e. within 10-foot contour of sea-level)?  Yes  No
- T. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code r. 335-6-11-.02?  Yes  No
- U. Does any discharge or runoff from the facility reach an Outstanding Alabama Water or Outstanding Natural Resource Water stream segment as defined by ADEM Administrative Code r. 335-6-11-.02?  Yes  No  
If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

**DSN001: STORM WATER DISCHARGES ASSOCIATED WITH THE PLASTICS INDUSTRY**

**NOT APPLICABLE [ ]**

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

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

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

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.) [ ] Yes [ ] No

2. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

3. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN001? [ ] Yes [ ] No  
If YES, to what extent?

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

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

I. Does your facility have an industrial process that would fall under the Federal Guidelines listed below?  
[ ] Yes [ ] No Check all that apply:

[ ] 40 CFR 414 – Organic Chemical, Plastic, and Synthetic Fibers

[ ] 40 CFR 463 – Plastics Molding and Forming

If this facility conducts activities subject to 40 CFR 414, the discharges from these activities cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

**DSN002: STORM WATER DISCHARGES ASSOCIATED WITH THE RUBBER INDUSTRY**

**NOT APPLICABLE [ ]**

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

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

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

[ ] Surface water [ ] Seeps into the ground [ ] Municipal storm sewer

D. This general permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

E. Does the facility have any of the following other control measures to prevent pollution?

4. Structural control measures (basins, etc.) [ ] Yes [ ] No

5. Treatment of groundwater (retention, aeration) [ ] Yes [ ] No

6. Other. If so, please describe:

F. Are there any known impacts on the receiving water as a result of any discharges under DSN002? [ ] Yes [ ] No  
If YES, to what extent?

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

[ ] Yes [ ] No If YES, please explain:

H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? [ ] Yes [ ] No If YES, please list:

I. Does your facility have an industrial process that is subject to 40 CFR 428 – Rubber Manufacturing Point Source Category? [ ] Yes [ ] No

**DSN003: DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property (i.e. outfall), name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown, uncontaminated condensate, boiler blowdown, or demineralizer wastewater):

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

Receiving Stream \_\_\_\_\_

Type of Discharge \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

Type of Discharge \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

Type of Discharge \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

Type of Discharge \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

Type of Discharge \_\_\_\_\_

B. If more than one discharge is listed for DSN003, can they be sampled separately? [ ] Yes [ ] No

C. Is there any process water commingled with the cooling and/or blowdown water prior to discharge? [ ] Yes [ ] No

If YES, can they all be sampled separately prior to commingling? [ ] Yes [ ] No

D. Does surface water intake total 2 million gallons per day or more? [ ] Yes [ ] No

If YES, is 25% or more of the surface water intake used for cooling purposes? [ ] Yes [ ] No

E. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?

[ ] Yes [ ] No If NO, provide the estimated gallons per day of discharge: \_\_\_\_\_ GPD

F. Do you use biocides, corrosion inhibitors, or chemical additives in your cooling or blowdown water? [ ] Yes [ ] No

If YES, please submit a list of the biocides, corrosion inhibitors, or chemical additives used with this NOI and submit an MSDS sheet for each biocide or chemical. The applicant must also provide the following information for each biocide or chemical:

(1) Name and general composition of biocide or chemical (if composition is not provided on MSDS sheet),

- (2) 48-hour or 96-hour LC50 data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*Pimephales promelas*) and cladoceran (*Ceriodaphnia dubia*) are the test organisms. For salt water, the mysid shrimp and the sheepshead minnow or inland silverside are the test organisms. Other acceptable aquatic organisms may be allowed by the Department if sufficient information is provided. *If the MSDS sheet does not provide data for the organisms specified above, the facility must provide the data unless the Department grants approval for an alternate organism.*
- (3) Quantities to be used,
- (4) Frequencies of use,
- (5) Maximum proposed discharge concentrations, and
- (6) EPA registration of number, if applicable and is not provided on the MSDS sheet.

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

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

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

If NO, provide the estimated gallons per day of discharge \_\_\_\_\_ GPD

I. Is shock chlorination used at the facility?  Yes  No

J. Is any source water chlorinated?  Yes  No If YES, please list the applicable outfall number(s) from DSN003.

K. Is demineralizer wastewater discharged?  Yes  No

L. Are there any known impacts on the receiving water as a result of any discharges under DSN003?  Yes  No

If YES, to what extent?

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

N. Does the provider of your source water operate a CWIS?  Yes  No (**Note:** If your source water is from a WTP that also supplies drinking water, then the answer is "No").

**If the answer to either M. or N. above (or both) is YES, then a Cooling Water Intake Structure Form (ADEM Form 510) must be completed and attached to this NOI.**

O. Is cooling/blowdown water **chlorine free** from the time it enters your facility until it is discharged (Note: city water usually contains chlorine)?  Yes  No If YES, skip P. and Q. below.

P. If you answered NO to O. above, is the distance from the point of the facility's discharge to the point of entry into the receiving stream greater than 2,500 feet for any of the chlorinated outfalls listed for DSN003?

