



WATER PROTECTION BUREAU

Agency Use

Permit No.:

Date Rec'd

Amt Rec'd

Check No.

Rec'd By

FORM
1

GENERAL INFORMATION
(See instructions before completing)

Section A – Montana Pollutant Discharge Elimination System

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
1. Is this facility a publicly owned treatment works which results in a discharge to state surface waters or waters of the U.S.? (FORM 2A)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	2. 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.? (FORM 2B)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
3. 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? (FORM 2C)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	4. 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? (FORM 2D)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
5. Does this facility discharge only non-process wastewater, not subject to federal effluent guidelines or new source performance standards to state surface waters? (FORM 2E)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	6. Does this facility discharge or propose to discharge storm water associated with industrial activity either alone or in combination with non-storm water discharges? (FORM 2F)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

Montana Ground Water Pollution Control System (MGWPCS)

7. Does this facility discharge sewage to ground water through infiltration, percolation or other methods of subsurface disposal? (GW-1)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	8. Does this facility discharge industrial wastes, or other wastes, to ground water through infiltration, percolation, or other methods of subsurface disposal? (GW-2)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
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Section B – Facility or Activity Information

Facility Name _____

Facility Location _____

City, State, Zip _____

Telephone Number _____ County: _____

Township: _____ Range: _____ Section: _____ ; _____ 1/4 _____ 1/4 _____ 1/4

Latitude: _____ Longitude: _____

Is the facility located on Indian lands? YES NO

Section C – Facility Contact

Facility Contact Name/Title _____

Mailing Address _____

City, State, Zip _____

Telephone Number _____ Email _____

Section D – Existing or Pending Permits, Certifications, or Approvals

MPDES Permit _____ 404 Permit (dredge & fill) _____
 UIC # _____ MGWPCS # _____
 Plat Approval EQ # _____ Other _____

Section E – Nature of Business (provide a brief description)

SIC CODES (4-digit, in order of priority)

Code	A. First	Code	B. Second
1		2	
Code	C. Third	Code	D. Fourth
3		4	

MAP: Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures (outfalls), each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area.

Section F – Applicant (Owner/Operator) Information

Applicant (Operator) Name _____
 Mailing Address _____
 City, State, Zip _____
 Telephone Numbers _____
 Is the 'Operator' listed above also the owner? YES NO
 Status of Applicant (*Check One*)
 Federal State Private Public Other (*specify*) _____

CERTIFICATION

Section G – Applicant Information: This application must be completed, signed, and certified 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, it 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 violation.

A. Name and Official Title (Type or Print)	B. Phone No.
C. Signature	D. Date Signed

INSTRUCTIONS FOR

Form 1 – GENERAL INFORMATION

Who Must Apply?

Except as provided in 75-5-401(5), MCA, the Montana Water Quality Act (MWQA) prohibits any of the following activities without a valid permit from the Department:

- 1) construct, modify or operate a disposal system that discharges to any state waters;
- 2) construct or use any outlet for the discharge of sewage, industrial wastes that discharges into any state waters or;
- 3) discharge sewage, industrial or other wastes into any state waters.

State waters includes any body of water, either on the surface or underground (ground water) and includes irrigation systems, drainage systems, ephemeral and intermittent drainage ways. Treatment works used to collect, treat, transport, or impound pollutants are not state waters.

Do not leave blank spaces; if a question does not apply, put “NA” in the space provided. Please type or print legibly; applications that are not legible will be returned.

Section A – Additional Forms:

Complete Section A (Items 1- 8) to determine which additional forms must be submitted to the Department. If you answer ‘yes’ to any questions, you must submit this form and the supplemental form listed in the parentheses following the question. Mark ‘X’ in the box in the third column if the supplemental form is attached.

Section B – Facility Information:

Give the facility’s official or legal name. Do not use a colloquial name. The facility name means the building, structure (manufacturing, commercial or residential), process, source, or physical site, from which pollutants or wastes are, or will be, collected, generated, stored, treated (treatment works) or discharged (disposal system). The facility may be public or privately owned property, such as, a manufacturing plant, municipal wastewater treatment plant, animal feeding operation or community drain field. Give the address or location of this facility and the most accurate geographic information; latitude and longitude must be accurate to nearest 15 seconds. *See ARM 17.30.1304, ARM 17.30.1001(13) or 75-5-103(24), MCA.* Geographic information may be obtained at <http://nris.state.mt.us>

Section C – Facility Contact:

Give the name, title and work telephone number of 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.

Section D – Existing or Pending Permits, Certifications, or Approvals

Give the permit or approval number for all permits, including general permits that have been issued to the facility, including those permit or approvals which have not been issued.

Section E – Nature of Business:

Provide a brief description of the nature of the business (*e.g., products produced or services provided*).

SIC Codes: List, in descending order of significance, the four 4-digit standard industrial classification (SIC) codes which best describe your facility in terms of the principal products or services you produce or provide. Also, provide a brief description in the space provided. Applicants are encouraged to consult the Standard Industrial Classification Manual for a complete listing of SIC Codes. Copies of the Manual are available through the Government Printing Office in Washington D.C., or on-line at: <http://www.osha.gov/pls/imis/sicsearch.html>

MAP: Maps & well locations may be obtained at <http://nris.state.mt.us> . Provide a topographic map or maps of the area extending at least one mile beyond the property boundaries of the facility which clearly show the following: the legal boundaries of the facility; the location and serial number of each of your existing and proposed intake and discharge structures; all hazardous waste management facilities; each well where you inject fluids underground; and all springs and surface water bodies in the area, plus all drinking water wells within ¼ mile of the facility which are identified in the public record or otherwise known to you.

If an intake or discharge structure, hazardous waste disposal site, or injection well associated with the facility is located more than one mile from the plant, include it on the map, if possible. If not, attach additional sheets

describing the location of the structure, disposal site, or well, and identify the U.S. Geological Survey (or other) map corresponding to the location.

Section F – Applicant (Owner/Operator) Information:

Give the name, as it is legally referred to, of the person, business, public organization, or other entity that owns or operates the facility described in Section B of this application. The operator is the legal entity which controls the facility’s operation. The permit will be issued to the entity identified in this section (Section F). The owner/operator is the entity which is responsible for compliance with the permit, statute and applicable regulations.

Section G – Certification:

This form must be signed and certified by the appropriate official as given in Section G 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 make a false statement, representation, or certification in any application, record, report, plan or other document filed or required to be maintained by the Act, or who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required under the Act. 75-5-633, MCA.

Fees:

The MWQA requires that the Department collect fees sufficient to cover the cost of issuing permits as well as the administrative costs associated with these activities. The Department collects both application and annual fees. Fees vary depending upon the complexity, type and strength of wastewater and the number of discharge points. Fee information is available on the Departments’ website: www.deq.mt.gov or by contacting the Water Protection Bureau at (406) 444-3080. *The Department will not process this application until all of the requested information is supplied, the application is complete, and the appropriate fees are paid.* Return this application form [Form 1] and any supplemental forms, and fee to:

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