ADEM Form 024

Notice of Intent – NPDES General Permit Number ALR100000 (Construction Stormwater)

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALR100000, Notices of Intent for NPDES General Permit Number ALR100000 (ADEM Form 024) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at https://adem.alabama.gov/AEPACS is now the only method available for electronic submission of such Notices of Intent.

AEPACS allows for dynamic smart forms to be developed. Therefore, ADEM Form 024 has been transformed into multiple variations suited for the specific purpose of the Notice of Intent. This form package includes the following variations of this form in human readable format:

- 1. Construction Stormwater (ALR100000) NOI New (Form 024)
- 2. Construction Stormwater (ALR100000) NOI Information Update (Form 024)
- 3. Construction Stormwater (ALR100000) NOI Modification/Transfer (Form 024)
- 4. Construction Stormwater (ALR100000) NOI Reissuance (Form 024)

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 024 may not be accepted unless the Department first approves such waiver. The hardcopy form is also include at the end of this form package. There are differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

Construction Stormwater (ALR100000) - NOI - New (Form 024)

Notice of Intent - Construction Stormwater General Permit Number ALR100000 (Form 024)

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

Priority Construction Site means any site that discharges to a waterbody which is listed on the most recent EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, or any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

Please click here for the Alabama 303(d) list of Impaired Waters

Please click here for Information on Alabama TMDLs

Please click here for the permit fee schedule

Instructions

If your site meets the definition of a Priority Construction Site, a complete and comprehensive CBMPP must be attached to the application submittal. Click here for an ADEM CBMPP template.

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division Stormwater Management Branch

Post Office Box 301463 Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Construction Stormwater Permit staff.</u>

Construction Stormwater (ALR100000) - NOI - New (Form 024)

Form Input

*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form

Permittee Info	ormation			
Permittee				
Permittee Nar	ne			
Phone Type	Number	Extension		
Home				
Mobile				
Other				
Other				
Business				
Mailing Addre				
Address Line	1			
Address Line	2			
City		State/Area		Postal Code
Co-Permittee *This control is con Co-Permittee	ditionally displayed based on answ Name	vers provided in the question abo	ve	
Phone Type	Number	Extension		
Home				
Mobile				
Other				
Business				
Address Line	1			
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Address Line				
City		State/Area		Postal Code
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esponsible Official				
Prefix				
First Name	Last Name			
Title				
Organization Name				
Phone Type	Number	Extension		
Home				
Mahila	,			
Mobile				
Other				
Business				
Email	I.			
Physical/Delivery Add	dress			
Address Line 1				
Address Line 2				
City		State/Area	Postal Code	
esponsible Official Prefix				
First Name	Loot Name			
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	Number	LAGISION		
Home				
Mobile				
Other				
Business				
Email	·	·		
Address Line 1				
Address Line 2				
City		State/Area	Postal Code	
Country				

Additional Permit Contact(s)

Please provide the contact information for any person needing notifications regarding this Notice of Intent (NOI).

rmit Contact		
Prefix		
First Name	Last Name	
. astraine	Lust Name	
Title	1	
Company Name		
Phone Type	Number	Extension
Home		
Mobile		
Other	,	
Business		
Email		
acility/Site Inform	nation	
acility/Site Name		
ermittee Organization	Type *Select One	
Corporation		ty Government/Commission
Federal	OLLC	
LLP	○ Munio	cipality (City or Town)
Partnership	⊙ School	ol District or Board
	e. Owned by Individual) C State	
(More Options Available)		
acility/Site Contact		
Prefix		
First Name	Last Name	
ot raine	Luctivanie	
Title		
Organization Name		
Phone Type	Number	Extension
Home		
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Business		
Email	1	1
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Address Line 1		
Addres 11 C		
Address Line 2		
Location Description	1	
Location Description	•	
City		State/Area
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		1

Facility/Site County *Select C	One		
○ Autauga ○ Baldwin			
○ Barbour ○ Bibb			
○ Blount ○ Bullock			
○ Butler ○ Calhoun			
○ Chambers ○ Cherokee			
(More Options Available)			
Detailed Directions to the	Facility/Site		
	•		
Facility/Site Front Gate La Latitude	titude and Longitude		Longitude
Is this a linear project? *Se	lect One		
C Yes C No			
Beginning Location of Lir	near Project		
*This control is conditionally displ Latitude	layed based on answers provided in other parts of the form		Longitude
Lautude			Longitude
Ending Location of Linea			
Latitude	layed based on answers provided in other parts of the form		Longitude
C	elect All That Annly		,
Construction Site Type *S Commercial	□Industrial		
☐Linear - Highway/Road	☐Linear - Utilities		
☐Multi-Family Residential	Other		
•	al □Support Activity (i.e. Borrow area)		
_ongle-ranny residence	- Gupport Activity (i.e. Bollow area)		
Primary SIC Code *Select On			
○ 1521-General Contractor			Contractors-Residential Buildings, Other Than Single-Family
	rs-Industrial Buildings and Warehouses		Contractors-Nonresidential Buildings, Other than Industrial Buildings and Warehouses
	t Construction, Except Elevated Highways	_	unnel, and Elevated Highway Construction
C 1623-Water, Sewer, Pipe	eline, and Communications and Power Line Constru	uction © 1629-Heavy Co	onstruction
Primary NAICS Code *Select	t One		
c 236115-New Single-Fam	nily Housing Construction (except For-Sale Builders	s) © 236116-New Multifa	mily Housing Construction (except For-Sale Builders)
C 236117-New Housing Fo	or-Sale Builders	C 236210-Industrial B	uilding Construction
	I Institutional Building Construction	○ 237110-Water and	Sewer Line and Related Structures Construction
	eline and Related Structures Construction	○ 237130-Power and	Communication Line and Related Structures Construction
C 237310-Highway, Street,	and Bridge Construction	© 237990-Other Heav	y and Civil Engineering Construction

... (More Options Available)

Additional Site Contact(s)

*This section is conditionally displayed based on answers provided in other parts of the form

