DEQ
Montana Department
of Environmental Quality
WATER PROTECTION BUREAU

Agency Use		
MTR04		
Date Rec'd		
Amount Rec'd		
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Rec'd By		

FORM **MS4ReApp**

Permittee Reapplication Form General Permit for Storm Water Discharges Associated with MS4s MTR040000

This Reapplication Form is to be completed by the owner or operator of a permitted small MS4 that is eligible for coverage under the Montana Department of Environmental Quality's *General Permit for Storm Water Discharges Associated with Small Municipal Separate Storm Sewer Systems* (MS4s). Please print or type legibly. All items in this reapplication must be completed accurately and in their entirety for the application to be deemed complete. Incomplete reapplications will not be processed until all information is received. An original signature is required. The appropriate fee must accompany submission of this signed reapplication form. Add additional pages only as necessary or per DEQ request. Maintain a copy of the completed reapplication form and any supplemental information submitted for a period of at least three years from the date the reapplication is signed.

DEQ will not accept: (1) Forms submitted as photo copies, faxed copies, pdf copies or emails; (2) Forms that are not legible; (3) Forms not completely or accurately filled out to include responses that exclusively refer back to the General Permit or reference additional documents without the self-explanation required to adequately provide the requested information.

This completed Reapplication Form, the Storm Water Management Program, and appropriate fee must be submitted to:

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

Please read the attached instructions before completing this form. Footnotes throughout this Reapplication Form reference the attached instructions.

Small MS4 Name:				
Small MS4 Mailing Address:				
City, State, and Zip Code:				
Small MS4 Authorization Number: MTR04				
Small MS4 classification ⁽¹⁾ :	☐ Traditional	☐ Non-Traditional		

Reapplication Fee su	bmitted ⁽²⁾ :	Amount \$		Check No	O.
Annual Fees: First ye sent out by DEQ.	ear annual fees are	submitted with the	reapplication fee. A	dditional	annual fee invoices will be
Small MS4 Contact F	Person (and Title)	or Position Title:			
Mailing Address:					
City, State, and Zip (Code:				
Phone Number: ()		E-mail address:		
Co-Permittee Reappl	ication ⁽³⁾				
_	_			_	MP and fees) to obtain ted within the submitted
Is your Small MS4 cu	irrently a co-perm	ittee?	☐ Yes		□ No
If yes, is the Small MS4 requesting to:	MS4 single 2017 General Permit authorization number.			•	
-					
Small MS4 Description ⁽⁴⁾ (narrative): If more space is needed, submit on an additional page with corresponding reference or on a data storage device.					
Resident population within the Small MS4 area:					
Approximate number of square miles within the Small MS4 area:					
Location of the Small MS4 (narrative) to include geographical details of the MS4: If more space is needed, submit on an additional page with corresponding reference or on a data storage device.					

Description of MS4 storm water discharge location and outfall, the corresponding receiving waterbody name, and the drainage pattern. A list or table may be submitted to organize information.				
If more space is needed, submit on an additional page with corresponding reference or on a data storage device. Attach a hardcopy USGS topographic quadrangle map extending one mile beyond the boundaries of the small MS4. Provide a legend with scale. Label US Census Bureau urbanized area, receiving waterbodies, applicable boundaries (city, town, county, or district), drainage patterns, and outfalls. Review the attached instructions to ensure the map is complete prior to submission ⁽⁵⁾ .				
Requested above map:	☐ Atta	ached		☐ Not Attached
Does the Small MS4 maintain a list of all permits and approvals received or applied for from state or federal regulatory agencies? ☐ Yes ☐ No. If the Small MS4 does not have a list currently, they must compose it upon submission of the Reapplication Form. The Small MS4 must maintain a list of all state or federal permits applied for and received (or within the bounds of another permitting records management system) and have documents available upon DEQ's request.				
Is the Small MS4 applying to renew Authorization Number: MTR04 under the 2017 General Permit for Storm Water Discharge Associated with Small Municipal Separate Storm Sewer System in compliance with or has substantially complied with all terms, conditions, requirements, and schedules of compliance of the 2015 expiring General Permit?				
□ Yes □ No Explain below if answered "No".				nswered "No".
If more space is needed, submit on an additional page with corresponding reference or on a data storage device.				

