



Montana Department of
ENVIRONMENTAL QUALITY

WATER PROTECTION BUREAU

AGENCY USE

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM

308

**Application for Short-Term Exemption from Surface Water
Quality Standards for Emergency Remediation**

This form may be filled out on-screen, then printed, signed, and submitted. Please do not submit via e-mail or fax. Department policy requires original signatures and payment of all required fees before review may begin.

Section A – Owner/Operator

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Section B – Contractor responsible for the activity

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Section C – Receiving Water

Name of water body: _____

Type of water body: _____

Name of downstream water body: _____

County (or counties) of the construction site: _____

Legal description:

Township: _____ Range: _____ Section: _____ ¼ Section: _____

Latitude: _____ Longitude: _____

Date activity will commence: _____ Projected date of completion: _____

Section D – Other Applications

List applications submitted to other agencies or entities for additional permits or authorizations and the status of those applications (approved on what date; denied on what date; pending, submittal date):

Section E – Description of activity

Describe the proposed activity:

Discuss any alternatives to the proposed action that were or may be considered:

Describe any measures planned to minimize or eliminate harmful or detrimental impacts to beneficial uses (non-target aquatic life, public health, and recreation):

Describe how this activity will be monitored:

Section F - CERTIFICATION

Permittee 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.

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]

A. Name (Type or Print)

B. Title (Type or Print)

C. Phone No.

D. Signature

E. Date Signed

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