



WATER PROTECTION BUREAU

Agency Use

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM NOI-CAFO

Notice of Intent Form Concentrated Animal Feeding Operation General Permit MTG010000

READ BEFORE COMPLETING THIS FORM:

The application form is to be completed by the owner or operator of a Concentrated Animal Feeding Operation (CAFO). Please read the attached instructions before completing this form. You must print or type legibly. Forms that are not legible or are not complete will be rejected. You must maintain a copy of the completed application form for your records.

Section A - Application Status (check one)

- Checkboxes for New, Resubmitted, Renewal, and Modification with permit number fields.

Section B - Facility Information (see instruction sheet)

Site Name, Location, Nearest City or Town, Zip Code, County, Latitude, Longitude, Facility Phone Number, Date facility began operation, Status of Applicant, Is this site or activity located on Tribal Lands?

Section C - Applicant (Owner/Operator) Information

Owner or Operator Name, Mailing Address, City, State, and Zip Code, Contact Name, Title, Phone Number, Email Address

**Section D – Authorized Representative:**

In order for future reports, including Discharge Monitoring Reports (DMRs), to be signed by anyone other than the signatory for this NOI, a duly authorized individual(s) or position(s) must be identified. If one is not designated then all reports must be signed by the signatory until such designation is made in writing. *(Check the appropriate box):*

I designate the Contact listed in Section C as a duly authorized individual

Or

I designate the following duly authorized representative for this permit *(complete information below):*

Name and Title, or Position Title: \_\_\_\_\_

Company Name (if different than the applicant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Or

No duly authorized representative for this permit is designated at this time.

**Section E – Existing or Pending Permits, Certification or Approvals:**  None

MPDES \_\_\_\_\_  RCRA \_\_\_\_\_

PSD (Air Emission) \_\_\_\_\_  Other \_\_\_\_\_

404 Permit (Dredge & Fill) \_\_\_\_\_  Other \_\_\_\_\_

**Section F – Standard Industrial Classification (SIC) Codes:**

Provide at least one SIC code which best reflects the construction activity of project described in Section H.			
<b>Code</b>	<b>A. Primary</b>	<b>Code</b>	<b>B. Second</b>
1		2	
<b>Code</b>	<b>C. Third</b>	<b>Code</b>	<b>D. Fourth</b>
3		3	

SIC	Industrial Activity Represented
211	Beef Cattle Feedlots
212	Beef Cattle, Except Feedlots
213	Hogs
214	Sheep and Goats
241	Dairy Farms
251	Broiler, Fryer and Roaster Chickens
252	Chicken Eggs
253	Turkeys and Turkey Eggs
254	Poultry hatcheries
259	Poultry and Eggs, not elsewhere classified (Ducks)
272	Horses and other Equines

**Section G – Outfalls and Receiving Water(s):**

Provide the latitude and longitude to the nearest decimal degree for each receiving water. If the initial receiving water is unnamed, please also indicate the closest named drainage the receiving water flows into (i.e. unnamed tributary to Clear Creek). Attach additional sheets if necessary for more outfalls. This section must not be left blank and N/A is not acceptable.

Outfall No.	Latitude	Longitude	Receiving Surface Waters (Name)
001			
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—			
—			

**MAP:** Attach a topographic map extending one mile beyond the property boundaries or the site activity identified in Section B depicting the facility or activity boundaries, major drainage patterns, and the receiving surface waters, stated above. Also identify the specific location of the production area, and land application area(s).

