

AGENCY USE ONLY

PERMIT NO.:	Date Rec'd.:	Amount Rec'd.:	Check No.:	Rec'd By:
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Water Protection Bureau  
Ground Water Discharge Permitting Program

FORM <b>NOI-MTXG03</b>	<b>Notice of Intent (NOI)</b> <b>Montana Ground Water Pollution Control System (MGWPCS)</b> <b>Advanced Domestic Wastewater Treatment Facilities (ADWT)</b> <b>MTXG03000</b>
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This NOI form is to be completed by the owner (or operator) of a domestic wastewater treatment facility that is eligible for permit coverage under DEQ's General Permit for *Advanced Domestic Wastewater Treatment Facilities*. This General Permit is only for wastewater treatment facilities that treat domestic wastewater and use advanced methods for nitrogen treatment. **Please read the eligibility criteria listed in the permit before completing this form.** As a reference, a permit eligibility decision matrix is attached to this form.

**Application instructions are attached to this form, please read before completing this form.** You must print or type legibly; forms that are not legible, not complete, or unsigned will be rejected. You must maintain a copy of the completed NOI form for your records.

This form must be accompanied by a complete DEQ Form 1 (General Information). Additional guidance for Form 1 is also provided within the instructions of this form below. If you have any questions or would like to set up a preapplication meeting with DEQ, please call the Water Protection Bureau at 406-444-3080.

**Section A – Status/Action**

**Application Status:**

- New Initial submittal of a NOI form.
- Resubmittal Update and resubmittal of an earlier NOI form.

**Permit Action:**

- New Request for first time authorization under this general permit.
  - No existing or previous discharge permit.
  - Existing or previous Permit Number: MTX\_\_\_\_\_
- Renewal Request for re-authorization under this general permit. Existing or previous Permit Number: MTXG03 \_\_\_\_\_
- Modification Request for an update of an existing authorization under this general permit. Existing Permit Number: MTXG03 \_\_\_\_\_  
Provide narrative discussion on reason for the modification in Section H of this application.

**Application Fees:**

- Included (see instructions)
- Recently Submitted
- None Submitted

**Section B – Existing or Pending Permits, Certifications, or Approvals**

- MGWPCS Individual Permit Number: MTX\_\_\_\_\_
- USEPA Underground Injection Control (UIC) Permit: \_\_\_\_\_
- Other: \_\_\_\_\_

Have the facility's plans and specifications been reviewed by DEQ? (see instructions)

- Yes, EQ: \_\_\_\_\_
- No (see instructions, provide narrative in Section H)

## **Section C – Facility Information**

### **Facility Site Plan:**

Attach a facility site plan to this application. The plan drawing(s) must show the area extending at least to the property boundary of the facility. The minimum requirements are listed in the application instructions.

### **Vicinity Map:**

Attach a vicinity map to this application. The map must show an area of at least 1 mile from the proposed discharge structure. The minimum requirements are listed in the application instructions.

### **Sage Grouse:**

Is the project located in Sage Grouse core habitat?

Yes No

If yes, documentation from the DNRC Sage Grouse Program must be attached and must identify any restrictions on the facility or project. Please see application instructions.

## **Section D – Wastewater Treatment System**

### **System Hydraulic Design Capacity**

Maximum Design Daily Flow (gpd): \_\_\_\_\_

Average Design Daily Flow (gpd): \_\_\_\_\_

### **System Flow Measurement Device(s)**

Manufacture and Make/Model: \_\_\_\_\_

Type of Flow Meter(s): \_\_\_\_\_

### **Effluent Characteristics**

Will the treatment system include advanced treatment techniques capable of meeting the nitrogen effluent limitation (total nitrogen, 7.5 mg/L) prior to discharge?

