Montana Department of Environmental Quality

WATER PROTECTION BUREAU

Agency Use
MTRNE No.:
Date Rec'd Amount Rec'd Check No. Rec'd By

FORM
MTR-NE

Industrial No Exposure Certification Form
MTRNE0000

Industrial No Exposure Certification Form for a Conditional Exclusion from MPDES Multi-Sector General Permit for Storm Water Discharges Associated with Industrial Activity. The attached instructions must be referenced in order to complete this form properly. Submit the completed form with the appropriate fee. The industrial activity is not excluded until approval by the Department and the Department issues a certification letter. Please print or type legibly; forms that are not legible, not complete, or unsigned will be returned. You must maintain a copy of the completed form for your records.

Section A - Name and Address of Applicant (Owner or Operator)

Owner/Operator Name _____

Mailing Address _____

City, State, and Zip Code _____

Phone Number (____)_____ E-mail _____

Applicant contact person *(name, title)* _____

Status of Applicant (Check one): ☐ Federal ☐ State ☐ Public ☐ Private ☐ Other (specify)

Section B - Operation or Facility Information

Facility or Operation Name _____

Physical Location, Mailing address, or directions to location

_____

Nearest City or Town _____ Zip Code_____County_____

Latitude _____ Longitude _____

Township/Range /Section *(optional)*_____

Is the operation or facility located within a recognized Indian Reservation? (If yes, permit must be obtained through EPA)
☐Yes ☐No

Total size of the facility or operation in acres: _____

Standard Industrial Classification (SIC) Codes: Provide at least one SIC code that best reflects the products or services provided by the facility or operations listed in **Section B**.

Standard Industrial Classification Name		SIC Code	Sector / Subsector
Primary			
Secondary			
Third			
Fourth			

Section C – Existing or Pending Permits, Certifications, or Approvals

Is this facility currently covered by a MPDES Storm Water General Permit Authorization, or an Individual Discharge Permit with storm water requirements? ☐ Yes. Continue to the next question. ☐ No

List all current storm water permits: _____

_____

Is this facility covered by other existing or pending permits, certifications, or approvals?

☐ None ☐ RCRA _____ ☐ DEQ Opencut Mining Permit # _____

☐ DEQ Air Quality Permit # _____ ☐ DEQ Operating Permit # _____

☐ MPDES (list all) _____

☐ Other (list all) _____

Section D – Operation or Facility Description

Provide a detailed description of the nature of the facility to include the activities, procedures, methods, process flows, equipment and materials, and relative timeframes of activities and operations that contribute to the nature of the industrial facility.

Map: ☐ Attached

Map: Attach a topographic map of the area extending to at least one mile beyond property boundaries. The map must show and identify and label:

- the site boundaries for the facility or operation and the size of the property in acres;
- the location and extent of significant structures and impervious surfaces;
- industrial machinery and equipment;
- industrial material and residuals;
- materials and products from past industrial activity;
- loading, unloading, and transportation activities;
- outdoor storage of any industrial materials or products;
- storage drums, barrels, tanks, and similar containers;
- storage of industrial materials or products on roads or railways;
- storage of industrial waste materials;
- roof stacks and vents;
- temporary and permanent storm-resistant shelters;
- secondary containment of identified storages;
- all surface waters, including springs and ephemeral drainages, in the map area;
- drainage pattern(s) and flow directions (use arrows) of storm water runoff and run-on including lines showing boundaries between different drainage areas and storm water outfalls (as applicable);
- map scale;
- north arrow; and
- map legend.

Section E – Exposure Checklist

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Answer the following questions by checking "Yes" or "No" in the appropriate box. See instructions for guidance.

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future:	**YES**	**NO**
1. Any industrial machinery or equipment stored, used, or cleaned where exposed to storm water; or, are there any areas where residuals from using, storing, or cleaning industrial machinery or equipment?	☐	☐
2. Any materials or residuals on the ground or within the storm water collection system?	☐	☐
3. Any materials or products from past industrial activities?	☐	☐
4. Any materials or products that are exposed to storm water during loading, unloading, or transporting activities?	☐	☐
5. Any materials or products stored outdoors except for final products stored intended for outside storage and do not result in the discharge of pollutants?	☐	☐
6. Any materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers?	☐	☐
7. Any materials or products handled/stored on roads or railways owned or maintained by the discharger?	☐	☐
8. Any industrial waste materials except waste in covered, non-leaking containers?	☐	☐
9. Any application or disposal of process wastewater unless otherwise permitted?	☐	☐
10. Any particulate matter or visible deposit of residuals from roof stacks and / or vents not otherwise regulated (i.e. under an air quality permit) and is evident in the storm water outflow?	☐	☐

If the answer "Yes" is applicable to any of these questions, the industrial activity is **NOT ELIGIBLE** for the "no exposure" exclusion. Please obtain coverage under the MSGP or an Individual MPDES Permit.

If the answer "No" is applicable to **ALL** of these questions, the industrial activity is **ELIGIBLE** for the "no exposure" exclusion. Please continue to **Section F**.

Section F – Certification	MTRNE No.:

Applicant Information: This form must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

Please check the following boxes indicating you understand the requirements presented herein, and sign the certification:

☐ I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining a conditional exclusion from MPDES storm water permitting; and that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document.

☐ I understand that I am obligated to submit an industrial no exposure certification form once every five years to the Department and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under an MPDES permit prior to any point source discharge of storm water from the facility.

All Applicants Must Complete the Following 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 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 and imprisonment for knowing violations.

Name (Type or Print)	
Title (Type or Print)	**Phone Number**
Signature	**Date Signed**

The Department will not process this form until all the requested information is supplied, and the appropriate fees are paid. Return this form and the applicable fee to:

Department of Environmental Quality
Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901
(406)444-3080