INSTRUCTIONS FOR Form NOI – 581
General Permit for Domestic Sewage Treatment Lagoons – Continuous Dischargers (MTG581000)

The Domestic Sewage Treatment Lagoons – Continuous Dischargers Notice of Intent Form (NOI form) is to be completed by the owner/operator of a domestic sewage treatment lagoon that is eligible for coverage under DEQ's *General Permit for Domestic Sewage Treatment Lagoons – Continuous Dischargers (General Permit)*. General permit documents and related forms are available on the DEQ website at: http://deq.mt.gov/Water/WPB/mpdes#GP or from DEQ by calling (406) 444-3080.

You must provide all of the information requested in the NOI form to be complete, including submittal of specified fees and completed certification by the appropriate signatory. Please type or print legibly; applications that are not legible or are not complete will be returned. Responses must be self-explanatory and must not refer exclusively to attached maps, plans, or documents. Mail the completed NOI Form and fee to:

Montana Department of Environmental Quality
Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901

After receipt of a complete NOI package, DEQ will issue an authorization letter that contains the specific effluent limits and monitoring schedule for your facility based on the data supplied in the NOI form. **You must maintain a copy of the General Permit, completed NOI Form, and authorization letter for your records**.

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SPECIFIC ITEM INSTRUCTIONS

Section A – NOI Status

New
Check new if this is the first NOI submission for this facility. If you are requesting coverage under the General Permit to supersede an individual MPDES permit, check that you wish to also terminate coverage under the individual permit.

Renewal
For existing permit authorizations. Upon renewal of this General Permit (on a five-year basis), any owner/operator that wishes to continue coverage under the renewed General Permit must submit a NOI for renewal. **Include the permit authorization number previously assigned to your facility**; DEQ will make any necessary authorization number changes.

Modification
If you are applying for a change in the facility or site information, check Modification. Include the permit number.

Resubmitted
If the DEQ returned your NOI to you as deficient or incomplete, you must check Resubmitted. If resubmitted multiple times and you were sent an invoice, include the resubmitted application fee. Include the permit number that the DEQ assigned. A complete NOI includes payment of the appropriate fee, unless specified otherwise by the DEQ. Fees are found in the Administrative Rules of Montana (ARM) 17.30.201.

Do not use this form to transfer permit coverage to a new owner or operator. For a permit transfer you must use Form PTN.

Section B –Facility Information

Give the facility's official or legal name. Do not use a colloquial name. For this General Permit the facility name means the name of the physical site from which pollutants or wastes are, or will be, treated and/or discharged. The facility may be a publicly- or privately-owned property. Most common is "*CITY NAME* Wastewater Treatment Facility (WWTF)."

Give the physical address or location of this facility or activity. If there is no physical address, provide a description of how the site may be accessed or the Township/Range/Section (T/R/S). P.O. boxes are not acceptable.

Provide the most accurate geographic information of the domestic lagoon facility; latitude and longitude must be accurate to the nearest 15 seconds.

Provide the name, title, and contact information for a Facility contact. The Facility contact should be someone who has a thorough understanding of the operation of the treatment works. DEQ may call this person if there are any questions about the application or plant operations.

Lastly, indicate whether the facility is located on Indian lands or if the discharge may reach any receiving waters within Indian country. DEQ is not the regulating government entity if the facility discharges within the boundaries of an Indian Reservation, and this General Permit and associated NOI form is irrelevant. In this case the US Environmental Protection Agency (EPA) will be the regulating entity. If the discharge flows through Indian Country, DEQ is required to notify the effected reservation.

Section C – Applicant (Owner/Operator) Information

Give the name, as it is legally referred to, of the public organization or other entity that owns, operates, controls or supervises the site(s) described in Section B of this NOI form. For example, one common type of applicant for this General Permit is "Town of *TOWN NAME*." **PLEASE NOTE THAT THE CERTIFIED OPERATOR IS NOT THE "Applicant (Owner/Operator)"**. The owner or operator assumes all liability for discharges from the site and compliance with the terms and conditions of the General Permit. If the owner or operator is other than an individual or government entity, it must be registered with the Montana Secretary of State's office. The authorization letter will be issued to the entity identified as owner/operator in this section.

