

MPDES Form 2A – General Instructions

Who Must Complete Form 2A? All new and existing publicly owned treatment works (POTWs) and other dischargers designated by the Montana Pollutant Discharge Elimination System (MPDES) permitting authority must complete Form 2A. You may wish to consult the “General Instructions” of MPDES Application Form 1 to determine if your treatment works is required to submit any additional MPDES application forms.

Where to File Your Completed Form

Return this form, any supplemental forms, and applicable fees to:

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

When to File Your Completed Form

Form 2A must be submitted at least 180 days before your present MPDES permit expires or, if you are a new discharger, at least 180 days before the date on which the discharge is to commence, unless DEQ has granted permission for a later date.

Fees

The Montana Water Quality Act requires that DEQ collect fees sufficient to cover the cost of issuing permits as well as the administrative costs associated with these activities. DEQ collects both application and annual fees. Fees vary depending upon the complexity, type, and strength of wastewater and the number of discharge points, as set forth in ARM 17.30.201. *DEQ will not process this application until all of the requested information is supplied, the application is complete, and the appropriate fees are paid.* Fee information is available on DEQ’s website: www.deq.mt.gov or by contacting the Water Protection Bureau at (406)444-5546.

Public Availability of Submitted Information

DEQ will make information from MPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2A (or related attachments) as confidential. You may make a claim of confidentiality for any information that you submit that goes beyond the information required by Form 2A. If you do not assert a claim of confidentiality at the time you submit your information, DEQ may make the information available to the public without further notice to you. DEQ will handle claims of confidentiality in accordance with the Agency’s business confidentiality regulations at ARM 17.30.1321 and 75-5-105, MCA.

Completion of Forms

Form 2A is divided into six major sections. It also contains five effluent monitoring tables (Tables A through E) and an industrial discharge information table (Table F), all located at the end of the form. Note that not all applicants are required to complete each section of the form or all of the tables. The questions on the form will direct you to the items and tables you must complete.

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your MPDES permit number at the top of each page of Form 2A and any attachments. If your facility is new (i.e., not yet constructed), write or type “New Facility” in the space provided for the permit number. If you do not know your permit number, contact DEQ.

For Tables A through E, provide the applicable outfall number at the top of each page.

If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to show that you considered the item and determined a response was not necessary for your facility. ***Do not leave any response areas blank unless the form directs you to skip them.***

If you have previously submitted information that answers a specific question, you may either repeat the information in the space provided or attach a copy of the previous submission.

Note for New Dischargers

Provide all information available to you at the time you complete Form 2A. If you do not have information to respond to an item because your facility has yet to discharge, write or type “data are not available” next to the item on the form. ***You are required to submit actual data no later than 24 months after your facility commences to discharge.***

DEQ will consider your application complete when it and supplementary material are received and completed according to satisfaction. The MPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Definitions

Key terms used in the various MPDES application forms are included in the “Glossary” attachment. See ARM 17.30.1304 and 75-5-103 MCA.

Form 2A – Line-by-Line Instructions

Section 1. Basic Application Information for All Applicants

Facility Information

Item 1.1. Enter the facility's official or legal name. Do not use a colloquial name. Provide the *mailing address* of the facility. Next, give the name (first and last), title, work telephone number, and email address of the person who is thoroughly familiar with the operation of the facility and with the facts reported in this application.

Include a complete *location address* for the facility if different from the mailing address. If the facility lacks a street name or route number, give the most accurate, alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Item 1.2. Indicate whether the application is for a facility that has not yet commenced discharge. If yes, be advised that you are required to submit *actual* data no later than 24 months after your facility commences to discharge.

Applicant Information

Item 1.3. Indicate if the applicant is different from the entity listed under Item 1.1. If so, specify the applicant name and address. Provide the name (first and last) of a contact, including his/her title, telephone number, and email address.

Item 1.4. Indicate if the applicant is the facility's owner, operator, or both.

Item 1.5. Specify whether the MPDES permitting authority should send correspondence to the facility or the applicant.

Existing Environmental Permits

Item 1.6. Indicate all environmental permits or construction approvals received or applied for (including dates) under the noted programs. Print or type the corresponding permit number for each.

