



WATER PROTECTION BUREAU

Agency Use

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM
2E

Facilities Which Do Not Discharge Process Wastewater

This form is to be completed by manufacturing, commercial, mining, silvicultural, or other dischargers applying for MPDES permits which discharge only non-process wastewater not regulated by an effluent limit guideline or new source performance standard [ARM 17.30.1322 (8)]. See attached instructions. Do not leave blank spaces; if a question does not apply, put "NA" in the space provided. 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 Form 2E for your records.

Section A - Form 2E Status (Check one)

- New No prior Form 2E submitted for this site.
- Resubmitted Permit Number: MT _____
- Renewal Permit Number: MT _____
- Modification Permit Number: MT _____ (Discuss Modification in Section I)

Section B - Facility or Site Information (See instruction sheet.):

Site Name _____

Site Location _____

Nearest City or Town _____ \ \k'Eqf g"County _____

Latitude _____ Longitude _____

Is this facility or site located on Indian Lands? Yes No

Section C - Applicant (Owner/Operator) Information

Owner or Operator (Legal Entity) _____

Mailing Address _____

City, State, and Zip Code _____

Phone Number () _____

Is the applicant listed above the owner? Yes No

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

Section D - Existing or Pending Permits, Certifications, or Approvals None

- MPDES _____ RCRA _____
- PSD (Air Emissions) _____ Other _____
- 404 Permit (dredge & fill) _____ Other _____

Section E - Nature of Business (provide a brief description)

Standard Industrial Classification (SIC) Codes

Provide at least one SIC code which best reflects the principal products or services provided by this business.

Code	A. Primary	Code	B. Second
1		2	
Code	C. Third	Code	D. Fourth
3		4	

Section F - Facility or Site Contact Person/Position

Name and Title, or Position Title _____

Mailing Address _____

City, State, and Zip Code _____

Phone Number "XXXXXXXXXXXXXXXXXXXXXXXXXXXX"Go ckn _____

Section G - Receiving Surface Water(s)

For each outfall, list the latitude and longitude to the nearest second and the name of the receiving waters.

Outfall Number	Latitude	Longitude	Receiving Surface Waters
001			
002			
003			
004			
005			

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.

Section H - Type of Waste

Check the box(es) indicating the general type(s) of wastes discharged.

- Sanitary Wastes Restaurant or Cafeteria Wastes Non-contact Cooling Water
- Construction Dewatering Contaminated Groundwater Disinfected Water (Hydrostatic Testing)
- Suction Dredge (*specify intake size*) _____
- Other Non-process Wastewater (*identify*) _____

If any additives are used, list them here. Briefly describe their composition and amounts, (or attach MSDS).

Section I - Outfall Information

Outfall #

(This section must be completed for each outfall identified in Section G)

Treatment System - describe any treatment system(s) or best management practices (BMP's) used to reduce pollutants.

Frequency and Duration of Discharge

Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? Yes No

If yes, describe the frequency of flow and duration:

Other Information (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Section J - Effluent Characteristics (See Instructions)

Outfall #:

(This section must be completed for each outfall identified in Section G)

Pollutant or Parameter	Maximum ¹		Average		No. of Samples	Analytical Method	Source of Estimate
	Concentration	Units	Concentration	Units			
pH (Minimum)			NA				
pH (Maximum)			NA				
Flow							
Total Suspended Solids (TSS)							
Biochemical Oxygen Demand (BOD ₅)							
Chemical Oxygen Demand (COD)							
Total Organic Carbon (TOC)							
Oil & Grease							
Chlorine, Total Residual (TRC)							
Fecal Coliform Bacteria							
Ammonia, Total, as N							
Dissolved Oxygen							
Kjeldahl Nitrogen, Total, as N							
Nitrate + Nitrite, as N							
Phosphorus, Total, as P							
Total Dissolved Solids							
Specific Conductivity							
Chloride							
Sulfate							
Alkalinity, as CaCO ₃							
Acidity, as CaCO ₃							
Other:							
Other:							
Metals (Total Recoverable), Cyanide, Phenols and Hardness							
Antimony							
Arsenic							
Beryllium							
Cadmium							
Chromium							
Copper							
Lead							
Mercury							
Nickel							
Selenium							
Silver							
Thallium							
Zinc							
Cyanide							
Total Phenolic Compounds							
Hardness, as CaCO ₃							
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer, or general permit.							

