



WATER
PROTECTION
BUREAU

Agency Use

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM
NOI-07

**Notice of Intent Form
Construction Dewatering General Permit
MTG070000**

READ BEFORE COMPLETING THIS FORM:

Before completing this form, the applicant needs to read the most recent Construction Dewatering General Permit (CDGP). Certification of this Notice of Intent (NOI) is certification with the requirements in the CDGP. This NOI must be completed by the owner/operator responsible for construction dewatering activities. **Please read the attached instructions before completing this form.** You must print or type legibly; forms that are not legible, incomplete, or unsigned will be returned.

Section A – Application Status (check one):

New - No prior CDGP authorization request for this project. \$900 fee per billable outfall

Renewal - Permit Number: M T G 0 7 _____ \$400 fee per billable outfall *if issued before 3/1/2024*

Resubmitted - Permit Number: M T G 0 7 _____ No fee

Modification - Permit Number: M T G 0 7 _____ \$400 fee. *Discuss Modification in Section L*

Section B – Site or Activity Information:

Site Name: _____

Location (*site physical address or directions*): _____

Nearest City or Town: _____ Zip Code: _____ County: _____

Latitude: _____ Longitude: _____

Is this site or activity located on Tribal Lands? No Yes (*If yes, stop and obtain authorization from EPA*)

Section C – Applicant (Owner/Operator) Information:

Applicant (Owner/Operator) Name: _____

Mailing Address: _____

City, State, and Zip Code: _____

Applicant Type: Owner Operator Both Owner and Operator

Organization Type: Privately Owned Facility Other: _____

Contact Name: _____ Title: _____

Phone Number: () _____ Email Address: _____

SIC and NAICS Industrial Classification Codes for Site/Activity:

Provide at least one 4-digit SIC and one six-digit NAICS code and descriptions which best reflects the project.

SIC Code	A. Description	NAICS Code	B. Description
1	_____	1	_____
2	_____	2	_____

Section D – Authorized Representative:

In order for future reports to be signed by anyone other than the signatory for this NOI, 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 [ARM 17.30.1323(2)]. *(Check the appropriate box):*

I designate the Contact listed in Section C as a duly authorized individual.

and/or

I designate the following duly authorized representative for this permit (*complete information below*):

Name and Title, or Position Title: _____

Company Name (if different than the applicant): _____

Mailing Address: _____

City, State, and Zip Code: _____

Phone Number: () _____ Email Address: _____

Or

No duly authorized representative for this permit is designated at this time.

Section E – Outfalls and Receiving Water(s):

Provide the latitude and longitude (decimal degree is preferred) for each dewatering discharge location (outfall). The location should be after all treatment and before release to the receiving water. Provide the name of the initial receiving water. **If the initial receiving water is unnamed, please also indicate the first downstream named drainage** (e.g. unnamed tributary to Clear Creek). Attach additional sheets if necessary for more outfalls. **Other than linear projects (see instructions), each outfall to a different receiving water is a billable outfall subject to additional fees.**

Outfall No.	Latitude	Longitude	Receiving Surface Waters (Initial and First-named)
001			
—			
—			
—			
—			
—			

MIXING ZONE: The applicant must include a mixing zone request for any large rivers or perennial waterbodies (including lakes and wetlands) for any outfall. A mixing zone is granted for waterbodies such as lakes, and flowing rivers and creeks. Provide information on the ambient surface water at the driest time expected for the dewatering activity.

Stream width (at lowest flow expected): _____ ft x 10 = _____ ft mixing zone length

Lake/wetland area (at lowest volume): _____ ft² x 5% = _____ ft² mixing zone area

MAP: Attach a map or aerial photo extending one mile beyond the property boundaries of the site or facility/activity identified in Section B depicting the facility or activity boundaries, any treatment area(s), outfall(s), major drainage patterns, and the receiving surface waters stated above.

Map(s) attached. Check all that apply: Topo Map Aerial Map Other: _____

Section F – Proximity to Contaminated Site(s): (See instructions for further guidance)

Will construction dewatering for this project occur in or near a known contamination site (SUPERFUND, leaking tank, etc.) or do you suspect the site has contamination?

No. I have confirmed that dewatering will not occur at or near an area of contamination (*Proceed with Section G.*)

Yes. Delineate suspected area of contamination on Section E map or provide an additional map. In addition, provide relevant information for any sites that are listed under a remediation program:

- (1) Distance from nearest suspected area of contamination to construction dewatering is: _____ feet.
- (2) Name of regulatory clean-up program (*if applicable*): _____
- (3) Regulatory program project manager contacted (name/date): _____ / _____
- (4) Identification of potential contaminants (list here or attach another sheet):
- (5) If the applicable regulatory clean-up program cannot confirm that contaminants in the groundwater are below the thresholds (see instructions **Table 2**), the permittee must take a pre-discharge sample of the groundwater and/or surface water that is representative of the expected dewatering discharge and have it analyzed for any known or suspected pollutants of concern in accordance with 40 CFR 136. The laboratory's detection level should be able to report at or below Required Reporting Value (RRV) contained in Circular DEQ-7. **If a pre-discharge sample is taken, the laboratory results must be submitted with the NOI.** If control technology is proposed, the sample may be collected after treatment, and a description of the treatment must be provided. *Choose one of the following:*

If analysis shows contaminants present at concentrations above the thresholds, the request for coverage under the CDGP will be denied. If there are no contaminants present at concentrations above the thresholds, DEQ will continue to process the request. DEQ may require additional future testing in the authorization letter.