Collection System and Population Served

Item 1.7. Specify the municipalities the treatment works serves, including unincorporated connector districts. For each municipality, indicate the population served, the percentage of each collection system type if known (e.g., separate sanitary or combined storm and sanitary), and collection system ownership status. Finally, indicate the total percentage of sewer line each type comprises. Do not report privately owned collection systems discharging industrial waste to the treatment works in Item 1.7. Those facilities must be reported on Table F.

Indian Country

Item 1.8. Indicate if the POTW is located in Indian Country.

Item 1.9. Note whether the treatment works discharges to a receiving stream that flows through Indian Country.

Design and Actual Flow Rates

Item 1.10. Provide the facility's design flow rate in million gallons per day (mgd). Next, specify the facility's actual annual average daily flow rate and maximum daily flow rate for each of the previous three years (in mgd).

Discharge Points by Type

Item 1.11. Provide the facility's total number of effluent discharge points to state waters by type (e.g., treated effluent, untreated effluent, combined sewer overflows, bypasses, and constructed emergency overflows).

Outfalls and Other Discharge or Disposal Methods

Item 1.12. Indicate whether the POTW discharges wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to state waters. If yes, continue to Item 1.13. If no, skip to Item 1.14.

Item 1.13. Specify the location of each surface impoundment, the average daily volume discharged to each surface impoundment in gallons per day (gpd), and whether the discharge is continuous or intermittent.

Item 1.14. Indicate if the facility applies wastewater to land. If yes, continue to Item 1.15. If no, skip to Item 1.16.

Item 1.15. Provide the location of each land application site; the size of each land application site (in acres); the average daily volume applied to each land application site (in gpd), and whether the land application is continuous or intermittent.

Item 1.16. Note whether the facility's effluent is transported to another facility for treatment prior to discharge. If yes, continue to Item 1.17. If no, skip to Item 1.21.

Item 1.17. Describe the means by which the effluent is transported, such as by tank truck or pipe.

Item 1.18. Specify whether the facility's effluent is transported by a party other than the applicant. If yes, continue to Item 1.19. If no, skip to Item 1.20.

Item 1.19. Provide the name, mailing address, contact person, phone number, and email address of the entity that transports the discharge.

Form 2A – Line-by-Line Instructions Continued

Outfalls and other Discharge or Disposal Methods, Continued

Item 1.20. Provide the name, mailing address, contact person, phone number, email address, and MPDES permit number (if any) of the receiving facility. Also specify the average daily flow rate from the facility into the receiving facility in mgd.

Item 1.21. Indicate if wastewater is disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to state waters, such as underground percolation and underground injections. If yes, continue to Item 1.22. If no, skip to Item 1.23.

Item 1.22. Provide a description of the disposal method, including the location and size of each disposal site; the annual average daily discharge volume (in gpd), and whether disposal through this method is continuous or intermittent.

Variance Requests

Item 1.23. If known at the time of application, indicate the authorized variance(s) that you plan to request or renew. Note that you are not being asked to submit any other information at this time. Contact your MPDES permitting authority to determine the specifics of what you should provide and when. The ability to request a variance is not limited to the time of application, and an applicant may request a variance consistent with statutory and regulatory requirements.

Contractor Information

Item 1.24. Indicate if any of the operational or maintenance activities associated with wastewater treatment and effluent quality of the POTW are the responsibility of a contractor. If yes, continue to Item 1.25. If no, skip to Section 2.

Item 1.25. Provide a listing of all contractors (by company name). For each, specify the mailing address, a contact name and title, telephone number, and email address. Also summarize the operational and maintenance responsibilities of each contractor. Attach additional sheets if necessary.

Section 2. Additional Information

Design Flow

Item 2.1. Indicate whether the treatment works has a design flow greater than or equal to 0.1 mgd. If yes, continue to Item 2.2. If no, skip to Section 3.

Inflow and Infiltration

Item 2.2. Specify the POTW's current average daily volume of inflow and infiltration (in gpd) and steps

the facility is taking to minimize inflow and infiltration.

Topographic Map

Item 2.3. Prepare a topographic map (or other map if a topographic map is unavailable) *extending at least one mile beyond property boundaries of the treatment plant, including all unit processes and showing the following:*

- (1) treatment plant area and unit processes;
- (2) major pipes or other structures through which wastewater enters the treatment plant and the pipes or other structures through which treated wastewater is discharged from the treatment plant (include outfalls from bypass piping, if applicable);
- (3) each well where fluids from the treatment plant are injected underground;
- (4) wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within ¼ mile of the treatment works' property boundaries;
- (5) sewage sludge management facilities (including onsite treatment, storage, and disposal sites); and
- (6) location at which waste classified as hazardous under the Resource Conservation and Recovery Act (RCRA) enters the treatment plant by truck, rail, or dedicated pipe.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude to the nearest second. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://nris.msl.mt.gov/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). On all maps of rivers, show the direction of the current.

