

2. NOTICE OF INTENT REQUIREMENTS

2.1. Deadlines for Submitting a Notice of Intent:

- 2.1.1. Facilities that had coverage under the previous general permit that this permit replaces are required to submit a complete NOI within 90 days after the effective date of this permit if they want to maintain coverage under the general permit.
- 2.1.2. Facilities that did not have coverage under the previous general permit that this permit replaces must submit a complete NOI at least thirty (30) days before:
 - 2.1.2.1. The expected start of discharge from the wastewater lagoon system; or,
 - 2.1.2.2. The date when the operator wants authorization to begin.

2.2. Contents of The Notice of Intent: The Notice of Intent to be authorized to discharge under the provisions of this permit shall be submitted in letter format and include the information listed below:

- 2.2.1. Facility's official or legal name.
- 2.2.2. Legal name, mailing address, and phone number of the owner of the facility.
- 2.2.3. Name, mailing address and phone number of the organization or entity that operates the facility, if different from owner.
- 2.2.4. Name, title, and work phone number of the contact person for the facility. This should be a person that is familiar with the day-to-day operation of the facility.
- 2.2.5. Location of facility: Give section (to nearest quarter section) township, and range (e.g., NW 1/4 sec.5, T.33 N., R.9 W.); latitude and longitude to the nearest 15 seconds; and, if applicable, the street address, city, and county.
- 2.2.6. Is the discharge from this facility located in Indian country?
- 2.2.7. Is the facility tribally owned and/or operated?
- 2.2.8. Does this facility have or did it previously have an individual NPDES permit? If yes, give the number of the permit and the status of the permit.
- 2.2.9. Name of the waterway that will receive the discharge from the lagoon system. If the name of the waterway is unknown, give the name of the first downstream waterway (stream or lake) that the name is known (e.g., unnamed tributary of Rock Creek).
- 2.2.10. For each discharge point from which the facility has either an existing or potential release of treated or untreated wastewater, assign an outfall number (e.g., 001, 002, 003, etc.,) and provide a brief description of the discharge point (e.g., 001, outlet from cell number 3; 002, overflow structure on cell no. 2; 003, bypass structure at headworks of lagoon system, etc.,). **Include intermittent or non-continuous overflows, bypasses or seasonal discharges.** Include latitude and longitude to the nearest 15 seconds for each outfall. If outfall numbers have been assigned on a previous permit application for this facility, the same designation shall be used.

- 2.2.11. A map and/or diagram showing the location of the lagoon system, existing or potential discharge points, and the receiving waterway. Label discharge points by outfall number. All maps and diagrams are to be on 8 ½" by 11" paper. It is acceptable to use a photocopy of the appropriate part of a 7 ½ minute USGS quadrangle map with the necessary information added as appropriate, or aerial internet images.
- 2.2.12. Provide the following plant design and treatment data:
- 2.2.12.1. Give the year the lagoon system was originally constructed and the year(s) of any additions or modifications;
- 2.2.12.2. A line drawing (flow diagram) of the current treatment system. Show all treatment units and existing or potential discharge points. Label the discharge points with outfall numbers;
- 2.2.12.3. A brief description of the types of treatment units employed by the facility;
- 2.2.12.4. For each cell of the lagoon system, give the surface area (in acres or square feet) and the capacity (in million gallons);
- 2.2.12.5. The average and peak design flow (mgd);
- 2.2.12.6. The average and peak design organic treatment capacity (pounds of BOD5 per day or design population);
- 2.2.12.7. Has sludge ever been removed from the lagoon system? If yes, give the years when it was dredged and the approximate quantity removed.
- 2.2.12.8. The name of the nearest waterbody downgradient from the lagoon and the approximate distance from the lagoon to the waterbody.
- 2.2.12.9. The depth, in feet, from the bottom of the lagoon to the annual high groundwater level below the lagoon.
- 2.2.13. List any changes or improvements to the facility, either currently underway or anticipated over the next five (5) years, which will affect the quality of the discharge. Provide a narrative description of each improvement.
- 2.2.14. For each item identified in number 12 above, provide projected dates, as accurately as possible, for completion of each step listed below:
- 2.2.14.1. Beginning Construction Date: _____
- 2.2.14.2. Ending Construction Date: _____
- 2.2.14.3. Beginning Discharge Date: _____
- 2.2.14.4. Operational Level Attained: _____
- 2.2.15. What is the total estimated average daily waste inflow, in mgd, from all non-domestic industrial sources?

