

	AGENCY USE	
Permit No.:		

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

## WATER PROTECTION BUREAU

FORM

308

## **Application for Short-Term Exemption from Surface Water Quality Standards for Emergency Remediation**

This form may be filled out on-screen, then printed, signed, and submitted. Please do not submit via e-mail or fax. Department policy requires original signatures and payment of all required fees before review may begin.

fax. Department policy require	s original signatures and po	nyment of all required fees before review may begin.			
Section A – Owner/Operator					
Name:					
Mailing Address:					
City:	State:	Zip Code:			
Telephone:					
Section B – Contractor respon	sible for the activity				
Name:					
Mailing Address:					
City:	State:	Zip Code:			
Telephone:					
Section C – Receiving Water					
Name of water body:					
Type of water body:					
Name of downstream water body:					
County (or counties) of the construction site:					
Type of water body:  Name of downstream water bod	ly:				

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Legal description:					
Township:	Range:	Section:	1/4 Section:		
Latitude:		Longitude:			
Date activity will commence:		Projected date of	Projected date of completion:		
Section D – Other Appl	ications				
List applications submitted to other agencies or entities for additional permits or authorizations and the status of those applications (approved on what date; denied on what date; pending, submittal date):					
Section E. Description	of activity				
Section E – Description					
Describe the proposed ac	ctivity:				
Discuss any alternatives	to the proposed action	that were or may be cons	idered:		
Describe any measures p (non-target aquatic life, p		· ·	imental impacts to beneficial uses		

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Describe how this activity will be monitored:				
Section F - CERTIFICATION				
<ul> <li>Permittee Information: This form must be completed, signed, and certified as f</li> <li>For a corporation, by a principal officer of at least the level of vice preside</li> <li>For a partnership or sole proprietorship, by a general partner or the proprie</li> <li>For a municipality, state, federal, or other public facility, by either a ranking elected official.</li> </ul>	ent; etor, respectively; or			
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			
The Department will not process this form until all of the requested information is supplied, and the appropriate fees are paid. Return this form and the applicable fee to:				
Department of Environmental Quality				

Department of Environmental Quality
Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901
(406) 444-3080

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