You may develop your map by going to USGS's National Map website at <http://nationalmap.gov/>. (For a map from this site, use the traditional 7.5-minute quadrangle format. If none is available, use a USGS 15-minute series map.) You may also use a plat or other appropriate map. Briefly describe land uses in the map area (e.g., residential, commercial).

Form 2A – Line-by-Line Instructions Continued

Flow Diagram

Item 2.4. Provide a process flow diagram or schematic showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. This includes a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination), and showing daily average flow rates at influent and discharge points, and approximate daily flow rates between treatment units. Also provide a narrative description of the diagram/schematic. Answer “Yes” to Item 2.4 once you have completed and attached your diagram to the application.

Scheduled Improvements and Schedules of Implementation

Item 2.5. Indicate whether any improvements to the facility are scheduled. If yes, list and briefly describe each scheduled improvement and continue to Item 2.6. If no, skip to Section 3.

Item 2.6. For each scheduled improvement, indicate the outfall number of each outfall affected and the scheduled or actual dates of completion for the following:

- (1) commencement of construction,
- (2) completion of construction,
- (3) commencement of discharge, and
- (4) attainment of operational level.

Item 2.7. Note whether the appropriate permits/clearances concerning other federal/state requirements have been obtained and briefly explain your response.

Section 3. Information on Effluent Discharges Description of Outfalls

Item 3.1. Provide a description of each of the POTW’s wastewater discharge outfalls. The application form provides reporting space for three outfalls. If your facility has more than this number, attach additional sheets as necessary. For each outfall, provide the outfall number. Indicate the state, county, and city or town where each outfall is located. Note the distance from shore in feet and the depth below the surface in feet. Specify the average daily flow rate through the outfall in mgd. Also specify the latitude and longitude of each outfall to the nearest second, or to 4 decimal places if using decimal degrees. Latitude and longitude coordinates

may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://nris.msl.mt.gov/>, geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). The location of each outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States.

Seasonal or Periodic Discharge Data

Item 3.2. Indicate whether any of the outfalls described under Item 3.1 have seasonal or periodic discharges. If yes, continue to Item 3.3. If no, skip to Item 3.4.

Item 3.3. Specify the following for each applicable outfall:

- (1) number of times per year discharge occurs,
- (2) average duration of each discharge,
- (3) average flow of each discharge in mgd, and
- (4) months in which discharge occurs.

Diffuser Type

Item 3.4. Note whether any of the outfalls listed under Item 3.1 are equipped with a diffuser. If yes, continue to Item 3.5. If no, skip to Item 3.6.

Item 3.5. Briefly describe the diffuser type at each applicable outfall.

Item 3.6. Note whether the POTW discharges or plans to discharge wastewater to state waters from one or more discharge points. If yes, continue to Item 3.7. If no, skip to Section 3.8.

Receiving Water Description

Item 3.7. Provide receiving water and related information in the table provided on the form (if known):

- (1) name of receiving water,
- (2) name of watershed/river/stream system and U.S. Soil Conservation Service 14-digit watershed code,
- (3) name of state management/river basin and U.S. Geological Survey (USGS) 8-digit hydrologic unit code,
- (4) acute and chronic critical low flow in cubic feet per second (cfs) and total hardness of receiving stream at critical low flow, in milligrams per liter (mg/L) of calcium carbonate, if applicable.

Form 2A – Line-by-Line Instructions Continued

Treatment Description

Item 3.8. Specify the highest level of treatment provided for discharges from each outfall (e.g., primary, equivalent to secondary, secondary, or advanced). Also indicate the following design removals (in percent) for the following parameters for each outfall: (1) biochemical oxygen demand (BOD₅ or CBOD₅), (2) total suspended solids (TSS), (3) phosphorus (if applicable), (4) nitrogen (if applicable), and (5) any other removals that an advanced treatment system is designed to achieve.

