



**WATER
PROTECTION
BUREAU**

Agency Use

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM
Release

**Domestic Sewage Treatment Lagoon
Non-Discharging Facility Release Form**

READ THIS BEFORE COMPLETING FORM: This form is for any domestic sewage treatment lagoon permitted under the *General Permit for Domestic Sewage Treatment Lagoons – Batch and Non-Discharging Facilities*, as a non-discharger. It is to be used whenever a non-discharging facility has a release, whether planned or not.

Section A - Facility Information:

MPDES Permit Authorization Number: **MTG 580** _ _ _

Owner/Operator Name (Organizational/Permittee name):

Facility Name:

Facility Location (site physical address or directions):

City, State, Zip:

Latitude: _____ Longitude: _____

Receiving Water:

Section B - Facility Contact:

Facility Contact: _____ Title: _____

Organizational Name:

Mailing Address:

City, State, and Zip:

Phone Number: () _____ Email: _____

Section C - Release Information

Release Start Date and Time: _____ Release End Date and Time: _____

Duration of Release (hours) _____

Flow Rate, average: _____ million gallons per day (MGD)

Flow Rate, maximum: _____MGD

Release Volume (total) _____million gallons. Method of estimation: _____

Section C - Release Information (con't)

Downstream extent of discharge (ground, surface water description/names) _____

Was release part of an anticipated bypass for essential maintenance?

 If yes, Date of written notification submitted to DEQ _____ If no, Date/time 24-hour oral notification provided? _____

DEQ person contacted _____

Date the 5-day written report was submitted? _____

Cause of the release event? _____

Section D - Results from Required Monitoring for Release

Parameter	Units	Average	Maximum	# samples	Lab Analysis?
BOD ₅	mg/L				Yes
TSS	mg/L				Yes
pH	s.u.	Range:			No (log)
<i>E.coli</i> Bacteria	#org/100 mL				Yes
Oil & Grease	Yes/No				Yes (if visually observed)
	If yes mg/L				
TRC ⁽¹⁾	µg/L				No (log)

(1) TRC only if effluent is chlorinated or significant industrial chlorine contribution.

Section E - CERTIFICATION**Signatory Information:**

This Form must be completed, 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 Permittees 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**