Facility Contact Prefix	t			1	
First Name		Last Name		1	
Title				1	
Organization	Name				
J					
Phone Type	*Only one phone number is	Number	Extension		
Home	accepted				
Mobile					
Other				1	
Business					
Email				1	
Mailing Addr	225				
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City			State/Area		Postal Code
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Anticipated Cor		T BE LESS THAN OR EQUA	AL TO Total Facility/Site Are	a	
Commence	ement date MUS	ST BE ON OR BEFORE Con	npletion Date		
Anticipated Cor	mpletion Date				
Will flocculants	or other chen	nical stabilization products	be used on site? *Select Or.	e e	
Safety Data She	ditionally displayed	l based on answers provided in other	parts of the form		
		for *each* flocculant used.			
Comment	ments are not a	allowed. Please be aware tha	titles exceeding 500 MB in	size are not allowed. The following file types a	are accepted: ^.gir,^.jpeg,^.jpg,^.pdf,^.png
Comment					
☐Confidential	I (Reason for C	onfidentiality)			

Are there any surface waters within 25 feet of your project ♦s land disturbances? *Select One

○Yes ○No

Inspection Status

Was this facility/site inspected and found to be either under construction or in operation prior to a NPDES permit application being submitted to the Department?

*This control is conditionally displayed based on answers provided in other parts of the form

Please be advised that a Greenfield fee may be assessed to the total permit fee since your facility/site was inspected prior to the submittal of your application and/or obtaining NPDES permit coverage.

Priority Construction Site

□Confidential (Reason for Confidentiality)

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? If yes, please attach a copy of the CBMPP that meets or exceeds the requirements of the construction stormwater general permit.

0 103 0110										
Attach CBMPP										
	itionally displayed based copy of the CBMP		other parts of the form ceeds the requireme	nts of Parts III A.	and E. of the const	ruction stormwater	general permit.			
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png										
Comment										
Confidential (Reason for Confide	antiality)								
Confidential	Treason for Confide	Silicanty)								
•										
Outfalls										
Feature Type *See	ect One									
Outfall	04.01.0									
Cadaii										
Outfall - Point wh	nere the discharge	e leaves the site.								
Outfall Identifier sh	ould have a prefix o	of 'OF' (i.e. OF001,	OF002)							
Outfall Identifier										
1										
Topo Map Identi	fier-Provide the po	oint label from the	topo map that cor	relates to the O	utfall Point abov	е.				
Location of Outf	all									
Latitude					Longi	tude				
Receiving Wa	iter(s)									
RECEIVING WAT	Receiving						l			_
ID	Water	UT	Strm Sewer	MS4	A&I	F&W	LWF	PWS	SH	S
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	ASSIFICATION DES and Industrial Water									
F&W - Fish and W	/ildlife	,								
LWF - Limited War PWS - Public Wat										
SH - Shell Harvest	ing I Other Whole Body	Contact Sports								
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Comment										
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Qualified Credentialed Professional (QCP) Certification

QCP Designation *Select	One			
CAL National Resource	es Conservation Service Professional	certified by the State Conservationist	C Certified Professional in Erosio	on and Sediment Control (CPESC)
Certified Professiona	© Certified Professional Soil Scientist (CPSS)			
C Professional Geologis	st (PG)		© Registered Environmental Man	ager (REM)
○ Registered Forester			© Registered Land Surveyor (LS)	
○ Registered Landscap	e Architect			
Registration / Certificat	tion Number			
Registration / Certifica	uon Number			
Qualified Credentialed	Professional			
Prefix				
First Name	Last Name			
Title				
Organization Name				
Phone Type	Number E	Extension		
Home				
Mobile				
Other				
Business				
Email				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
,		,		,
Duly Authorized B	epresentative (DAR)			
Duly Authorized N	epresentative (DAN)			
Pursuant to ADEM Admi	nistrative Code Rule 335-6-609 (1), t	this NOI must be signed by a responsi	ble official, as indicated below:	
				ed in accordance with corporate procedures, with such delegation
submitted in writing if req regulated facility;	uired by the Department, who is respo	onsible for manufacturing, production,	or operating facilities and is author	rized to make management decisions which govern the operation of the
	ership, by a general partner; proprietorship, by the proprietor; or			
		ity by either a principal executive office	er, or ranking elected official.	
ADEM Administrative Co	ode Rule 335-609(2):			
All reports required by pe	ermits and other information requested	d by the Department shall be signed by	a person described in paragraph	335-6-609(1) or by a duly authorized representative of that person. A
person is a duly authorize	ed representative only if:			
(b) The authorization spe		n having responsibility for the overall op	peration of the regulated facility or	activity and;
(c) The written authorizati	ion is submitted to the Department.			
-	representative be submitting this N	IOI? *Select One		
○Yes ○No				
DAR Documentation				
	displayed based on answers provided in other p iate documentation meeting the requi	parts of the form rements above for a duly authorized re	presentative. The document must	be dated within the last 12 months.
		files exceeding 500 MB in size are not		
				.dwg,.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM
Comment				
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Duly Authorized Repres Prefix			1	
First Name	Last Name			
Title			1	
Organization Name			1	
Phone Type *Only one phone number is	Number	Extension		
Home				
Mobile				
Other				
Business				
Email			1	
Mailing Address				
Address Line 1				
Address Line 2				
City		State/Area		Postal Code
Country				

Construction Stormwater (ALR100000) - NOI - Information Update (Form 024)

Construction Stormwater-Information Update for Permitted Facilities/Sites

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

The following information may be updated for permitted facilities/sites on this form:

- Change in Responsible Official
- Change in Facility Contact information
- Change in QCP for the site/facility
- Change in Duly Authorized Representative (DAR)
- Suspension of Monitoring Request
- Decrease in Disturbed Area (acreage)
- Deletion of Receiving Water(s)
- Addition and/or Deletion of Outfalls Only
- Change in Flocculant Details

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Construction Stormwater Permit staff.</u>

Instructions

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

No Fee Required

Construction Stormwater (ALR100000) - NOI - Information Update (Form 024)

