FOR AGENCY USE ONLY		
APPLICATION NUMBER		
DATE RECEIVED		
MONTH	DAY	YEAR

MONTANA POLLUTANT DISCHARGE ELIMINATION SYSTEM APPLICATION TO DISCHARGE - SHORT FORM C

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

Questions? Call (406) 444-3080

Please print or type:

1. Name, address, and telephone number of the individual or company which will have responsibility for the operation:

   A. Name: _____

   B. Mailing address:

      (1) Street address: _____

      (2) City: _____ (3) County: _____

      (4) State: _____ (5) ZIP code: _____

      (6) Telephone number: (_____)_____-_____

   C. The location of the discharging facility:

      1. Attach a topographic map extending one mile beyond the property boundaries of the discharg source. Indicate on the map the point of discharge, and drinking water wells listed in public records or otherwise known to the applicant.

         a. Section _____ b. Township _____ c. Range _____

      2. City: _____ 3. County: _____

      4. State: _____ 5. Phone Number: (____)_____

2. A brief description of the nature of the business: _____

   _____

   _____

3. A narrative description of the activities which require a discharge of wastewater:

   _____

   _____

   _____

   _____

(Over, please)

4. Proposed handling of wastewater: (check one)

_____ Complete retention or recycle with no discharge

_____ Discharge to municipal sewage system ***(specify municipality)*** _____

_____ Direct discharge after treatment ***(specify type of treatment)*** _____

_____ Direct discharge with no treatment

5. The expected flow rate of your discharge:_____ gallons per minute.

6. Discharge is expected to begin on or about: ***(Month/Day/Year)*** _____

7. Discharge is expected to end on or about: (Month/Day/Year)_____

8. (a) ***Check if applies:***

Discharge occurs all year, or;

(b) ***Circle the month(s) during which discharge occurs:***

January	February	March	April	May	June
July	August	September	October	November	December

(c) ***Circle number of days per week:*** 1) 1 2) 2 - 3 3) 4 - 5 4) 6 - 7

9. Circle number of separate discharge points: a) 1 b) 2 c) 3 d) 4 or more

10. Name of receiving water(s):_____

Please read carefully before signing.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____ _____

Printed Name of Person Signing Title

_____ _____

Signature of Applicant Date Application Signed

Section 75-5-633 provides that any person who knowingly makes a false statement, representation, or certification on this application shall upon conviction be subject to a fine of not more than $25,000 or by imprisonment for not more than six (6) months, or both.

DEQ estimates processing time for this application to be 30 days.