Yes No

### **Treatment Description**

(provide narrative)

**Section D – Wastewater Treatment System Cont’.**

**Disposal Structure**

List number of disposal structures (or outfalls if already established by an existing authorization/permit): \_\_\_\_\_  
 Identify and provide description and geographic coordinates of each disposal structure below:

Disposal Structure (identifying feature)	Latitude	Longitude	Description of Disposal Structure
	decimal degrees	decimal degrees	
<i>e.g. SW drainfield, Outfall 001</i>	46.585706	-112.018394	<i>Pressure dosed subsurface drainfield. Located 100 feet south west of treatment facility.</i>

**Line Drawing**

Attach a line drawing showing wastewater flow through the wastewater collection, treatment, and disposal works.

**Wastewater System Operator (Non-Owner)**

Provide the following contact information for the current operator and/or contract engineer.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

**Section E – Set Back Requirements**

Is there a water well or spring located within 600 feet (downgradient) of the disposal structure(s)?

Yes No

Does the disposal structure(s) meet all minimum set back requirements?

Yes No (see instructions, setbacks listed in Attachment 2)

For facilities with existing permit coverage, was a mixing zone previously authorized by DEQ?

Yes No Not Applicable

**Section F – Site Specific Hydrogeology**

Depth to shallowest ground water at or near the discharge structure: \_\_\_\_\_(feet-below ground surface).

Direction of shallow ground water flow at or near the discharge structure: \_\_\_\_\_ (direction and bearing, example: N65°E).

Provide narrative description on how these values were obtained (attach any supplemental information):

**Section G – Alternative Water Supply and Alternate Disposal**

(see instructions, provide narrative)

**Section H – Supplemental Information**  
(as needed)

**Section I - CERTIFICATION**

**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 and Official Title (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 fees to:

Department of Environmental Quality  
Water Protection Bureau  
PO Box 200901  
Helena, MT 59620-0901  
(406) 444-3080

## Instructions for Form NOI-MTXG03

**IMPORTANT:** The NOI form is to be completed by the owner of the wastewater treatment facility that is eligible for coverage under the DEQ's *General Permit for Advanced Domestic Wastewater Treatment Facilities*. Eligibility requirements are listed within the general permit. MGWPCS permit and program information, general permit documents, permit application forms, and application fee information are available at the following DEQ MGWPCS websites:

<http://deq.mt.gov/Water/WQINFO/mgwpcs>

<http://deq.mt.gov/Water/WPB/wpbforms>

This form must be accompanied by a complete DEQ Form 1 (General Information). You must provide the information requested for this application to be complete. 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. The appropriate fees must accompany the application forms. Mail this NOI Form (along with Form 1) to the DEQ address stated on the Form. You must maintain a copy of the completed NOI Form for your records.

If you have any questions regarding this application form, or would like to set up a preapplication meeting with DEQ, please call the Water Protection Bureau at 406-444-3080.

### SPECIFIC ITEM INSTRUCTIONS

#### **Form NOI-MTXG03 Section A**

All appropriate fees must accompany the application forms at time of submittal. All fees listed below are based on the administrative rules (ARM 17.30.201); the rules and the respective fees may be updated at any time. A fee is required for each outfall (Section D).

**New permits** must include the following fees:

- New permit fee \$1,200 (which includes initial first year-annual fee); and,
- Significance determination fee \$5,000 (not required if the facility has already undergone a DEQ significance determination and no design changes or new activities have since taken place) please see Section B instructions below.

**Renewal permits** must include the following fees:

- Renewal permit fee \$600 (annual fees are not included and are billed at the back-end of every calendar year).
- A significance determination fee (\$4,000) for renewals is **not common** but may be required if the facility undergoes design changes or proposes new activities. Please see Section B instructions below.

Please refer to the program websites, or call the Water Protection Bureau at 406-444-3080.

