



WATER  
PROTECTION  
BUREAU

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

FORM  
**NOI-SWI**

**Notice of Intent (NOI) Form**  
**Multi-Sector General Permit for Storm Water Discharges**  
**Associated with Industrial Activity (MSGP)**  
**MTR000000**

The NOI form must be completed by the owner or operator of facilities that discharge storm water and are eligible for coverage under the Montana Department of Environmental Quality's **Multi-Sector General Permit for Storm Water Discharges Associated with Industrial Activity (MSGP)**. Please read the attached instructions before completing this form. You must print or type legibly; forms that are not legible, not complete, or unsigned will be returned. You must maintain a copy of the completed NOI form for your records.

**Section A - NOI Status (check one):**

<input type="checkbox"/> New	No prior NOI submitted for this facility/operation.
<input type="checkbox"/> Renewal	Permit Number: M T R 0 0 _____
<input type="checkbox"/> Modification	Permit Number: M T R 0 0 _____ (Discuss modification in Section G)
<input type="checkbox"/> Resubmittal/Administrative Processing	Permit Number M T R 0 0 _____

**Section B – Applicant (Owner/Operator) Information:**  Owner  Operator  Both

Owner/Operator Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant contact person (name, title) \_\_\_\_\_

Status of Applicant (Check one):  Federal  State  Public  Private  Other (specify) \_\_\_\_\_

**Section C - Operation or Facility Information (See instruction sheet):**

Facility or Operation Name \_\_\_\_\_

Physical Location, Mailing address, or directions to location \_\_\_\_\_

Nearest City or Town \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Township/Range /Section (optional) \_\_\_\_\_

Is the operation or facility located within a recognized Indian Reservation? (If yes, permit must be obtained through EPA)  
 Yes  No

Facility or Operation Contact Person/Position  Same as applicant

Name and Title, or Position Title \_\_\_\_\_

Company Name (if different than the applicant) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

SWPPP Administrator  Same as applicant  Same as facility contact

Name and Title \_\_\_\_\_

Company Name (if different than the applicant) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Duly Authorized Representative per MSGP Part 4.18 Signatory Requirements

Total size of the regulated facility or operation in acres: \_\_\_\_\_

Standard Industrial Classification (SIC) Codes: Provide at least one SIC code that best reflects the products or services provided by the facility or operations listed in Section C.

Standard Industrial Classification Name	SIC Code	Sector / Subsector	Monitoring Required
Primary			<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary			<input type="checkbox"/> Yes <input type="checkbox"/> No
Third			<input type="checkbox"/> Yes <input type="checkbox"/> No
Fourth			<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Section D – Existing or Pending Permits, Certifications, or Approvals:

None  RCRA \_\_\_\_\_  DEQ Opencut Mining Permit # \_\_\_\_\_  
 DEQ Air Quality Permit # \_\_\_\_\_  DEQ Operating Permit # \_\_\_\_\_  
 MPDES (list all) \_\_\_\_\_  
 Other (list all) \_\_\_\_\_

#### Local Control Requirements to include Sediment and Erosion Controls:

1. Is the industrial facility located within and discharges to a regulated Municipal Separate Storm Sewer System (MS4)?

Yes. Continue to the next question.  No.

2. The applicant must contact the MS4 to verify if additional controls are required:

Name of MS4: \_\_\_\_\_

MS4 Contact Name: \_\_\_\_\_ Contact Date: \_\_\_\_\_

Additional MS4 requirements must be incorporated into the SWPPP. Submit the SWPPP to the MS4 if required/requested.

**Sage Grouse Habitat:** Visit the Montana Sage Grouse Habitat Conservation Program (Program) website to determine if the facility/operation is located in designated sage grouse habitat (core, general, and/or connectivity).

Yes. Submit application to the Program and attach resulting consultation letter.

No. Project is not located in a designated habitat.

### Section E – Facility Storm Water Discharge Information (See instruction sheet)

By indicating “Yes” below, I - **the applicant and owner/operator** – confirm that I understand that the **Multi-Sector General Permit for Storm Water Discharges Associated with Industrial Activity (MSGP)** only authorizes the allowable storm water discharges in Part 1.1.2 and the allowable non-storm water discharges in Part 1.1.3. Any discharges not explicitly authorized by the MSGP cannot become authorized or shielded from liability through requirements of the MSGP. If any discharges require MPDES permit coverage other than the allowable storm water and non-storm water discharges listed in Parts 1.1.2 and 1.1.3 will be discharged from the facility or operation, these discharges must be covered under another MPDES permit.

Yes (continue to the next question)  No. Contact the Department regarding permit coverage.

I - **the applicant and owner/operator** – confirm that I am requesting permit coverage for storm water discharges that are not subject to federal effluent limitation guidelines under 40 CFR, Subchapter N and these storm water discharges are eligible for coverage under the **Multi-Sector General Permit for Storm Water Discharges Associated with Industrial Activity (MSGP)**.

Yes  No. Contact the Department for a MPDES Individual Permit.