Section G – Description of Expected Discharge Duration and Mitigation Measures (Dewatering Plan):

Date construction dewatering discharge is anticipated to begin: _____

Date construction dewatering discharge is anticipated to end*: _____

(*Note that the authorized signatory is required to submit a request for termination after all construction dewatering activity is complete: annual fees may be assessed for any authorization that is effective at the start of a new calendar year).

Rough estimate of average discharge flow rate [gallons per minute (gpm)] gpm

Dewatering Control Plan: the applicant must complete a Dewatering Control Plan (Dewatering Plan) as part of the NOI process and implement it as part of the dewatering project. ***NEW. The Dewatering Plan must be submitted with the NOI-07 package.** It must be maintained, and available to DEQ for on-site inspection. (See *General Permit Part II.C.2.*)

Have you submitted your site-specific Dewatering Control Plan? Yes No

Dewatering discharge to state surface waters will be controlled by Best Management Practices evaluated in your Dewatering Plan. (*Indicate which of the following will be employed to the extent known; include details in your plan:*)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Run-on prevention/diversion
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Pumping process pretreatment (e.g. filtering sump or submersible pump protection)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Dewater using well points or a deep well
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Directed through vegetated swale prior to discharge
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Constructed settling pond or structure, including hay bales
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Dewatering bags
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Anionic polymer-based flocculants and/or coagulants in accordance with manufacturers specifications (<i>if yes, provide MSDS and specs</i>)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Erosion Control for the discharge, including rip rap or baffles.
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Other, describe:

Section H – Selection of Turbidity Categories Based on Receiving Waters (see Table 1) & Mixing Zone

Outfall _____ (*A separate Section H needs to be completed for each outfall listed in Section E)

Waterbody Selection: The owner/operator selects the following category as representative of the conditions during the period of construction dewatering discharge from this outfall (PICK ONE PER OUTFALL):

A. “Minimal Impact” – see instructions for more information:

Check one: Ephemeral Constructed Storm Sewer Dry intermittent Large river (see list)

A. Exceptions. Check in addition to above, if turbid receiving waterbody exception requested:

*Include ‘no increase above background’ *303(d) Impairment (CWAIC)

B. “Increased Risk of Impact” – see instructions for more information:

Check one: Perennial Intermittent Wetlands Lake or Reservoir

B. Exceptions. Check in addition to above, if clean waterbody exception requested:

*A-Closed or A-1 Classification

***Note:** the selections with a ‘*’ require ambient (upgradient) turbidity monitoring as well as the discharge turbidity.

By selecting the appropriate category (above), the owner/operator certifies that they will comply with the effluent limits and monitoring requirements associated with that selection, as provided in the 2025-issued CDGP.

Mixing Zone Request (Category A Large Rivers and Category B Perennial river, lake/reservoir, or wetlands, only):

Stream width (at lowest flow expected): _____ ft x 10 = _____ ft mixing zone length

Lake/wetland area (at lowest volume): _____ ft² x 5% = _____ ft² mixing zone area (note: capped at 200 feet radius)

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Check one: Ephemeral Constructed Storm Sewer Dry intermittent Large river (see list)

A. Exceptions. Check in addition to above, if turbid receiving waterbody exception requested:

*Include ‘no increase above background’ *303(d) Impairment (CWAIC)

B. “Increased Risk of Impact” – see instructions for more information:

Check one: Perennial Intermittent Wetlands Lake or Reservoir

B. Exceptions. Check in addition to above, if clean waterbody exception requested:

*A-Closed or A-1 Classification

***Note:** the selections with a ‘*’ require ambient (upgradient) turbidity monitoring as well as the discharge turbidity.

By selecting the appropriate category (above), the owner/operator certifies that they will comply with the effluent limits and monitoring requirements associated with that selection, as provided in the 2025-issued CDGP.

Mixing Zone Request (Category A Large Rivers and Category B Perennial river, lake/reservoir, or wetlands, only):

Stream width (at lowest flow expected): _____ ft x 10 = _____ ft mixing zone length

Lake/wetland area (at lowest volume): _____ ft² x 5% = _____ ft² mixing zone area (note: capped at 200 feet radius)

Section I – Turbidity Monitoring Method

Select the method you will use to conduct the required turbidity monitoring in accordance with the General Permit Part II.B

Laboratory Analysis: Name of lab: _____

Meter for on-site Turbidity Readings. Meter Manufacturer: _____

Section J – Sage Grouse Habitat: Visit the Montana Sage Grouse Habitat Conservation Program (Program) website to determine if the dewatering operation is located in designated sage grouse habitat (core, general, and/or connectivity). *See NOI-07 instructions for additional detail.*

Yes. Submit a copy of your application to the Montana Sage Grouse Habitat Conservation Program and attach the resulting consultation letter issued by the Program to you.

No. Project is not located in a designated habitat.

Section K – 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. *See the instructions for more details.*

Yes. Attach project review analyses from both MTNHP (Environmental Summary Report) and SHPO.

No. This is not a new source, so no additional information is required.

Section L – Additional Information (provide attachments, as necessary)

Section M – CERTIFICATION

Applicant Information: This form must be signed, and certified as follows (ARM 17.30.1323(1)):

- **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 Construction Dewatering General Permit.

Name (Type or Print)

Title (Type or Print)

Phone Number

Signature

Date Signed

Mail the original signed NOI-07 to DEQ at the following address and keep a copy on-file:

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