Form Input *This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form					
-					
Processing Information					
Brief description of the action/change that has resulted in	the request for permit modification(s):				
Are you updating Responsible Official Contact informatio	n? "Select One				
Are you updating Facility/Site Contact information? $^{\circ}$ Select G $^{\circ}$ C Yes $^{\circ}$ No	One				
Are you deleting Receiving Waters that the site discharge $_{\rm C}{\rm Yes}~\cap{\rm No}$	is to? "Select One				
Please provide a list of receiving waters that the permittee *This control is conditionally displayed based on answers provided in other pa					
Are you deleting Outfall Points (points where stormwater $_{\mbox{\scriptsize CYes}}$ $_{\mbox{\scriptsize CNo}}$	leaves site)? "Select One				
Are you adding Outfall Points (points where stormwater le $_{\rm C}$ Yes $_{\rm C}$ No	eaves site) associated with CURRENTLY permitted receiving wat	ers? *Select One			
Will the additional Outfall discharge to a previously permit "This control is conditionally displayed based on answers provided in other pe C Yes C No					
*This control is conditionally displayed based on answers provided in other pr Additional outfalls may be added only if the discharge will be ro add additional receiving waters, please STOP HERE. A modifi	uted to an existing permitted receiving water. New receiving waters may	y not be added through the information update process. If you need to			
Are you decreasing Facility/Site acreage and/or Total Dist	turbed acreage? *Select One				
Are you adding or changing Flocculants? 'Select One O Yes O No					
Are you requesting a Suspension of Monitoring? 'Select One					
Are you updating QCP Contact information? *Select One C Yes C No					
Form Submission Reason Minor Modification					
Permit Information *This section is conditionally displayed based on answers provided in other p.	arts of the form				
Permit Number					
Permittee					
Permittee Name					
Phone Type Number Extension					
Home					
Mobile					
Other					
Business					
Mailing Address					
Address Line 1					
Address Line 2					
City	State/Area	Postal Code			

Responsible Official Contact(s) *This section is conditionally displayed based on answers provided in other parts of the form

esponsible Official Prefix		
irst Name	Last Name	
itle		
ganization Name		
hone Type	Number	Extension
lome		
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Other		
Business		'
Email		
Physical/Delivery A	<u>ddress</u>	
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Address Line 2		
City		State/Area
Country		
dated and Day 18	044/->	
dditional Permit	•	
	ntact information for any	person needing notifications rega
ermit Contact Prefix		
IA		

First Name	Last Name	
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ompany Name		
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	1	

Facility/Site Name

Facility/Site Information

*This section is conditionally displayed based on answers provided in other parts of the form

acility/Site Contact				
Prefix				
First Name	Last Name			
Title				
Organization Name	;			
Phone Type	Number E	Extension		
	Number	Extension		
Home				
Mobile				
Other				
Business				
Email				
vou have additiona	al contacts associated with this site	e? *Select One		
Yes ONo				
oility/Site Address o	or Location Description			
Address Line 1	or Location Description			
Address Line 2				
Location Description	on			
City		State/Area		Postal Code
cility/Site County *Se	elect One			
Autauga ⊜Baldwi				
Barbour © Bibb				
Blount C Bullock	k			
Butler Calhou	un			
Chambers Cherol	kee			
(More Options Available)			
tailed Directions to	the Facility/Site			
cility/Site Front Gate	e Latitude and Longitude			
Latitude			Longitude	
this a linear project	? *Select One			
Yes ONo				
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Latitude			Longitude	
]				
nding Location of Li	near Project			
This control is conditionally Latitude	v displayed based on answers provided in other p	parts of the form	Longitude	

Additional Site Contact(s)

*This section is conditionally displayed based on answers provided in other parts of the form

Prefix			7		
First Name	Last Name]		
Title			_		
Organization Name					
Phone Type *Only one number is accepted Home	phone Number	Extension			
Mobile					
Other					
Business					
Email			1		
Mailing Address Address Line 1					
Address Line 2					
Address Line 2					
City		State/Area		Postal Code	
Country					
Country					
Commencement da	ate MUST BE ON OR BEFORE Cor	mpletion Date			
Flocculants or other cl	hemical stabilization products us	sed on site will be added o	or changed, "Select One		
Safety Data Sheet (SD: *This control is conditionally Please attach an SDS	displayed based on answers provided in othe sheet for *each* flocculant used.		n size are not allowed. The following file types ar	e accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png	
☐Confidential (Reaso	on for Confidentiality)				
Acreage *This section is conditionally	r displayed based on answers provided in othe	or narts of the form			
IOTE	EASE* Facility/Site acreage and/or T		ease enter both Facility/Site acreage and Total	Disturbed acreage below.	
otal Pacinty/One Area					
	ea MUST BE LESS THAN OR FOU	AL TO Total Facility (City Ac-	na**		

Outfalls

*This section is conditionally displayed based on answers provided in other parts of the form