For the Applicant contact, indicate 'same as Facility contact' unless someone other than the Facility contact person is actually submitting this application (e.g. a consultant or municipal engineer). If it is a different contact, provide the name, title and who they are representing as well as a work phone number, and email address (optional). DEQ may call the Applicant contact if there are questions about the permit application.

1. Existing or Pending Permits, Certifications, or Approvals – Check the box(s) that apply to any existing or pending permits held by for this facility or activity. Provide the permit or certification #.

2. Standard Industrial Classification (SIC) Codes - List the primary and, if applicable, secondary four-digit Standard Industrial Classification (SIC) Code(s) that best describe the business of the owner/operator. Also, provide a brief description in the space provided. At least one SIC code must be provided. The most common SIC Codes for a municipal domestic sewage treatment lagoon is:

4952 Sewerage Systems

A complete list of SIC Codes (and conversions from the newer North American Industry Classification System (NAICS)) can be obtained at http://www.census.gov/epcd/www/naics.html, in paper form from the document entitled "Standard Industrial Classification Manual", Office Management and Budget, 1987, or at http://www.osha.gov/pls/imis/sicsearch.html.

3. Map – Attach a map(s) of the area extending to at least one mile beyond the property boundaries. The map must be easily legible and are preferably topographic or aerial maps. The map, or maps, must include all of the elements described on the NOI form. NOI forms submitted with incomplete or illegible maps will be considered incomplete.

Section D– Outfall Location(s) and Receiving Water

Provide a list of all effluent discharge locations (outfalls). Include the latitude and longitude of the specific location that the effluent exits the discharge structure and enters the receiving water. Provide the receiving water name. If the initial receiving water is unnamed, provide additional details including the first named receiving waterbody (e.g. "unnamed ditch, tributary to Beaver Creek"). 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.

1. Effluent Monitoring Location

Describe narratively the location where effluent (discharge) samples are taken. Provide the physical location including latitude/longitude. Indicate if this location is for taking samples (grab, instantaneous, or composite) and/or measuring flow. If there is more than one effluent monitoring location describe it in the space provided.

Section E - Domestic Sewage Treatment Lagoon Collection System & Influent Information

1. Collection System Information.

Identify the extent that the entire collection system is designed as a separate sanitary sewer vs. the extent that the system is a combined storm water/sanitary sewer system. Provide information on municipalities and areas served by the facility, and the most recent data on the number of people served by the treatment system.

2. Non-Domestic (Industrial) Users.

Provide the name, type of industry, and estimated non-domestic wastewater flow in gallons per day (gpd) for each indirect discharger to your treatment facility. Examples might be (excluding sanitary waste): manufacturing facilities, breweries, medical facilities such as dental offices, and commercial enterprises. Add additional pages if necessary.

3. Infiltration/Inflow (I/I) (for authorized facilities > 0.1 mgd average daily design flow):

EPA defined I/I in "Infiltration/Inflow (I/I)," Ecology Publication No. 97-03 (May 1985), as follows:

- ***Infiltration*** occurs when groundwater enters a sewer system through broken pipes, defective pipe joints, or illegal connections of foundation drains.
- ***Inflow*** is surface runoff that enters a sewer system through manhole covers, exposed broken pipe and defective pipe joints, cross connections between storm sewers and sanitary sewers, and illegal connection of roof leaders, cellar drains, yard drains, or catch basins.

If your facility has an average daily design flow of greater than 0.1 mgd, you will need to report your most recent estimate of the annual average contribution from I/I. In addition, you need to provide the date for your most recent I/I evaluation (whether in-house or hired out) and the date, if any, that a summary report was sent to DEQ.

4. Influent Monitoring

Describe the actual physical location(s) for any influent monitoring, including taking samples (grab, instantaneous, or composite) and measuring flow.

