

**INSTRUCTIONS FOR RELEASE FORM**  
**General Permit for Domestic Sewage Treatment Lagoons –**  
**Batch and Non-Discharging Facilities (MTG580000)**

The *Domestic Sewage Treatment Lagoon Non-Discharging Facility Release Form* (Form) is to be completed by the owner/operator of a non-discharging domestic sewage treatment lagoon whenever the facility has a release, whether planned or not.

General permit documents and related forms are available on the DEQ website at: <https://deq.mt.gov/water/assistance> or from DEQ by calling (406) 444-5546.

Please type or print legibly. Responses must be self-explanatory and must not refer exclusively to attached maps, plans, or documents. Mail the completed form to:

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

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**SPECIFIC ITEM INSTRUCTIONS**

**Section A – Facility Information**

Provide the facility’s 9-digit MPDES permit authorization number, which begins with MTG580.

Provide the name of the owner/operator for the facility. This is typically “The Town of X” or “The City of X.” **PLEASE NOTE THAT THE PERSON WHO IS THE CERTIFIED OPERATOR IS NOT THE “Owner/Operator.”**

Give the facility’s official or legal name, which is the name of the physical site from which pollutants or wastes are, or will be, treated. The facility may be a publicly- or privately-owned property. Most common is “*CITY/TOWN NAME* Wastewater Treatment Facility (WWTF).”

Give the physical address or location of this facility. The location may be a physical mailing address or a description of how the site may be accessed. P.O. boxes are not acceptable. Provide the latitude and longitude for the location of the approximate center point of the facility. It is preferred the latitude and longitude location be specified in decimal degrees, accurate to the fourth decimal place. If decimal degrees are not used, then the latitude and longitude must be provided in degrees, minutes, and seconds, accurate to the nearest 15 seconds.

Lastly, identify the receiving waterbody that was impacted by the release. If the initial receiving waterbody is unnamed, indicate “unnamed ditch/tributary to X,” where “X” is the first named receiving waterbody. If the release didn’t reach state surface waters, indicate “Not Applicable (NA).”

**Section B – Facility Contact**

Provide the name, title, and contact information for a Facility Contact. The Facility Contact should be someone who has a thorough understanding of the operation of the treatment works and has been duly authorized by the Signatory Authority (see ARM 17.30.1323(2)). DEQ may contact this person if there are any questions about this release.

### **Section C – Release Information**

Provide the requested release information, including date/time beginning and end of the release, the average and maximum flow rate in million gallons per day (MGD), and the total volume of the release. For the total volume, indicate what method you used to provide the approximation of the total amount discharged.

In addition, provide the extent to which the discharge traveled, including whether it reached state surface waters. Lastly, answer whether the release was part of an anticipated bypass for essential maintenance and provide all DEQ contact information as required.

### **Section D– Results from Required Monitoring for Release**

The General Permit includes a monitoring requirement for any discharge from a domestic sewage treatment lagoon permitted as a non-discharging facility. Conduct the monitoring as required. Once the lab analysis has been received, provide the required information as well as a copy of each lab analysis that was conducted. For any results that were non-detect, indicate “< X,” where “X” is the lab’s reporting level (RL) or Practical Quantitation Limit (PQL).

### **Section E - Certification**

The Release form certification must be completed by a responsible official with authority as a signatory for the entity identified as the “owner/operator” in Section A.

The requirements for the signatory are described in ARM 17.30.1323(1). For a domestic sewage lagoon this is typically the Mayor, Town Manager, or Sewer Board President.