



Agency Use

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM
1

General Information
See instructions before completing

Section A – Permit Number and Additional Forms: Provide the facility's permit number and complete all questions to determine which additional forms must be submitted to the Department.

1. Permit Number: (*DEQ will assign a permit number to new applicants*) M T _____

2. Montana Pollutant Discharge Elimination System: Applicants proposing to discharge to surface water

- a. Is this facility (*either existing or proposed*) a publicly owned treatment works which results in a discharge to state surface waters or waters of the U.S.? If yes, submit Form 2A instead of Form 1. No Yes (*Complete Form 2A*)
- b. Does or will this facility (*either existing or proposed*) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to state surface waters or waters of the U.S.? No Yes (*Attach EPA Form 2B*)
- c. Is this a facility which *currently* results in a discharge of industrial wastewater to state surface water other than those described in 1 or 2 above? No Yes (*Attach Form 2C*)
- d. Is this a *proposed* facility (*other than those described in 1 or 2 above*) which will result in a discharge of industrial wastewater to state surface waters? No Yes (*Attach Form 2D*)
- e. Does or will this facility (*either existing or proposed*) discharge only non-process wastewater, not subject to federal effluent guidelines or new source performance standards to state surface waters? No Yes (*Attach Form 2E*)
- f. Does or will this facility (*either existing or proposed*) discharge or propose to discharge storm water associated with industrial activity either alone or in combination with non-storm water discharges? No Yes (*Attach Form 2F*)

3. Montana Ground Water Pollution Control System (MGWPCS): Applicants proposing to discharge to ground water

- a. Does this facility discharge sewage to ground water through infiltration, percolation or other methods of subsurface disposal? No Yes (*Attach Form GW-1*)
- b. Does this facility discharge industrial wastes, or other wastes, to ground water through infiltration, percolation, or other methods of subsurface disposal? No Yes (*Attach Form GW-2*)

Section B – Facility Information: The facility is the building, structure, process, source, or physical site from which pollutants or wastes are, or will be collected, generated, stored, treated, or discharged.

Facility Name _____

Mailing Address _____

City, State, Zip Code City _____ State _____ Zip Code _____

Location Latitude _____ Longitude _____

County County _____

Is the facility located on Indian lands? No Yes (*If yes, seek permit coverage through EPA, not DEQ*)

Section C - Existing or Pending Permits, Certifications, or Approvals: Give the permit or approval number for all permits or construction approvals received or applied for under any of the following programs. Include general permits that have been issued to the facility and those permit or approvals which have not been issued.

- Montana Pollutant Discharge Elimination System (MPDES) Permit _____
- Montana Groundwater Pollution Control System (MGWPCS) Permit _____
- Underground Injection Control (UIC) under the Safe Drinking Water Act _____
- Dredge or fill permits under section 404 of the Clean Water Act _____
- Plat Approval EQ _____

Programs or approvals under the Montana Clean Air Act:

- Prevention of Significant Deterioration (PSD) _____
- Nonattainment program _____
- National Emission Standards for Hazardous Pollutants (NESHAPS) _____
- Hazardous waste management Resource Conservation and Recovery Act (RCRA) _____
- Other relevant state or federal environmental permits: Provide information in the space below:

Section D – Business Description

1. Nature of the Business. Briefly describe the nature of your business.

2. North American Industry Classification System (NAICS) Codes: Provide at least 1 and up to 4 NAICS codes which best reflect the principal products or services the facility provides.

- NAICS Code _____ Description _____
- NAICS Code _____ Description _____
- NAICS Code _____ Description _____
- NAICS Code _____ Description _____

2. Standard Industrial Classification (SIC) Codes: Provide at least 1 and up to 4 SIC codes which best reflect the products or services the facility provides.

- SIC Code _____ Description _____
- SIC Code _____ Description _____
- SIC Code _____ Description _____
- SIC Code _____ Description _____

Section E – Cooling Water Intake Structures

Does your facility use cooling water?

- No. No additional information is required.
- Yes. State the source of the cooling water _____

Section F – Map Attachment:**3. Attach a topographic or aerial map extending one mile beyond the property boundaries of the source map adhering to the following requirements:**

- The legal boundaries of the facility
- The location of each proposed intake and discharge structures
- All hazardous waste treatment, storage, and disposal facilities
- Each well where fluids are injected underground
- All wells, rivers, springs, and other surface water bodies, and drinking water wells that are in public record or otherwise known to you and that are located in the map area

Section G – Variance Requests

Do you intend to request or renew any of the variances at ARM 17.30.1322(13)?

 No. No additional information is required. Yes. Specify which ARM 17.30.1322(13) variance you intend to request. _____**Section H – Facility Contact:** The facility contact is a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted by the Department for additional information if necessary.

Facility Contact	Name _____ Title _____
Contact Information	Phone _____ Email _____

Section I – Owner/Operator Information: The owner/operator is any person who owns, leases, operates, controls, or supervises the point source.

Operator Name _____

Mailing Address _____

City, State, Zip Code City _____ State _____ Zip Code _____

Contact Information Phone _____ Email _____

Ownership Status Federal State Private Public Other _____**Section J – Certification Statement****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].

Name (Type or Print)

Title (Type or Print)

Phone Number

Signature

Date Signed