DEQ Montana Department of Environmental Quality
Water Protection Bureau
Montana Pollutant Discharge Elimination System

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

FORM **NOI-31**

Notice of Intent (NOI) Form
Produced Water General Permit (PWGP)
MTG310000

Before completing this form (NOI-31), oil and natural gas operators need to read the Produced Water General Permit (PWGP), particularly Parts I and II. This NOI Form must be completed by owners or operators of facilities which discharge produced water to ephemeral drainages and are seeking coverage under the MPDES PWGP (MTG310000). 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-31 Status and Fee:

1. Select Appropriate Fee:

☐ $1,200 - New Application

☐ $900 - Renewal Application

☐ $900 - Permit Modification

2. Provide Permit Number:

(If no prior NOI-31 submitted, DEQ will assign a permit number)

M T G 3 1

Section B – Applicant (Owner/Operator):

The owner/operator assumes all liability for site discharges and compliance with the terms and conditions of the permit. The signatory/responsible official must meet certification requirements in Section I.

Organization/Owner Formal Name _____

Mailing Address _____

City, State, Zip Code _____

Signatory/Responsible Official Name_____ Title_____

Contact Information Phone_____ Email_____

Section C – Authorized Representative:

For future reports (including NetDMR) to be signed by anyone other than the signatory/responsible official, a duly authorized individual(s) or position must be identified. If one is not designated, than all reports must be signed by the signatory until such designation is made in writing [ARM 17.30.1232(2)].

1. Select Appropriate Box:

☐ No authorized representative for this permit is designated at this time (skip to Section D)

☐ I designate the following duly authorized representative for this permit (provide the information in Section C.2 below):

2. Authorized Representative Information:

Authorized Representative Name_____ Title_____

Organization (if different than applicant) _____

Mailing Address _____

City, State, Zip Code _____

Contact Information Phone_____ Email_____

Section D – Facility/Site Information:

1. Provide the Facility Information

Facility Name _____

Location (Physical address or Directions) _____

Nearest City or Town, Zip Code, County _____

Facility Latitude, Longitude _____, _____

Located Within Indian Country ☐ No ☐ Yes *(If yes, obtain the permit through EPA, not DEQ)*

2. Standard Industrial Classification (SIC) Codes: Provide at least one SIC and one NAICS code which best reflects the products or services provided by the facility or site described in Section C.

SIC Code		Description
(1)		
(2)		

NAICS Code		Description
(1)		
(2)		

Section E – Facility Description:

1. Select the nature of the proposed operation:

☐ Produced water from oil and gas operations

☐ Produced water from coal bed natural gas operations (*if selected, apply for individual permit coverage*)

2. Describe the proposed operation:

Total discharge rate (gallons per minute) _____gpm

Continuous or Intermittent ☐ Continuous ☐ Intermittent (Explain)_____

Identify the source of the produced water _____

Describe the treatment process _____

_____

3. Attach a facility design diagram, adhering to the following requirements:

- Detail the layout of the facility, treatment processes, and movement of produced water through the facility
- Identify each outfall location and where effluent monitoring will take place after treatment and before entering the constructed impoundment or ephemeral drainage.

4. Attach a map of the area, adhering to the following requirements:

- Topographic map extending at least one mile beyond property boundaries of the site of the operation
- Illustrate the operation boundaries, receiving water, and major drainage patterns
- If discharging to an impoundment, indicate the boundaries and area (acres) of the impoundment

5. Chemical and Additive Disclosure: Does any part of the facility or lease use chemicals or additives?

☐ Yes. Attach a list of all chemicals and additives used at all leases and facilities that discharge produced wastewater: all product names, recommended uses, manufacturer, and Safety Data Sheet (SDS). A (SDS) is acceptable for submission if it contains the required information.

☐ No. No additional information is required.

6. Stream Classification: Is the stream classified as A-1, A-Closed? (See ARM 17.30.601-670). ☐ Yes ☐ No

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

☐ Yes. Submit an application to the Program and **attach the required consultation letter**.

☐ No. No additional information is required.

8. Is this a new source/operation? New sources must obtain analyses from the Montana Natural Heritage Program (MTNHP) and Montana State Historic Preservation Office (SHPO) demonstrating possible impacts to wildlife and cultural resources, respectively.

☐ Yes. Attach project review analyses from MTNHP and SHPO.

☐ No. No additional information is required.

9. Discharge Status. Are you currently discharging?

☐ Yes. Provide the date discharge began. _____ to present

☐ No. Provide the most recent discharge date range (NA if never discharged) and the projected discharge date range.

Most recent discharge dates: _____to _____

Projected discharge date: _____

Section F – Outfall, Receiving Water, and Impoundment:

1. Waters of the United States Certification: I, the applicant and owner/operator - certify that all discharges from the facility will not reach Waters of the United States.

☐ No. *(Contact DEQ regarding permit coverage.)*

☐ Yes. Sign and continue. _____ _____ _____

Name Signature Date

Describe actions taken to ensure discharge will not connect to Waters of the United States _____

_____

_____

2. Identify the receiving water(s) where produced water will be discharged: Include the location and amount of discharge entering each outfall. If the receiving water/drainage is unnamed, indicate the closest named drainage it flows into (for example, "unnamed tributary to Clear Creek"). Attach additional sheets if necessary for more outfalls.

