Montana Department of Environmental Quality

WATER PROTECTION BUREAU

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

FORM
NOI-13

Notice of Intent
Concentrated Aquatic Animal Production General Permit
MTG130000

The Notice of Intent (NOI) form is to be completed by the owner or operator of a Concentrated Aquatic Animal Production (CAAP) facility that is eligible for coverage under the Montana Department of Environmental Quality's *Concentrated Aquatic Animal Production General Permit*. **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 form for your records.

Section A - NOI Status (check one)

☐ New — No prior NOI submitted

☐ Resubmitted — Permit Number M T G 13 __ __ __ __

☐ Renewal — Permit Number: M T G 13 __ __ __ __

☐ Modification — Permit Number: M T G 13 __ __ __ __

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

Facility Name _____

Facility Location _____

City, State, Zip _____

Telephone Number _____ County _____

Township _____ Range _____ Section _____ ; _____1/4 _____1/4 _____1/4

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*) _____

Applicant is: (*Check all that apply - see definitions*) ☐ Owner ☐ Operator

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

Standard Industrial Classification (SIC) Codes

(Provide the SIC code(s) which best reflects the industry activity for the owner/operator):

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. The map must show the outline of the facility and the location of each of its existing and proposed intake and discharge structures (outfalls). Include all springs, rivers, and other surface water bodies in the map area.

Section D - I. Outfall Location (attach additional sheets as necessary)

A. Outfall Number	B. Latitude	C. Longitude	D. Receiving Water

II. Concentrated Aquatic Animal Production Facility Characteristics

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, flow path through production areas, flow path during cleaning operations, and the location of treatment units. If a water balance cannot be determined, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall give the maximum daily flow, maximum 30-day flow, and the long term average flow.				C. Indicate the total number of ponds, raceways, and similar structures in your facility.		
1. Outfall No.	2. Flow (gallons per day)			1. Ponds_____	2. Raceways_____	3. Other_____
	a. Maximum Daily	b. Maximum 30 Day	c. Long Term Average	D. Provide the name of the receiving water and the source of water used by your facility		
				1. Receiving Water:	2. Water Source:	

E. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced per year in harvestable weight, and also give the maximum weight present at any one time.

1. Cold Water Species			2. Warm Water Species		
a. Species	b. Harvestable Weight (pounds)		a. Species	b. Harvestable Weight (pounds)	
	(1) Total Yearly	(2) Maximum		(1) Total Yearly	(2) Maximum
F. Report the total pounds of food during the calendar month of maximum feeding.			1. Month _____	2. Pounds of Food _____	

Section E – Effluent Characteristics

Pollutant	**Concentration during pond/raceway cleaning**	**Concentration during normal operation**	**Units**	**ML/ MDL**	**No. of Analyses**
Total Suspended Solids (TSS)					
Total Nitrogen					
Nitrate plus Nitrite					
Total Kjeldahl Nitrogen					
Total Phosphorus					

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 Sources

This section must be completed by any proposed new CAAP facility seeking coverage under the general permit.

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).

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

INSTRUCTIONS FOR

Form NOI-13 – Notice of Intent for Concentrated Aquatic Animal Production Facilities General Permit (MTG130000)

The CAAP Notice of Intent Form (NOI form) is to be completed by the owner/operator of a CAAP facility that is eligible for coverage under the Department's *Concentrated Aquatic Animal Production General Permit (CAAP)*. CAAP documents and related forms are available on the MDEQ 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 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 CAAP and completed NOI Form for your records. Mail the completed NOI Form and fee to:

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

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SPECIFIC ITEM INSTRUCTIONS

Section A – NOI Status

New
Check new if this is the first NOI submission for this facility.
Resubmitted
If the Department returned your NOI to you as deficient or incomplete check Resubmitted. If resubmitted multiple times and you were sent an invoice, include the resubmitted application fee. Include the permit number that the Department assigned.
Renewal
For existing permit authorizations. Upon renewal of the CAAP (renewable on a 5-year basis), any owner/operator who wishes to continue coverage under this general permit must submit a NOI 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 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 PTN.