Yes  No If YES, list which outfalls meet this criteria:

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For outfalls listed in P. above, you are not required to monitor for chlorine at that outfall if you meet the following criteria:

1. Submit lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submit a site drawing showing that the distance from the discharge point to the point the effluent enters the impacted stream is greater than 2,500 feet.



Q. For outfalls listed in P. above, do you intend to exercise the no chlorine monitoring option?  Yes  No

For which outfall(s)? \_\_\_\_\_

If you answered Yes to Q. above, you are certifying by signing this form that the criteria for not being required to monitor for chlorine have been met and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.

**DSN005 AND DSN007: STORM WATER DISCHARGES ASSOCIATED WITH FUELING, PETROLEUM STORAGE AND HANDLING, EQUIPMENT STORAGE, AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

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

1. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
2. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
3. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_
4. Latitude (     )° (     )' (     )" N Longitude (     )° (     )' (     )" W  
Receiving Stream \_\_\_\_\_

B. List type(s), size(s), and number of storage tanks of each type and size.

Type	Size (gallons)	Number of Tanks
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		
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[ ] AST [ ] UST		
[ ] AST [ ] UST		
[ ] AST [ ] UST		

AST = Aboveground Storage Tank  
UST = Underground Storage Tank

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

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

- [ ] Surface water                                      [ ] Seeps into the ground                                      [ ] Municipal storm sewer

E. This general permit requires the development and implementation of a Best Management Practices (BMP) plan. Does the facility have a BMP Plan? [ ] Yes [ ] No

F. Does the facility have any of the following other control measures to prevent pollution?

1. Structural control measures (basins, etc.)  Yes  No
2. Treatment of groundwater (retention, aeration)  Yes  No
3. Other. If so, please describe:

G. Are there any known impacts on the receiving water as a result of any discharges under DSN005 and DSN007?  
 Yes  No If YES, to what extent?

H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?

Yes  No If YES, what occurred and how did it happen?

I. For above ground tanks that contain a possible pollutant, are all of the tanks either double-walled construction and/or located within secondary containment (diked)?  Yes  No If NO, identify each tank, its capacity, and its contents:

J. Are there tanks located within secondary containment (diked)?  Yes  No If YES, answer 1. and 2. below:

1. Can dikes contain 110% of the contents of the largest tank in the dike?  Yes  No
2. Are the walls and floors of the dikes relatively impermeable to the stored substance?  Yes  No

K. From which outfalls listed for DSN005 and DSN007 is uncontaminated storm water from secondary containment areas discharged (for above ground storage tanks only)? \_\_\_\_\_

L. Is treated or untreated water from tank bottoms or water draws discharged on site?  Yes  No

If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

M. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes  No If YES, please explain:

N. Does the facility handle leaded fuels?  Yes  No

O. Does the facility handle aviation fuel, jet fuel, or diesel fuel?  Yes  No

P. Is hydrostatic testing of petroleum handling equipment done on site?  Yes  No If YES, this particular discharge cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

Q. Are any trucks or equipment fueled at this facility? [ ] Yes [ ] No

If YES, is your fueling area protected from storm water, including flowing water? [ ] Yes [ ] No

If YES, please explain:

R. Is storm water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge? [ ] Yes [ ] No

S. Is this facility subject to the requirement to prepare and implement a Spill Prevention, Control, and Countermeasure (SPCC) Plan under 40 CFR Part 112? [ ] Yes [ ] No

If YES, on what date was the SPCC Plan last certified: \_\_\_\_\_

In accordance with 40 CFR §112.5(b), applicable facilities must complete a review of the SPCC Plan **at least once every five years**. If the SPCC Plan has not been certified in the last five years, is the SPCC Plan currently being reviewed by a Professional Registered Engineer? [ ] Yes [ ] No If NO, please explain why:

T. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? [ ] Yes [ ] No

**DSN008: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

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

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

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

Receiving Stream \_\_\_\_\_

B. Is this process water commingled with storm water prior to discharge? [ ] Yes [ ] No

C. Has the process water been analyzed for presence of any known pollutants? [ ] Yes [ ] No  
If YES, attach the most recent copy of the analysis.

D. Give a detailed description of wash water use, additives, location, ultimate disposal, etc.

E. Do you wash interior of tank rail cars or tank trailers? [ ] Yes [ ] No

If YES, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does your facility use organic or petroleum based solvents in its washing operations? [ ] Yes [ ] No

If YES, the facility cannot be covered under this general permit. Please contact the Industrial Section of ADEM's Water Division before proceeding.

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**GENERAL INFORMATION**

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

**DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY**

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

**SIGNATURES**

Responsible Official Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

**NOTE:** This Notice of Intent must be signed by the official representative of the facility who is: the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or principal executive officer **of at least the level of vice president**, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

RO Mailing Address: \_\_\_\_\_

RO Phone Number: \_\_\_\_\_ RO Email Address: \_\_\_\_\_

**DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE**

DMR Contact Name (type or print): \_\_\_\_\_ Official Title: \_\_\_\_\_

DMR Contact Address: \_\_\_\_\_

DMR Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**NOI PREPARER**

Name of Individual (type or print): \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_ **D**

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.