Item 3.9. Provide a description of the type(s) of disinfection used for wastewater discharged through each outfall. Indicate the seasons the disinfection type is used. Note whether the POTW dechlorinates if disinfection is accomplished through chlorination. Otherwise, check “Not Applicable.”

Effluent Testing Data and Tables A through E

Items 3.10 to 3.26

These items require you to collect and report data for the parameters and pollutants listed in Tables A through E, located at the end of Form 2A. The instructions for completing the tables are table-specific, as are the criteria for determining who should complete them.

Important note: Read the “*General Instructions for Reporting, Sampling, and Analysis*” on page 6 of these instructions before completing Items 3.10 to 3.26 and Tables A through E.

Item 3.10 and Table A. All applicants that discharge wastewater to waters of the United States must provide effluent data for Table A parameters. Respond “Yes” to Item 3.10 when you have completed Table A and attached it to your application.

Item 3.11. Answer whether the POTW has conducted any whole effluent toxicity (WET) tests during the 4.5 years prior to the date of the application on any of the facility’s discharges or on any receiving water near the discharge points. If yes, continue to Item 3.12. If no, skip to Item 3.13.

Item 3.12. For each applicable outfall, note the number of acute and chronic WET tests conducted since the last permit reissuance of the facility’s discharges or of the receiving water near the discharge points.

Item 3.13. Note whether the POTW has a design flow greater than or equal to 0.1 mgd. If yes, continue to Item 3.14. If no, skip to Item 3.16.

Item 3.14 and Table B. Answer whether the treatment works uses chlorine for disinfection, uses it elsewhere in the treatment process, or otherwise has reasonable potential to discharge chlorine in its

effluent. If yes, complete Table B including chlorine. If no, complete Table B, omitting chlorine.

Item 3.15. Answer “Yes” when you have completed monitoring for all applicable Table B parameters and attached the results to your application.

Item 3.16 and Screen for Tables C through E.

Indicate whether one or more of the conditions apply to your POTW. If yes, continue to Item 3.17. If no, skip to Section 4.

Item 3.17 and Table C. Answer “Yes” to indicate you have completed monitoring for all applicable Table C pollutants and attached the results to your application package.

Item 3.18 and Table D. Answer “Yes” to indicate you have completed monitoring for applicable Table D pollutants required by your MPDES permitting authority and attached the results to your application package, or “No” if the MPDES permitting authority has not required additional sampling for the pollutants in Table D.

Item 3.19 and Additional Screen for Table E.

Answer whether the POTW conducted either (1) a minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years. If yes, continue to Item 3.20. If no, complete tests and Table E and then skip to Item 3.26.

Item 3.20 and Additional Screen for Table E.

Report whether you have previously submitted the results of the WET tests indicated in Item 3.19 to your MPDES permitting authority. If yes, continue to Item 3.21. If no, provide the results in Table E and skip to Item 3.26.

Item 3.21. Report the dates the testing data were submitted to your MPDES permitting authority and provide a summary of the results.

Item 3.22. Regardless of how you may have provided the results of previously conducted WET analyses to your MPDES permitting authority, indicate if any of the tests resulted in toxicity. If yes, continue to Item 3.23. If no, skip to Item 3.26.

Item 3.23. Describe the cause(s) of toxicity.

Item 3.24. Indicate if the POTW has conducted a toxicity reduction evaluation. If yes, continue to Item 3.25. If no, skip to Item 3.26.

Item 3.25. Provide details of any toxicity reduction evaluations performed.

Item 3.26. Answer “Yes” when you have completed Table E for all applicable outfalls and attached the results to the application package, or answer “No” if the item is not applicable because you previously submitted WET data to your MPDES permitting authority.

General Instructions for Reporting, Sampling, and Analysis

Important note: Read these instructions before completing Tables A through E and Section 3 of Form 2A

General Items

Complete the applicable tables for each outfall at your facility. **Be sure to note the MPDES permit number and applicable outfall number at the top of each page** of the tables and any associated attachments.

You may report some or all of the required data by attaching separate sheets of paper instead of completing Tables A through E for each of your outfalls, but the sheets must contain all of the required information and be similar in format to Tables A through E. For example, you may be able to print a report in a compatible format from the data system used in your analysis of metals completed under Table C.

Note for new dischargers. Provide all information available to you at the time you complete Form 2A. If you do not have information to respond to an item because your facility has yet to discharge, write or type “data are not available” next to the item on the form. Note that you are required to submit *actual* data no later than 24 months after your facility commences discharge.

