



Agency Use

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM
NOI-77

**Notice of Intent (NOI)
Disinfected Water and Hydrostatic Testing
MTG770000**

The NOI-77 form must be completed by the owner or operator of a disinfected water or hydrostatic testing operation eligible for coverage under the Montana Department of Environmental Quality's (DEQ) Disinfected Water & Hydrostatic Testing General Permit. **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-77 form for your records.

Section A – NOI-77 Status *(If no prior NOI-77 was submitted, DEQ will assign a permit number)*

Permit Number: M T G 7 7 New Resubmitted Renewal Modification

Section B – Applicant (Owner/Operator) Information

Owner/Operator Name _____

Contact Person, *if different than Owner/Operator (name, title)* _____

Mailing Address _____

City, State, and Zip Code _____

Phone Number, Email Address _____

Section C – Activity Information:

Operation Site Name _____

Operation Site Location _____

City or Town, Zip Code, County _____

Latitude, Longitude _____, _____

Located Within Indian Country: Yes No *(If yes, obtain the permit through EPA, not DEQ)*

Type of Activity (select one): Disinfected water discharge Hydrostatic testing of equipment **not** previously associated with petroleum uses Hydrostatic testing of equipment previously associated with petroleum uses Hydrant flushing

Standard Industrial Classification (SIC) Codes:

List the SIC code(s) that best describe the operation.

SIC Code	Description
(1)	

SIC Code	Description
(2)	

Section D – Outfall Description and Location(s):

MAP: Attach a map of the area, adhering to the following requirements:

- Topographic map extending at least one mile beyond activity boundaries or site of the operation
- Identify the receiving water and other surface water bodies located near the site or activity boundaries

Identify the receiving water(s) and outfalls where discharge will take place:

Outfall Number	Latitude	Longitude	Average discharge flow (include units)	Name of Receiving Water
001				

Section E – Additional Information

Description of project and activity: _____

Will dehalogenation chemicals be used? Yes No

(If yes, include a copy of the chemical package label stating the dosage rate)

Are any of the receiving waters classified as A-1, A-Closed? (See [ARM 17.30.601-670](#)). Yes No

Are any of the receiving waters on the 303(d) list for pollutants in the General Permit? Yes No

Is the operation located in designated sage grouse core, general, or connectivity habitat? Yes No

(If yes, contact the [Montana Sage Grouse Habitat Conservation Program](#) for consultation and include the resulting letter with this NOI)

New applications for hydrostatic testing activities, please attach the following supplemental information:

- Contact the [Montana Natural Heritage Program](#) for project review and attach the resulting analysis
- Contact the [Montana State Historic Preservation Office](#) for project review and attach the resulting analysis

Section F – Certification

All Applicants Must Complete the Following Certification:

I certify under penalty of law that this document and all attachments are accurate and true. 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].

Name (Type or Print)

Title (Type or Print)

Phone Number

Signature

Date Signed

Notice of Intent (NOI-77) Instructions

Disinfected Water and Hydrostatic Testing General Permit MTG770000

The NOI-77 form must be completed by the owner/operator of the operation eligible for coverage under DEQ's Disinfected Water and Hydrostatic Testing General Permit. Corresponding documents and related forms are available on DEQ's website at: <http://deq.mt.gov/water/resources/Forms> or from DEQ by calling (406) 444-5546. **Do not use this form to transfer permit coverage to a new owner or operator. For a permit transfer you must use Form PTN.**

You must provide a complete NOI package before DEQ can authorize your proposed activity. A complete package includes all requested information on the NOI-77 form, submittal of applicable fees, and completed certification by the appropriate signatory.

Fee Information: Each NOI-77 option requires a fee.

- New Application: \$1,200
- Resubmitted Application: \$500
- Renewal Application: \$800
- Modification: \$500

Please type or print legibly; applications that are not legible or incomplete will be returned. Responses must be self-explanatory and must not refer exclusively to attached maps, plans, or documents. You must maintain a copy of the general permit and completed NOI-77 form for your records. The completed form and fee can be submitted as follows:

- Online Submission: Fees, Applications, and Compliance Tracking System (FACTS) at <http://deq.mt.gov/Public/FACTS>
- Mail-in Submission: Montana Department of Environmental Quality, Water Protection Bureau, PO Box 200901 Helena, MT 59620-0901

SPECIFIC ITEM INSTRUCTIONS

Section A – NOI-77 Status and Fee

Permit Number: Leave this blank if this is your first submission under the general permit. Otherwise, provide your MPDES permit number (beginning with MTG77) previously assigned by DEQ.