Section B –Facility or Activity Information:

Give the facility's official or legal name. Do not use a colloquial name. The facility name means the building, structure (manufacturing, commercial or residential), process, source, or physical site, from which pollutants or wastes are, or will be, collected, generated, stored, treated or discharged (disposal system). The facility may be public or privately owned property. Give the address or location of this facility or activity and the most accurate geographic information; latitude and longitude must be accurate to the nearest 15 seconds. *See ARM 17.30.1304, ARM 17.30.1001(13), or 75-5-103(24), MCA.*

The site location must describe the physical location. It may be a physical mailing address, a description of how the site may be accessed, or the Township/Range/Section (T/R/S). P.O. boxes are not acceptable. Locational Sources include GPS, a USGS topographic map, and/or various internet applications or sites.

Section C – Applicant (Owner/Operator) Information:

Give the name, as it is legally referred to, of the person, business, public organization, or other entity that owns, operates, controls or supervises the site(s) described in Section B of this NOI 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 the Department for additional information.

Standard Industrial Classification (SIC) Codes - List the primary four-digit Standard Industrial Classification (SIC) Code(s) that best describe the business of the owner/operator. Also, provide a brief description in the space provided. At least one SIC code must be provided. See attached table for common SIC codes. 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 easily legible and include all of the elements described on the NOI form. NOI forms submitted with incomplete or illegible maps will be considered incomplete and returned with instructions to provide an appropriate map.

Section D–

I. Outfall Location(s)

Provide a list of all discharge locations (outfalls), their latitude and longitude to the nearest 15 seconds, and receiving water name. For fee purposes most CAAP facilities are only billed for one "outfall" if all facility discharge is to one receiving water. However, each discharge point must be designated as an outfall for the purposes of disclosing where the discharges occur. For new projects, list all outfalls starting with 001 and continuing 002, 003, etc.

II. A. Attach a line drawing showing the flow of water from the intake or source, through the facility, and to the receiving water. Label the drawing with the locations and names of each outfall listed above.

B.1 This section refers to your total facility flow discharged to a particular receiving water. If the entire discharge flow from your facility discharges to the same receiving water, enter "001" for "Outfall No."

B.2 Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum 30-day flow is the average of measured daily flow over the calendar month of highest flow. The long-term average is the average of measured daily flows over a calendar year.

C. Provide the number of discrete ponds or raceways in your facility. Under "other", give a descriptive name of any structure which is not a pond or a raceway but which results in a discharge to state waters.

D. Provide the names for receiving water and source of water which correspond to the map submitted in Part C.

E. The names of fish species should be proper, common, or scientific names as given in special Publication No. 6 of the American Fisheries Society "A List of Common and Scientific Names of Fishes from the United States and Canada." The values given for total weight produced by your facility per year and the maximum weight present at any one time should be representative of your normal operation.

F. The value given for maximum monthly pound of food should be representative of you normal operation.

Section E - Effluent Characteristics

Collect at least one sample of each pollutant in the table during raceway/pond/facility cleaning, and one sample during normal operation. Report the results, units, ML/MDL, and number of analyses in the appropriate columns. The ML/MDL is the laboratory detection limit used in the analyses.

During cleaning operations, a grab sample must be collected from each outfall that discharges cleaning wastes. Grab samples must be collected during cleaning of the rearing units corresponding to the outfall while cleaning wastes are being discharged. These grab samples must be flow proportioned and composited together into a single sample for analysis.

Samples collected during normal operation must also be grab samples collected from each outfall, flow proportioned, and composited into a single sample for analysis.

Approved methods, as specified in 40 CFR 136 must be used for all analyses.

Section F - Certification

The NOI form certification must be completed by the applicant (owner/operator) responsible for the authorization as identified in Section C, and as described in ARM 17.30.1323.

Section G – New Sources

This section must be completed if your facility does not yet exist and will be constructed and initiating operation.

A. Contact the Montana Natural Heritage Program (MNHP), http://mtnhp.org/, and request a project review for the proposed CAAP facility. Attach the MNHP analysis to the NOI.

B. Contact the Montana State Historic Preservation Office (SHPO), http://mhs.mt.gov/shpo/, and request a project review for the proposed CAAP facility. Attach the SHPO analysis to the NOI.