Reporting Effluent Data

Where effluent data are requested, do not provide information on CSOs. CSO information is requested instead under Section 5 of Form 2A.

Provide data for each outfall through which effluent is discharged to state waters. DEQ may allow applicants to submit sampling data for only one outfall, on a case-by-case basis, where the applicant has two or more outfalls with substantially identical effluent discharging to the same receiving stream segment. DEQ may also allow applicants to composite samples from one or more outfalls that discharge into the same mixing zone. If DEQ grants your request, attach a separate sheet to the application form identifying the outfall tested and describing why the other outfall(s) are substantially identical.

At a minimum, effluent testing data must be based on at least three samples taken within 4.5 years prior to the date of the permit application. Samples must be representative of the seasonal variation in the discharge from each outfall. Existing data may be used, if available, in lieu of sampling done solely for the purpose of this application. DEQ may require additional samples, as appropriate, on a case-by-case basis.

All existing data for pollutants specified in Tables A through D that is collected within 4.5 years of the application must be included in the pollutant data summary that you submit. If, however, you sampled for a specific pollutant on a monthly or more frequent basis, it is only necessary, for such pollutant, to summarize all data collected within 1 year of the application.

Analysis

Except as specified in 40 CFR 122.21(e)(3)(ii), all samples must be collected, preserved, and analyzed in accordance with approved sufficiently sensitive analytical methods listed in 40 CFR Part 136, unless use of another method is required for the pollutant under 40 CFR subchapter N or an alternative is specified in an existing MPDES permit.

A method is “sufficiently sensitive” when:

- The method minimum level (ML) is at or below the level of the applicable water quality criterion for the measured pollutant or pollutant parameter.
- The method ML is above the water quality criterion, but the amount of the pollutant or pollutant parameter in the facility’s discharge is high enough that the method detects and quantifies the level of the pollutant or pollutant parameter in the discharge.
- The method has the lowest ML of the analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N for the measured pollutant or pollutant parameter.

The minimum level of quantitation means the lowest level at which the entire analytical system gives a recognizable signal and acceptable calibration point for the analyte, as determined by the procedure set forth at 40 CFR 136. In most cases the ML is equivalent to the Required Reporting Value (RRV) unless otherwise specified in the permit (ARM 17.30.702. Laboratory analytical results reported as less than detection must achieve the required reporting values (RRVs) in the most current Circular DEQ-7.

Consistent with 40 CFR 136, you may provide matrix- or sample-specific MLs rather than the published levels. Further, where you can demonstrate that, despite a good faith effort to use a method that would otherwise meet the definition of “sufficiently sensitive,” the analytical results are not consistent with the quality assurance (QA)/quality control (QC) specifications for that method, then DEQ may

General Instructions for Reporting, Sampling, and Analysis

Important note: Read these instructions before completing Tables A through E and Section 3 of Form 2A

determine that the method is not performing adequately and you should select a different method from the remaining EPA-approved methods that is sufficiently sensitive consistent with 40 CFR 122.21(e)(3)(i).

When there is no analytical method that has been approved under 40 CFR 136; required under 40 CFR chapter I, subchapter N, and is not otherwise required by the MPDES permitting authority, you may use a suitable method but shall provide a description of the method [40 CFR 122.21(e)(3)(ii)]. When selecting a suitable method, other factors such as a method's precision, accuracy, or resolution, may be considered when assessing the performance of the method.

Effluent monitoring data must comply with the QA/QC requirements of 40 CFR 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR 136.

Clearly specify the units of measure on Tables A through E for each parameter/pollutant analyzed. Values should be reported as concentration or mass, except for flow, temperature, pH, color, and fecal coliform organisms, unless otherwise requested or required by DEQ. Flow, temperature, pH, color, and fecal coliform organisms must be reported as million gallons per day (mgd), degrees Celsius (°C), standard units (s.u.), color units, and most probable number per 100 milliliters (MPN/100 mL), respectively.

Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including *E. coli*), and volatile organic compounds. For all other pollutants, 24-hour composite samples must be used. For a composite sample, only one analysis of the composite of aliquots is required.

