

AGENCY USE ONLY

PERMIT NO.:	Date Rec'd.:	Amount Rec'd.:	Check No.:	Rec'd By:
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FORM NOI-SWC	Notice of Intent (NOI) Storm Water Discharge Associated With Construction Activity MTR100000
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The NOI form is to be completed by the owner or operator of construction activity eligible for coverage under the Department's *General Permit for Storm Water Discharges Associated with Construction Activities*. Please read the attached instructions before completing this form. You must print or type legibly; forms that are not legible or are not complete or are unsigned will be returned. You must maintain a copy of the completed NOI form for your records.

Section A - NOI Status (Check one):

New	No prior NOI submitted for this site.
Renewal	Permit Number: MTR10 ___ ___ ___ ___
Modification	Permit Number: MTR10 ___ ___ ___ ___ (Discuss Modification in Section I)
Resubmittal/Administrative Processing	Permit Number: MTR10 ___ ___ ___ ___

Section B – Facility or Site Information

Site Name _____

Site physical address, mailing address at location, or directions to the site _____

Township/Range/Section (optional): _____

Nearest City or Town _____ Zip Code _____ County _____

Latitude _____ Longitude _____

Is this facility or site located within a recognized Indian Reservation? Yes No If yes permit must be obtained through US EPA

Section C – Applicant (Owner/Operator) Information: Owner Operator Both

Owner or Operator Name (Organization Formal Name) _____

Mailing Address _____

City, State, and Zip Code: _____

Phone Number _____ Email _____

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

Section D – Existing or Pending Permits, Certifications, or Approvals:

None MPDES _____ RCRA _____
404 Permit (dredge & fill) _____ Other _____

Local Sediment and Erosion Control Requirements:

1. Is the construction project located within a regulated Municipal Separate Storm Sewer System (MS4)?
Yes, Complete item 2. No
2. The applicant must contact the MS4 to verify if additional local sediment and erosion controls are required:
Name of MS4: _____
MS4 Contact Name: _____ Contact Date: _____
Submit the SWPPP to the MS4 if required. Any additional MS4 requirements must be incorporated into the SWPPP.

Sage Grouse Habitat:

Visit the Montana Sage Grouse Habitat Conservation Program (Program) website to determine if the construction project is located in designated sage grouse habitat (core, general, and/or connectivity).
Yes, Submit application to the Program and attach resulting consultation letter.
No, Project is not located in a designated habitat.

Section E - Standard Industrial Classification (SIC) Codes:

Select at least one SIC code which best reflects the type of construction work.

A. Primary	B. Second
C. Third	D. Fourth

Section F – SWPPP Preparer and Administrator

SWPPP Preparer:

Name _____ Position Title _____
Mailing Address _____
City, State, and Zip Code _____
Phone _____ Alternate Phone _____
Company Name _____ Email _____
Training Course _____ Date Completed _____

SWPPP Administrator: Same as above

Name _____ Position Title _____
Mailing Address _____
City, State, and Zip Code _____
Phone _____ Alternate Phone _____
Company Name _____ Email _____
Training Course _____ Date Completed _____

Secondary SWPPP Administrator:

Name _____ Position Title _____
Mailing Address _____
City, State, and Zip Code _____
Phone _____ Alternate Phone _____
Company Name _____ Email _____
Training Course _____ Date Completed _____

For additional SWPPP Administrators, please complete and submit Attachment A – Delegation of Authority

Section G – Receiving Surface Water(s):

Storm Water Outfall/Discharge Locations: For each outfall, list latitude and longitude in the decimal degrees format (00.0000; -000.0000) and the name of the receiving waters. **This section must not be left blank and N/A is not acceptable** (see instructions for details)

Outfall Number	Latitude	Longitude	Receiving Surface Waters
001			
002			
003			
004			
005			
006			
007			
008			
009			
010			

Waterbodies with Impairments (see instructions):

Are any of the above waterbodies listed as impaired for potential pollutants from your construction activities. (see instructions for accessing the Clean Water Act Information Center)

Yes (continue with next question) No

If yes, have you updated the SWPPP to include BMPs that target and reduce discharges of the identified pollutants causing impairment of the waterbodies and any TMDL requirements?

Yes No

Section H – Briefly Describe the Nature of the Construction Activity or Project

Please provide a summary of Best Management Practices (BMPs) in the SWPPP

Total site area (acres) _____
 Area of Construction Related Disturbance (acres) _____
 Estimated Project Start Date _____ Estimated Project Completion Date _____
 Estimated Project Final Stabilization Date _____

Section I – Supplemental Information (*For Permit Modification Only – leave blank except for modification*)

Section J – Fee:

NEW PROJECTS:

Indicate the acreage of construction related disturbance indicated in Section H of this NOI form. The fee for new projects includes the application and the annual fee for the calendar year in which the permit authorization is effective.

1-5 acres	\$ 900.00
>5-10 acres	\$1,000.00
>10-25 acres	\$1,200.00
>25-100 acres	\$2,000.00
>100 acres	\$3,500.00

RENEWAL \$ Amount specified in Rule (*fee provided in renewal notice*)

MODIFICATION \$ 500.00 (*minor modification, only if less than six months from date the permit authorization is effective*)

**RESUBMITTAL /
 ADMINISTRATIVE PROCESSING** \$ 500.00

Section K - Attachments:

Map:

Attach a USGS topographic quadrangle map extending one mile beyond the property boundaries of the site or activity identified in Section B depicting the facility or activity boundaries, major drainage patterns, and the receiving surface waters stated above.

SWPPP and Site Map: Attached Renewal (updated SWPPP and site map attached)

Section L - Certification

Authorized Signatories: 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.

A. Name (Type or Print)

B. Title (Type or Print)

C. Phone No.

D. Signature

E. Date Signed

The Department will not process this form until all of 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