



**WATER
PROTECTION
BUREAU**

Agency Use

Permit No.: **MTG010325**

Date Rec'd
Amount Rec'd
Check No.
Rec'd By
Date Gen'd **07/08/2020**
App. Doc. Version No.: **1**

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:
 Resubmittal/Administrative Processing
NOI Fee: \$1200.00

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

Site Name: Buffalo Canyon Feeders LLC
Site physical address: 501 Peterson Ranch Lane
City, State, Zip: Buffalo , MT, 59418
County: Fergus
Township, Range, Section: 12N 15E 01SN
Latitude: 46.8320714 Longitude: -109.787321
Facility Phone Number: 4063663774 Date facility began operation: 01-Aug-2020
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: Buffalo Canyon Feeders LLC
Mailing Address: 501 Peterson Ranch Lane
City, State, Zip: Buffalo, MT, 59418
Applicant Type: Owner and Operator
Contact Name: ROBERT PETERSON Title: Owner
Phone Number: 406-366-3774 Email Address: buffalocanyonfeeders@gmail.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):

Name and Title: ROBERT PETERSON Title: Owner

Company Name:

Mailing Address: 501 Peterson Ranch Lane

City: Buffalo State: MT Zip Code: 59418

Phone Number: 406-366-3774 Email Address: buffalocanyonfeeders@gmail.com

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
001	46.8329669	-109.785953	ROSS FORK CREEK
002	46.8292748	-109.784966	ROSS FORK CREEK

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
	3000	0

Type of Containment/Storage	Total Capacity	Units (gallons or tons)	Days of Storage
Storage Lagoon	949700.00	Gallons	180
Lagoon	1975000.00	Gallons	180

Section I - Supplemental Information

Section J - Sage Grouse Habitat: Visit the Montana Sage Grouse Habitat Conservation Program (Program) website to determine if the facility/operation 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.

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