



Agency Use
NOI77 No.:
Date Rec'd
Amount Rec'd
Check No.
Rec'd By

FORM
NOI-77

Notice of Intent
Disinfected Water and Hydrostatic Testing General Permit
MTG770000

The Notice of Intent (NOI-77) form is to be completed by the owner or operator of a disinfected water and hydrostatic testing activity that is eligible for coverage under the Montana Department of Environmental Quality's (DEQ) Disinfected Water and Hydrostatic Testing General Permit (DWGP). **Please read the attached instructions before completing this form.** You must print or type legibly; forms that are not legible, not complete, or unsigned will be returned. You must maintain a copy of the completed NOI-77 form for your records.

Section A - NOI77 Status (check one)

<input type="checkbox"/> New	No prior NOI-77 submitted
<input type="checkbox"/> Resubmitted	Permit Number M T G 77 _ _ _ _
<input type="checkbox"/> Renewal	Permit Number: M T G 77 _ _ _ _
<input type="checkbox"/> Modification	Permit Number: M T G 77 _ _ _ _

Section B - Activity Information *(See instruction sheet):*

Name _____

Activity Location Description _____

City, State, Zip _____

Telephone Number _____ County _____

Township _____ Range _____ Quarter Section _____ ; OR

Latitude _____ Longitude _____

Is the facility located on Indian Lands? Yes No

Section C - Applicant (Owner/Operator) Information

Owner/Operator Name _____
 Mailing Address _____
 City, State, and Zip Code _____
 Applicant contact person (*name, title*) _____
 Phone Number (_____) _____ E-mail (*optional*) _____

Standard Industrial Classification (SIC) Codes Provide the SIC code which best reflects the industrial activity. (See instructions)

SIC Code	Description	SIC Code	Description
1		2	

MAP: Attach a topographic map of the area extending to at least one mile beyond property boundaries of the site or activity in Section B depicting the facility or activity boundaries and the receiving water.

Section D - Identify outfall locations (to the nearest 15 seconds) and receiving water where discharge to surface water will take place.

Outfall Number	Latitude	Longitude	Receiving Water
001			

Section E - Additional Information Required for New Dischargers

- Determine if receiving stream is classified in ARM 17.30.601-670 as A-Closed. See link: [Sub-Chapter 6 Surface Water Quality Standards and Procedures](#). Is stream classified A-Closed? ____ Yes ____ No
 Discharges to A-Closed streams are not allowed because they are sources of drinking water.
- If a dehalogenation chemical is used to remove total residual chlorine (TRC) from discharge water, provide the manufacturers' recommended dosage identified on the chemical package:

 or attach a copy of the chemical package label stating the dosage rate.

Section F - CERTIFICATION FOR ALL OWNER/OPERATORS

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.

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. [75-5-633, MCA]

A. Name (Type or Print)

B. Title (Type or Print)

C. Phone No.

D. Signature

E. Date Signed

Section G - New Hydrostatic Testing Sources Only

This section must be completed by any proposed new hydrostatic testing activity seeking coverage under the DWGP. If an Environmental Assessment (EA) has been completed, please attach a copy. If an EA has not been completed, complete Sections A and B below.

A. Describe the potential impacts of the proposed activity on unique ecological resources, species of special concern, including vegetation, wildlife, fish or aquatic resources, or habitat. Attach analysis from Montana Natural Heritage Program and any applicable maps or analysis from the Natural Resource Information System (NRIS) (See Section G of instructions).

B. Describe the potential impacts of the proposed activity on any historical, cultural, or archeological resources. Attach analysis from the Montana State Historic Preservation Office (SHPO) (See Section G of instructions).

INSTRUCTIONS FOR
Form NOI-77 – Notice of Intent for Disinfected Water and Hydrostatic Testing
General Permit (MTG770000)

The Disinfected Water and Hydrostatic Testing Notice of Intent Form (NOI-77) is to be completed by the owner/operator of a Disinfected Water and Hydrostatic Testing activity that is eligible for coverage under DEQ's *Disinfected Water and Hydrostatic Testing General Permit* (DWGP). DWGP documents and related forms are available on the DEQ website at: <http://www.deq.mt.gov> or from DEQ by calling (406) 444-3080.