Map Attached

Is the receiving water impaired on the for nutrients (*read instructions*)  Yes  No

**Section H – CAFO Characteristics**

**Waste Production, Storage and Disposal** (*Maximum design capacity*).

Animal type	Number in Open Confinement	Number Housed Under Roof
<input type="checkbox"/> Mature Dairy Cows		
<input type="checkbox"/> Veal Calves		
<input type="checkbox"/> Cattle including dairy Heifers		
<input type="checkbox"/> Swine 55 lbs. or over		
<input type="checkbox"/> Swine 55 lbs. or under		
<input type="checkbox"/> Horses		
<input type="checkbox"/> Sheep or Lambs		
<input type="checkbox"/> Turkeys		
<input type="checkbox"/> Chicken broilers -includes juveniles		
<input type="checkbox"/> Chickens layers – includes juveniles		
<input type="checkbox"/> Ducks		
<input type="checkbox"/> Other Specify:		
<input type="checkbox"/> Other Specify:		
<input type="checkbox"/> Other Specify:		

Was the containment structures construct after February 2006.  Yes  No (If no, answer the following)

Do the livestock waste control facilities have 10 feet of separation between the pond bottom and any bedrock formations?  Yes  No

Do the livestock waste control facilities have 4 feet of separation from the pond bottom and any ground water?  Yes  No

Do the livestock waste control facilities comply with applicable well setbacks?  Yes  No

	Type of Containment/Storage	Total Capacity	Units (gallons or tons)	Days of Storage
<input type="checkbox"/>	Anaerobic Lagoon			
<input type="checkbox"/>	Storage Pond #1			
<input type="checkbox"/>	Storage Pond #2			
<input type="checkbox"/>	Storage Pond #3			
<input type="checkbox"/>	Storage Pond #4			
<input type="checkbox"/>	Storage Pond #5			
<input type="checkbox"/>	Above Ground Storage Tank			
<input type="checkbox"/>	Below Ground Storage Tank #1			
<input type="checkbox"/>	Below Ground Storage Tank #2			
<input type="checkbox"/>	Underfloor Pits			
<input type="checkbox"/>	Roofed Storage Shed			
<input type="checkbox"/>	Concrete Pad			
<input type="checkbox"/>	Impervious Soil Pad			
<input type="checkbox"/>	Other (Specify: _____)			
<input type="checkbox"/>	Other (Specify: _____)			

### Section I – Supplemental Information

**Section J – Sage Grouse Habitat: Visit the Montana Sage Grouse Habitat Conservation Program (Program) website to determine if the facility/operation is located in designated sage grouse habitat (core, general, and/or connectivity).**

Yes. Submit application to the Program and attach resulting consultation letter.

No. Project is not located in a designated habitat.

**Section K – CERTIFICATION**

**Applicant Information:** This form must be completed, signed, and certified as follows:

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

**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.

*Certification of this form indicates conformance with the CAFO General Permit.*

**Name (Type or Print)**

**Title (Type or Print)**

**Phone Number**

**Signature**

**Date Signed**

*DEQ will not process this form until all of the requested information is supplied, and the appropriate fees are paid.*

Return this NOI-CAFO Form and the applicable fee payment to:

Department of Environmental Quality  
Water Protection Bureau  
PO Box 200901  
Helena, MT 59620-0901  
(406) 444-5546

**INSTRUCTIONS FOR  
Montana's CAFO General Permit (MTG010000)  
Notice of Intent Form NOI-CAFO**

**Important:** Do not use this form to transfer permit coverage to a new owner or operator, you must use Form PTN. You must provide the information requested for this application to be complete. Responses must be self-explanatory and must not refer exclusively to attached maps, plans or documents. The appropriate fees must accompany this NOI. Mail this to the DEQ address stated on the form. You must maintain a copy of the completed form for your records. CAFO General Permit documents and related forms are available at (406) 444-5546 or on the DEQ website at: <http://www.deq.mt.gov>.

Please type or print legibly; applications that are not legible or are not complete will be rejected.

**SPECIFIC ITEM INSTRUCTIONS**

***Section A – Application Status***

Check the box that applies and provide the requested information. If Form NOI has not been previously submitted for this site, check the first box (New). DEQ will assign a permit number when the form is submitted. The permit number is a 9-digit code beginning with MTG010. If you submitted a Form NOI and DEQ deemed the application deficient or incomplete, check the second box (Resubmitted); If you were notified by DEQ that the permit coverage expired or will expire and you are now submitting a NOI to continue coverage check the third box (Renewal); if there is change in the facility information (Section H or Section I), check the last box (Modification). If a NOI has been submitted and deemed deficient then the permit number will appear in the deficiency letter. If the site has been covered under a CAFO General Permit, the number is given on the Authorization letter sent to you by DEQ. The permit number should be included on any correspondence with DEQ regarding this site.

