Montana Department of Environmental Quality

WATER PROTECTION BUREAU

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

FORM
NOI-49

Notice of Intent (NOI)
General Permit for Sand and Gravel Operations
MTG490000

The NOI form is to be completed by the owner or operator of a sand and gravel mining and processing operation that is eligible for coverage under the Montana Department of Environmental Quality's ***General Permit for Sand and Gravel Operations (SGGP)***. **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

☐ Renewal — Permit Number: M T G 49 __ __ __ __

☐ Modification — Permit Number: M T G 49 __ __ __ __ **(Discuss modification in Section J)**

☐ Resubmittal/Administrative Processing — Permit Number M T G 49 __ __ __ __

Section B – Operation or Facility Information: *(See instruction sheet)*

Operation or Facility Name _____

Physical Location, Mailing address, or directions to location

_____

Nearest City or Town _____ Zip Code _____ County _____

Latitude _____ Longitude _____

Township/Range /Section *(optional)* _____

Is the operation or facility located within a recognized Indian Reservation? (If yes, permit must be obtained through EPA)
☐Yes ☐No

Standard Industrial Classification (SIC) Codes:

Provide at least one SIC code and description which best reflects the operation or facility above.

Code		A. Primary Description	Code		B. Secondary Description
1			2		

Section C - Applicant (Owner/Operator) Information: ☐ **Owner** ☐ **Operator** ☐ **Both**

Owner/Operator Name _____

Mailing Address _____

City, State, and Zip Code _____

Phone Number (_____) _____ E-mail _____

Applicant contact person *(name, title)* _____

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

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

☐ None ☐ RCRA _____ ☐ Montana DEQ Opencut Mining Permit #_____
☐ MPDES **(list all)** _____
☐ Other **(list all)** _____

Sage Grouse Habitat: Visit the Montana Sage Grouse Habitat Conservation Program (Program) website to determine if the sand and gravel 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.

Section E - Outfall Location: For each outfall, list latitude and longitude in decimal degrees format (00.0000; -000.0000) and name of the receiving waters. Identify is the receiving waster is classified as A-Closed or A-1. This section must not be left blank and N/A is not acceptable. See instructions for assistance with receiving water classifications.

Outfall Number	Latitude	Longitude	Receiving Water	A-Closed or A-1 (Yes or No)
001				
002				
003				
004				
005				

Waterbodies with Impairments (See instructions for accessing the Clean Water Act Information Center and listing impairments and any applicable TMDL wasteload allocations)**:**

Are any of the above receiving waters listed as impaired for potential pollutants from your sand and gravel operation?

☐ Yes (continue to the next question) ☐ No

If yes, list the impairments:_____

Proximity to a Contaminated Site: Is the sand and gravel operation at or near a known contamination site or do you suspect the site has contamination? (See instructions for more information).

☐ Yes ☐ No (continue to the MAP)

If yes, provide the distance from nearest suspected area of contamination to sand and gravel operation: _____ feet.

The permittee must take a pre-discharge sample of the groundwater and/or surface water that is representative of what is proposed for discharge. The sample must be analyzed for any known or suspected pollutants of concern in accordance with 40 CFR 136. The laboratory's detection level should be able to report at or below Required Reporting Value (RRV) contained in Department Circular DEQ-7. The laboratory results need to be submitted with the NOI.

☐ Copy of Lab Results enclosed. Sample date: _____.

DEQ will evaluate lab results to determination eligibility for coverage under the General Permit for Sand and Gravel Operations. If sample not collected, please provide an explanation in Section J. DEQ may require additional future testing in the authorization letter.

☐ **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 operation or facility and identify and label the location of each of its proposed intake structures and discharge structures (outfalls). Include all surface waters, including springs and ephemeral drainages, in the map area. Identify impaired receiving waters. Delineate sage grouse habitat (if applicable). Delineate suspected areas of contamination (if applicable).

Section F – Operation or Facility Description:

Provide a description of the activities occurring at the sand and gravel operation or facility to include methods and equipment used. Indicate timeframes for each activity including any known periods of non-operating status.

Section G - Flows, Sources of Pollution and Treatment Technologies

For each outfall provide a description of:
(1) All operations contributing wastewater to the effluent (washing, pit dewatering, stormwater runoff, etc.); (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater.

1. Outfall Number	2. Operations/Activity Contributing Flow		3. Treatment
	a. Operation (list)	b. Average Flow (mgd)	
001			
002			
003			
004			
005			

☐ **FLOW DIAGRAM**: Attach a flow diagram showing the water flow through the facility. Indicate sources of intake water, operations/activities contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Section F. 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.

Section H - Effluent Characteristics

See instruction sheet for more information. If sample(s) not collected, please provide an explanation in Section J.

Outfall 001: Characteristic	Maximum Daily Value (concentration)	Long Term Average	Units	No. of Analyses
Flow				
Total Suspended Solids (TSS)				
Oil and Grease				
pH				

Outfall 002: Characteristic	Maximum Daily Value (concentration)	Long Term Average	Units	No. of Analyses
Flow				
Total Suspended Solids (TSS)				
Oil and Grease				
pH				

Outfall 003: Characteristic	Maximum Daily Value (concentration)	Long Term Average	Units	No. of Analyses
Flow				
Total Suspended Solids (TSS)				
Oil and Grease				
pH				

Outfall 004: Characteristic	Maximum Daily Value (concentration)	Long Term Average	Units	No. of Analyses
Flow				
Total Suspended Solids (TSS)				
Oil and Grease				
pH				

Outfall 005: Characteristic	Maximum Daily Value (concentration)	Long Term Average	Units	No. of Analyses
Flow				
Total Suspended Solids (TSS)				
Oil and Grease				
pH				

Section I - New Source

Is the proposed sand and gravel mining operation a new source (does not exist and will be constructed and initiating operation) seeking coverage under the General Permit? ☐ Yes (continue to the next 2 questions) ☐ No

1. Describe the potential impacts of the proposed operation or facility 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).

☐ Analysis and applicable maps attached.

2. 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).

☐ Analysis attached.

Section J - Additional Information

Section K - 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.

Name (Type or Print)	
Title (Type or Print)	**Phone Number**
Signature	**Date Signed**

The Department will not process this form until all 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