Notice of Intent (NOI)
Storm Water Discharge Associated With Construction Activity MTR100000

The NOI form is to be completed by the owner or operator of construction activity eligible for coverage under the Department’s General Permit for Storm Water Discharges Associated with Construction Activities. Please read the attached instructions before completing this form. 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 NOI form for your records.

**Section A - NOI Status (Check one):**
- [ ] New
  - No prior NOI submitted for this site.
- [ ] Renewal
  - Permit Number: MTR10 __ __ __
- [ ] Modification
  - Permit Number: MTR10 __ __ __
  - (Discuss Modification in Section I)
- [ ] Resubmittal/Administrative Processing
  - Permit Number: MTR10 __ __ __

**Section B – Facility or Site Information**

Site Name ____________________________

Site physical address, mailing address at location, or directions to the site

Township/Range/Section (optional): ____________________________

Nearest City or Town __________________ Zip Code ____________ County ____________

Latitude __________________ Longitude __________________

Is this facility or site located within a recognized Indian Reservation? [ ] Yes [ ] No
If yes permit must be obtained through US EPA

**Section C – Applicant (Owner/Operator) Information:**

[ ] Owner [ ] Operator [ ] Both

Owner or Operator Name (Organization Formal Name) ____________________________

Mailing Address ____________________________

City, State, and Zip Code: ____________________________

Phone Number ______________________ Email ____________________________

Status of Applicant (Check one) [ ] Federal [ ] State [ ] Private [ ] Public [ ] Other (specify) ____________
Section D – Existing or Pending Permits, Certifications, or Approvals:
☐ None  ☐ MPDES  ☐ RCRA
☐ 404 Permit (dredge & fill)  ☐ Other

Local Sediment and Erosion Control Requirements:
1. Is the construction project located within a regulated Municipal Separate Storm Sewer System (MS4)?
   ☐ Yes, Complete item 2.  ☐ No
2. The applicant must contact the MS4 to verify if additional local sediment and erosion controls are required:
   Name of MS4: ____________________________
   MS4 Contact Name: ____________________________  Contact Date: ____________________________
Submit the SWPPP to the MS4 if required. Any additional MS4 requirements must be incorporated into the SWPPP.

Sage Grouse Habitat:
Visit the Montana Sage Grouse Habitat Conservation Program (Program) website to determine if the construction project 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 – Standard Industrial Classification (SIC) Codes:
Select at least one SIC code which best reflects the type of construction work.

<table>
<thead>
<tr>
<th>A. Primary</th>
<th>B. Second</th>
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C. Third  D. Fourth

Section F – SWPPP Preparer and Administrator

SWPPP Preparer:
Name ____________________________  Position Title ____________________________
Mailing Address ____________________________
City, State, and Zip Code ____________________________
Phone ____________________________  Alternate Phone ____________________________
Company Name ____________________________  Email ____________________________
Training Course ____________________________  Date Completed ____________________________

SWPPP Administrator: ☐ Same as above
Name ____________________________  Position Title ____________________________
Mailing Address ____________________________
City, State, and Zip Code ____________________________
Phone ____________________________  Alternate Phone ____________________________
Company Name ____________________________  Email ____________________________
Training Course ____________________________  Date Completed ____________________________

Secondary SWPPP Administrator:
Name ____________________________  Position Title ____________________________
Mailing Address ____________________________
City, State, and Zip Code ____________________________
Phone ____________________________  Alternate Phone ____________________________
Company Name ____________________________  Email ____________________________
Training Course ____________________________  Date Completed ____________________________

For additional SWPPP Administrators, please complete and submit Attachment A – Delegation of Authority
Section G – Receiving Surface Water(s):
Storm Water Outfall/Discharge Locations: For each outfall, list latitude and longitude in the decimal degrees format (00.0000; -000.0000) and the name of the receiving waters. **This section must not be left blank and N/A is not acceptable** (see instructions for details)

<table>
<thead>
<tr>
<th>Outfall Number</th>
<th>Latitude</th>
<th>Longitude</th>
<th>Receiving Surface Waters</th>
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<tbody>
<tr>
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**Waterbodies with Impairments (see instructions):**
Are any of the above waterbodies listed as impaired for potential pollutants from your construction activities. (see instructions for accessing the Clean Water Act Information Center)

☐ Yes (continue with 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

Section H – Briefly Describe the Nature of the Construction Activity or Project

*Please provide a summary of Best Management Practices (BMPs) in the SWPPP*
### Section I – Supplemental Information (For Permit Modification Only – leave blank except for modification)

<table>
<thead>
<tr>
<th>Total site area (acres)</th>
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<tbody>
<tr>
<td>Area of Construction Related Disturbance (acres)</td>
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<tr>
<td>Estimated Project Start Date</td>
<td>Estimated Project Completion Date</td>
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<tr>
<td>Estimated Project Final Stabilization Date</td>
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### Section J – Fee:

- **NEW PROJECTS:**
  - 1-5 acres: $900.00
  - >5-10 acres: $1,000.00
  - >10-25 acres: $1,200.00
  - >25-100 acres: $2,000.00
  - >100 acres: $3,500.00

- **RENEWAL**: $Amount specified in Rule (fee provided in renewal notice)

- **MODIFICATION**: $500.00 (minor modification, only if less than six months from date the permit authorization is effective)

- **RESUBMITTAL / ADMINISTRATIVE PROCESSING**: $500.00

### Section K - Attachments:

**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.

**SWPPP and Site Map:**
- Attached
- Renewal (updated SWPPP and site map attached)
Section L - Certification

**Authorized Signatories:** 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.

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<th>A. Name (Type or Print)</th>
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<tr>
<td>B. Title (Type or Print)</td>
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<tr>
<td>D. Signature</td>
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*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