Footnote:

1. Except pH, enter minimum and maximum value in applicable row and column.

Section K - Mixing Zone

Is the Applicant requesting a mixing zone in the receiving water pursuant to the Administrative Rules of Montana (ARM) Title 17, Chapter 30, Subchapter 5? Yes, see below No

Type of Mixing Zone:

Standard Mixing Zone for surface water, see ARM 17.30.516 for informational requirements.

Source Specific Mixing Zone, see ARM 17.30.518 for informational requirements.

Specify which outfalls will require a mixing zone:

001 002 003 004 005

Section L - Supplemental Information

Section M - 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 (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

INSTRUCTIONS FOR:

Form 2E – Facilities Which Do Not Discharge Process Wastewater

IMPORTANT: This form may be used for facilities which discharge only nonprocess wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater) and which are not regulated by effluent limitations guidelines or new source performance standards. You must provide the information requested for this application to be complete. Responses must be self-explanatory and must not refer exclusively to attached maps, plans, or documents. If an item does not apply to you, enter “NA” (for ‘not applicable’) to show that you considered the question. If the applicant is providing supplemental information in fulfillment of the required information in this form, attach the material to the application and reference the material in the space provided. The appropriate fees must accompany this Form 2E. Do not submit these items separately. Mail this Form 2E to the DEQ address stated on the Form. You must maintain a copy of the completed Form 2E for your records. Forms are available from the Water Protection Bureau at (406) 444-3080 or on the DEQ website at: <http://www.deq.mt.gov>

Please type or print legibly; applications that are not legible or are not complete will be returned.

SPECIFIC ITEM INSTRUCTIONS

Section A - Form 2E Status

Check the box that applies and provide the requested information. If Form 2E has not been previously submitted for this site, check the first box (New). The Department will assign a permit number when the Form 2E is submitted. The permit number is a 9-digit code beginning with MT. If you submitted Form 2E and the Department returned it to you as deficient or incomplete, check the second box (Resubmitted); if the permit coverage expired and you submit an updated Form 2E, check the third box (Renewal); if there is a change in the facility or site information, check the last box (Modification). If Form 2E has been submitted and returned as incomplete the number appears in the upper right hand corner of Form 2E. The permit number must be included on any correspondence with the Department regarding this site.

Section B - Facility or Site Information

Identify the name of the site or what the project will be called. The site is the land or property where the facility or activity is physically located or conducted, including other land used in connection with the facility or activity. Give the address or location of this facility or site and the geographical information. Latitude and longitude must be accurate to the nearest second. Sources include GPS, a USGS topographic map, and/or “Topofinder” from <http://nris.mt.gov/interactive.html> . The location may be a physical mailing address or description of how the site may be accessed. (PO Boxes are not acceptable.)

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 or activity described in Section B of Form 2E. 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 Permit. If the owner or operator is other than a person or government entity it must be registered with the Montana Secretary of State’s office.

Section D - Existing or Pending Permits, Certifications, or Approvals

Specify by number any existing or pending permits that exist for this facility or activity.

Section E - Nature of Business and Standard Industrial Classification (SIC) Code

Provide a brief description of the nature of the business and list, in descending order of significance, the four digit SIC Code(s) which best describe the type of activity at this site. Also, provide a brief description in the

space provided. 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> or in paper form from the document entitled "Standard Industrial Classification Manual", Office Management and Budget, 1987. SIC Code listings may also be found at <http://www.osha.gov/pls/imis/sicsearch.html> . At least one SIC code must be provided. See attached table for common SIC codes.

