

**AGENCY USE ONLY**

PERMIT NO.:	Date Rec'd.:	Amount Rec'd.:	Check No.:	Rec'd By:
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FORM <b>NOI-SWC</b>	<b>Notice of Intent (NOI)</b> <b>Storm Water Discharge Associated With Construction</b> <b>Activity MTR100000</b>
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The NOI form is to be completed by the owner or operator of construction activity eligible for coverage under the Department's *General Permit for Storm Water Discharges Associated with Construction Activities*. Please read the attached instructions before completing this form. You must print or type legibly; forms that are not legible or are not complete or are 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 for this site.                                |
| Renewal                               | Permit Number: MTR10 __ __ __ __                                     |
| Modification                          | Permit Number: MTR10 __ __ __ __ (Discuss Modification in Section I) |
| Resubmittal/Administrative Processing | Permit Number: MTR10 __ __ __ __                                     |

**Section B – Facility or Site Information**

Site Name \_\_\_\_\_  
 Site physical address, mailing address at location, or directions to the site \_\_\_\_\_  
 \_\_\_\_\_  
 Township/Range/Section (optional): \_\_\_\_\_  
 Nearest City or Town \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Is this facility or site located within a recognized Indian Reservation?    Yes    No    If yes permit must be obtained through US EPA

**Section C – Applicant (Owner/Operator) Information:**

Owner                      Operator                      Both

Owner or Operator Name (Organization Formal Name) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, and Zip Code: \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
 Status of Applicant (Check one)    Federal    State    Private    Public    Other (specify) \_\_\_\_\_

**Section D – Existing or Pending Permits, Certifications, or Approvals:**

None  MPDES \_\_\_\_\_ RCRA \_\_\_\_\_  
404 Permit (dredge & fill) \_\_\_\_\_ Other \_\_\_\_\_

**Local Sediment and Erosion Control Requirements:**

1. Is the construction project located within a regulated Municipal Separate Storm Sewer System (MS4)?  
Yes, Complete item 2. No
2. The applicant must contact the MS4 to verify if additional local sediment and erosion controls are required:  
Name of MS4: \_\_\_\_\_  
MS4 Contact Name: \_\_\_\_\_ Contact Date: \_\_\_\_\_  
Submit the SWPPP to the MS4 if required. Any additional MS4 requirements must be incorporated into the SWPPP.

**Sage Grouse Habitat:**

Visit the Montana Sage Grouse Habitat Conservation Program (Program) website to determine if the construction project 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 - Standard Industrial Classification (SIC) Codes:**

Select at least one SIC code which best reflects the type of construction work.

<b>A. Primary</b>	<b>B. Second</b>
<b>C. Third</b>	<b>D. Fourth</b>

**Section F – SWPPP Preparer and Administrator**

**SWPPP Preparer:**

Name \_\_\_\_\_ Position Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Company Name \_\_\_\_\_ Email \_\_\_\_\_  
Training Course \_\_\_\_\_ Date Completed \_\_\_\_\_

**SWPPP Administrator: Same as above**

Name \_\_\_\_\_ Position Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Company Name \_\_\_\_\_ Email \_\_\_\_\_  
Training Course \_\_\_\_\_ Date Completed \_\_\_\_\_

**Secondary SWPPP Administrator:**

Name \_\_\_\_\_ Position Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Company Name \_\_\_\_\_ Email \_\_\_\_\_  
Training Course \_\_\_\_\_ Date Completed \_\_\_\_\_

*For additional SWPPP Administrators, please complete and submit Attachment A – Delegation of Authority*



Total site area (acres) \_\_\_\_\_  
 Area of Construction Related Disturbance (acres) \_\_\_\_\_  
 Estimated Project Start Date \_\_\_\_\_ Estimated Project Completion Date \_\_\_\_\_  
 Estimated Project Final Stabilization Date \_\_\_\_\_

**Section I – Supplemental Information** (*For Permit Modification Only – leave blank except for modification*)

**Section J – Fee:**

**NEW PROJECTS:**

Indicate the acreage of construction related disturbance indicated in Section H of this NOI form. The fee for new projects includes the application and the annual fee for the calendar year in which the permit authorization is effective.

1-5 acres	\$ 900.00
>5-10 acres	\$1,000.00
>10-25 acres	\$1,200.00
>25-100 acres	\$2,000.00
>100 acres	\$3,500.00

**RENEWAL**                      \$ Amount specified in Rule (*fee provided in renewal notice*)

**MODIFICATION**                      \$ 500.00 (*minor modification, only if less than six months from date the permit authorization is effective*)

**RESUBMITTAL /  
 ADMINISTRATIVE PROCESSING**                      \$ 500.00

**Section K - Attachments:**

**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.

**SWPPP and Site Map:**                      Attached                                      Renewal (updated SWPPP and site map attached)

**Section L - Certification**

**Authorized Signatories:** 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.

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