Outfall Number	Latitude	Longitude	Name of Ephemeral Receiving Water	Average Discharge Rate into Outfall (gpm)
001				
			Total Discharge Rate =	**_____ gpm**
			Discharge Volume = Total Discharge Rate x 1.61 =	**_____acre-ft**

3. Select the type of discharge that describes your proposed operation, and provide the corresponding information:

☐ This operation (either a new or existing source) discharges to an ephemeral drainage with no impoundment:

Nearest downstream perennial waterbody _____

Distance to nearest downstream intermittent or perennial waterbody _____miles

Selecting this option certifies that discharge will not reach waters of the United States. Facilities with discharge that will reach waters of the United States should apply for individual permit coverage. Skip to Section H.

☐ This operation (either a new or existing source) discharges to an impoundment: Complete Section F.4 and G below.

4. Provide the area, depth, and volume of the impoundment. If this is an existing operation, provide the impoundment's actual area and depth. If this is a new operation, use Appendix A to estimate the minimum area and depth needed to contain the acre-ft of discharge (See Section F.4 of the Instructions for more guidance).

Impoundment depth: _____feet

Impoundment area: _____acres

Impoundment volume: _____ft × _____ acres = _____ **acre-ft impoundment**

Section G – Produced Water Storage Capacity Self-Evaluation:

Permittees discharging to an impoundment must be able to demonstrate capacity to contain the produced water in the impoundment. Refer to Section G of the Instructions for guidance on completing this section.

1. Convert the local annual average precipitation to volume in acre-ft.

a. Average annual precipitation: _____in ÷ 12 in/ft = _____ ft

b. Annual precipitation volume: _____ft × _____impoundment acres = _____ **acre-ft precipitation**

2. Determine annual Class A pan evaporation loss in volume: Use Appendix B to determine the Class A pan evaporation for your area.

a. Annual Evaporation (Appendix B): _____in ÷ 12 in/ft × 0.7 = _____ ft

b. Evaporation Volume: _____ft × _____impoundment acres = _____ **acre-ft evaporation**

3. Complete the water balance calculation to determine the required annual storage volume:

discharge volume + precipitation volume - evaporation volume = required annual storage volume

_____acre-ft + _____acre-ft - _____acre-ft = _____**acre-ft storage**

4. Certify that the impoundment storage capacity is adequate to contain the produced water discharge by comparing the impoundment volume (from Section F.4) to the required annual storage volume (from Section G.3).

☐ The impoundment volume (_____ acre-ft/yr) is greater than the required annual storage volume (_____ acre-ft/yr)

☐ The impoundment volume is not adequate to contain the produced water discharge. (Contact DEQ about permit coverage)

Section H – Water Quality Analysis for Wildlife and Livestock Drinking Water: The General Permit authorizes discharge of produced water for beneficial use only.

1. Attach a water quality analysis of the proposed discharge meeting the criteria for livestock and wildlife drinking water in the table below.

Livestock and Wildlife Drinking Water Criteria. Water quality of discharge must not exceed these values

Parameter [1][2]	Units	RRV [3]	Criteria [4]	Parameter [1][2]	Units	RRV [3]	Criteria [4]
Electrical Conductivity	µS/cm [5]	1	8000	Copper [6]	µg/L	2	500
Total Dissolved Solids	mg/L	5	5000	Fluoride	µg/L	200	2000
Oil and Grease	mg/L	1	10	Lead [6]	µg/L	0.3	100
pH	s.u.	0.1	6.0 – 9.0	Nitrate as N	mg/L	0.02	100
Arsenic [6]	µg/L	1	500	Nitrite as N	mg/L	0.01	10
Cadmium [6]	µg/L	0.03	80	Selenium [6]	µg/L	1	50
Chromium [6]	µg/L	10	1000	Sulfate	mg/L	100	2500
Cobalt [6]	µg/L	50	1000	Zinc [6]	mg/L	0.008	25

(1) Sample type for all parameters is grab. See Definition section at the end of the permit for explanation of terms.
(2) Analysis for all parameters must be done in accordance with EPA test procedures (40 CFR Part 136).
(3) Required Reporting Value. If a parameter is reported as not detected, then RRVs or lower must be achieved.
(4) If the proposed discharged produced water does not meet drinking water quality criteria, applicants will be ineligible for permit coverage.
(5) microSiemens/cm
(6) All metals must be based on the analysis of samples following a "total recoverable" digestion procedure.

2. Certify that the proposed produced water discharge meets water quality requirements and will be put to beneficial use of providing drinking water for livestock and wildlife.

☐ The proposed produced water discharge meets water quality requirements in the General Permit and the table above.

☐ The proposed discharge from this operation will be put to beneficial use for drinking water for livestock and wildlife.

Section I – Certification

The is 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 of 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 Produced Water General Permit

Name (Type or Print)	
Title (Type or Print)	Phone Number
Signature	Date Signed