

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/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 and Title (type or Print) _____ Official Title _____

Signature _____ Date Signed _____