Attach the Small MS4 Storm Water Management Program (SWMP) per requirements of Part II in the 2017 Small MS4 General Permit. The SWMP is a comprehensive document inclusive of six minimum control measures: Public Education and Outreach, Public Involvement and Participation, Illicit Discharge Detection & Elimination, Construction Site Storm Water Management, Post-Construction Site Storm Water Management in New Development and Redevelopment, and Pollution Prevention/Good Housekeeping for Permittee Operations. Identify the person(s)/position title(s) responsible for developing, implementing, enforcing, and/or coordinating the SWMP or portions of the six minimum control measures. These person(s)/position title(s) may change with development of a storm water management team within 60 days of permit issuance.						
			mit specified timeframes		10 01	ne SWMP submitted will detail MS4
Requested ab	ove SWMI	P:	☐ Attached			☐ Not Attached
Per Monitoring, Recording, and Reporting Requirements in Part IV $(A)(3)$, the permittee must perform storm water monitoring semi-annually and the results will be submitted to the Department semi-annually. Identify the permittee's monitoring location option:				-		
Identify the permittee's Monitoring	$\mathbf{P}_{\mathbf{S}} \mid \Box$ Option 1 (Part IV (A)		(3)(a))	☐ Option 2 (Part IV (A)(3)(b))		Part IV (A)(3)(b))
Location	Location	Latitude/Longi	itude	Location	Lat	titude/Longitude
Option:	001A			001		-
	001B			002		
	002A			003		
	002B			004		
Per Special Requirements in Part III (B), the permittee must inform the Department of its preferred Monitoring Option for Water Quality Controls for Storm Water Discharges to Impaired Waterbodies with Approved TMDL Wasteload Allocations (WLAs).						
Identify the p Related Mon			☐ Option 1 (Part III (B)(1))	☐ Option 2 (Part III (B)(2))		
Storm Water Discharge Monitoring						
☐ I, MTR04, certify that all point source discharges of storm water have been tested or evaluated for the presence of non-storm water discharges (other than potential non-storm water discharges for MS4s listed in ARM 17.30.1111(6)(c)(iii)) that are not covered by a MPDES permit. Answer this question upon certification: Has storm water sampling and analytical testing been performed (in addition to any required 2015 General Permit benchmark monitoring) to determine and/or evaluate the presence of non-storm						
		he Small MS4?	_	ucter mille	anu	doi evaluate the presence of non-storm

☐ No ☐ Yes. Attach a description of any analytical test method used, the date of the testing, and the on-site drainage points				
(outfalls) that were sampled. If a contract upon which conclusions and resultant deterpotential pollutant concentrations, the idea	t laboratory or consulting erminations are based fo	g firm performed an	alyses that generated quantitative data urce discharges or storm water and	
Requested Monitoring Documents:	☐ Attached	[☐ Not Attached	
Authorized Representative In order for future reports, including Discharge Monitoring Reports (DMRs), to be signed by anyone other than the signatory for this Reapplication, a duly authorized individual(s) or position(s) must be identified. If one is not designated then all reports must be signed by the signatory until such designation is made in writing. Check the appropriate box.				
☐ I designate the Small MS4 Contact Person as a duly authorized individual.				
☐ I designate the following duly authorized representative for the 2017 General Permit authorization.				
Name and Title, or Position Title:				
Company Name (if different than the applicant):				
Mailing Address:				
City, State, and Zip Code:				
Phone Number: ()	E-mail addr	'ess:		
□ No duly authorized representative for the 2017 General Permit is designated at this time.				

Shared Responsibility			
their MPDES permit obligation		control measures with another entity in measure. Written acceptance of this ob- ption of the permittee's SWMP.	
If your Small MS4 is sharing	responsibility, does your SWMP	document these obligations?	
☐ Not applicable	□ Yes	□ No	
Small MS4 Substantial Chan	ges		
	eral Permit authorization that ma	related to the facility, operations, or only affect the quantity or quality of sto	
If more space is needed, subn	nit on an additional page with cor	responding reference or on a data sto	rage device.
Additional Information Subr	nitted by the Small MS4		
		bly necessary to evaluate the Reappli corresponding reference or on a dat	
Additional Information Requ	nested by DEQ		
such other information as DI		form, applicants shall provide to DEQ ary to assess the discharges of the Sma ler the 2017 General Permit.	

Reapplication Signature

This Reapplication 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].

Certification of this form indicates conformance with the 2017 General Permit for Storm Water Discharge Associated with Small Municipal Separate Storm Sewer Systems.				
Name (Type or Print)				
Title (Type or Print)	Phone Number			
Signature	Date Signed			

Instructions for the 2017 General Permit for Storm Water Discharge Associated with Small MS4s MTR040000 Reapplication Form

IMPORTANT: Please print or type legibly. All items in this reapplication must be completed accurately and in their entirety for the application to be deemed complete. Incomplete reapplications will not be processed until all information is received. An original signature is required. The appropriate fee must accompany submission of this signed reapplication form. Add additional pages only as necessary or per DEQ request. Maintain a copy of the completed reapplication form and any supplemental information submitted for a period of at least three years from the date the reapplication is signed.

This completed Reapplication Form, Storm Water Management Program, and appropriate fee must be submitted to Montana Department of Environmental Quality. Forms and additional information on storm water discharges are available from the Water Protection Bureau at (406) 444-3080 or on the DEQ website at: http://www.deq.mt.gov

Specific Instructions

- 1. Reference the 2017 General Permit. The Section titled "Permit Area of Permitted MS4s Under the 2015-Issued General Permit" provides the Small MS4 classification.
- 2. Reapplication Fee amounts are located in Montana DEQ's Fee Rules (ARM 17.30.201).
- 3. Reference the 2017 General Permit. The Section titled "Co-permittees Authorizations (New or Continuing Authorizations)" will provide more details regarding co-permitting requirements.
- 4. Briefly describe the MS4 to include relevant background or history and the basic design such as subsurface pipes, open channel flow, and whether any significant portions of the MS4 discharge into ground water through engineered systems.
- 5. The boundaries of permit coverage must be indicated. The map must be of sufficient detail so that the exact boundaries, by street or other demarcation, can be determined. The Small MS4 may label political and jurisdictional boundaries. The map must show the city, town, county, or district boundaries or service area, as applicable. Counties must also indicate the unincorporated area boundaries. For any MS4s that are partially within an urbanized area, the location map must show the urbanized area boundaries. Small MS4s may submit multiple maps as long as all requested information is detailed collectively.