<http://deq.mt.gov/Water/WQINFO/mgwpcs>

<http://deq.mt.gov/Water/WPB/wpbforms>

#### **Form NOI-MTXG03 Section B**

Please list all existing or pending permits, certification or approvals. A list of active individual MGWPCS ground water discharge permits is listed at the following website:

<http://deq.mt.gov/Water/WQINFO/mgwpcs>

For additional information on the USEPA Underground Injection Control Program please refer to the following website: <http://water.epa.gov/type/groundwater/uic/>

DEQ approval of the facility's design plan and specifications is required prior to discharge (see requirements and exclusions listed in general permit). If DEQ currently does not have existing or pending plans and specifications for the facility, the permittee must provide a narrative proposal on how submittal and approval of the plans and specifications will occur prior to discharge. Please attach or provide a narrative statement of plans within Section H of the application. For additional information on DEQ plan and specification review programs please refer to the following websites:

<http://deq.mt.gov/Water/PWSUB/pws/planreviewengineer>

<http://deq.mt.gov/Water/PWSUB/sub>

A Nondegradation Significance Determination may be required in order to qualify for coverage under this general permit. If the proposed site currently has MGWPCS discharge permit coverage, or the facility's design has undergone DEQ plan and specification review, it may be likely that a significance determination has been completed. Please contact the DEQ plan and specification review programs (see websites above) or the Water Protection Bureau at 406-444-3080 with any questions.

### **Form NOI-MTXG03 Section C**

**Facility Site Plan:** The plan must show the outline of buildings, structures, parking areas, north arrow, scale and facilities directly pertinent to processes, structures and discharges of the project site. At minimum, the location of each of the existing and proposed structures must be clearly labeled on the map including but not limited to: wastewater collection and conveyance structures, wastewater treatment facilities, wastewater disposal structures, and monitoring or water well location(s). The required information must be clearly labeled on the Facility Site Plan. For facilities that cover larger land areas, specific portions of the Facility Plan may be included on separate drawing(s) at a smaller scale to provide necessary detail.

**Project Vicinity Map:** The map must identify the location and name of any adjacent surface waters, location and ownership of water wells, water supply wells, springs, and any ground water intake structures within 1 mile of the proposed or existing discharge structure.

**Sage Grouse:** The applicant is required to notify DEQ on whether the facility is located in Sage Grouse core habitat. The notification must be received at the time of application submittal (Form NOI-MTXG03).

If the facility is located in Sage Grouse core habitat, the applicant is required to contact the Department of Natural Resources and Conservation (DNRC) Sage Grouse program in regards to any restrictions placed upon the facility or project. Documentation from DNRC must be submitted to DEQ at time of application submittal and must identify any restrictions.

Information regarding the Sage Grouse program or habitat boundary maps can be found at the follow websites: <https://sagegrouse.mt.gov/> and <http://svc.mt.gov/deq/wmadst/>.

### **Form NOI-MTXG03 Section D**

**Design Capacity:** Please provide the hydraulic design capacity of the treatment system. The average design flow is the average of the daily volumes to be received for a continuous 12-month period expressed as a volume per unit time (gallons per day). However, the design average flow for facilities having critical seasonal high hydraulic loading periods must be based on the daily average flow during the seasonal period. The maximum design daily flow is the largest volume of flow to be received during a continuous 24-hour period expressed as a volume per unit time (gallons per day).

**Flow Measurement Device:** List a description of all flow measuring devices employed. Include manufacturer and make/model. Provide the type of flow measuring devices (e.g. paddlewheel). If no measurement device is employed, provide a description of how flows are estimated. Please identify the associated discharge structure (outfall) of each flow meter on the line drawing.

**Treatment Description:**

Please provide (or attach) a narrative description that describes the wastewater treatment system and treatment practices used to reduce pollutant loads prior to discharge. Describe the advanced treatment techniques that are capable of meeting the nitrogen effluent limitation prior to discharge (end-of-pipe).

**Disposal Structure:**

A disposal structure is the physical location where effluent is discharged from the wastewater treatment works. Wastewater treatment systems may contain multiple disposal structures. List and identify all disposal structures (e.g. subsurface drainfield, slow infiltration unit, rapid infiltration unit, injection system). Include and clearly identify all discharge structures within the facility site plan. Also list any additional discharge structure(s) that provides for re-use of the treated wastewater (e.g. land application). Do not list replacement drainfields.

For new or modified authorizations, DEQ will determine the number of outfalls based on the proposed disposal structures, location of structure, and other site specific information.

For renewal authorizations, please identify all established outfalls as identified within the existing authorization/permit.