Feature Type *Sel	lect One									
	nere the discharg	ne leaves the site	.							
	nould have a prefix									
Outfall Identifier	iodia navo a promo	0. 0. (0. 0.	., 0. 002/							
Tono Man Identii	fier-Provide the n	oint label from t	he topo map that c	orrelates to the (Outfall Point above	.				
Topo map lacina	ner i Tovide die p	TOTAL INDEFINITION OF	ne topo map that o	orrelated to the C		<i>-</i>				
Location of Outfa	all									
Latitude	uii				Longit	ude				
*This section is cond		ed on answers provide	d in other parts of the form							
RECEIVING WAT										
ID	Receiving	UT	Strm Sewer	MS4	A&I	F&W	LWF	PWS	SH	s
	Water									
		<u> </u>								
Suspension of										
* This section is cond	litionally displayed base	ad on answers provided	d in other parts of the form							
Suspension Req		for augnopoion								
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			',*.csv,*.Csv,*.DAT,*.					EML,*.eml,*.Eml,*.	GIF,*.gif,*.Gif,*.GP	X,*.gpx,*.Gpx,*.HTM,
Comment										
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Confidential ((Reason for Confid	lentiality)								
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			P) Certification d in other parts of the form							
		on answers provided	a ourer parts of the form							
QCP Designation		ation Senios Brof	secional certified but	the State Conson	ationist C Cortifica	Professional in E	racion and Sadima	ant Control (CDES)	~)	
			essional certified by t	ile State Conserv				an Control (CPES)	-)	
	ssional Soil Scient	ast (CPSS)				onal Engineer (PE				
© Professional G					-	ed Environmental I				
○ Registered For	rester				○ Register	ed Land Surveyor	(LS)			
○ Registered Lar	ndscape Architect									
Registration / Co	ertification Numbe	er								
	anougon Numbe									
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ualified Credentialed	Professional			
Prefix				
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rirst Name	Last Name			
Title				
Organization Name				
Phone Type	Number	Extension		
Home				
Mobile				
Other				
Business				
Email				
Address Line 1				
Address Line 1				
Address Line 2				
Address Ellie E				
City		State/Area		Postal Code
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Country		,		'
ursuant to ADEM Admir i) In the case of a corpor ubmitted in writing if req- gulated facility; b) In the case of a partne case of a sole pi	ration, by a principal executive office uired by the Department, who is responship, by a general partner; roprietorship, by the proprietor; or	er of at least the level of vice ponsible for manufacturing,		ted in accordance with corporate procedures, with such delegation orized to make management decisions which govern the operation of the
		aty by claici a pinicipal exc	ave officer, or ranking closted official.	
erson is a duly authorize i) The authorization is m i) The authorization spec	rmits and other information requested representative only if: lade in writing by a person describe	d in paragraph 335-6-609		n 335-6-609(1) or by a duly authorized representative of that person. A activity and;
/ill a duly authorized r ⊝Yes ເດNo	epresentative be submitting this	NOI? *Select One		
	displayed based on answers provided in other iate documentation meeting the requ		norized representative. The document must	t be dated within the last 12 months.
			re are not allowed. The following file types a *.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG	are accepted: ,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTN
Comment				
□Confidential (Reaso	n for Confidentiality)			

Prefix				
First Name	Last Name			
ii st i vaine	Last Hame			
Γitle				
Organization Name				
Phone Type *Only one p	phone Number	Extension		
number is accepted				
Mobile				
Other				
Business				
Email				
Mailing Address				
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City		State/Area		Postal Code
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pographic Map	Submittal rdisplayed based on answers provice	ded in other parts of the form		
pographic Map his section is conditionally pographic Map ile types are limited t	displayed based on answers providence of to: .gif, .jpeg, .jpg, .pdf, or .pr		ot allowed. The following file types	are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
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Construction Stormwater (ALR100000) - NOI - Modification/Transfer (Form 024)

Construction Stormwater-Modification and/or Transfer of Permit Coverage

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

A modification to your current permit may include one or more of the following:

- Permittee name change (Requires a signed Transfer Agreement, Form 466)
- Change of ownership (Requires a signed Transfer Agreement, Form 466)
- Facility name change
- Addition of a Co-Permittee
- Addition of receiving water(s) and outfalls associated with the additional receiving waters
- For Priority sites CBMPP will need to be resubmitted if adding receiving waters

Please contact the appropriate permitting staff member if you are unsure whether a modification or new permit is required for your project. Please contact the appropriate permitting staff based on the county where the site is located prior to beginning the application process. Please see the link on the right side of this screen for area assignments for Construction Stormwater Permit staff.

Please click here for the Transfer Agreement, Form 466

Please click here for the Alabama 303(d) list of Impaired Waters

Please click here for Information on Alabama TMDLs

Please click here for the permit fee schedule

Priority Construction Site means any site that discharges to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, and any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

Instructions

If your site meets the definition of a Priority Construction Site, a complete and comprehensive CBMPP must be attached to the application submittal. <u>Click here for an ADEM CBMPP template.</u>

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact</u> information for Construction Stormwater Permit staff.

Construction Stormwater (ALR100000) - NOI - Modification/Transfer (Form 024)

Form Input *This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form
Processing Information
Brief description of the action/change that has resulted in the request for permit modification(s):
Please indicate which of the following applies to this submission: "Select One C Modification C Modification with Transfer of Ownership C Transfer of Ownership Only
*This control is conditionally displayed based on answers provided in other parts of the form Please download, print, and sign the following: <u>Transfer Agreement (Form 466)</u>
Attach Transfer Agreement (Form 466) *This control is conditionally displayed based on answers provided in other parts of the form Please attach the signed Transfer Agreement (Form 466) here.
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*. Comment
Confidential (Reason for Confidentiality)
Are you adding a Co-Permittee? Select One *This control is conditionally displayed based on answers provided in other parts of the form C Yes C No
This is the current Facility/Site Name: Calculated
Are you changing the Facility/Site Name? Select One O Yes O No
*This control is conditionally displayed based on answers provided in other parts of the form Selecting 'No' to the question above will display "None Specified" under the Facility/Site Name indicating it will no longer be editable or displayed on this Modification form. The current Facility/Site Name is still stored in the AEPACS system.
Do you have additional contacts associated with this site? "Select One C Yes C No
Are you adding/changing receiving waters? If a priority site, submittal of updated CBMPP may be required. "Select One *This control is conditionally displayed based on answers provided in other parts of the form C Yes C No
Are you adding/changing outfall coordinates? If a priority site, submittal of updated CBMPP may be required. "Select One *This control is conditionally displayed based on answers provided in other parts of the form C Yes C No
Are you adding additional acreage? If a priority site, submittal of updated CBMPP is required. Please note, depending on the additional acreage request, issuance of a new, separate permit may be required. Please contact the permit writer for your county. *This control is conditionally displayed based on answers provided in other parts of the form C Yes C No
Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? "Select One "This control is conditionally displayed based on answers provided in other parts of the form C Yes C No
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Additional Responsible Officials

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Commencement date MUST BE ON OR BEFORE Completion Date

Anticipated Completion Date

○Yes ○No		•	•							
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Are there any su	rface waters withi	in 25 feet of your p	oroject ⊘ s land di	isturbances? *Sele	ect One					
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RECEIVING WAT		<u> </u>			T	T				<u> </u>
ID	Receiving Water	UT	Strm Sewer	MS4	A&I	F&W	LWF	PWS	SH	S

Will flocculants or other chemical stabilization products be used on site? *Select One *This control is conditionally displayed based on answers provided in other parts of the form

*This control is conditionally displayed based on answers provided in other parts of the form

Please select at least one Waterbody Use Classification using an "X". For a detailed list of water use classifications, please refer to ADEM Admin. Code Ch. 335-6-11. If the segment of the receiving water to which the facility discharges has not been assigned a water use classification, select "F&W" (Fish and Wildlife).

