



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 8
1595 WYNKOOP STREET
DENVER, COLORADO 80202-1129

Notice of Intent (NOI) for Coverage under the EPA Region 8 Lagoon General Permit for Wastewater Systems located in Indian Country (LGP) in Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming.

In order to be covered under the LGP, a facility must (at a minimum) be a Publicly Owned Treatment Works (POTW) or a casino that meets the following requirements:

- 1) The facility is located in Indian country in EPA Region 8; and
- 2) The wastewater treatment facility is primarily a lagoon treatment system, not a mechanical or package plant.

NOTE: The Supplementary Information box in Section M of the NOI can be used if additional space is needed to provide information for any question.

A. PREVIOUS PERMIT

1. Does the facility have or did it previously have coverage under an individual or general NPDES permit?

Yes, must answer 1a) and 1b) below

No, skip to Section B. Facility Information

1a. What is the facility's permit number?

1b. What is the current status of that facility's permit?

| | |
|-----------|---------|
| Effective | Expired |
|-----------|---------|

| | |
|----------------------------|-----|
| Administratively Continued | n/a |
|----------------------------|-----|

B. FACILITY INFORMATION

Facility Name

Street Address

City, State, Zip

County:

Phone Number:

Facility Owner
(first and last name/ company
name if applicable)

Street Address

City, State, Zip

Phone Number/ E-mail

Facility Operator
(first and last name/ company
name if applicable)

Street Address

City, State, Zip

Phone Number/ E-mail

Authorized Official
(first and last name)

Street Address

City, State, Zip

Phone number/ E-mail

Other Contact(s)

Phone Number(s)/ E-mail(s)

C. CATEGORY OF COVERAGE

- Specify the category of operational requirements for which you wish to be authorized under this general permit?

NO DISCHARGE (NODIS), skip to Section D. Indian Country

No Authorization to Discharge. The lagoon system is required to have no discharge; this category is for those facilities that normally do not anticipate discharge to occur.

DISCHARGE (DIS), must answer 1a) and 1b) below

Authorization to Discharge. This category is used for wastewater lagoon systems that either discharge on a continuous basis, discharge most of the time, discharge intermittently, or discharge seasonally.

- Frequency of discharge (e.g. continuous, intermittent):

- If discharging less than continuous, what approximate frequency (e.g. weekly, bi-weekly, monthly, quarterly, semi-annually, annually, etc.):

Note: 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.

D. INDIAN COUNTRY

If this facility is not located in Region 8 Indian Country, the facility is not eligible for coverage under the Lagoon General Permit, do not continue with submission of the NOI and submit an individual permit application.

- Which of the following reservations is the facility located on (Region 8 Reservations - 27 federally recognized tribes on 26 Indian reservations):

| | |
|---|--------------------------------------|
| Blackfeet Indian Reservation of Montana | Cheyenne River Reservation |
| Crow Creek Reservation | Crow Reservation of Montana |
| Flandreau Santee Reservation | Flathead Reservation |
| Fort Belknap Indian Reservation | Fort Berthold Indian Reservation |
| Fort Peck Reservation | Lake Traverse Reservation |
| Lower Brule Reservation | Northern Cheyenne Indian Reservation |
| Northwestern Band of Shoshone Nation | Paiute Indian Reservation |
| Pine Ridge Reservation | Rocky Boy's Reservation |
| Rosebud Indian Reservation | Skull Valley Reservation |
| Southern Ute Reservation | Spirit Lake Reservation |
| Standing Rock Reservation | Turtle Mountain Indian Reservation |
| Uintah & Ouray Reservation | Ute Mountain Reservation |
| Wind River Reservation | Yankton Sioux Reservation |

2. Is the facility tribally owned?

Yes, must answer 2a) below

No, must answer 2b) below

2a) What tribe owns the facility:

2b) What entity owns the facility:

3. Is the facility tribally operated?

Yes, must answer 3a) below

No, must answer 3b) below

3a) What tribe operates the facility:

3b) What entity operates the facility:

E. FACILITY LOCATION

1. Location of facility: Give section (to nearest quarter section) township, and range; the latitude and longitude; and the street address, city, and county.