Please provide geographic coordinates using the following format:

- Latitude and Longitude system,
- Decimal Degree format,
- North American Datum 1983 (NAD83).  
(e.g. 46.585706, -112.018394)

Geographic information may be obtained at <http://nris.mt.gov/>

**Line Drawing:**

Attach a line drawing showing the route taken by wastewater in your facility from collection/intake to discharge. The water balance should show the design flow of the system. Show all significant losses of water to products, atmosphere, reuse, and discharge. Also, complete the information regarding wastewater treatment methods and efficiencies. Please identify the associated discharge structure (outfall) for each flow meter on the line drawing. An example of an acceptable line drawing appears in attachment to these instructions (Attachment 1).

**Wastewater System Operator (Optional):**

Please provide contact information for the current operator (unless the operator is also the owner/applicant). Contact information is requested by DEQ in order to provide better customer service and to supply notifications to all interested parties for future permit updates and renewal notifications.

### **Form NOI-MTXG03 Section E**

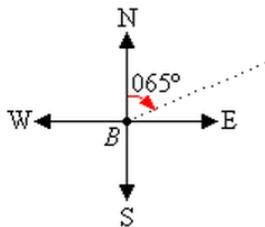
In order to maintain the beneficial uses of the receiving ground water; a facility may be excluded from coverage under this general permit if a disposal structure is located within 600 feet of a downgradient water well or spring.

In addition, and in order to gain approval in the DEQ plan and specification review process (see fact sheet document); the permittee must show that all disposal structures currently meet the minimum set back requirements of ARM 17.36.323 (see Attachment 2). These setback requirements are radially applicable for all ground water flow directions (e.g. sidegradient, upgradient).

### **Form NOI-MTXG03 Section F**

The site specific depth to shallow (first receiving) ground water is typically measured from an established monitoring well (or piezometer) that is constructed to be representative of the shallow receiving ground water bearing unit which underlies the proposed disposal structure. The depth from the ground surface to the seasonal high ground water level shall be listed when available.

The site specific ground water flow direction is typically calculated with creation of a ground water potentiometric surface map. Data needed to create this map is typically collected from a minimum of three monitoring wells positioned in a triangular shape. The estimated flow direction should be reported as direction and bearing. As an example; N65°E for:



Provide estimates for each proposed disposal structure (if different). Attach all supplemental information (e.g. monitoring well construction diagrams, borehole lithologic logs, well sampling procedure log, potentiometric ground water map).

For additional information on the basics of ground water, please refer to the following website:

<http://water.usgs.gov/ogw/basics.html>

### **Form NOI-MTXG03 Section G**

DEQ may require the submission of additional data and information with any MGWPCS permit application where warranted by the potential impacts of a source (ARM 17.30.1023(5)). The applicant will need to provide a narrative description documenting the proposed measures to be taken to provide alternative water supplies or treatment in the event any domestic, municipal, agricultural, or commercial/industrial well is adversely affected by the operation of the source (disposal of wastewater).

### **Form NOI-MTXG03 Section I**

The application will need to be signed by an authorized and qualified signator (e.g. President of a Home Owners Association, Managing Partner of a corporation, City Manager of a municipality).

## **Supplemental Guidance for Form 1 - General Information** **(In applying for this MGWPCS General Permit)**

!!Please note that these supplemental instructions are for the accompanying application form - Form 1!!

### **Form 1 – Section A**

This general permit does not authorize discharge of pollutants to state surface waters. This general permit does not authorize disposal of industrial wastewater or other (non-domestic) wastes (75-5-103, Montana Code Annotated). If requesting authorization under this general permit, both Form 1 and Form NOI-MTXG03 must be completed and submitted to DEQ.

### **Form 1 – Section B**

Please provide geographic coordinates using the following format:

- Latitude and Longitude system
- Decimal Degree format
- North American Datum 1983 (NAD83) or similar.  
(e.g. 46.585706, -112.018394)

Geographic information may be obtained at <http://nris.mt.gov/>

### **Form 1 – Section C**

The facility contact is a person who is thoroughly familiar with the facility and who can be contacted by DEQ at a later date (e.g. operator, contract engineer, facility manager).