The effluent monitoring data provided must include at least the following for each parameter: (1) the maximum daily discharge based upon actual sample values, (2) average daily discharge for all samples, expressed as concentration or mass, and the number of samples used to obtain this value, (3) the analytical method used, and (4) the threshold level (i.e., method detection limit, minimum level, or other designated method endpoints) for the analytical method used. Metals must be reported as "total recoverable metal," unless all approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium) or otherwise required by DEQ.

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of domestic wastewater. You may contact DEQ for detailed guidance on sampling techniques and for answers to specific questions. Any specific requirements in the analytical methods—for example, for sample containers, sample preservation, holding times, and the collection of duplicate samples—must be followed. The time when you sample should be representative of your normal operation, to the extent feasible, with your treatment system operating properly with no system upsets. Collect samples from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present MPDES permit, or at any site adequate for the collection of a representative sample.

Further Requirements for Table E, Whole Effluent Toxicity Testing

Each applicant required to perform WET testing must provide results of a minimum of four quarterly tests for a year, from the year preceding the permit application, *or* the results from four tests performed at least annually in the 4.5-year period prior to the application, provided the results show no appreciable toxicity using a safety factor determined by DEQ.

Where the POTW has two or more outfalls with substantially identical effluent discharging to the same receiving stream segment, DEQ may allow applicants to submit whole effluent toxicity data for only one outfall on a case-by-case basis. DEQ may also allow applicants to composite samples from one or more outfalls that discharge into the same mixing zone.

Applicants must conduct tests with multiple species (no less than two species; e.g., fish, invertebrate, plant) and test for acute or chronic toxicity, depending on the range of receiving water dilution. See ARM 17.30.1322(12)(e) for further details.

WET testing must be conducted using methods approved under 40 CFR 136.

Form 2A – Line-by-Line Instructions Continued

Section 4. Industrial Discharges, Table F, and Hazardous Wastes

Item 4.1. Indicate if the POTW receives discharges from significant industrial users (SIUs) or non-significant categorical industrial users (NSCIUs), including SIUs and NSCIUs that truck or haul waste. If yes, continue to Item 4.2. If no, skip to Item 4.7.

1. SIUs are defined as:

- a. All industrial users subject to categorical pretreatment standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N (CIUs); and
- b. Any other industrial user per 40 CFR 403.3 that:
 - i. Discharges an average of 25,000 gpd or more of process wastewater to the treatment works (with certain exclusions); or
 - ii. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - iii. Is designated as an SIU by the control authority.

2. The control authority may determine that an Industrial User subject to categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N is a NSCIU rather than a SIU on a finding that the Industrial User never discharges more than 100 gpd of total categorical wastewater (excluding sanitary, non-contact cooling and boiler blowdown wastewater, unless specifically included in the Pretreatment Standard) and the following conditions are met:

- a. The Industrial User, prior to the control authority's finding, has consistently complied with all applicable categorical Pretreatment Standards and Requirements;
- b. The Industrial User annually submits the certification statement required in 40 CFR 403.12(q) together with any additional information necessary to support the certification statement; and
- c. The Industrial User never discharges any untreated concentrated wastewater.

Item 4.2. Indicate the number of SIUs and NSCIUs that discharge to the POTW.

Item 4.3. Answer whether the POTW has an approved pretreatment program, which is defined at 40 CFR 403.3 as a program administered by a POTW that meets the criteria established in 40 CFR 403.8 and 403.9 and that has been approved by the MPDES permitting authority.

Item 4.4. Answer whether you have submitted either of the following to the MPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program. If yes, continue to Item 4.5. If no, skip to Item 4.6.

Item 4.5. Identify the title and date of the pretreatment program annual report or pretreatment program referenced in Item 4.4 and skip to Item 4.7.

Item 4.6 and Table F. Complete Table F by providing the following information for each SIU that discharges to the POTW:

1. Name and mailing address
2. Description of all industrial processes that affect or contribute to each SIU's discharge
3. A list of the principal products and raw materials that affect or contribute to the SIU's discharge
4. Average daily volume of wastewater discharged by each SIU, indicating the amount attributable to process flow and non-process flow
5. Whether the SIU is subject to local limits
6. Whether the SIU is subject to categorical standards and the categories/ subcategories under which the SIU is subject
7. Whether any problems (e.g., upsets, pass-through interference) have occurred at the POTW that can be attributed to the SIU in the past 4.5 years

Answer "Yes" to Item 4.6 when you have completed and attached Table F to the application package.