5. Lagoon Design and Actual Flow Data

a. Design flow. The average daily design flow is the engineering design assumption of influent that was used in sizing the lagoon system. Provide the current average daily design flow, in million gallons per day (mgd) based on the most recent facility design. Provide a historic average daily flow rate using engineering design data as close to 1993 as you have available. Indicate the year of the data.

b. Actual flow. From your monitoring records, provide the most recent three rolling years of actual discharge flow rates. For instance, if your NOI was submitted in October, you should provide September to September discharge data. Include both the average daily discharge and the maximum daily discharge for each period. Note the total number of months with discharge during each of the three years reported.

Section F – Treatment and Discharge Methods

1. Description of Treatment

Indicate whether the current design of the lagoon system, as approved in the latest plan & specification review (if applicable), is facultative or aerated. Complete the requested information for the relevant design type. For all facilities, indicate what year the lagoons were installed and the date of the engineering approval, if applicable. In addition, indicate the latest date the lagoon system was modified and the related engineering approval date, if applicable.

Indicate what type of effluent disinfection, if any, is employed prior to discharge.

2. Discharge Method

a. Note if your lagoon system currently discharges continuously, or if it actually discharges periodically (including controlled or intermittent). If so, identify the number of discharges per year, the average duration of each discharge, and the average flow rate in mgd when discharging. Note that dischargers that release for less than nine months per year, and are able to avoid discharge during the summer months of July 1st – September 30th, may elect to apply for coverage under MTG580000 (the General Permit for Batch Dischargers).

b. In addition to the surface water discharge method, indicate whether effluent is discharged/used by other methods, including discharged to a surface impoundment for evaporation; land applied for irrigation; transported to another treatment works by pipeline, truck, or other methods; or discharged to groundwater or well injection. Except for transporting to another treatment works, all of these alternate disposal methods have required engineering review and approval if they are new or modified.

Section G - Effluent Monitoring Information:

Summarize all effluent monitoring results for each of the pollutants listed in this section taken by the facility within the past 4.5 years. Data reported must be representative of current operation. Approved methods as specified in 40 CFR 136 must be used for all analyses. For pH, temperature, dissolved oxygen, oil and grease, *E.Coli* bacteria, and Total Residual Chlorine, grab/instantaneous samples are required. For all other pollutants, 24-hour composite samples must be used unless DEQ has allowed for grab samples. Composite, grab, and instantaneous samples are defined as:

- "**Composite sample**" means a sample composed of four or more discrete aliquots over a 24-hour period. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period greater than 24 hours. In addition, the department may waive composite sampling for any outfall for which the applicant demonstrates that the use of an automatic sampler is infeasible and that the minimum of four grab samples will be a representative sample of the effluent being discharged.

- **"Grab Sample"** means a sample which is taken from a waste stream on a one-time basis without consideration of flow rate of the effluent or without consideration for time.
- **"Instantaneous Measurement,"** for monitoring requirements, means a single reading, observation, or measurement.

For the maximum column, provide the highest single result for each parameter (other than dissolved oxygen which is the minimum result). For the long-term average column, provide the average of all representative results. Note that pH is an exception: report the lowest single result as requested.

Specify whether your facility requests to have $CBOD_5$ replace BOD_5 as the technology-based effluent limit for the term of the General Permit renewal.

Section H. Demonstration of eligibility for Less Stringent Technology-based Effluent Limits

The applicable domestic wastewater technology-based effluent limits (TBELs) are treatment requirements for 5-day Biochemical Oxygen Demand (BOD_5) and Total Suspended Solids (TSS), as contained in 40 CFR 133. There are three levels of treatment required based on facility characteristics:

- **National Secondary Standards (NSS)**
  30 mg/L average monthly and 45 mg/L average weekly limits for BOD_5 and TSS;
- **Treatment Equivalent-to-Secondary (TES)**
  45 mg/L average monthly and 45 mg/L average weekly limits for BOD_5 and TSS; and
- **Alternative State Requirements (ASR)**
  100 mg/L average monthly and 135 mg/L average weekly, for TSS only.

