Submitting Electronic Payment to DEQ Opencut

The DEQ Opencut Section can now accept electronic payment for Application Fees (Permit, Amendment, and Limited Borrow Operation). These payments can be credit/ debit card or checking/savings account payments.

Please follow the directions **EXACTLY** to ensure the payments are recorded properly in the DEQ office.

If you have any questions or need help, please call DEQ Opencut at (406)444-4970.

Note: Receipt of payment is required for an Application to be "Complete."



Go to https://app.mt.gov/epass and login using your ePass Montana account.



	Home	» ePass Mor	ntana Logir	า				
	ePass Monta	na provides access to all au	uthorized eGovernmen	t services using o	one username and pas	sword.		
						Instructions	How Do I	Feedback
_								_
•	Existing User			New Us	er			
	Username: Password: Forgot you	r username or password?		Creat	te an ePass Montar Crea	a account by selectin below: ate an Account	ng the button	
				Home				

Scroll down to Add a Service and click "DEQ eBill"

Services ⁽¹⁾ Edit	Add a Service?
sfer Service (ePass)	Asbestos Accreditation
	Asbestos Accreditation Admin
	Asbestos Permitting
	Business Checklist
	Business Checklist Creation Administration
	Business Resource and Listing Update Tool
	Business Tax Express (Bustax)
	Campaign Online Reporting System
	Capstone Senior and Longterm Care
	Child Support Application for Services
	Child Support Payments
	Child Support Payments (IDFF)
	ChildCare Provider Licensing
	Citizen Incident Notification
	Conference and Training Registration
	Convicted Offender Network (ConWeb)
	County Burn Permit System
	County Collections Report
	Criminal History Online Public Records Search (CHOPRS)
	DEQ eBill
	DEQ myCoal
	DOJ Driver History Record Search (DRS)
	DOJ Moodle
	DPHHS - New Hire Reporting Portal (new)
	Driver History Record Search Admin (DRS)
	Education Donations and Student Scholarship Organization

<u>Note</u>: Once you have used this it should just show up in "You Services" and you will be able to click it through there.



ransaction Item	Unit Price	Quantity	Amount	
Invoice Number Starts With	\$ 0.00	1	\$ 0.00	×
* Invoice No.				
^t Invoice No. (type again for verification)				
* Customer No.				
* Business/Custome r Name				
	Add Another Iten	TOTAL >	\$ 0.00	
Transaction Item	Unit Price	Quantity	Amount	

		Please fill in the	Invoice No." fi	elu as ullectet	d below:	
		Invoice No. =	503805 for P 503806 for A 503804 for Li	ermit Applica mendment Aj mited Borrov	ition pplication v Operation	
<u>Note</u> : Ple	ease be sure	to enter the correct	ct number here	e to assure yo	ur payment is pr	operly applied.
- 1	Select Transacti	on Item(s)				
	Transaction Item		Unit Price	Quantity	Amount	
	5D	0	\$ 0.00	1	\$ 0.00	×
	* Invoice No.	50380_				
	Shvoice No. (type again for verification)					
	* Customer No.					
	* Business/Custome r Name					
			Add Another Item		\$ 0.00	
				TOTAL	4 0.00	
Please f	ill in the "Invo	ice No. (type agai	in for verification	on)" field the s	ame as the "Invo	pice No." field.
	Select Transac	tion Item(s)				
	Transaction Item					
			Unit Price	Quantity	Amount	
	5D		Unit Price \$ 0.00	Quantity	Amount \$ 0.00	×
	5D * Invoice No.	50380_	Unit Price \$ 0.00	Quantity 1	Amount \$ 0.00	×
	5D * Invoice No. woice No. (type again for verification)	50380_ 50380_ 50380_	Unit Price \$ 0.00	Quantity 1	Amount \$ 0.00	×
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Please fill i	n the "Custo the Applie	mer No." field wi cation (Example:	th the Opera : Operator N	itor Name, Site ame—Site Na	e Name and C me—OC #XX	DC # (if known) for XX)
	Select Transact	ion Item(s)				
	Transaction Item		Unit Price	Quantity	Amount	
	5D	Ø	\$ 0.00	1	\$ 0.00	×
	* Invoice No.	50380_				
	Shvoice No. (type	50380_				
	verification)	Ø				
	* Customer No.	Name-Site Name-OC #				
	* Business/Custome					
	r Name					
			Add Another Item	TOTAL >	\$ 0.00	
						Next >
	Customer Inform	nation				
	Payment Inform	ation				

Please fill in the "Business/Customer Name" with the name of the Person/Company making the payment to DEQ (Name on the Credit/Debit Card or Name on the Checking/Savings Account.

<u>Note</u>: This name may be the same as the Customer Name, however, it may be different.