#### Outfall Location:

1. For each outfall, list latitude and longitude in decimal degrees format (00.0000; -000.0000) and name of the receiving waters.
2. Based on the Industrial Subsector Category identified in Section C, identify if the outfall is to be monitored.
3. Identify if Facility is requesting the outfall to be exempt from monitoring as a substantially identical outfall (SIO). Identify which outfall it is substantially identical to. See Part 2.4.2 of the MSGP. The identified SIO(s) is subject to the Department’s approval and confirmation will be provided with authorization.
4. Identify if the receiving water is listed as impaired (See next section below). This section must not be left blank. See instructions for details.

Outfall Number	Latitude	Longitude	Receiving Water	Outfall Proposed to be Monitored	Substantially Identical Outfall	Receiving Water Impaired
001				<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
002				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SIO for	<input type="checkbox"/> Yes <input type="checkbox"/> No
003				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SIO for	<input type="checkbox"/> Yes <input type="checkbox"/> No
004				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SIO for	<input type="checkbox"/> Yes <input type="checkbox"/> No
005				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SIO for	<input type="checkbox"/> Yes <input type="checkbox"/> No
006				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SIO for	<input type="checkbox"/> Yes <input type="checkbox"/> No
007				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SIO for	<input type="checkbox"/> Yes <input type="checkbox"/> No
008				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SIO for	<input type="checkbox"/> Yes <input type="checkbox"/> No
009				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SIO for	<input type="checkbox"/> Yes <input type="checkbox"/> No
010				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SIO for	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Waterbodies with Impairments** (See instructions for accessing the Clean Water Act Information Center and listing impairments and any applicable TMDL wasteload allocations):

Are any of the above receiving waters listed as impaired for potential pollutants from your facility or operation?

Yes (continue to the next question)  No

If yes, have you updated the SWPPP to include BMPs that target and reduce discharges of the identified pollutants causing impairment of the waterbodies and any TMDL requirements?

Yes  No

**Storm Water Discharge Monitoring Certification:** I, - the applicant and owner/operator - certify that all point source discharges of storm water have been tested or evaluated (through knowledge and/or experience of the facility or operation) for the presence of ineligible non-storm water discharges under the MSGP (Part 1.1.3).

Yes (continue to the next question)  No. Contact the Department regarding permit coverage.

Describe the basis for this evaluation (including any previously required MSGP benchmark monitoring):

**Has storm water sampling and analytical testing been performed (in addition to any required MSGP benchmark monitoring) to determine and/or evaluate the presence of ineligible non-storm water discharges?**

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 laboratory or consulting firm performed analyses that generated quantitative data upon which conclusions and resultant determinations are based for regulated point source discharges or storm water and potential pollutant concentrations, the identity of each laboratory or firm and the analyses performed must be provided.

Describe any known allowable non-storm water discharges listed in Part 1.1.3:

## **Section F –Facility or Operation Description**

Provide a detailed description of the nature of the facility to include the activities, procedures, methods, process flows, equipment and materials, and relative timeframes of activities and operations that contribute to the nature of the industrial facility.

## **Section G – Supplemental Information**

**Section H: Fees (Check and attach the associated fee amount.)**

Total size of regulated facility	Renewal Amount	New Permit Amount (includes initial annual fee)
Small – 5 acres or less	\$1,200	<input type="checkbox"/> \$1,500
Medium – more than 5 acres, up to 20 acres	\$1,500	<input type="checkbox"/> \$1,800
Large – more than 20 acres	\$1,800	<input type="checkbox"/> \$2,000

**Section I: Attachments**

**Map:**  Attached

Map: Attach a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility or operation and identify and label the location of each of its proposed outfalls. Include all surface waters, including springs and ephemeral drainages, in the map area. Identify impaired receiving waters. Delineate sage grouse habitat (if applicable).

**SWPPP and Site Map:**  Attached

Attach the SWPPP and site map developed and signed per requirements of the MSGP.

If the SWPPP is maintained on an internet page, provide the web address URL: \_\_\_\_\_

**Section J: New Source**

Is the industrial facility or operation a new source seeking coverage under the General Permit?

Yes (continue to the next 2 questions)       No

1. Describe the potential impacts of the industrial facility or operation on unique ecological resources, species of special concern, including vegetation, wildlife, fish or aquatic resources, or habitat. Attach analysis from Montana Natural Heritage Program and any applicable maps or analysis from the Natural Resource Information System (NRIS).

Analysis and applicable maps attached.

2. Describe the potential impact of the proposed activity on any historical, cultural, or archeological resources. Attach analysis from the Montana State Historic Preservation Office (SHPO).

Analysis attached.

## Section K - 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.

**Duly Authorized Representative:** Provide the following information to delegate authority to a duly authorized representative(s) to sign all reports required by the Department and other information requested by the Department as set forth in MSGP Part 4.18. The SWPPP Administrator must meet the duly authorized representative requirements.

**SWPPP Administrator** as identified in **Section C** above.

Name or Position Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name or Position Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### 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.

**Name (Type or Print)**

<b>Title (Type or Print)</b>	<b>Phone Number</b>
<b>Signature</b>	<b>Date Signed</b>

The Department will not process this form until all 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