



WATER PROTECTION BUREAU

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FORM NOI-580 2022

Notice of Intent (NOI) Domestic Sewage Treatment Lagoons Batch and Non-Discharging Facilities MTG580000

The NOI form is to be completed by the owner or operator of a domestic sewage treatment lagoon that is eligible for coverage under the Montana Department of Environmental Quality's General Permit for Domestic Sewage Treatment Lagoons - Batch and Non-Discharging Facilities. You must print or type legibly; forms that are not legible, not complete, or unsigned will be returned. You must maintain a copy of the completed NOI form for your records.

PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Section A - NOI Status (check one)

- Checkboxes for New, Renewal, Modification, Resubmitted with permit number fields. Includes 'Request termination of Individual Permit' option.

Applicable Sub-group

- Checkboxes for Non-Discharging and Batch Discharger (*No discharge allowed during nutrient growing season)

Section B - Facility Information (See instruction sheet)

Facility Name, Facility Location, City, State, Zip, County, Facility: Latitude, Longitude, Facility Contact (name, title), Phone Number, E-mail

Is the facility located in Indian country per 40 CFR §122.2? [] Yes [] No (if yes, STOP. Contact EPA for permit coverage)

Does the treatment works discharge to a receiving water that is either in Indian country or that is upstream from (and eventually flows through) Indian country? [] Yes [] No

Section C - Applicant (Owner/Operator) Information *(see instructions)*

Applicant (Owner/Operator) Name *(see instructions)* _____

Mailing Address _____

City, State, and Zip Code _____

Applicant contact *(name, title)* _____, _____

Applicant Employer *(if different)* : _____

Phone Number (_____) _____ E-mail _____

Applicant is: *(Check all that apply - see definitions)* Owner Operator

Status of Applicant *(Check one)* Federal State Public Private Other *(specify)* _____

1. Existing or Pending Permits, Certifications, or Approvals None

MPDES _____ RCRA _____

Clean Air Act _____ Other *(specify)* _____

404 Permit (dredge & fill) _____ Other *(specify)* _____

2. Standard Industrial Classification (SIC) & North American Industry Classification System (NAICS) Codes

SIC Code	Description	NAICS Code	Description
1 _____		_____	
2 _____		_____	

3. Map. Attach a **topographic or aerial map** of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility and the location of each of its existing and proposed intake and discharge structures and monitoring locations (outfalls). Include all springs, rivers, and other surface water bodies within the one mile zone on the map, or provide an additional map. Indicate type(s) of map(s) supplied:

Topographic map Aerial map Other map: _____

Section D – Outfall Location(s) and Receiving Water

Outfall No.	Latitude	Longitude	Receiving Water ⁽¹⁾ <i>(Initial and First Named)</i>

Footnote:

(1) Identify the initial state surface water that your facility discharges to as well as the first named state surface water, if different (i.e., "unnamed ditch to Full Creek"). If a non-discharging facility without a physical outfall, identify probable discharge location.

1. Effluent monitoring location:

i. describe monitoring location *(note if none)* (e.g.. effluent control device, outfall): _____

ii. latitude/longitude *(or note same as Outfall)*: _____ / _____

iii. indicate if above location for: effluent flow monitoring, effluent sampling, both

iv. if there is a second effluent monitoring location, provide the above information for it, below:

Section E - Domestic Sewage Treatment Lagoon Collection System & Influent Information

1. Collection System Information. Provide information on municipalities and areas served by the facility.

Type of collection system (Separate vs. Combined Sanitary Sewer) and percent contribution (by miles) of each:

- Separate sanitary sewer _____% of total contribution
 Combined storm and sanitary sewer _____% of total contribution

Collection System Name	Population Served	Type of Collection System	Ownership

Total population served by facility: _____ Year of data: _____

2. Non-Domestic (Industrial) Users:

a. Provide information on any non-domestic user (i.e. indirect discharger) to the facility:

Name	Industry Type	Estimated Process Flow (non-domestic) (gpd)

3. Infiltration/Inflow (I/I) Status Update (for facilities with an average daily design flow ≥ 0.1 mgd):

a. Estimate the average number of gallons per day (gpd) that flow into the treatment works from inflow and/or infiltration

Annually: _____ gpd I/I estimate

b. Date of most recent I/I evaluation: _____ Date I/I summary report submitted to DEQ: _____

Comments:

4. Influent Monitoring:

Describe influent sampling location (e.g. manhole, lift station, etc.): _____

Indicate whether location is for: influent flow monitoring influent sampling both

5. Lagoon Flow Data

a. Design Flow (Influent flow rate facility was designed to handle)

- **Current** Average Daily Design Flow _____ million gallons per day (mgd)
- **Historic** Average Daily Design Flow (c. 1993): _____ mgd. Specify year of data: _____

b. Actual Flow (Recent discharge flow rates):