Transaction Item		Unit Price	Quantity	Amount	
5D	Ø	\$ 0.00	1	\$ 0.00	×
* Invoice No.	50380_				
Shvoice No. (type	50380_				
again for verification)	0				
* Customer No.	Operator Name				
*	Payor Name				
Business/Custome r Name	0				
		Add Another Item	TOTAL >	\$ 0.00	
					Next >
Customer Inform	nation				

Unit Price =	\$1,500.00 for Pe	ermit Application	tion Dormitte	d more than 10 ve	
<u>e</u> : Please be su	\$1,500.00 for An \$750.00 for Ame \$500.00 for Limi re to pay the corre	nendment Applicati endment Applicati ited Borrow Opera ect amount so that	ition Permitted <u>I</u> on Permitted <u>I</u> ition it can be applie	d <u>more</u> than 10 years less than 10 years ed to your Applicati	s ago
Select Transacti	on Item(s)				
Transaction Item		Unit Price	Quantity	Amount	
5D		\$ 1,500.00	1	\$ 1,500.00	×
* Invoice No.	50380_				
Chvoice No. (type again for verification)	50380_ 🤡				
* Customer No.	Operator Name				
 * 	Payor Name	<u> </u>			
Business/Custome r Name	0				
		Add Another Item	TOTAL >	\$ 1,500.00	
					Next :
Customer Inform	nation				

Note: Double Check that all the information is entered correctly in all the fields on this screen to assure your payment is properly applied to your application.

If information is not entered correctly, it could delay the payment being applied to the correct Application.

ransaction Item		Unit Price	Quantity	Amount	
5D		\$ 1,500.00	1	\$ 1,500.00	×
* Invoice No	50380	1			
Anvoice No. (type	50380				
again for verification)	 - - 				
* Customer No.	Operator Name				
> *	Payor Name	1			
Business/Custome r Name	0				
		Add Another Item	TOTAL >	\$ 1,500.00	
				_	- Ve

Please populate this screen with Operator Information

First Name *	Last Name *	
Address *	Address 2	
Country *	ZIP/Postal Code *	
United States	▼ 12345	
City *	State *	
	Select a State	Ŧ
Phone Number *	Email Address	
123-123-1234	example@email.com	
		Next 🔉

at Name * Last Name * perator Name Operator Name dress * Address 2 perator Address Image: Code *	
st Name * Last Name * perator Name Operator Name dress * Address 2 perator Address ZIP/Postal Code *	
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ZIP/Postal Code *	
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nited States v 59601	
y * State * MT - Montana	*
one Number * Email Address	
Operator@email.com	
nformation formation, Select either Credit/Debit Card or Checking/Savings A for the person/company making the payment. If the Payor is the C box "Payment Address is the same as Customer Address"	ings Account, s the Operato ess"
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Address		Country	
Operator Name Operator Name Operator Address Helena, MT 59601		United States	
Phone Number		Email Address	
4061234567		Operator@email.com	
ayment Information			
Credit/Debit Card		Checking/Savings Account	
Credit Card Type *			
mestercent			
Credit Card Number *			
Expiration Month *		Expiration Year *	
Month	\checkmark	Year	
Name on Card *		Security Code *	
		What is this?	
Payment Address is the same as Custo	omer Address		
Address *		Address 2	
Country *		ZIP/Postal Code *	
United States	¥	12345	
City *		State *	
		Select a State	

Transaction Item	Price	Quantity	Total
5D	\$ 1,500.00	1	\$ 1,500.00
Invoice No.			
50380_			
Invoice No. (type again for verification)			
50380_			
Customer No.			
Operator Name			
Business/Customer Name			
Payee Name			
Customer Information			
Customer Information Address	Country		Edit
Customer Information Address Operator Name Operator Name Operator Address Helena, MT 59601	Country United S	tates	Edit
Customer Information Address Operator Name Operator Name Operator Address Helena, MT 59601 Phone Number	Country United S Email Add	tates ress	Edit
Customer Information Address Operator Name Operator Name Operator Address Helena, MT 59601 Phone Number 4061234567	Country United S Email Add Operator	tates ress r@email.com	Edit
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Customer Information Address Operator Name Operator Name Operator Address Helena, MT 59601 Phone Number 4061234567 Payment Information	Country United S Email Add Operator	tates ress r@email.com	Edit
Customer Information Address Operator Name Operator Name Operator Address Helena, MT 59601 Phone Number 4061234567 Payment Information Credit Card	Country United S Email Add Operator	tates ress r@email.com	Edit

Once payment has been received you will receive an e-mail receipt. Submit the receipt with your application to show payment on your account.

Note: Receipt of payment is required for an Application to be "Complete."