

ADEM Form 499

Notice of Termination – NPDES General Permit Number ALG890000

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALG890000, Notices of Termination for NPDES General Permit Number ALG890000 (ADEM Form 499) 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 Termination. The form package include the electronic version of ADEM Form 499 in a human readable format.

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 499 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 may be differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

Small Mining (ALG890000) - Voluntary Termination (Form 499)

Small Mining-Voluntary Termination Request

NPDES Permit ALG890000 is a general permit authorizing discharges associated with noncoal/nonmetallic mining and dry processing, and areas associated with these activities, where such activities will result in a cumulative land disturbance of less than five (5) acres of land at any one time over the life of the mining activity.

To properly terminate your permit for construction, a Notice of Termination (NOT) is required to be submitted within thirty (30) days of one of the following conditions:

1. All regulated activity authorized by this Permit at this facility has been completed. All disturbed areas have been fully reclaimed, permanently stabilized, and/or perennial vegetative cover has been established.
2. Permittee has lost operational control of the facility.
3. Permittee has lost legal responsibility for the facility.

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*****

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

[Please click here for area assignments and contact information for Special Services staff.](#)

Small Mining (ALG890000) - Voluntary Termination (Form 499)

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*

Termination Requirements

Has all regulated activity authorized by this Permit at this facility been completed? (i.e. mining effects removed; solid waste/debris properly disposed; all disturbed areas have been fully reclaimed, permanently stabilized, or perennial vegetative cover established; and stormwater discharges do not represent an adverse impact to water quality.)

Yes No

Additional Document(s)

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

Please attach any documents that support your assertion that all regulated activity is complete.

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)

Was the Permittee required to have ADOL bond coverage for this mining activity? **Select One*

Yes No

Has the ADOL bond been released? **Select One*

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

Yes No

ADOL Bond Release Paperwork

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

Please attach ADOL bond release paperwork.

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)

Has the Permittee lost operational control of the facility/site? **Select One*

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

Yes No

Has the Permittee lost legal responsibility for the facility/site? **Select One*

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

Yes No

Proposed Succeeding Permittee/Responsible Official

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

| | |
|----------------------|----------------------|
| First Name | Last Name |
| <input type="text"/> | <input type="text"/> |

Title

Proposed Succeeding Permittee Name/Company Name

| Phone Type | Number | Extension |
|------------|----------------------|----------------------|
| Home | <input type="text"/> | |
| Mobile | <input type="text"/> | |
| Other | <input type="text"/> | <input type="text"/> |
| Business | <input type="text"/> | <input type="text"/> |

Email

Address Line 1

Address Line 2

| | | |
|----------------------|----------------------|----------------------|
| City | State/Area | Postal Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Permit Information

Permit Number

Permittee

Permittee Name

| Phone Type | Number | Extension |
|------------|----------------------|----------------------|
| Home | <input type="text"/> | |
| Mobile | <input type="text"/> | |
| Other | <input type="text"/> | <input type="text"/> |
| Business | <input type="text"/> | <input type="text"/> |

Address Line 1

Address Line 2

| | | |
|----------------------|----------------------|----------------------|
| City | State/Area | Postal Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

phone number is accepted

Responsible Official

| | |
|----------------------|----------------------|
| First Name | Last Name |
| <input type="text"/> | <input type="text"/> |

Title

| Phone Type | Number | Extension |
|------------|----------------------|----------------------|
| Home | <input type="text"/> | |
| Mobile | <input type="text"/> | |
| Other | <input type="text"/> | <input type="text"/> |
| Business | <input type="text"/> | <input type="text"/> |

Email

Address Line 1

Address Line 2

| | | |
|----------------------|----------------------|----------------------|
| City | State/Area | Postal Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Facility Information

Facility Name

Facility County *Select One

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

Facility Address

Address Line 1

Address Line 2

| | | |
|----------------------|----------------------|----------------------|
| City | State/Area | Postal Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Facility Location

| | |
|----------------------|----------------------|
| Latitude | Longitude |
| <input type="text"/> | <input type="text"/> |

Qualified Credentialed Professional (QCP) Information

QCP Designation *Select One

- AL National Resources Conservation Service Professional certified by the State Conservationist
- Certified Professional in Erosion and Sediment Control (CPESC)
- Certified Professional Soil Scientist (CPSS)
- Professional Engineer (PE)
- Professional Geologist (PG)
- Registered Environmental Manager (REM)
- Registered Forester
- Registered Land Surveyor (LS)
- Registered Landscape Architect

Registration / Certification Number

Qualified Credentialed Professional

| | | |
|--------------------------|----------------------|----------------------|
| Prefix | | |
| <input type="text"/> | | |
| First Name | Last Name | |
| <input type="text"/> | <input type="text"/> | |
| Title | | |
| <input type="text"/> | | |
| Organization Name | | |
| <input type="text"/> | | |
| Phone Type | Number | Extension |
| Home | <input type="text"/> | |
| Mobile | <input type="text"/> | |
| Other | <input type="text"/> | <input type="text"/> |
| Business | <input type="text"/> | <input type="text"/> |
| Email | | |
| <input type="text"/> | | |
| Address Line 1 | | |
| <input type="text"/> | | |
| Address Line 2 | | |
| <input type="text"/> | | |
| City | State/Area | Postal Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 Notice of Termination? *Select One

Yes No

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 for a duly authorized representative. The document must be dated within the last 12 months.