F. RECEIVING STREAM / WATERWAY

1. 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).

G. FACILITY DISCHARGE

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 number 2; 003, bypass structure at headworks of lagoon system, etc.) in the following table.

Note: Include discharge points for intermittent or non-continuous overflows, bypasses or seasonal discharges.

| Description (e.g. NE lagoon, secondary lagoon w/ aerator, finishing pond and discharge, etc.): | Latitude/Longitude: |
|--|---------------------|
| Outfall 001: | |
| Outfall 002 (if applicable): | |
| Outfall 003 (if applicable): | |

Additional Outfalls (assign an outfall number (e.g., 001, 002, 003, etc.), provide a brief description of the discharge point, and the lat./long. coordinates):

H. SYSTEM USERS

1. What is the total estimated average daily wastewater inflow, in MGD (million gallons per day), received by the facility?
2. Is the collection system a combined storm and sanitary sewer system?
No

Yes - if yes, describe (e.g. general collection system description (% influent from storm system), approximate number/area of storm drains, any storm water best management practices (BMPs) utilized to control stormwater pollutants, etc.):

3. Wastewater sources (select one of the following):

The wastewater lagoon system treats only domestic wastewater (e.g., restroom facilities, washing, bathing, non-commercial/non-industrial food preparation, non-commercial/non-industrial laundry, etc.). No influent from any non-domestic wastewater sources, such as those listed in the following question 3b), is received. If selected, skip to question 4.

The wastewater lagoon system treats primarily domestic wastewater (~80% or greater average total influent flow) and receives non-domestic wastewater influent contributions from sources such as those listed in the following question 3b). If selected, must complete the following questions 3a) and 3b).

3a) What is the total estimated average daily wastewater inflow, in MGD, from all non-domestic wastewater sources?

3b) Non-Domestic wastewater sources:

Provide information on any businesses (industrial or commercial) that discharge to the lagoon facility. Please select all that apply and indicate what approximate percentage of the wastewater lagoon's total estimated average daily wastewater inflow consists of each (e.g. 5% of the total estimated average daily waste inflow to the lagoon consists of discharges from grocery stores):

| Type of wastewater influent: | % of total estimated average daily wastewater inflow |
|--|---|
| Food service establishment (e.g., restaurants, cafeterias, etc.; does <u>not</u> include food product manufacturers/producers) | |
| Grocery/convenience store | |
| Hotel (rooms only) | |
| Hotel (rooms and food service/restaurant establishment) | |
| Swimming pool facilities (including hotel swimming pools) | |
| Casino (standalone casino) | |
| Casino (with hotel/overnight rooms only) | |
| Casino (hotel/overnight rooms and food service/restaurant establishment) | |
| Golf course or other recreational fields (irrigation runoff water only) | |
| Gas stations (stormwater runoff only) | |
| Industrial/commercial laundry facilities | |
| Car wash facilities | |
| Automotive repair facilities | |
| RV parks/RV dump stations | |
| Hospitals/medical clinics | |
| Dialysis treatment | |
| Dental facilities | |
| Dairy product manufacturing (milk, ice cream, yogurt, etc.) | |
| Food manufacturing (bakeries, beverage bottling, meat processing, etc.) | |
| Metal finishers | |
| Machine shops | |
| Refineries, Type: _____ | |
| Drinking water plants (e.g. backwash water) | |
| Leather tanning & finishing | |
| Oil and gas extraction | |

Other (and approximate percentage of each). Note: If listing additional manufacturing facilities other than those listed above, include name of facility and type of product produced.: _____

4. Trucked-in Wastes: Does the treatment system receive any trucked-in wastes, including septage haulers?

Yes, must complete questions 4a) thru 4e) below

No, skip to question 5

4a) If yes, describe the kinds of waste received and volume, and if any such waste is subject to any other state, local or federal regulations (please cite and describe the regulation(s)).

