Montana Department of Environmental Quality
WATER PROTECTION BUREAU

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

FORM
CD

CAFO Production Area Discharge Event Form

This Discharge Report form is to be used by facilities that have experienced a discharge. The submittal of this form will fulfill the five day written report requirement for your permit provided: 1) the form is completely filled out, and 2) the form is received by the Department within 5 days of the 24 hour oral report. This form may be emailed followed by a hard copy in the mail.

Section A - Facility and Contact Information

Permit Number: MTG010

Facility Name

Mailing Address

City, State, and Zip Code

Name and Title of Person Reporting the Noncompliance

Phone Number Email

Section B - Discharge Reporting Information

Date of Discharge Duration of Dishcarge (hours)

Start Time of Dishcarge End Time of Dishcarge

Discharge Volume (gallons) (An estimate is required if the actual volume is not known)

Method for Determining Discharge Volume

24 hour Oral Notification Provided to DEQ Date Time

Has the Discharge ceased DEQ Person Contacted

Description of the discharge and its cause, including a description of the flow path to state waters

Section C - Discharge Location

Facility address

Latitude and Longitude of Discharge (if available) Lat Long

Name of Receiving Water

Section D - Discharge Description (If you check "Other" you must explain)

System Component

- ☐ Detention Pond
- ☐ Filter Strip
- ☐ Permanent BMP
- ☐ Other

Explain Other system Component

Impact of Discharge (check at least one)

- ☐ Discharge Reached Waterbody
- ☐ Discharge Affected Private Property
- ☐ Discharge occurred on facility site
- ☐ Other

Explain Other Impact of Discharge

Section E – Discharge Information

Rainfall Event

Was it a 24 hour 25 year event? ☐ Yes ☐ No

Storage avaliable in WCS before Storm Event: ft.

Cause of Discharge

Steps Taken to Reduce, Prevent, and Mitigate (more than one can be checked. If you check "Other" you must explain)

☐ Stopped Discharge ☐ Repaired BMPs ☐ Repaired Waste Control Structure

☐ Other – please describe

Description in detail of steps taken to reduce, prevent, eliminate, and mitigate reoccurance of the noncompliance

Section G - CERTIFICATION

Reporting Authorization: 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 a fine and imprisonment for knowing violations.

A. Name (Type or Print)	
B. Title (Type or Print)	C. Phone No.
D. Signature	E. Date Signed

Return this form to:

Department of Environmental Quality
Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901
(406) 444-5546