

ADEM Form 025
NPDES Construction Stormwater
Noncompliance Notification Report

The Department's preferred method of submittal of the NPDES Construction Stormwater Noncompliance Notification Report is electronically via ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> .This form package includes both the AEPACS electronic version in a human readable format and the hardcopy version. Since AEPACS allows for dynamic smart forms to be developed, there are differences between the forms due to the availability of conditionality and the ability to prefill data fields in the electronic version of the form.

Construction Stormwater Noncompliance Notification Report (Form 025)

Respond with "n/a" as appropriate. Forms with incomplete or incorrect answers will be returned and may result in appropriate compliance action by the department.

CONTACT INFORMATION

Main Address

Alabama Department of Environmental Management
Post Office Box 301463
Montgomery, Alabama 36130-1463

CONTACTS

Phone : 334-271-7700

Construction Stormwater Noncompliance Notification Report (Form 025)

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 Information

Permit Number

Permittee Name

Permittee Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Fax

Address Line 1

Address Line 2

Location Description

City

State/Area

Postal Code

Facility/Site Information

Facility/Site Name

Facility/Site Address

Address Line 1

Address Line 2

Location Description

City

State/Area

Postal Code

County *Select One

- Autauga Baldwin
 Barbour Bibb
 Blount Bullock
 Butler Calhoun
 Chambers Cherokee
... (More Options Available)

Sampling Results

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,*.htm,*.html,*.htm,*.HTML,*.html,*.Html,*.htm,*.html,*.Html,*.JPG,*.jpg,*.Jpeg,*.jpeg,*.Jpe,*.jpe,*.Jpg,*.png,*.PNG,*.png,*.Png,*.Png,*.Png,*.tif,*.TIF,*.tif,*.Tif,*.Tif,*.Tif,*.txt,*.TXT,*.txt,*.Txt,*.Txt,*.Txt,*.zip,*.ZIP,*.zip,*.Zip,*.Zip,*.Zip

Comment

Confidential (Reason for Confidentiality)

Cause of Noncompliance

Details

Period of Noncompliance

Noncompliance Start Date

Noncompliance Start Time

Noncompliance End Date

Noncompliance End Time

Details

Proposed Compliance Schedule

Details

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
NPDES CONSTRUCTION STORMWATER NONCOMPLIANCE NOTIFICATION REPORT**

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Complete this form, attach additional information as necessary, and send report to ADEM.

Item I.

Permittee Name		Facility/Site Name		
NPDES ALR10	County	Facility Contact and Title		
Facility Street Address <u>or</u> Location Description		City	State	Zip
Phone Number	Fax Number	E-Mail Address		

Item II.

DESCRIPTION OF NONCOMPLIANCE OR NONCOMPLIANT DISCHARGE: _____
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Item III.

INSPECTION AND BMP CERTIFICATION REPORT(S), ANY PHOTOGRAPHS, AND ANY SAMPLING RESULTS <u>ARE ATTACHED</u> . IF NOT, PLEASE EXPLAIN: _____
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Item IV.

CAUSE OF NONCOMPLIANCE: _____

Item V.

PERIOD OF NONCOMPLIANCE: (Include exact date(s) and time(s) or, if not corrected, the anticipated time the noncompliance is expected to continue): _____

Item VI.

DESCRIPTION OF STEPS TAKEN AND/OR BEING TAKEN (PROPOSED COMPLIANCE SCHEDULE) TO REDUCE AND/OR ELIMINATE THE NONCOMPLYING DISCHARGE, REPAIR/REPLACE/UPGRADE BMPs, AND TO PREVENT ITS RECURRENCE: _____ _____

"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 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 am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Name & Designation of QCP	Signature	Date
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Name & Title of Permittee Responsible Official	Signature	Date
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