2.2.16. Manufacturing and Industrial Operations:

2.2.16.1 Check any facility in the service area of your treatment plant.

- | | |
|--|--|
| <input type="checkbox"/> Beverage Manufacturing | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Concrete Ready-Mix | <input type="checkbox"/> Metal Molding & Casting (Foundry) |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Oil & Gas Extraction |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Waste Treatment |
| <input type="checkbox"/> Meat Products | <input type="checkbox"/> Other, (Describe)_____ |
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2.2.17. Trucked-in Wastes:

2.2.17.1. Does the treatment system receive any trucked-in wastes, including septage haulers? If yes, describe the kinds of waste received and if any such waste is subject to any other state, local or federal regulations. How many days per month is septage dumped, from how many septic companies?

2.2.17.2. Does the facility have a dedicated trucked waste discharge location? If no, where is the trucked waste discharged into the municipal facility?

2.2.18. List the name and actual (or, if unavailable, estimated) population for each municipality, quasi-municipality, or unincorporated area served. Information can be gathered from census data or internet queries (list source of data).

2.2.19. List any discharge sample analyses (e.g., BOD₅, total suspended solids, and fecal Coliforms) which are routinely performed by a contract laboratory or consulting firm. For each pollutant listed, give the name, mailing address, and telephone number of the contract laboratory or consulting firm doing the analysis.

2.2.20. Is a contractor responsible for any operational or maintenance aspects of your facility? If yes, give the name, mailing address, and telephone number of the contractor and describe the contractor's responsibilities.

2.2.21. Specify which of the following categories of operational requirements that you wish to be authorized for coverage under this permit:

2.2.21.1. No prior notification is required before starting to discharge (Category 1); (Typically for continuous dischargers)

2.2.21.2. Prior notification is required before starting to discharge (Category 2); or (Typically for seasonal dischargers)

2.2.21.3. The lagoon system is required to have no discharge (Category 3). (Limited to complete retention lagoons that do not discharge)

The category of operational requirements authorized for the lagoon system will be specified by EPA in the letter authorizing coverage under this permit. The category of operational requirements approved by EPA may be different from that requested in the Notice of Intent.

- 2.2.22. Identify all plant or animal species listed on the Federal or applicable state list of endangered or threatened species or a specific critical habitat of an endangered or threatened species in your county. This information can be gathered by contacting your local Fish and Wildlife office, or by searching the FWS website at:

<http://www.fws.gov/mountain-prairie/endspp/>

- 2.2.23. Will the proposed action by the applicant affect properties listed, or eligible for listing, on the National Register of Historic Places? (Buildings, archaeological sites, National Historic Landmarks; objects of significance to a Tribe including graves, funerary objects, and traditional cultural properties). If yes, provide specific details. This information can be gathered by contacting your local Tribal Historical Preservation Officer or designated tribal official. Also provide the name, the work telephone number, and work address of the person contacted for the information.
- 2.2.24. Report the results of any monitoring of discharges that occurred during the past three (3) years. Include the dates and location of any samples that were taken.
- 2.2.25. The Notice of Intent must be submitted by the organization or entity that has the legal responsibility for operating the wastewater lagoon system, shall be signed in accordance with the requirements of Part 8.7, and the person signing the Notice of Intent shall make 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 person or 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.”

Typed or Printed Name:

Signature _____ Date

Title:

Upon review of the NOI, the Director may request additional information. **Authorization to discharge under this permit does not begin until the operator receives written authorization from the Director.**

2.3. Where to Submit Notice of Intent

The completed NOI must be submitted to the following address:

U.S. EPA, Region 8, Montana Office
NPDES Program
10 W 15 Street, Suite 3200
Helena, MT 59626

A copy of the completed NOI shall be submitted to the applicable Tribe (see Part 11 for list of Tribes.)