



**WATER
PROTECTION
BUREAU**

Agency Use

Permit No.: **MTG010147**

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

Date Gen'd **01/15/2019**

FORM
**NOI-
CAFO**

**Notice of Intent Form
Concentrated Animal Feeding Operations General Permit
MTG010000**

READ BEFORE COMPLETING THIS FORM:

The Application form is to be completed by the owner or operator of a Concentrated Animal Feeding Operation (CAFO). Please read the attached instructions before completing this form. You must print or type legibly. Forms that are not legible or are not complete will be rejected. You must maintain a copy of the completed application form for your records.

Section A - NOI Status *(Check one):*

New

No prior NOI submitted for this site.

Renewal

Permit Number: MTG010147

Resubmittal/Administrative Processing

NOI Fee:

\$0.00

Section B - Facility Information *(see instruction sheet)*

Site Name: Broken O Land and Livestock, LLC

Site physical address: MILE MARKER 10 HIGHWAY 21

City, State, Zip: Augusta, MT, 59410

County: Lewis and Clark

Township, Range, Section: 20N 4W 05SN

Latitude: 47.5195390

Longitude: -112.142838

Facility Phone Number: (406) 264-5690 Date facility began operation: 01-Jan-1970

Status of Applicant: Privately Owned Facility

Is this facility or site located on Indian Lands? **No**

Section C - Applicant (Owner/Operator) Information

Owner or Operator Name: BROKEN O LAND AND LIVESTOCK LLC

Mailing Address: PO BOX 11350

City, State, Zip: BOZEMAN, MT, 59719

Applicant Type: Owner and Operator

Contact Name: DAN ZYVOLOSKI Title: Land Manager

Phone Number: 406-522-0752 Email Address: dan@kroenkerranches.com

Section D – Authorized Representative

In order for future reports, including Discharge Monitoring Reports (DMRs), to be signed by anyone other than the signatory for this NOI, a duly authorized individual(s) or position(s) must be identified. If one is not designated then all reports must be signed by the signatory until such designation is made in writing [ARM 17.30.1323(2)]

I designate the following duly authorized representative for this permit (complete information below):

Section E - Existing or Pending Permits, Certifications, or Approvals

Section F - Standard Industrial Classification (SIC) Codes (in order of priority)

Code	Description
0211	Beef Cattle Feedlots

Section G - Receiving Surface Water(s):

Storm Water Outfall/Discharge Locations: For each outfall, list latitude and longitude to the nearest 15 seconds and the name of the receiving waters

Outfall	Latitude	Longitude	Receiving Surface Waters
CAFO DISCHARGE (001)	47.5179580	-112.126575	SCHOOL SECTION COULEE

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.

Is the receiving water on the 303(d) list for nutrients (nitrogen and/or phosphorus) **No**

Section H – Concentration Animal Feeding Operation Characteristics

Waste Production, Storage and Disposal

Animal Type	Number in Open Confinement	Number Housed Under Roof
Cattle (All except Mature Dairy Cattle and Veal Calves)	4000	0

Containment structures built before February 2006:

Do the waste containment structures have 10 feet of separation between the pond bottom and any bedrock formations? **Yes**

Do the waste containment structures have 4 feet of separation from the pond bottom and any ground water? **Yes**

Were any of the waste containment structures built within 500 feet of any existing well? **Yes**

Type of Containment/Storage	Total Capacity	Units (gallons or tons)	Days of Storage
Grass Field Grass Field	8300000.00	Gallons	

Section I - Supplemental Information

Section J - Sage Grouse Habitat: If the operation is within designated sage grouse habitat, any modification due to a change in disturbed acreage requires verification from the Montana Sage Grouse Habitat Conservation Program that may require a consultation letter and/or updates to a consultation letter. If the operation is outside of sage grouse habitat, no consultation is required.
Yes: Submit application to the Program and attach resulting consultation letter.
No: Project is not located in a designated habitat.
No

CERTIFICATION

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

- For a corporation,
 - (i) a president, secretary, treasurer, or vice-president of the corporation.
 - (ii) the manager of one or more manufacturing, production, or operating facilities.
- 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

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