4b) How many days per month is septage/hailed waste discharged, from how many septic/hailed waste companies.

4c) Does the facility have a dedicated trucked waste discharge location?

Yes, skip to question 4e)

No, must answer question 4d) below

4d) If no, where is the trucked waste discharged into the municipal facility?

4e) Are there known impacts (sanitary sewer overflows, obstructions, increased jetting) to the lagoon or collection system from oil and grease in the sewer system?

Yes

No

5. 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).

6. List any discharge sample analyses (e.g., BOD₅, TSS, and *Escherichia coli* or fecal coliform) which are routinely performed by a laboratory or consulting firm. For each pollutant listed, provide the name and address of the laboratory doing the analysis.

| Laboratory: | Address: | Analysis Performed: |
|-------------|----------|---------------------|
| | | |
| | | |
| | | |

NOTE: If additional space is needed, please use the "supplementary information" page at the end of the document.

I. DESIGN AND TREATMENT DATA

1. Give the year the lagoon system was originally constructed.
 2. List any modifications and the year(s) of any additions or modifications since originally constructed:
 3. Provide the following plant design and treatment data (continues onto following page, if needed).
For each cell or wetland of the lagoon system, give the surface area (in acres or square feet) and the capacity (in million gallons):

Cell 1

Cell 2

Cell 3

Cell 4

Cell 5

Wetland 1

Wetland 2

4. The facility's average and peak design flow (MGD):

5. The average and peak design organic treatment capacity (pounds of BOD5 per day or design population):

6. Has sludge been removed from the lagoon system in the last 5 years?

Yes, must answer question 6a)

No, skip to question 7

Don't know, skip to question 7

6a) If yes, give the years when it was dredged, the approximate quantity removed, and description of how it was disposed of.

7. The depth, in feet, from the bottom of the lagoon to the annual high groundwater level below the lagoon.
-

J. PLANNED IMPROVEMENTS

1. List any changes or improvements to the facility (lagoon or collection system), either currently underway or anticipated over the next five (5) years, which will affect the quality or quantity of the discharge. Provide a narrative description of each improvement.

K. ENDANGERED SPECIES REQUIREMENTS

1. Will the proposed action by the applicant affect endangered or threatened species or a specific critical habitat of an endangered or threatened species in your county? As required by Part 1.3.5, you must meet one or more of the following six criteria (A-F) to be eligible for coverage under the permit for your wastewater discharge and discharge-related activities. Use Appendix B of the permit for full language associated with applicable FWS criterion:

Note: County information and planning tools from the U.S. Fish and Wildlife service are provided by the Information for Planning and Conservation (IPaC) website available at:

<http://fws.gov/endangered>

Criterion A - No federally-listed threatened or endangered species or their designated critical habitat are likely to occur in the “action area”.

Criterion B - Consultation between a Federal agency and the U.S. Fish and Wildlife Service (the “FWS”) under section 7 of the ESA has been concluded.

Criterion C - Your activities are authorized through the issuance of a permit under section 10 of the ESA, and authorization addresses the effects of the wastewater discharges related activities on federally-listed species and federally-designated critical habitat. You must keep documentation with your permit, including a copy of the permit from the FWS.

Criterion D - Coordination between you and the FWS Service under Section 7 of the ESA has been concluded. The result of the coordination must be a written statement from the FWS concluding that your wastewater discharges and related activities are not likely to adversely affect federally-listed threatened or endangered species and federally-designated critical habitat.

Criterion E - Federally-listed threatened or endangered species or their designated critical habitat(s) are likely to occur in or near your facility’s “action area,” and your wastewater discharges and related activities are not likely to adversely affect listed threatened or endangered species or critical habitat. To certify your eligibility under this criterion, you must follow the assessment procedures in this appendix.

