

INSTRUCTIONS FOR
Form NOI – Notice of Intent for Domestic Sewage Treatment Lagoon General Permit
(MTG580000)

The Domestic Sewage Treatment Lagoon Notice of Intent Form (NOI form) is to be completed by the owner/operator of a domestic sewage treatment lagoon that is eligible for coverage under DEQ's *Domestic Sewage Treatment Lagoon General Permit (General Permit)*. General permit documents and related forms are available on the DEQ 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. Mail the completed NOI Form and fee to:

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

DEQ will issue a confirmation letter that contains the specific effluent limits and monitoring schedule for your facility, based on the data supplied in the NOI form. You must maintain a copy of the General Permit, completed NOI Form, and confirmation letter for your records.

SPECIFIC ITEM INSTRUCTIONS

Section A – NOI Status

New

Check new if this is the first NOI submission for this facility. If you are requesting coverage under the General Permit to supersede an individual MPDES permit, check that you wish to also terminate coverage under the individual permit.

Renewal

For existing permit authorizations. Upon renewal of this General Permit (on a 5-year basis), any owner/operator that wishes to continue coverage under the renewed General Permit must submit a NOI for renewal. Include the permit number assigned to your facility.

Resubmitted

If the DEQ returned your NOI to you as deficient or incomplete, you must check Resubmitted. If resubmitted multiple times and you were sent an invoice, include the resubmitted application fee. Include the permit number that the DEQ assigned.

Modification

If there is a change in the facility or site information, check Modification. Include the permit number.

A complete NOI includes payment of the appropriate fee, unless specified otherwise by the DEQ. 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 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 a publicly- or privately-owned property.

Give the address or location of this facility or activity. 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.

Provide 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.* Geographic information may be obtained by GPS or at <http://nris.state.mt.us>, USGS topographic map, and/or "Topofinder" from <http://nris.mt.gov/interactive.html>.

Lastly, indicate whether the facility is located on Indian lands or if the discharge may reach any receiving waters within Indian country.

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 OWNER/OPERATOR IS NOT THE CERTIFIED OPERATOR. The confirmation letter will be issued to the entity identified as owner/operator in this section.** 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 DEQ for additional information. **The contact person is the only person authorized to sign reports and correspondence for the owner/operator other than the signatory in Section F.**

Existing or Pending Permits, Certifications, or Approvals – Check the box(s) that apply to any existing or pending permits held by this facility or activity. Provide the permit or certification number.

Standard Industrial Classification (SIC) Codes - List the primary and, if applicable, secondary 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. The most common SIC Codes for domestic sewage treatment lagoons is:

4952 Sewerage Systems

A complete list of SIC Codes (and conversions from the newer North American Industry Classification System (NAICS)) can be obtained 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. The map, or maps, must 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(s).

Section D– Outfall Location(s)

Provide a list of all surface water discharge locations (outfalls) and their latitude, longitude, and receiving water name. For renewals, use the outfall number(s) specified in the current authorization. For new projects list all outfalls starting with 001 and continuing 002, 003, etc. If the initial receiving water is unnamed, provide additional details including the first named receiving waterbody (e.g. “unnamed ditch, tributary to Beaver Creek”).

Section E - Domestic Sewage Treatment Lagoon Information

1. Collection System Information.

Identify the extent that the entire collection system is designed as a separate sanitary sewer vs. the extent that the system is a combined storm water/sanitary sewer system. Provide information on municipalities and areas served by the facility, and the most recent data on the number of people served by the treatment system.

2. Lagoon Flow Data.

The average daily design flow is the engineering design assumption of influent that was used in sizing the lagoon system. Provide the current average daily design flow, in million gallons per day (mgd) based on the most recent facility design. Provide a historic average daily flow rate using engineering design data as close to 1993 as you have available. Indicate the year of the data.

From your monitoring records, provide the most recent three rolling years of effluent flow. For instance, if your NOI was submitted in October, you would provide September to September data. Include both the average daily discharge and the maximum daily discharge for each period. Note the number of flow observations made for each year (for example, if you monitor flow weekly you would record 52 samples).

Conversions:

$$1 \text{ cubic feet per second (cfs)} \times 0.646 = 1 \text{ mgd}$$

$$1 \text{ gallon per minute (gpm)} \times 0.00144 = 1 \text{ mgd}$$

3. Discharge Method.

(a) Note if your lagoon system is designed to discharge on a continuous basis (270 days or more per year); on a batch basis (periodic, controlled or intermittent); or is designed to be non-discharging. (If the system is designed to be non-discharging and does not actually discharge it is optional for the facility to obtain MPDES coverage). Unless the facility is a continuous discharger, identify the number of batches per year, the average duration of each batch, and the average flow rate in mgd.