Annual Flow Monitoring Data Last three rolling years (specify Mo/Yr)	Two years ago _____ to _____	One year ago _____ to _____	This year _____ to _____
1. Annual average daily flow rate (mgd)			
2. Maximum daily flow rate (mgd)			
3. Total number of months with discharge			

Section F – Treatment and Discharge Methods

1. Description of Treatment

a. Facultative vs. Aerated Lagoons (*check the one that applies and complete relevant information*)

- Facultative system
 - Number of facultative cells _____
 - Designed retention time for system: _____ days
 - Actual retention time for system: _____ days
- Aerated or partially mixed system
 - Number of aerated cells _____
 - Number of partially mixed cells _____
 - Number of facultative or acquiescent cells _____

Year Installed: _____ If applicable, date plan & specification approved: _____

Year Last Modified: _____ If applicable, date plan & specification approved: _____

b. Disinfection (*check the one(s) that apply*)

- None
- Ultraviolet (UV) disinfection
- Chlorination. If chlorination, is dechlorination employed prior to discharge? _____
- Other: _____

2. Discharge Method

a. Method of lagoon discharge to surface waters (*check the one that applies*):

- Batch discharge** (includes periodic, controlled, and intermittent). Provide the following information:
 1. Number of discrete batch discharges per year: _____
 2. Average duration of each discharge (days): _____
 3. Average flow rate for each discharge (mgd) _____
- Non-discharging**. Date of last discharge: _____
 1. Explain improvements made that allowed discharge to cease: _____

b. Additional wastewater disposal methods (*check each that apply*):

- Surface impoundment. If applicable, date plan & specification approved: _____
 - Location: _____ Annual ave. daily volume (mgd) _____ Estim days/year: _____
- Land application. If applicable, date plan & specification approved: _____
 - Location: _____ Annual ave. daily volume (mgd) _____ Estim days/year: _____
 - Date of most recent Nutrient Management Plan update: _____
- Transport to another treatment works
 - Transporter: _____ Annual ave. daily volume (mgd) _____ Estim days/year: _____
- Underground percolation/well injection. If applicable, date plan & specification approved: _____
 - Location: _____ Annual ave. daily volume (mgd) _____ Estim days/year: _____

Section G - Effluent Monitoring Information:

All data must be based on 40 CFR 136 methods and be no more than 4.5 years old. If no discharge in this timeframe indicate "NA."

Pollutant ⁽¹⁾	Maximum	Long Term Average	Units	No. of Analyses
1. Total Suspended Solids (TSS)				
2. Biochemical Oxygen Demand (BOD ₅)				
Carbonaceous BOD ₅ (CBOD ₅)* <i>*optional – only if permittee requests ⁽²⁾</i>				
3. pH	<u>Max:</u>	<u>Min:</u>	s.u.	
4. Temperature (winter)				
5. Temperature (summer)				
6. <i>E. Coli</i> bacteria ⁽³⁾			#/100 mL	
7. Dissolved Oxygen ⁽⁴⁾	<u>Min:</u>			
8. Oil and Grease				
9. Total Residual Chlorine (TRC) ⁽⁴⁾				
10. Ammonia				
11. Total Kjeldahl Nitrogen (TKN) ^(4,5)				
12. Nitrate+ Nitrite (NO ₃ +NO ₂)				
13. Total Nitrogen (TN) ^(4,5)				
14. Total Phosphorus (TP) ^(4,5)				
15. Total Dissolved Solids (TDS) ⁽⁴⁾				
16. Other:				

Footnote:

- (1) Data for each parameter required unless otherwise noted.
- (2) As allowed under 40 CFR 133.102(a)(4), DEQ may substitute CBOD₅ for BOD₅ upon request of applicant.
- (3) Reporting *Escherichia coli* (*E. coli*) bacteria as #/100 milliliters (mL) includes either most probable number (mpn) per 100 mL or colony-forming units (cfu) per 100 mL. Report the geometric mean rather than the long-term average.
- (4) Provide requested data only if available.
- (5) Provide nutrient data taken in the applicable summer period (typically July 1 – September 30th) if discharge has occurred in that timeframe.

CBOD₅ – For Batch Discharging Subgroup, only. Are you requesting to substitute CBOD₅ in lieu of BOD₅?

- No, please maintain BOD₅ as the appropriate parameter for limits and compliance monitoring
- Yes, please replace BOD₅ with CBOD₅ as the appropriate parameter for limits and compliance monitoring

Section H - Demonstration of Eligibility for Less Stringent Technology-based Effluent Limits

FOR BATCH DISCHARGING SUBGROUP, ONLY. Facilities will be subject to the default, National Secondary Standards (NSS), unless there is sufficient demonstration for eligibility for treatment equivalent to secondary (TES) for either 5-day biochemical oxygen demand (BOD₅) and/or Total Suspended Solids (TSS) or alternative state requirements (ASR) for TSS. Provide information to support your request for less stringent limits and select the appropriate TSS and BOD₅ standards that apply to your facility.