Section F - Facility or Site Contact Person/Position

Give the name, title, and work phone number of a person who is thoroughly familiar with the operation of the facility or site activity and with the facts reported in this form, and who can be contacted by the Department for additional information. Those facilities with periodic changes in the contact person may provide the contact person position instead of a person's name. Also, provide the mailing address, including name of organization the contact works for, if appropriate.

Section G - Receiving Surface Water(s)

Number sequentially each physical structure (outfall) that is used to convey pollutants to a point of release. Outfall means a discrete conveyance, including but not limited to a pipe, ditch, channel, tunnel, conduit, well, etc. List the latitude and longitude to the nearest 15 seconds for this outfall. Enter the name, if named, or the nearest downstream or downgradient state water. State waters means a body of water, either on the surface or under ground and includes, irrigation or drainage systems, ephemeral, intermittent, or perennial waterways, lakes, ponds, reservoirs, or other surface impoundments not used exclusively to treat (sewage, industrial or other) wastes [75-5-103, MCA]; for example: unnamed tributary to Rock Creek; East Bench Irrigation Channel, unnamed stock pond, or Canary Creek. Surface disposal of wastes that may runoff to nearby state waters or infiltrate to ground water are subject to the permitting requirements of the Act.

Section H - Type of Waste

Check all categories that apply. Describe the use of any chemical additives; Material Safety Data Sheet (MSDS) may be attached.

Section I - Outfall Information

Treatment System

Describe any treatment system(s) used (or to be used for new dischargers), indicating whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Also give the particular type(s) of process(es) used (or to be used). For example, if a physical treatment system is used (or will be used), specify the processes applied, such as grit removal, ammonia stripping, dialysis, etc. If necessary, attach a line drawing of the water flow through the facility with a water balance, see Figure 1.

Frequency and Duration of Discharge

Describe the average frequency of flow and duration of any intermittent or seasonal discharge (except for stormwater runoff, leaks, or spills). The frequency of flow means the number of days or months per year there is intermittent discharge. Duration means the number of days or hours per discharge. For new dischargers, base your answers on your best estimate. A discharge is intermittent unless it occurs without interruption, except for infrequent shutdowns for maintenance, process changes or other similar activities. A discharge is seasonal if it occurs only during certain parts of the year.

Other Information

This item is intended for you to provide any additional information that you feel should be considered by the reviewer in establishing permit limitations.

Section J - Effluent Characteristics

Form 2E is required for individual MPDES non-process wastewaters as well as the following General Permits:

MTG070000	Construction Dewatering
MTG370000	Recreational Suction Dredge
MTG770000	Disinfected Water
MTG790000	Petroleum Cleanup

General Permit applicants are not required to analyze for the entire suite of parameters, and should refer to paragraph J.3.b. below.

All pollutant levels must be reported as concentration or as total mass (except for discharge flow, pH, specific conductance and temperature). Total mass is the total weight of pollutants discharged over a day. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/AC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Grab samples must be used for pH, temperature, total residual chlorine, oil and grease, and fecal coliform. For all other pollutants, 24-hour composite samples must be used. The applicant need not submit data which has been previously reported to the Department on discharge monitoring reports (DMRS) required by an MPDES permit. Any further questions on sampling or analysis should be directed to the Department.

1. Existing Sources

You are required to provide at least one analysis for each pollutant or parameter listed by filling in the requested information under the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported).

2. New Dischargers

You are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on the form). Please note that follow-up testing and reporting are required no later than 2 years after the facility starts to discharge. Sampling and analysis are not required at this time. If, however, data from such analyses are available, then such data should be reported. The source of the estimates is also required. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals, and any analyses of your effluent or of any similar effluent. In providing the estimates, use the codes in the following table to indicate the source of such information.