See the Fact Sheet for the General Permit for Domestic Sewage Treatment Lagoons for more information. **All applicable facilities covered under this General Permit, unless they demonstrate eligibility to meet TES or ASR, will be required to meet NSS requirements.**

Step One: Applicants must review recent (two to 4.5 years) TSS and BOD_5 effluent data from their facility and calculate the 95^{th} percentile of the monthly average and 95^{th} percentile of the weekly average for both pollutants. This can be performed by the following function in Excel: "=PERCENTILE (<*cell array*>, 0.95)" with the array being a linear list of analytical results. Likewise, calculate the 5^{th} percentile of the percent removal for BOD_5 performed by the following function in Excel: "=PERCENTILE (<*cell array*>, 0.05)." Provide the date range for the data used in this determination. If you do not have the capability to perform these excel functions, contact DEQ at 444-3080 to discuss other avenues.

Indicate on the NOI form whether you are requesting less stringent TSS or BOD_5 limits (i.e. if your 95^{th} percentile is greater than 30 mg/L average monthly or 45 mg/L average weekly) and provide the calculated 95^{th} percentile concentrations.

→ In addition, in order to be granted the less stringent treatment requirements, you must certify that the facility has proper operation & maintenance (O&M). Include a written justification in the space provided, or attach additional sheet(s) as necessary.

Step Two: Review your determination of the 95^{th} percentile of your facility's TSS concentrations and the 5^{th} percentile BOD_5 percent removal for the past two to 4.5 years in Step One. Compare your operations to the three TSS treatment levels. If you do not meet all the criteria for TES or ASR, your facility will be subject to NSS. Indicate which of the three TSS treatment levels you are requesting.

Step Three: Review your determination of the 95^{th} percentile of your facility's BOD_5 effluent concentrations for the past two to 4.5 years in Step One. Compare your operations to the two BOD_5 treatment levels. If you do not meet all the criteria for TES, your facility will be subject to NSS. Indicate which of the BOD_5 treatment levels you are requesting.

Section I. Standard Mixing Zone Request

1. As part of the evaluation conducted for ammonia and nitrate+nitrite in the 2017-issued General Permit Fact Sheet, DEQ concluded that several of the continuously discharging facilities would likely rely on a Standard Mixing Zone (ARM 17.30.516). Indicate whether your facility wants to request a Standard Mixing Zone. If so, proceed to #2.

2. In conformance with the standard mixing zone regulations, a facility needs to conduct a Water Quality Assessment (ARM 17.30.506). Either complete questions 2(a) – (f) or submit a separate assessment.

DEQ will conduct an official RP Analysis and review the request for a mixing zone as part of the NOI review process for each facility.

Section J. Sage Grouse Habitat

Projects within designated sage grouse habitat will be addressed through the Montana Sage Grouse Habitat Conservation Program (the Program).

Note: the Montana Sage Grouse Oversight Team (MSGOT) approved an exemption from the consultation requirements of Executive Order 12-2015 for proposed projects that would occur wholly within existing boundaries of incorporated cities and towns. This geographically-limited exception to the consultation requirements applies to any activity that would wholly occur within the boundaries of incorporated cities and towns as of March 28, 2016.

DEQ updated its Notice of Intent (NOI) forms to require consultation with the Program for projects within designated sage grouse habitat and subject to Executive Order 12-2015 and 21-2105. The website access is: https://sagegrouse.mt.gov/.

The Program has a role of consultation, recommendation, and facilitation, and has no authority to either approve or deny a project. However, certain limitations or conditions may apply to a project within designated sage grouse habitat. Any recommendations and mitigations determined by the Program are provided to the project proponent in a consultation letter. Projects not in designated sage grouse habitat are not subject to these additional NOI and authorization requirements. **None of the six facilities currently identified as continuous dischargers are within sage grouse habitat.**

Section K - Certification

The NOI form certification must be completed by a responsible official with authority as a signatory for the entity identified as the "owner/operator" in Section C. The requirements for the NOI signatory are described in ARM 17.30.1323(1). For a domestic sewage lagoon this is typically the Mayor, Town Manager, or Sewer Board President.

Section L – Authorized Representative

The responsible official can designate a contact or several contacts (name or title) that will be considered duly authorized to sign Discharge Monitoring Reports (DMRs) and other reports.