Topographic Map Submittal

^{*}This section is conditionally displayed based on answers provided in other parts of the form

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Duly Authorized Representative (DAR)

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

(a) In the case of a corporation, by a 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 facility;
 (b) In the case of a partnership, by a general partner;
 (c) In the case of a sole proprietorship, by the proprietor; or
 (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);

(b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;

- (c) The written authorization is submitted to the Department.

Will a duly authorized representative be submitting this NOI? *Select One

DAR Documentation *This control is conditionally display Please attach appropriate of	red based on answers provided in oth documentation meeting the red	er parts of the form quirements above for a duly a	authorized representative. The document must be dated within the last 12 months.
Multiple attachments are no *.7Z.*.7z.*.AVI.*.avi.*.Avi.*.B	t allowed. Please be aware th	at files exceeding 500 MB in .*.Csv.*.DAT.*.dat.*.Dat.*.DC	size are not allowed. The following file types are accepted: >C,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM
Comment	, , , , , , , , , , , , , , , , , , , ,	, , ,	
☐Confidential (Reason for	Confidentiality)		
Authorized Rep			
*This control is conditionally display Prefix	red based on answers provided in oth	er parts of the form	
First Name	Last Name		1
Title			
Organization Name			
Phone Type *Only one phone number is accepted	Number	Extension	
Home			
Mobile			
Other			
Business			
Email			1
Mailing Address			
Address Line 1			
Address Line 2			
City		State/Area	Postal Code
Country			
Additional Attachment	·(s) for Pormit Transfe	re Only	
	yed based on answers provided in oth		
Please provide an updated			
Multiple attachments are no Comment	t allowed. Please be aware th	at files exceeding 500 MB in	size are not allowed. The following file types are accepted: *.jpeg,*.jpg,*.pdf,*.png
☐Confidential (Reason for	Confidentiality)		

Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? "Select One

○Yes ○No

Please provide an updated CBMPP.

*This control is conditionally displayed based on answers provided in other parts of the form

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: *.pdf
Comment
Confidential (Reason for Confidentiality)

Construction Stormwater (ALR100000) - NOI - Reissuance (Form 024)

Construction Stormwater - Reissuance (Form 024)

NPDES permit ALR100000 is a general permit authorizing discharges associated with construction activities that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre which are part of a larger common plan of development or sale equal to or greater than one (1) acre.

Any Permittee authorized to discharge under the April 1, 2016 NPDES Construction General Permit, who wishes to continue to discharge upon the expiration of that permit, shall submit a complete NOI to be covered by this reissued General Permit. Such NOI shall be submitted at least 30 days prior to the expiration date of the April 1, 2016 NPDES Construction General Permit.

Failure of the Permittee to submit a complete NOI for reauthorization under this permit at least 30 days prior to the permit's expiration will void the automatic continuation of the authorization to discharge under that permit as provided by ADEM Admin. Code r. 335-6-6-.06. Should the permit not be reissued for any reason prior to its expiration date, Permittees who failed to

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management Water Division

Stormwater Management Branch Post Office Box 301463

Montgomery, Alabama 36130-1463

CONTACTS

Phone: 334-271-7836

E-mail: cswmail@adem.alabama.gov

ADDITIONAL LINKS

<u>Please click here for area assignments and contact information for Construction Stormwater Permit staff.</u>

meet the 30-day submittal deadline will be illegally discharging without a permit after the expiration date of the April 1, 2016 permit.

Priority Construction Site means any site that discharges to waterbody which is listed on the most recent EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody with for which a TMDL has been finalized or approved by EPA for turbidity, siltation or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin Code r. 335-6-10-.09, and any waterbody assigned a special designation in accordance with ADEM Admin Code r. 335-6-10-.10.

Please click here for the Alabama 303(d) list of Impaired Waters

Please click here for Information on Alabama TMDLs

Please click here for the permit fee schedule

Instructions

If your site meets the definition of a Priority Construction Site, as described above, a complete and comprehensive CBMPP must be attached to the application submittal. <u>Click here for an ADEM CBMPP template.</u>

Please complete all questions and attach all necessary documentation as prompted throughout the application process. Incomplete or incorrect information will delay processing.

APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED

Construction Stormwater (ALR100000) - NOI - Reissuance (Form 024)

Form Input

Processing Information

Does this reissuance include a Permittee name or ownership change? (Requires Transfer Form 466) "Select One *This control is conditionally displayed based on answers provided in other parts of the form Please download, print, and sign the following: Transfer Agreement (Form 466) Attach Transfer Agreement (Form 466) *This control is conditionally displayed based on answers provided in other parts Please attach the signed Transfer Agreement (Form 466) here. Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:
.7Z,.7z,*.AVI,*.avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.CSv,*.DAT,*.dat,*.Dat,*.DOC,*.doc,*.DocX,*.docx,*.DoCX,*.docx,*.DoCX,*.docx,*.DwG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*. Confidential (Reason for Confidentiality) Are you adding a Co-Permittee? *Select One ○Yes ○No This is the current Facility/Site Name: Calculated Are you changing the Facility/Site Name? *Select One *This control is conditionally displayed based on answers provided in other parts of the form
Selecting 'No' to the question above will display "None Specified" under the Facility/Site Name indicating it will no longer be editable or displayed on this Modification form. The current Facility/Site Name is still stored in the AEPACS system Do you have additional facility contacts associated with this site? *Select One Are you adding/changing receiving waters? If a priority site, submittal of updated CBMPP may be required. Are you adding/changing outfall coordinates? If a priority site, submittal of updated CBMPP may be required. "Select One Has the total and/or disturbed acreage changed from the previous NOI submitted? *Select One Is this a Priority Construction Site as defined by Part V of the construction stormwater general permit? "Select One ○Yes ○No Form Submission Reason Reissuance