Note: SIUs include users that truck or haul industrial waste to the POTW. Information for these users must be provided in Table F.

Item 4.7. Indicate if the POTW receives or has been notified that it will receive by truck, rail, or dedicated pipe any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261. If yes, continue to Item 4.8. If no, skip to Item 4.9.

Item 4.8. For each hazardous waste received, provide the hazardous waste number, the method by which the waste is received (e.g., by truck, dedicated pipe, rail, etc.), and the amount of waste received annually (specify units).

Item 4.9. Answer whether the POTW receives, or has been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and Sections 3004(u) or 3008(h) of RCRA. If yes, continue to Item 4.10. If no, skip to Section 5.

Form 2A – Line-by-Line Instructions Continued

Item 4.10. Answer whether the POTW receives (or expects to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified at 40 CFR 261.30(d) and 261.33(e). If yes, skip to Section 5. If no, continue to Item 4.11.

Item 4.11. In an attachment to the application, provide an identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents, as listed in Appendix VII of 40 CFR 261, if known; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW. Answer "Yes" to Item 4.11 when you have completed and attached the information to the application package.

Section 5. Combined Sewer Overflows

CSO Map and Diagram

Item 5.1. Indicate if the treatment works has a combined sewer system. If yes, continue to Item 5.2. If no, skip to Section 6.

Item 5.2. Attach a CSO system map to the application. The map should indicate: (1) all CSO discharge points, (2) sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding national resource waters), and (3) waters supporting threatened and endangered species potentially affected by CSOs. Answer "Yes" to Item 5.2 when you have completed the map and attached it to the application package.

Item 5.3. Prepare a diagram of the CSO collection system. The diagram should show the following: (1) the location of major sewer trunk lines, both combined and separate sanitary; (2) the locations of points where separate sanitary sewers feed into the combined sewer system; (3) in-line and off-line storage structures; (4) the locations of flow-regulating devices; and (5) the locations of pump stations. Answer "Yes" to Item 5.3 when you have completed the diagram and attached it to the application package.

CSO Outfall Description

Item 5.4. Provide the following information for each CSO outfall:

1. outfall number;
2. state, county, city or town and ZIP code in which the outfall is located;

3. latitude and longitude of the outfall, to the nearest second,
4. distance of the outfall from shore and depth of the outfall below water surface. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://nris.msl.mt.gov/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). The location of each CSO outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States.

CSO Monitoring

Item 5.5. Indicate whether the POTW has monitored any of the following items in the past year for each of its CSO outfalls: (1) rainfall, (2) CSO flow volume, (3) CSO pollutant concentrations; (4) receiving water quality, (5) CSO frequency, and (6) number of storm events.

CSO Events in Past Year

Item 5.6. For each CSO outfall, record (1) the number of CSO events in the past year, (2) the average duration in hours per event, (3) the average volume per CSO event in million gallons, and (4) the minimum rainfall that caused a CSO event in inches of rainfall in the past year. Note whether your responses for sub-items (2) through (4) above are based on actual or estimated data.

CSO Receiving Waters

Item 5.7. For each CSO outfall, record the following receiving water information: (1) name of receiving water; (2) name of watershed/stream system and the U.S. Soil Conservation Service watershed (14-digit) code, if known; (3) name of the state management/river basin and the USGS 8-digit hydrologic cataloging unit code, if known; and (4) a description of any known water quality impacts on the receiving water caused by the CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shellfish bed closings, fish kills, fish advisories, other recreational loss, or exceedance of any applicable state water quality standard).

Form 2A – Section 6, Certification Statement

Item 6.1. This form must be signed and certified by the appropriate official as given in Section 6 and ARM 17.30.1323. The Montana Water Quality Act provides for penalties of not more than \$25,000 or imprisonment for not more than 6 months, or both, for any person that knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained under the ACT, or who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required under the Act. 75-5-633, MCA.

This application must be signed as follows:

- A. For a corporation, by a responsible corporate officer. A responsible corporate officer means:
 - 1. a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
 - 2. the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, state, federal, or other public agency, by either a principal executive officer or ranking elected official. A principal executive officer of a federal agency includes:
 - 1. The chief executive officer of the agency, or
 - 2. a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

END

DEQ will not process this application until all of the requested information is supplied, the application is complete, and the appropriate fees are paid.