<u>Engineering Study</u>	<u>Code</u>
Actual data from pilot plants	1
Estimates from other engineering studies	2
Data from other similar plants	3
Best professional estimates	4
Others	specify on the form

3. Testing Waiver

a. Individual MPDES Applicants:

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to the Department a written request specifying which pollutants or parameters should be waived and the reasons

for requesting a waiver. This request should be submitted to the permitting authority before or with the permit application. The Department may waive the requirements for information about any pollutant or parameter if it determines that less stringent reporting requirements are adequate to support issuance of the permit.

b. General Permit Applicants:

The specific analytical requirements of Section G are waived for applicants applying for coverage under any of the above-listed Department issued MPDES General Permits. However, the applicant must provide the analytical and supplemental information required in the specific general permit. The requested analytical information must be provided in this Section, unless otherwise indicated in the applicable general permit.

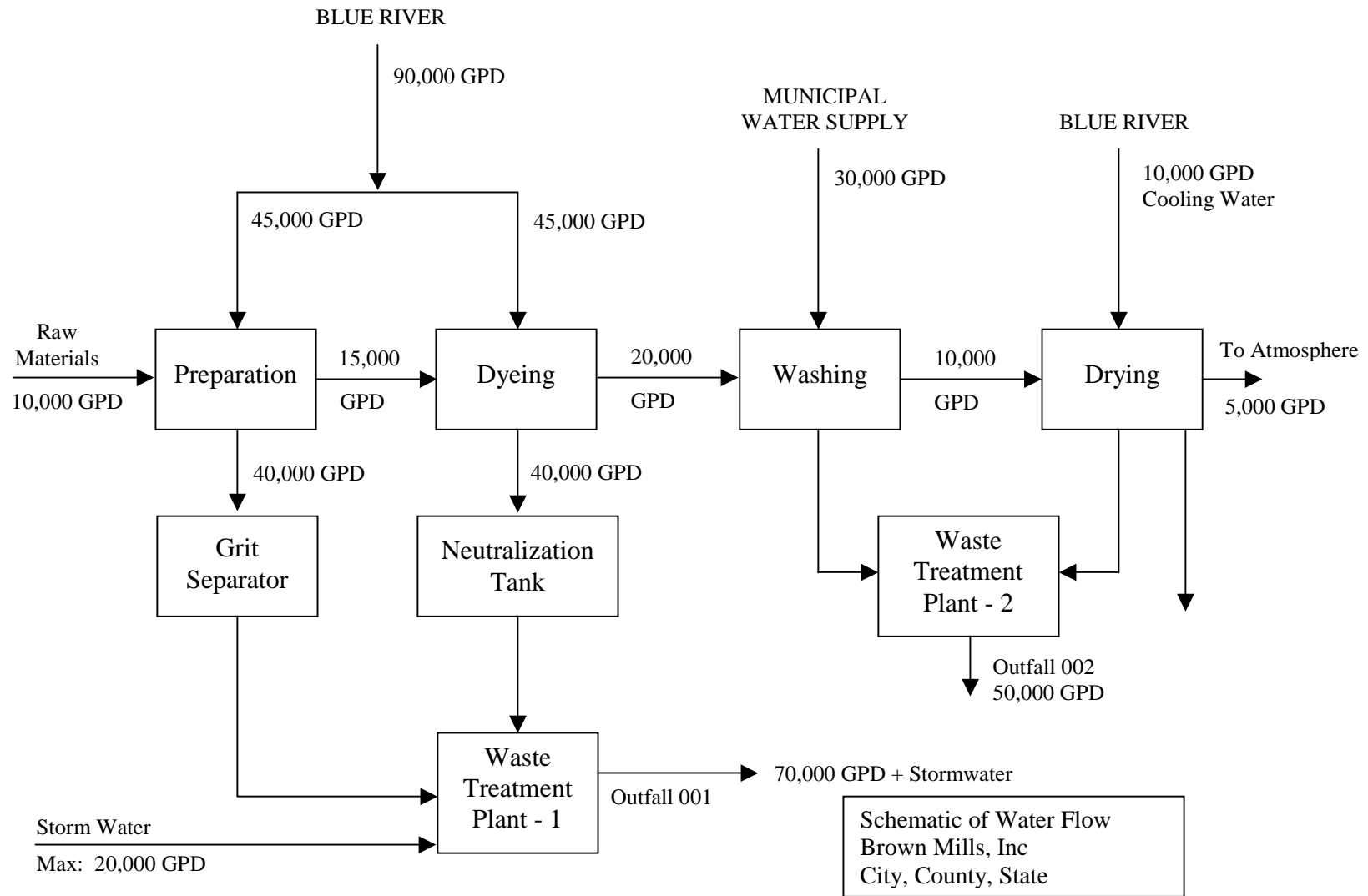
Section K - Mixing Zone

A mixing zone is a limited area of a surface water body or a portion of an aquifer where initial dilution of a discharge takes place and where water quality changes may occur and where certain water quality standards may be exceeded. A person applying for a mixing zone must specify the type of mixing zone and provide the applicable information required by the Department. Mixing zones are described in Title 17, Chapter 30, Subchapter 5 of the Administrative Rules of Montana (ARM). A mixing zone may or may not be granted by the Department based on the criteria established in this rule.

Section L - Supplemental Information

Use the space provided to expand upon any information requested in Form 2E or information you wish to bring to the attention of the reviewer. Attach additional sheets, if necessary. For applicants requesting a modification to an existing permit authorization or resubmittal of a Form 2E application, provide an explanation of the requested modification.