Permit Information

Permit Number

ermittee					
Permittee Nam	пе				
Phone Type	Number		Extension		
Home					
Mobile					
Other					
Business					
Mailing Address Address Line					
Address Line	<u>. </u>				
Address Line 2	2				
City				State/Area	Postal Code
City				State/Area	rostal Code
*This control is condit Co-Permittee N	Name	d based on answers	provided in other	parts of the form	
Home					
Mobile					
Other					
Business					
Address Line	1				
	_				
Address Line 2	2				
City				State/Area	Postal Code
esponsible Offic	cial				
First Name		Last Name			
Title		J.			
Organization N	Name				
Phone Type		Number	ı	Extension	
Home					
Mobile					
Other					
Business					
Email			,		
Physical/Deliver		<u> </u>			
Address Line 2	2				
City				State/Area	Postal Code

Additional Responsible Officials

^{*}This section is conditionally displayed based on answers provided in other parts of the form

Res	ponsible Official				
F	Prefix			7	
I.					
F	irst Name	Last Name		1	
I.					
T	itle			7	
L					
Γ	Organization Name			7	
I.	N T	Mb.	F-4i		
		Number	Extension		
ŀ	lome				
Ν	Nobile				
	Other				
E	Business				
E	Email			7	
I.					
4	Address Line 1				
4	Address Line 2				
C	ity		State/Area		Postal Code
C	Country				
Per	ase provide the contact in mit Contact Prefix	formation for any person	needing notifications rega	arding this Notice of Intent (NOI).	
İ	TOTAL]	
L E	irst Name	Last Name			
Γ				1	
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Γ				1	
C	Organization Name				
Ī	<u> </u>				
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Ν	Mobile				
C	Other			7	
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	Business				
E	imail			1	
Į.					
Fac	cility/Site Information	1			
Fac	ility/Site Name	_			
*7	his control is conditionally displayed	d based on answers provided in othe	er parts of the form		
Per	mittee Organization Type	*Select One			
	Corporation		Government/Commission		
	ederal	OLLC			
O.L			ality (City or Town)		
	artnership				
		⊜ School I	District or Board		
0.5			District or Board		
	Sole Proprietorship (i.e. Owr (More Options Available)		District or Board		

Facility/Site Contact					
Prefix					
First Name	Last Name				
I ii ot i tuilio			1		
Title					
Title			1		
J.					
Organization Name					
Phone Type	Number	Extension			
Home					
Mobile					
Other					
Business					
Email					
Facility/Site Address or	Location Description				
Address Line 1	·				
Address Line 2					
Location Description					
Location Description					
City		State/Area			Postal Code
	10				
Facility/Site County *Selection	a One				
○ Autauga ○ Baldwin					
○ Barbour ○ Bibb					
○ Blount ○ Bullock					
○ Butler ○ Calhoun					
Chambers Cheroke	е				
(More Options Available)					
Detailed Directions to th	ne Facility/Site				
l					
Facility/Site Front Gate I	Latitude and Longitude				
Latitude				Longitude	
Is this a linear project?	Select Une				
○Yes ○No					
Beginning Location of L	inear Project				
*This control is conditionally dis Latitude	splayed based on answers provided in othe	er parts of the form		Longitude	
Lautude				Longitude	
Ending Location of Line	ear Project				
*This control is conditionally di	splayed based on answers provided in othe	er parts of the form		Langituda	
Latitude				Longitude	
Construction Site Type	*Select All That Apply				
☐Commercial	[☐Industrial				
☐Linear - Highway/Road					
☐ Multi-Family Residentia					
_Single-Family Residen	tial Support Activity (i.e. Borrov	v area)			
Primary SIC Code *Select	One				
	ors-Single-Family Houses	0	1522-General	Contractors-Residential Buildin	ngs, Other Than Single-Family
	ors-Industrial Buildings and Wareh				ldings, Other than Industrial Buildings and Warehouses
	eet Construction, Except Elevated			unnel, and Elevated Highway C	
	and a construction of a certification	riigrivvayə ()	TUZZ-DIIUGE, I	uniner, and Elevated Highway C	201 IOLI UGILUTI

imary NAICS Code *Select O		0.1.5."	
			36116-New Multifamily Housing Construction (except For-Sale Builders)
236117-New Housing For-S			36210-Industrial Building Construction
236220-Commercial and In	stitutional Building Construction	023	37110-Water and Sewer Line and Related Structures Construction
237120-Oil and Gas Pipelii	ne and Related Structures Consti	ruction © 23	37130-Power and Communication Line and Related Structures Construction
237310-Highway, Street, a	nd Bridge Construction	023	37990-Other Heavy and Civil Engineering Construction
. (More Options Available)			
dditional Site Contac			
	red based on answers provided in other p	arts of the form	
cility Contact			
Prefix			
First Name	Last Name		
Title			_
Organization Name			
Phone Type *Only one phone number is	Number E	xtension	
accepted			
Home			
Mobile			
011			
Other			
Business			
Email			
Mailing Address			
Address Line 1			
Address Line 2			
Padress Line 2			
City		State/Area	Postal Code
City		State/Area	Postal Code
Country			
oject Information			
roject Information	(a):		

I	Brief Description of activity(s):
l	
I	
I	

Total Facility/Site Area (acres)

Total Disturbed Area (acres)

Total Disturbed Area MUST BE LESS THAN OR EQUAL TO Total Facility/Site Area

Anticipated Commencement Date

Commencement date MUST BE ON OR BEFORE Completion Date

Anticipated Completion Date

Will flocculants or other chemical stabilization products be used on site? *Select One

