



WATER PROTECTION BUREAU

Agency Use

Authorization No.:

Date Rec'd
Amount Rec'd
Check No.
Rec'd By

FORM NOI-580 2017

Notice of Intent (NOI) Domestic Sewage Treatment Lagoons – Batch Dischargers 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 Dischargers. Please read the attached instructions before completing this form. 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.

Section A - NOI Status (check one)

- Checkboxes for New, Renewal, Modification, Resubmitted with corresponding permit number fields.

Section B - Facility Information (See instruction sheet):

Facility Name
Facility Location
City, State, Zip
County
Facility: Latitude Longitude OR
Township Range Section ; 1/4 1/4 1/4
Facility contact person (name, title)

- Is the facility located on Indian Lands?
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?

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

Applicant (Owner/Operator) Name *(see instructions)* \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Applicant contact person *(name, title)* \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail *(optional)* \_\_\_\_\_

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) Codes**

SIC Code	Description	SIC Code	Description
1		2	

*(Provide the four-digit SIC code(s) and description(s) which best reflects the industry activity for the owner/operator).*

**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 maps supplied:

Topographic map  Aerial map  Other map: \_\_\_\_\_

**Section D – Outfall Location(s) and Receiving Water**

Outfall No.	Latitude	Longitude	Receiving Water <sup>(1)</sup> <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”).*

**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: \_\_\_\_\_

**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: \_\_\_\_\_

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.

Pollutant <sup>(1)</sup>	Maximum	Long Term Average	Units	No. of Analyses
1. Total Suspended Solids (TSS)				
2. Biochemical Oxygen Demand (BOD <sub>5</sub> )				
Carbonaceous BOD <sub>5</sub> (CBOD <sub>5</sub> )* *optional – only if permittee requests <sup>(2)</sup>				
3. pH	<u>Max:</u>	<u>Min:</u>	<b>s.u.</b>	
4. Temperature (winter)				
5. Temperature (summer)				
6. <i>E. Coli</i> bacteria <sup>(3)</sup>			<b>#/100 mL</b>	
7. Dissolved Oxygen <sup>(4)</sup>	<u>Min:</u>			
8. Oil and Grease				
9. Total Residual Chlorine (TRC) <sup>(4)</sup>				
10. Ammonia				
11. Total Kjeldahl Nitrogen (TKN) <sup>(4,5)</sup>				
12. Nitrate+ Nitrite (NO <sub>3</sub> +NO <sub>2</sub> )				
13. Total Nitrogen (TN) <sup>(4,5)</sup>				
14. Total Phosphorus (TP) <sup>(4,5)</sup>				
15. Total Dissolved Solids (TDS) <sup>(4)</sup>				
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 CBOD<sub>5</sub> for BOD<sub>5</sub> 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 30<sup>th</sup>) if discharge has occurred in that timeframe.

**CBOD<sub>5</sub>** - Are you requesting to substitute CBOD<sub>5</sub> in lieu of BOD<sub>5</sub>?

- No, please maintain BOD<sub>5</sub> as the appropriate parameter for limits and compliance monitoring
- Yes, please replace BOD<sub>5</sub> with CBOD<sub>5</sub> as the appropriate parameter for limits and compliance monitoring

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

A facility is required to demonstrate eligibility for treatment equivalent to secondary (TES) for either 5-day biochemical oxygen demand (BOD<sub>5</sub>) or Total Suspended Solids (TSS) or alternate state requirements (ASR) for TSS. Otherwise the facility will be subject to the default - National Secondary Standards (NSS). Provide information to support your request for less stringent limits and select the appropriate TSS and BOD<sub>5</sub> standards that applies 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 95<sup>th</sup> percentile of the monthly and weekly average concentrations for the applicable parameter (TSS and/or BOD<sub>5</sub>) for the past 2 to 4.5 years.

Parameter	Units	Requesting Less Stringent TBELs?	95 <sup>th</sup> Percentile Monthly Average	95 <sup>th</sup> Percentile Weekly Average	Date Range (Mo/Yr to Mo/Yr)
TSS	mg/L	Y    N			
BOD <sub>5</sub>	mg/L	Y    N			
	% removal	--	5 <sup>th</sup> 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 95<sup>th</sup> 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% BOD<sub>5</sub> removal.
- (C) TSS - Alternate State Requirements (ASR)**  
Limits = 100 mg/L monthly average and 135 mg/L weekly average – applies if the 95<sup>th</sup> 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 treats to or better than 45 mg/L BOD<sub>5</sub>.

**Step Three: Select the appropriate BOD<sub>5</sub> Category for Batch Dischargers (Check one):**

- (1) BOD<sub>5</sub> National Secondary Standards (NSS)**  
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) BOD<sub>5</sub> - Treatment Equivalent to Secondary (TES)**  
Limits = 45 mg/L monthly average, 65 mg/L weekly average, and ≥ 65% removal – applies if the 95<sup>th</sup> percentile BOD<sub>5</sub> 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 - Sage Grouse Habitat**

Visit the Montana Sage Grouse Habitat Conservation Program (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.

- Yes: Submit application to the Program and attach a copy of the application and resulting consulting letter.  
 No: Project is not located in a designated habitat. No further effort is needed.

**Section J - CERTIFICATION FOR ALL OWNER/OPERATORS**

**Applicant Information:** This form 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, 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 K – 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.