Figure 1 - Example of Line Drawing of Applicant's Facility



Common Standard Industrial Classification (SIC) Codes

Division	SIC	Industrial Activity Represented
Agriculture, Forestry and Fishing	0211	Beef Cattle Feedlots
	0212	Beef cattle, Except Feedlots
	0213	Hogs
	0214	Sheep and Goats
	0241	Dairy Farms
	0251	Broiler, Fryer and Roaster Chickens
	0252	Chicken Eggs
	0253	Turkeys and Turkey Eggs
	0254	Poultry Hatcheries
	0259	Poultry and Eggs, not elsewhere classified (Ducks)
	0272	Horses and Other Equines
	0921	Fish Hatcheries and Preserves
Mining	1021	Copper Ores
	1031	Lead and Zinc Ores
	1044	Silver Ores
	1041	Gold Ores
	1221	Bituminous Coal and Lignite Surface Mining
	1311	Crude Petroleum and Natural Gas
	1442	Construction Sand and Gravel
Construction	1521	General Contractors – Single Family Houses
	1522	General Contractors – Residential Bldgs Other Than Single Family
	1542	General Contractors – Nonresidential Buildings, Other than Industrial Buildings and Warehouses
	1611	Highway and Street Construction, Except Elevated Highways
	1622	Bridge, Tunnel, and Elevated Highway Construction
	1623	Water, Sewer, Pipeline, Communications & Power Line Construction
	1629	Heavy Construction, Not Elsewhere Classified
	1794	Excavation Work
1541	General Contractors – Industrial Buildings and Warehouses	
Manufacturing	2011	Meat Packing Plants
	2063	Beet Sugar
	2421	Sawmills and Planing Mills, General
	2611	Pulp Mills
	2911	Petroleum Refining
	3241	Cement, Hydraulic
Transportation, Communications, Electric, Gas and Sanitary Services	4911	Electric Services
	4941	Water Supply
	4952	Sewerage Systems
	4953	Refuse Systems
Wholesale Trade	5093	Scrap and Waste Materials
	5154	Livestock
	5171	Petroleum Bulk Stations and Terminals
Retail Trade	5541	Gasoline Service Stations
	5984	Liquefied Petroleum Gas (Bottled Gas) Dealers
Services	7011	Hotels and Motels
	7033	Recreational Vehicle Parks and Campsites
	7542	Carwashes
Public Administration	9224	Fire Protection
	9711	National Security