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](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: ___________________