

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)  
NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALG340000**

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALG340000, which is the general permit authorizing discharges associated with petroleum products consisting of stormwater, hydrostatic test water, and groundwater discharges resulting from the storage, handling, transportation, spill cleanup, contaminated groundwater and/or soil remediation and investigation, or other operations involving petroleum and its derivatives; vehicle and equipment washwater; and storm water associated with fueling, petroleum storage and handling, equipment storage. Please answer all questions in applicable sections. 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>FOR ADEM USE ONLY</b>
NPDES PERMIT NUMBER
FACILITY NUMBER

**PURPOSE OF THIS NOTICE OF INTENT**

- [ ] **Initial** request for coverage under NPDES General Permit Number ALG340000
- [ ] **Reissuance** of coverage under NPDES General Permit Number ALG340000 (Current Permit No. ALG34\_\_\_\_\_)
- [ ] **Modification** of coverage under NPDES General Permit Number ALG340000 (Current Permit No. ALG34\_\_\_\_\_)

**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 and/or groundwater discharges associated with the remediation of groundwater and/or soil contaminated with petroleum or its derivatives (DSN001)
  - Storm water discharges associated with fueling, petroleum storage and handling, equipment storage, and maintenance areas (DSN002 and DSN004)
  - Discharges associated with vehicle and equipment exterior washing operations (excluding commercial car washes) (DSN005)
  - Discharges of hydrostatic test water generated on-site (DSN007)
- 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 AND/OR GROUNDWATER DISCHARGES ASSOCIATED WITH THE REMEDIATION OF GROUNDWATER AND/OR SOIL CONTAMINATED WITH PETROLEUM OR ITS DERIVATIVES**

**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 \_\_\_\_\_

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

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

B. Have the groundwater discharges and/or 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. Groundwater and/or 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. List the outfalls under DSN001 that are treated groundwater:

- H. Will there be any discharge of groundwater as a result of aquifer testing?  Yes  No If YES, this discharge must meet the requirements of this general permit.
- I. Does the facility plan to discharge well purge waters?  Yes  No If YES, this discharge must meet the requirements of this general permit.
- J. Does the facility plan to discharge storm water accumulated in UST tank pits during closure?  Yes  No If YES, this discharge must meet the requirements of this general permit.
- K. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes  No If YES, please explain:

- L. Did the facility ever handle leaded fuels?  Yes  No  
If YES, did the contamination result from the handling of leaded fuel?  Yes  No
- M. Did the facility ever handle aviation fuel, jet fuel, or diesel fuel?  Yes  No  
If YES, did the contamination result from the handling of aviation fuel, jet fuel, or diesel fuel?  Yes  No
- N. Will the facility stockpile contaminated material on site?  Yes  No  
If YES, which outfalls under DSN001 represent the storm water runoff from these stockpiles?

**DSN002 AND DSN004: 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 = 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 DSN002 and DSN004?  
[ ] 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 DSN002 and DSN004 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. 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:

Q. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?  
 Yes  No

R. 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:

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

**DSN005: DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS  
(EXCLUDING COMMERCIAL CAR WASHES)**

**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 the facility handle diesel equipment or diesel fuel? [ ] Yes [ ] No

H. Does the facility use chrome/wheel brighteners? [ ] Yes [ ] No

I. 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.



**DSN007: DISCHARGES ASSOCIATED WITH HYDROSTATIC TEST WATER GENERATE ON-SITE**

**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 hydrostatic testing of petroleum handling equipment performed on-site? [ ] Yes [ ] No

C. Discharges of hydrostatic test water primarily discharge to (check only one):

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

D. Is chlorine present in any source water (i.e. city or well water) used for hydrostatic testing? [ ] Yes [ ] No

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 control measures in place to prevent pollution? [ ] Yes [ ] No If YES, please explain.

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

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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.