○Yes ○No

Safety Data Sheet (SDS)	
*This control is conditionally displayed based on answers provided in other parts of the form Please attach an SDS sheet for *each* flocculant used.	
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allo	owed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
Comment	
□Confidential (Reason for Confidentiality)	
Are there any surface waters within 25 feet of your project�s land disturbances? 'Select One ○ Yes ○ No	
Reminder: *This control is conditionally displayed based on answers provided in other parts of the form Site CBMPP must meet Part III.B. of the permit.	
Priority Construction Site *This section is conditionally displayed based on answers provided in other parts of the form	
Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. *7Z,*.7z,*.AVI,*.avi,*.Avi,*.BMP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DoC,*.doc,*.Doc,*.Doc,*.Doc,*.	owed. The following file types are accepted: *.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM *.DOCX,*.docx,*.Docx,*.DWG,*.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM
Comment	
Confidential (Reason for Confidentiality)	
Outfalls	
Feature Type "Select One C Outfall	
Outfall - Point where the discharge leaves the site.	
Outfall Identifier should have a prefix of 'OF' (i.e. OF001, OF002)	
Outfall Identifier	
and a characteristic and acceptable above or a superspectable for the factor and an acceptable of the "actif flocus trade". In a data characteristic and the "actif flocus trade". In a data characteristic and the "actif flocus trade" is a superspectable for the fishes occording 500 MB in size are not allowed. The following fish types are accepted: "gif" gerg "gig" pdf" programment Inflictinal (Reason for Confidentially) In a any surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? """ The surface waters within 25 feet of your projectées land disturbances? ""	
Location of Outfall	Longitudo
Latitude	Longitude
Receiving Water(s)	1.

Receiving Water(s)

RECEIVING WATER(S)

ID	Receiving Water	UT	Strm Sewer	MS4	A&I	F&W	LWF	PWS	SH	s

WATER USE CLASSIFICATION DESCRIPTIONS:

A&I - Agricultural and Industrial Water Supply

F&W - Fish and Wildlife

LWF - Limited Warmwater Fishery

PWS - Public Water Supply

SH - Shell Harvesting

S - Swimming and Other Whole Body Contact Sports

Topographic Map Submittal

nampie anaci ii iei ilo ale	not allowed Please has	aware that files exceeding 500 MP in a	size are not allowed. The following file types are accepted: *.gif,*.jpeg,*.jpg,*.pdf,*.png
Comment	Tiot allowed. Flease be a	aware that lines exceeding 500 Mib III s	size are not allowed. The following life types are acceptedgir, .jpeg, .jpg, .pdr, .prig
Johnment			
Confidential (Reason t	for Confidentiality)		
ualified Credential	led Professional (C	QCP) Certification	
		<u>· </u>	
P Designation *Select On		ofessional certified by the State Cons	ervationist C Certified Professional in Erosion and Sediment Control (CPESC)
Certified Professional S		olessional certified by the otate cons	© Professional Engineer (PE)
Professional Geologist (© Registered Environmental Manager (REM)
Registered Forester	(1 0)		© Registered Land Surveyor (LS)
Registered Landscape	Architect		Trogosolos Esta Sulfoyer (ES)
togiotorou zanaocapo /	,		
gistration / Certificatio			
alified Credentialed Pr Prefix	rofessional		
alified Credentialed Pı			
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Duly Authorized Representative (DAR)

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

(a) In the case of a corporation, by a 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 facility;
 (b) In the case of a partnership, by a general partner;
 (c) In the case of a sole proprietorship, by the proprietor; or
 (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);

(b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;

- (c) The written authorization is submitted to the Department.

Will a duly authorized representative be submitting this NOI? *Select One

Country

DAR Documentation
*This control is conditionally displayed based on answers provided in other parts of the form
Please attach appropriate documentation meeting the requirements above resentative. The document must be dated within the last 12 months

allowed. Please be aware that	t files exceeding 500 MB in	size are not allowed. The following file types a	re accepted:
1P,*.bmp,*.Bmp,*.CSV,*.csv,*	.Csv,*.DAT,*.dat,*.Dat,*.DO	C,*.doc,*.Doc,*.DOCX,*.docx,*.Docx,*.DWG,	.dwg,*.Dwg,*.EML,*.eml,*.Eml,*.GIF,*.gif,*.Gif,*.GPX,*.gpx,*.Gpx,*.HTM,*.
onfidentiality)			
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Last Name		r	
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	allowed. Please be aware tha IP,*.bmp,*.Bmp,*.CSV,*.csv,* onfidentiality) d based on answers provided in other Last Name	allowed. Please be aware that files exceeding 500 MB in: IP,*.bmp,*.Bmp,*.CSV,*.csv,*.Csv,*.DAT,*.dat,*.Dat,*.DO onfidentiality) d based on answers provided in other parts of the form Last Name	d based on answers provided in other parts of the form Last Name

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALR100000 (CONSTRUCTION STORMWATER)

Instructions: This form may be used to submit a Notice of Intent for coverage under NPDES Permit Number ALR100000 ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6). NPDES Permit Number ALR100000 is the general permit authorizing discharges associated with construction activities that result in a total land disturbance of one (1) acre or greater and sites less than one (1) acre but are part of a larger common plan of development or sale. Please complete all questions. Incomplete or incorrect answers, or missing signatures will delay processing. Attach CBMPP and other additional information as needed.

			DUDDOSE	OF THIS NO				
☐ Initial NOI for Ne	≥w Facility				General Permit	AIR		
	General Permit No. ALR				Ocherai i cilliit			
	eral Permit No. ALR		–	o				
I. PERMITTEE INFOR	MATION							
Permittee								
Permittee Name (Lega	al Name)			Responsib	ole Official Phone	Number ((Provide at least one)	
Responsible Owner/O	Operator or Official Name	Responsible	Official Tit	le		Respons	sible Official Email Address	
Responsible Official ((RO) Mailing Address	·		Mailing C	City, State, and Zip	Code		
Responsible Official ((RO) Location Street/Physical Ac	ddress		Location (City, State, and Zi	p Code		
Corporation P	Partnership Sole Proprietorshi	p LLC] LLP 🔲	LP Sta	ate County	☐ Munic	cipality Other	
Co-Permittee								
Leave blank if only one po	ermittee will hold the permit. If more	e than one Co-Pe	ermittee is red	quested, inclu-	de below information	n for each o	on a separate page)	
Permittee Name (Lega	al Name)			Responsi	ble Official Phone	e Number	(Provide at least one)	
Responsible Owner/O	Operator or Official Name	Responsible (Official Titl	.e		Respons	sible Official Email Address	
Responsible Official ((RO) Mailing Address			Mailing (City, State, and Zi	p Code		
Responsible Official ((RO) Location Street/Physical Ad	ddress		Location	City, State, and Z	Zip Code		
☐ Corporation ☐ P	Partnership Sole Proprietorshi	p LLC]LLP 🗆	LP Sta	ate County	☐ Munic	cipality Other	
II. FACILITY INFORM	ATION							
Facility/Site Name				Facility/Site	e Contact Name		Facility/Site Contact Title	
Facility/Site Street Ac	ddress or Location Description			Facility/Site	e Contact Compan	ıy Name		
City		Zip Code		Facility/Site Contact Phone Number (Provide at least one) Office: Cell:				
County(s)				Facility/Site	e Contact Email A	ddress		
Facility Latitude and	d Longitude (Decimal or Deg. N	Min. Sec.) [Pro	vide the se	t of coordin	ates below appro	priate for	r the project type, non-linear	vs. linear]
Non-Linear					Coordinates	<u> </u>		
Project	L	Latitude					Longitude	
		Point Coordinat					ding Point Coordinates	
Linear Project	Latitude		Longitude		Lat	titude	Longitud	le
Detailed Directions to	Facility/Site						·	