Criterion F - The facility’s wastewater discharges and related activities were already addressed in another operator’s valid certification of eligibility for your “action area” and there is no reason to believe that federally-listed species or federally-designated critical habitat not considered in the prior certification may be present or located in the “action area”.

If none of the six criteria apply, you cannot submit an NOI and you must apply for an individual permit.

L. NATIONAL HISTORIC PRESERVATION ACT REQUIREMENTS

1. Will the proposed action by the applicant affect properties listed, or eligible for listing, on the National Register of Historic Places? As required by Part 1.3.6 of the permit, you must meet one or more of the following four criteria (A-D) to be eligible for coverage under the permit for your wastewater discharge and discharge-related activities. Select the NHPA criterion applicable:

Note: National Historic Preservation Act information can be found by contacting your local Tribal Historic Preservation Officer (THPO). The National Association of Tribal Historic Preservation Officers maintains THPO information on their website:

<http://nathpo.org/wp/thpos/find-a-thpo/>

Criterion A - Your wastewater discharges and related activities do not have the potential to have an effect on historic properties, because there will be no new ground-disturbing activity on your site and no new discharges.

Criterion B - Your wastewater discharges and related activities may have the potential to have an effect on historic properties, but there are no historic properties within the area of potential effects (APE).

Criterion C - Your wastewater discharges and related activities have the potential to have an effect on historic properties, and there are historic properties within the APE, and you have obtained and are in compliance with a written agreement with the HPO regarding measures to mitigate or prevent any adverse effects on historic properties.

Criterion D - You have contacted the State Historic Preservation Officer, Tribal Historic Preservation Officer, or other tribal representative and EPA in writing informing them that you have the potential to have an effect on historic properties and you did not receive a response from the SHPO, THPO, or tribal representative within 30 days of receiving your letter.

If you have been unable to reach agreement with a SHPO, THPO, or other tribal representative regarding appropriate measures to mitigate or prevent adverse effects, EPA may notify you of additional measures you must implement to be eligible for coverage under this permit.

If none of the four criteria apply, you cannot submit an NOI and you must apply for an individual permit.

M. ADDITIONAL AND SUPPLEMENTAL REQUIREMENTS:

ADDITIONAL REQUIREMENTS - ATTACHMENTS

(attach with email submittal or mail in document)

1. Attach 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. It is acceptable to use a satellite or aerial internet images with the necessary information added as appropriate.

ADDITIONAL REQUIREMENTS (cont.) - ATTACHMENTS

(attach with email submittal or mail in document)

2. Attach 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:

SUPPLEMENTARY INFORMATION (text information)

N. FORM PREPARER

1. What is the full name (print first and last name) of the person who completed the information on this form?

 2. What is the date that the information on this form was prepared?
-

O. CERTIFICATION

The Notice of Intent must be submitted by the organization or entity that has the legal responsibility for operating the wastewater lagoon system and shall be signed in accordance with 40 C.F.R. 122.22(a), copied below:

(a) *Applications.* All permit applications shall be signed as follows:

(1) *For a corporation.* By a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (i) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

NOTE: EPA does not require specific assignments or delegations of authority to responsible corporate officers identified in §122.22(a)(1)(i). The Agency will presume that these responsible corporate officers have the requisite authority to sign permit applications unless the corporation has notified the [EPA] to the contrary. Corporate procedures governing authority to sign permit applications may provide for assignment or delegation to applicable corporate positions under §122.22(a)(1)(ii) rather than to specific individuals.

(2) *For a partnership or sole proprietorship.* By a general partner or the proprietor, respectively; or

(3) *For a municipality, State, Federal, or other public agency.* By either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes: (i) The chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

The person signing the Notice of Intent makes 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."

Signature:

Name (print):

Title:

Date:

Upon review of the submitted NOI, the EPA may request additional information.

Authorization to discharge under this permit does not begin until the operator receives written or electronic authorization from the EPA.