Step One: Provide information to support eligibility for less stringent TBELs:

Indicate whether you are requesting TES or ASR for one or both parameters. If so, provide the 95th percentile of the monthly and weekly average concentrations for the applicable parameter (TSS and/or BOD₅/CBOD₅) for the past 2 to 4.5 years.

Parameter	Units	Requesting Less Stringent TBELs?	95 th Percentile Monthly Average	95 th Percentile Weekly Average	Date Range (Mo/Yr to Mo/Yr)
TSS	mg/L	Y N			
BOD ₅ / CBOD ₅	mg/L	Y N			
	% removal	--	5 th percentile: _____	NA	

Certification that proper operation and maintenance was conducted – provide narrative overview below.

Proper Operation & Maintenance: *Provide justification (attach sheet(s) as necessary) for meeting TES or ASR, above. Examples include following O&M Manuals, active involvement in managing lagoon, and conducting optimization or other assessment.*

Step Two: Select the appropriate TSS Category for Batch Dischargers (Check one):

- (A) TSS - National Secondary Standards (NSS)**
Limits = 30 mg/L monthly average and 45 mg/L weekly average – default, no demonstration needed (*i.e. NSS is required unless the applicable conditions are met for TES or ASR*).
- (B) TSS - Treatment Equivalent to Secondary (TES)**
Limits = 45 mg/L monthly average and 65 mg/L weekly average – applies if the 95th percentile TSS effluent quality for the previous 2 to 4.5 years’ is 30 - 45 mg/L monthly average and/or 45 - 65 mg/L weekly average; the facility has demonstrated proper operation & maintenance; and has ≥ 65% BOD₅ removal.
- (C) TSS - Alternative State Requirements (ASR)**
Limits = 100 mg/L monthly average and 135 mg/L weekly average – applies if the 95th percentile TSS effluent quality for the previous 2 to 4.5 years’ is > 45 mg/L monthly average and/or > 65 mg/L weekly average; the facility has demonstrated having proper operation & maintenance; and on a monthly average basis treats to or better than 45 mg/L BOD₅ and has ≥ 65% BOD₅ removal.

Step Three: Select the appropriate BOD₅ Category for Batch Dischargers (Check one):

- (1) National Secondary Standards (NSS) – BOD₅/CBOD₅**
Limits = 30 mg/L monthly average, 45 mg/L weekly average, and 85% removal – default, no demonstration needed (*i.e. NSS is required unless the applicable conditions are met for TES*).
- (2) Treatment Equivalent to Secondary (TES) – BOD₅/CBOD₅**
Limits = 45 mg/L monthly average, 65 mg/L weekly average, and ≥ 65% removal – applies if the 95th percentile BOD₅ effluent quality for the previous 2 to 4.5 years’ is > 30 mg/L monthly average and/or > 45 mg/L weekly average and facility has demonstrated proper operation & maintenance.

Section I – Sludge Handling – All Facilities

Has sludge been removed from the lagoon within the past five years?

Yes.

No.

If no, When was the last year sludge was removed? _____

Have you evaluated the sludge depth within the past five years?

Yes, the depth is _____.

No.

Section J - Sage Grouse Habitat – Applicable Facilities

A Sage Grouse Consultation letter is not required for domestic sewage treatment lagoons that are renewing coverage unless the permittee has expanded the treatment area footprint and the expanded facility is located outside of an incorporated city or town. If you are submitting an NOI for a new facility, or a facility that has expanded its' footprint, visit the Montana Sage Grouse Habitat Conservation Program website (*see instructions for link*) and determine if the domestic lagoon facility is located in designated sage grouse habitat (core, general, and/or connectivity) but outside of incorporated cities and towns.

Is the new or expanded domestic treatment lagoon within sage grouse habitat?

Yes: Submit application to the Sage Grouse Program and attach a copy of the application and resulting consulting letter.

No: Project is not located in a designated habitat. No further effort needed.

NA: This permitting action is for a renewal of an existing facility.

Section K - New Facilities

This section must be completed by any new domestic sewage treatment lagoon seeking coverage under this general permit.

Note that this can only apply to dischargers to ephemeral waterbodies.

A. NRIS. Describe the potential impacts of the proposed activity on unique ecological resources, species of special concern, including vegetation, wildlife, fish or aquatic resources, or habitat. Attach analysis from Montana Natural Heritage Program and any applicable maps or analysis from the Natural Resource Information System (NRIS).

B. SHPO. Describe the potential impact of the proposed activity on any historical, cultural, or archeological resources. Attach analysis from the Montana State Historic Preservation Office (SHPO).

Section L - CERTIFICATION FOR ALL OWNER/OPERATORS

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

- 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]

A. Name (Type or Print)

B. Title (Type or Print)

C. Phone No.

D. Signature

E. Date Signed

Section M – Authorized Representative:

In order for future reports, including Discharge Monitoring Reports (DMRs), 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(es)):*

- I designate the Facility Contact listed in Section B as a duly authorized individual
- I designate the Applicant Contact listed in Section C as a duly authorized individual
- I designate the following other 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.