ADEM Form 24 06/22 m3 Page 1 of 3

Brief Description of Construction / Land	disturbance activ	ity(s):							
(For Modifications Only) Brief descripti	on of the action/cl	nange that l	nas resulted	in the reques	t for permit mod	ification:			
Primary SIC Code:				Primary	NAICS Code:				
V. PROPOSED SCHEDULE									
Anticipated Activity Schedule:	Commenceme	nt Date:				Completion	Date:		
Area of Permitted Facility/Site:	Total Site Area in	Acres:			Total Dist	turbed Area in	Acres:		
. PRIORITY CONSTRUCTION SITE									
Is this a Priority Construction Site as def	ined by Part V of	the constru	ction storm	water general	permit?	Yes No			
If yes, attach/submit a copy of the CBM	PP that meets or e	xceeds the	requiremen	ts of Parts III	A. and E. of the	construction st	ormwater gene	ral permit.	
I. TOPOGRAPHIC MAP SUBMITTAL									
(4) Area(s) of disturbance; (5) One (1) mile radius; (6) Entrance(s)/Exit(s); (7) Outfall(s); (8) Receiving stream(s); and (9) Begin and End Project Locations (Linger For subdivisions and/or common plans of the common plans of			e provide a	current plat m	ap of the develo	pment.			
List the locations of all outfalls (points v	where discharges l	eave the sit	e) including	g the label for	each outfall from	n the topo map	. (Attach a sepa	arate list if nece	ssary)
Topo Map Identifier			I	atitude			Lon	gitude	
/III. RECEIVING WATERS									
Are there any surface waters within 25 fo	eet of your projec	s's earth dis	sturbances?	☐ Yes	☐ No				
List name of receiving water(s), latitude waterbody classification. Please also ind receiving water, and if the storm sewer i classifications. (Attach a separate list if	icate if the discha s under the jurisdi	rges enter a	ın unnamed	tributary to t	ne receiving wat	er. In addition,	indicate enters	a storm sewer p	nd the orior to the
Receiving Water	UT	Storm	MS4	4.07			At least one mu		~
. 9		Sewer		<u>A&Γ</u>	F&W	LWF	PWS	SH 🗆	s
				_	+				

ADEM Form 24 06/22 m3 Page 2 of 3

IX. GENERAL INFORMATION		
Will flocculants or other chemical stabil If Yes , attach a Safety Data Sheet (<u> </u>	Yes No
C. QUALIFIED CREDENTIALED PROFESSIONAL (QCP) CERTIFICATION		
pollution in stormwater and authorized areas/activities. The CBMPP meets the runoff can reasonably be expected to b Chapter 335-6-623 and this Permit. T	I related process wastewater runoff hat requirements of this permit and if prope be effectively minimized to the maxim the CBMPP describes the erosion and s	gement Practices Plan (CBMPP) for the prevention and minimization of all sources of its been prepared under my supervision for this site/activity, and associated regulated orly implemented and maintained by the operator, discharges of pollutants in stormwater num extent practicable according to the requirements of ADEM Administrative Code sediment control measures that must be fully implemented and regularly maintained as ontrol practices to ensure the protection of water quality."
QCP Designation/Description:		
Name:	Title:	Registration/Certification #
Address:		
Phone Number:		Email:
Signature		Date Signed:
If a Duly Authorized Representative wil requirements below for a duly authorized	Il be signing this NOI, the DAR must p	rovide the following information and attach the appropriate documentation meeting the be dated within the last 12 months
Name (including prefix):		Title:
Organization Name:		
Mailing Address:		
Phone Number:		Email:
Signature		Date Signed:
XII. OPERATOR/RESPONSIBLE OFFIC	CIAL SIGNATURE	
to assure that qualified personnel proper and other person or persons who manage my knowledge and belief, true, accurate of fine or imprisonment for knowing v	rly gathered and evaluated the informa ge the system or those persons directly , correct, and complete. I am aware that riolations. I certify that this form has I further certify that the proposed disc	were prepared under my direction or supervision in accordance with a system designed tion submitted. Based on my inquiry of the qualified credentialed professional (QCP) responsible for gathering the information, the information submitted is, to the best of there are significant penalties for submitting false information including the possibility not been altered, and if copied or reproduced, is consistent in format and identical in harges described in this registration have been evaluated for the presence of any non-ave been fully identified."

Pursuant to ADEM Administrative Code Rule 335-6-6-.09 (1), this NOI must be signed by a responsible official, as indicated below:

(a) In the case of a corporation, by a 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 facility;

Official Title

Date Signed:

- (b) In the case of a partnership, by a general partner;
- (c) In the case of a sole proprietorship, by the proprietor; or
- (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

ADEM Administrative Code Rule 335-6-.09(2):

Name

Signature

All reports required by permits and other information requested by the Department shall be signed by a person described in paragraph 335-6-6-.09(1) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (a) The authorization is made in writing by a person described in paragraph 335-6-6-.09(1);
- (b) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity and;

(c) The written authorization is submitted to the Department.

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