(b) In addition to the surface water discharge method, indicate whether effluent is discharged/used by other methods, including discharged to a surface impoundment for evaporation; land applied for irrigation; transported to another treatment works by pipeline, truck, or other methods; or discharged to groundwater or well injection. Except for transporting to another treatment works, all of these alternate disposal methods have required engineering review and approval if they are new or modified.

4. Description of Treatment

Indicate whether the current design of the lagoon system, as approved in the latest plan & specification review (if applicable), is facultative or aerated. Complete the requested information for the relevant design type. For all facilities, indicate what year the lagoons were installed and the date of the engineering approval, if applicable. In addition, indicate the latest date the lagoon system as modified and the related engineering approval date, if applicable.

Indicate what type of effluent disinfection, if any, is employed prior to discharge.

5. Effluent Monitoring Information:

Summarize all monitoring results for each of the pollutants listed in this section taken by the facility within the past 4.5 years. Data reported must be representative of current operation. Approved methods as specified in 40 CFR 136 must be used for all analyses. Grab/instantaneous samples must be taken for pH, temperature, dissolved oxygen, oil and grease, *E.Coli* bacteria, and Total Residual Chlorine. For all other pollutants, 24-hour composite samples must be used. Composite, grab, and instantaneous samples are defined as follows:

- a. **"Composite sample"** means a sample composed of four or more discrete aliquots over a 24-hour period. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period greater than 24 hours. In addition, the department may waive composite sampling for any outfall for which the applicant demonstrates that the use of an automatic sampler is infeasible and that the minimum of four grab samples will be a representative sample of the effluent being discharged.
- b. **"Grab Sample"** means a sample which is taken from a waste stream on a one-time basis without consideration of flow rate of the effluent or without consideration for time.
- c. **"Instantaneous Measurement"**, for monitoring requirements, means a single reading, observation, or measurement.

For the maximum column, provide the highest single result for each parameter. For the long-term average column, provide the average of all representative results. Note that pH is an exception: report the lowest single result as requested.

Specify whether your facility requests to have CBOD₅ replace BOD₅ as the technology-based effluent limit for the term of the General Permit renewal. If so, provide justification, including a comparison of effluent CBOD₅ data to BOD₅ data for your facility.

6. Demonstration of eligibility for less stringent TSS effluent limits

The minimum treatment requirements for secondary treatment or equivalent is contained in 40 CFR 133[ARM 17.30.1203]. There are three levels of treatment contained in 40 CFR 133: National Secondary Standards (NSS), Treatment Equivalent-to-Secondary (TES), and Alternative State Requirements (ASR). All applicable facilities covered under this General Permit, unless they demonstrate their eligibility to meet TES or ASR, will be required to meet NSS effluent limits under federal requirements contained in 40 CFR 133.102.

Applicants must review the most recent two years of effluent data from their facility and calculate the 95th percentile of the TSS concentration. This is easily performed by the following function in Excel: "=**PERCENTILE**(<cell array>, 0.95)." Review which level the facility's 95th percentile TSS effluent quality meets:

- NSS if ≤ 30 mg/L
- TES if > 30 to 45 mg/L
- ASR if > 45 mg/L

Indicate on the NOI form which of the three levels is applicable, and include your background data and calculations as part of the submittal.

In addition, in order to be granted the less stringent treatment requirements, you must certify that the facility has proper operation & maintenance. Include a written justification in the space provided, or attach additional sheet(s) as necessary.

7. Influent/Effluent Monitoring

Provide the actual physical location(s) for any influent monitoring, including taking samples (grab, instantaneous, or composite) and measuring flow. Write “NA” if there is currently no accessible influent sampling location.

Provide the actual physical location for any effluent monitoring, including taking samples (grab, instantaneous, or composite) and/or measuring flow. Write “NA” if there is currently no accessible effluent sampling location.

8. Receiving Water.

Provide the name of the initial receiving water, which is the first location after the treated effluent leaves the control of the facility (typically the end of the pipe). This should match the name in Section D. If the facility has more than one receiving water, indicate this on the form and attach the additional information.

Provide the name of the first downstream waterbody that is named.

Section F - Certification

The NOI form certification must be completed by a responsible official with authority as a signatory for the entity identified as the “owner/operator” in Section C. The requirements for the NOI signatory are described in ARM 17.30.1323(1).

For a POTW this is typically the Mayor, Town Manager, or Sewer Board President.

Section G – New Sources

This section must be completed if your facility does not yet exist (never permitted or constructed). Only dischargers to ephemeral waterbodies are eligible for coverage under this General Permit.

A. Contact the Montana Natural Heritage Program (MNHP), <http://mtnhp.org/>, and request a project review for the proposed sand and gravel operation. 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 sand and gravel operation. Attach the SHPO analysis to the NOI.