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)

Authorized Rep

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

| | | |
|--|----------------------|----------------------|
| Prefix | | |
| <input type="text"/> | | |
| First Name | Last Name | |
| <input type="text"/> | <input type="text"/> | |
| Title | | |
| <input type="text"/> | | |
| Organization Name | | |
| <input type="text"/> | | |
| Phone Type | Number | Extension |
| <small><i>*Only one phone number is accepted</i></small> | | |
| Home | <input type="text"/> | |
| Mobile | <input type="text"/> | |
| Other | <input type="text"/> | <input type="text"/> |
| Business | <input type="text"/> | <input type="text"/> |
| Email | | |
| <input type="text"/> | | |
| Mailing Address | | |
| Address Line 1 | | |
| <input type="text"/> | | |
| Address Line 2 | | |
| <input type="text"/> | | |
| City | State/Area | Postal Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country | | |
| <input type="text"/> | | |

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)

NOTICE OF TERMINATION – NPDES GENERAL PERMIT NUMBER ALG890000

Instructions: This form may be used to request termination of coverage under NPDES General Permit Number ALG890000 **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 General Permit Number ALG890000 is the general permit authorizing discharges from small noncoal/nonmetallic mining and dry processing and areas associated with these activities. 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 other information as needed. Mail completed form to:

**ADEM-Water Division
Stormwater Management Branch
PO Box 301463
Montgomery, Alabama 36130-1463**

Item I. Permittee/Facility Information

| | | | |
|------------------------------|--|---|--|
| Permittee Name | | Facility/Site Name | |
| NPDES Permit Number ALG89 | | Facility Street Address or Location Description | |
| County(s) | | Facility City, State, Zip | |

Item II. Termination Requirements

| | | |
|---|---|---|
| 1. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has all regulated activity authorized by this Permit at this facility been completed? (i.e. mining effects removed; solid waste/debris properly disposed; all disturbed areas have been fully reclaimed, permanently stabilized, or perennial vegetative cover established; and stormwater discharges do not represent an adverse impact to water quality.) Please attach any documents that support your assertion that all regulated activity is complete. |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If applicable, has the Permittee been released from the ADOL bond? If yes, attach a copy of the ADOL bond release paperwork. |
| 3. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the Permittee lost operational control of the facility/site? |
| 4. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the Permittee lost legal responsibility for the facility/site? |
| <p>If "Yes" to either question 3 or 4, in order for this termination request to be granted, the Name, Phone Number, and Address of the succeeding responsible permittee/operator(s) must be listed and the succeeding responsible operator must obtain coverage:</p> | | |

Certification

"I understand that discharging pollutants in storm water associated with regulated activity to waters of the State that is not authorized by NPDES permit coverage is a violation of State law. I also understand that the submittal of this request for termination does not release the operator from liability for any violations of this permit, ADEM Administrative Code Chapter 335-6-6, or other ADEM rules until a complete and correct request for termination of the permit is received by the Department. I understand that the permittee, operator, owner, contractors, separately or collectively, must retain permit coverage for mining activities until all disturbance activity is substantially complete. I understand that should an inspection or complaint reveal significant noncompliance with ADEM rules, an environmental problem related to the discharge of stormwater from the site or that incorrect information has inadvertently been provided, implementation of remedial measures may be required, to include resubmittal of the NOI in order to correct any deficiencies, comply with state and federal permitting requirements, and provide for the protection of water quality. I certify under penalty of law that this form, the BMP Plan, 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."

Qualified Credentialed Professional (QCP) Signature

| | | | |
|------------------------------------|--------------------|------------------------------------|--|
| QCP Designation/Description: _____ | | | |
| Name: _____ | Title: _____ | Registration/Certification # _____ | |
| Address: _____ | | | |
| Phone Number: _____ | Email: _____ | | |
| Signature _____ | Date Signed: _____ | | |

Duly Authorized Representative (DAR) Signature (if applicable)

If a Duly Authorized Representative will be signing this NOT, the DAR must provide the following information and attach the appropriate documentation meeting the requirements **below** for a duly authorized representative. The document must be dated within the last 12 months

| | |
|--------------------------------|--------------------|
| Name (including prefix): _____ | Title: _____ |
| Organization Name: _____ | |
| Mailing Address: _____ | |
| Phone Number: _____ | Email: _____ |
| Signature _____ | Date Signed: _____ |

Operator/Responsible Official Signature

| | |
|--------------------------------|--------------------|
| Name (including prefix): _____ | Title: _____ |
| Organization Name: _____ | |
| Mailing Address: _____ | |
| Phone Number: _____ | Email: _____ |
| Signature _____ | Date Signed: _____ |

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.

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