- New: Check this box if this is the first NOI submission for this operation under the general permit.
- Resubmitted: If your previously submitted NOI was returned to you as deficient or incomplete, check resubmitted
- Renewal: Check this box if your operation is currently covered under the 2016-General Permit and you wish to continue coverage
- Modification: Check this box if there is a change in the operation or site information. (This does not apply to permit transfers.)

Section B – Applicant (Owner/Operator) Information

Owner/Operator Name: Give the legal name of the person, business, or other entity that owns, operates, controls, or supervises the operation. **The permit will be issued to the entity identified in this section.** The owner/operator assumes all liability for discharges from the site and compliance with the terms and conditions of the general permit. If the owner/operator is other than an individual or government entity, it must be registered with the Montana Secretary of State's office.

Contact Person (if different than Owner/Operator): The applicant contact person must be thoroughly familiar with the operation and the facts reported in this form. DEQ must be able to contact this person for additional information.

Complete the contact information as requested (mailing address, city, state, zip code, phone number, and email address).

Section C – Activity Information

Operation Site Name: Give the facility's official or legal name. Do not use a colloquial name. The facility name means the building, structure, process, source, or physical site from which pollutants or wastes will be collected, generated, stored, treated, or discharged.

Operation Site Location: This description may be a physical address or description of how the site may be accessed. P.O. Boxes are not acceptable. If the street address is not available, include the nearest intersection or other identifying information.

City or Town, Zip Code, County: This is the city or town that is closest to the operation site.

Latitude, Longitude: Latitude and longitude coordinates must be accurate. DEQ prefers the location be specified in decimal degrees, accurate to the fourth decimal place. If the preferred decimal degrees are not used, then the coordinates must be provided in degrees, minutes, and seconds, accurate to the nearest second. Geographic information may be obtained at <http://nris.msl.mt.gov/> and <http://deq.mt.gov/Water/Resources/cwaic>.

Answer the provided questions regarding location in Indian Country and additional site activity.

Standard Industrial Classification (SIC) Codes: List the SIC code(s) that best describes the operation. SIC Codes and conversions from the newer North American Industry Classification System can be found at <http://www.census.gov/epcd/www/naics.html> and <http://www.osha.gov/pls/imis/sicsearch.html>.

Section D – Outfall Description and Location(s)

MAP: Attach a topographic map of the area extending at least one mile beyond the property or site boundaries. The map must be easily legible and show the operation boundaries and receiving water(s). NOI-77 forms submitted with incomplete or illegible maps will be considered incomplete and returned with instructions to provide an appropriate map.

Identify the receiving water(s) and outfalls where discharge will take place:

Provide a list of all discharge locations (outfalls) and their latitude, longitude, average discharge flow, and receiving water name. For renewals, use the outfall number(s) specified in the current authorization. For new projects, list all outfalls starting with 001 and continuing 002, 003, etc.

Section E – Additional Information

Describe the project or activity at the site and answer the provided questions. For questions regarding the receiving water(s), classifications and impairment information can be found on the Clean Water Act Information Center (CWAIC) website at <http://deq.mt.gov/Water/Resources/cwaic>

Visit the Montana Sage Grouse Habitat Conservation Program website (<https://sagegrouse.mt.gov/>) to determine if the proposed operation is located in designated sage grouse core, general, or connectivity habitat. If so, submit an application to the program and attach the resulting consultation letter to this NOI.

New applications for hydrostatic testing sources are required to contact both the Montana Natural Heritage Program (MNHP) and the Montana State Historical Preservation Office (SHPO) for project review. Please attach the resulting analyses to the NOI.

- MNHP: <http://mtnhp.org/>
- SHPO: <http://mhs.mt.gov/shpo/>

Section F - Certification

This is certification that the applicant will comply with the terms and conditions of the General Permit. Certification must be completed by the applicant (owner/operator) responsible for the authorization as identified in Section B (summarized below):

- 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
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.