You must provide all of the information requested in the NOI-77 form to be complete, including submittal of specified fees and completed certification by the appropriate signatory. Please type or print legibly; applications that are not legible or are not complete will be returned. Responses must be self-explanatory and must not refer exclusively to attached maps, plans, or documents. You must maintain a copy of the DWGP and completed NOI-77 form for your records. Mail the completed NOI77 form and fee to:

Montana Department of Environmental Quality
Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901

SPECIFIC ITEM INSTRUCTIONS

Section A – NOI-77 Status

New

Check new if this is the first NOI-77 submission for this facility.

Resubmitted

Check Resubmitted if DEQ returned your NOI-77 to you as deficient or incomplete. If resubmitted multiple times and you were sent an invoice, include the resubmitted application fee. Include the permit number that DEQ assigned.

Renewal

For existing permit authorizations. Upon renewal of the DWGP (renewable on a 5-year basis), any owner/operator that wishes to continue coverage under this general permit must submit a NOI-77 for renewal. Include the permit number.

Modification

If there is a change in the facility or site information, check Modification. Include the permit number.

Each of the options above requires a fee. A complete NOI-77 includes payment of the appropriate fee. Fees are found in the Administrative Rules of Montana (ARM) 17.30.201.

Do not use this form to transfer permit coverage to a new owner or operator. For a permit transfer you must use form Permit Transfer Notification (PTN).

Section B – Activity Information

Give the activity's official or legal name. The activity name means the source, or physical site, from which pollutants or wastes are, or will be, collected, generated, stored, treated or discharged (disposal system). The activity may be public or privately owned property. Give the address or location of this activity and the most accurate geographic information using township, range, and ¼ section or latitude and longitude. Geographic information may be obtained at <http://nris.state.mt.us>

The site location must describe the physical location using township, range, and ¼ section or longitude or longitude. P.O. boxes are not acceptable. Locational sources include GPS, a USGS topographic map, and/or "Topofinder" from <http://nris.mt.gov/interactive.html>.

Section C – Applicant (Owner/Operator) Information

Give the name, as it is legally referred to, of the person, business, or other entity that owns, operates, controls or supervises the site(s) described in Section B of this NOI77 form.

The permit will be issued to the entity identified in this section (Section C). The owner or operator assumes all liability for discharges from the site and compliance with the terms and conditions of the General Permit. If the owner or operator is other than an individual or government entity, it must be registered with the Montana Secretary of State’s office.

Complete the applicant contact person information as requested. Give the name, title, work phone number, and email address (optional) of a person who is thoroughly familiar with the operation of the facility or site activity or project and with the facts reported in this form, and who can be contacted by DEQ for additional information.

Standard Industrial Classification (SIC) Codes – List the four-digit SIC code that best describe the business of the owner/operator. A complete list of SIC Codes [and conversions from the newer North American Industry Classification System (NAICS)] can be obtained from the Internet at <http://www.census.gov/epcd/www/naics.html>, in paper form from the document entitled “Standard Industrial Classification Manual”, Office Management and Budget, 1987, or at <http://www.osha.gov/pls/imis/sicsearch.html>.

Map – Attach a topographic map of the area extending to at least one mile beyond the property boundaries. The map must be legible and include all of the elements described on the NOI77 form. NOI77 forms submitted with incomplete or illegible maps will be considered incomplete and returned with instructions to provide an appropriate map.

Section D - Outfall Location(s)

Provide a list of all discharge locations (outfalls) and receiving water name. For renewals, use the outfall number(s) specified in the current authorization. For new projects list all outfalls starting with 001.

Section E – Additional Information

Provide additional information as required.

Section F - Certification

Certification must be completed by the applicant (owner/operator) responsible for the authorization as identified in Section C.

Section G – New Hydrostatic Testing Sources Only

This section must be completed if the hydrostatic testing facility does not yet exist and will be constructed and initiating operation. If an environmental assessment (EA) has been completed, attach a copy. If an EA has not been completed, complete A and B below (page 4).

A. Contact the Montana Natural Heritage Program (NRIS), <http://mtnhp.org/>, and request a project review for the proposed disinfected water or hydrostatic testing activity. Attach the NRISP analysis to the NOI form.

B. Contact the Montana State Historic Preservation Office (SHPO), <http://mhs.mt.gov/shpo/>, and request a project review for the proposed disinfected water or hydrostatic testing activity. Attach the SHPO analysis to the NOI form.