### **Form 1 – Section E**

#### **Nature of Business:**

This general permit does not authorize discharge of industrial wastewater or of other (non-domestic) wastes (75-5-103, MCA). The SIC code for sewerage systems is #4952 (NAICS code #221320).

#### **Map:**

A map is not required for Form 1 as the additional Form NOI-MTXG03 already requires a separate vicinity map and facility site plan. For additional information, please see instructions in Section C of Form NOI-MTXG03.

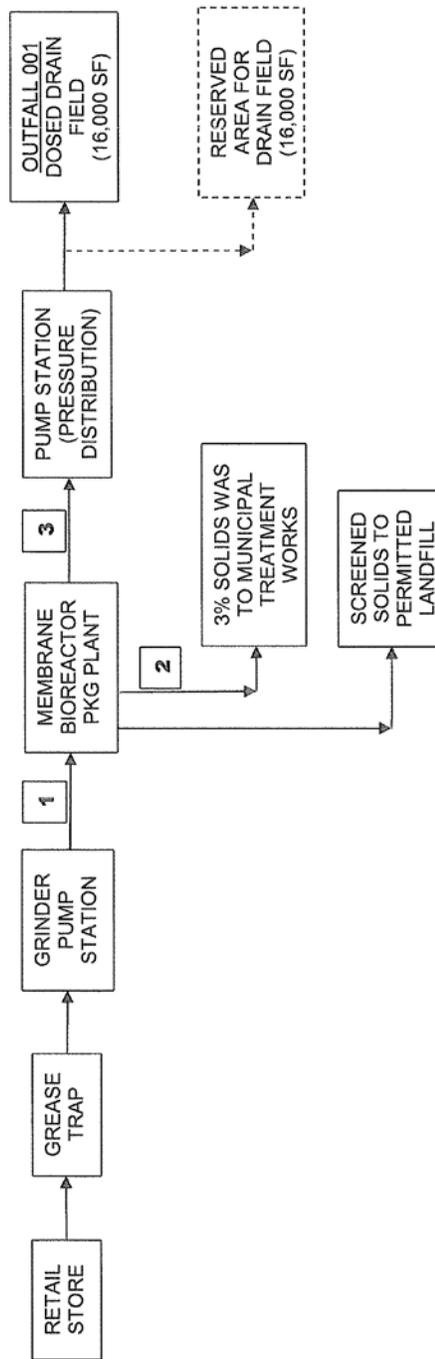
### **Form1 – Section F**

The permit will be issued to the entity identified in this section. The listed owner is the legal responsible party in charge of compliance with the permit, statute, and applicable rules (e.g. Home Owners Association, Water & Sewer District, Corporation/LLC, Municipality). The name of the owner listed should match the respective business record maintained by the Montana Secretary of State: <https://app.mt.gov/bes/>.

The application will need to be signed by an authorized and qualified signator (e.g. President of a Home Owners Association, President of a Water & Sewer District, Managing Partner of a Corporation/LLC, City Manager of a Municipality).

# Attachment 1 - Example – Wastewater Treatment System Line Drawing

FLOW PATH	DAILY DESIGN FLOWS (GALLONS)		NOTES
	AVERAGE	MAXIMUM	
1	5,100	6,400	
2	150	200	To be tested & quantity measured.
3	4,950	6,200	To be sampled & flow metered.



<b>Attachment 2 - Setback Criteria for Disposal Structures</b> (distance in feet)	
Water well - public	100
Water well - individual	100
Water well - other <sup>(1)</sup>	100
Surface water <sup>(2)</sup>	100
Floodplains	100
Springs	100
Cisterns - Water	50
Storm water ponds and ditches	25
Property boundaries	10
Subsurface drains	10
Water mains	10
(1) Other wells may include, but are not limited to, irrigation and stock watering. Other wells do not include monitoring wells.	
(2) This general permit does not authorize discharge of pollutants to surface water. See Form 1 Section A.	

# Attachment 3 – Eligibility Criteria-Decision Matrix