***Section B – Facility Information:***

Identify the legal name of the facility that is subject to permit coverage. The facility is the land or property where the facility or activity is physically located or conducted, including adjacent land used in connection with the facility or activity. Give the address or location of this facility and the geographical information. The location maybe the physical mailing address or description of how the facility may be accessed. (PO Boxes are not acceptable.) Latitude and longitude must be accurate to the nearest decimal degree. Sources include GPS or a USGS topographic map. If an operation is located on tribal lands, the operation is not eligible for the Montana CAFO General Permit, but may be able to obtain a permit from the EPA or tribes.

***Section C – Applicant (Owner/Operator) Information:***

Give the name, as it is legally referred to, of the person, business, public organization, or other entity that owns, operates, controls or supervises the facility described in Section B of this Form. The operator is the legal entity which controls the facility operation. The permit will be issued to the entity identified in this section (Section C). The owner or operator assumes all liability for discharges of the facility and compliance with the permit. If the owner or operator is anything other than a person or government entity, it must be registered with the Montana Secretary of State's office.

***Section D – Authorized Representative:***

Give the name, title, and work phone number of a person who is thoroughly familiar with the operation of the facility and the facts reported in this form, and who can be contacted by DEQ for additional information. Those facilities with periodic changes in the contact person may provide the contact person position instead of a person's name.

***Section E – Existing or Pending Permits, Certification, or Approvals:***

List any environmental permits obtained by the operation.

### **Section F – SIC Codes:**

List, in descending order of significance, the four digit standard industrial codes that best describe the activities at this facility. Also, provide a brief description in the space provided. A complete list of SIC Codes (and conversion form the newer North American Industry Classification System (NAICS)) can be obtained from the Internet at <http://www.census.gov/epcd/www/naics.html> or in paper from the document entitled “Standard Industrial Classification Manual”, Office Management and Budget, 1987. SIC Code listings may also be found at <http://www.osha.gov/pls/imis/sicsearch.html>. At least one SIC code must be provided.

### **Section G – Receiving Surface Water(s):**

Surface waters is defined as any waters on the earth’s surface including, but not limited to, streams, lakes, ponds, reservoir, or other surface water including ephemeral and intermittent drainage ways and irrigation ditches. Water bodies used solely for treating, transporting, or impounding pollutants are not considered surface water. Provide the following information in the table on the application form:

1. Assign an outfall to each receiving water starting with 001. For existing permittees, ensure outfall numbers used are consistent with those identified in the past for the same outfall.
2. Latitude/longitude can be derived from a GPS, smartphone, or topographic map. Latitude and longitude must be accurate to the nearest decimal degree.
3. Give the name of the surface waters. If the discharge reports to a municipal storm sewer, please indicate so.
4. Please attach topographic map(s) indicating the boundary of your facility, major drainage patterns, and the receiving surface water(s).

The facility must check the CWAIC database at <http://cwaic.mt.gov/> to determine if the receiving water is impaired for nutrients (nitrate and/or phosphorus).

### **Section H – Concentrate Animal Feeding Operation Characteristics:**

#### **Waste Production, Storage and Disposal:**

Report the maximum number of each type of animal confined at any one time and the type of confinement structure used for each (e.g. open feedlot, under roof.)

#### **Manure, Litter, and/or Wastewater Production and Use:**

To *transfer waste* means to give away or sell waste to another person for disposal on land owned or controlled by someone other than the permit applicant.

The term “*storage pond*,” includes, but is not limited to ponds, aerobic lagoons, evaporation ponds, manure holding cells, collection basins, settling basins, bermed or diked areas used for impounding waste, and temporary or seasonal waste holding ponds.

“*Production area*” means that part of an Animal Feeding Operation (AFO) that includes the animal confinement area, the manure storage area, the raw materials storage area, and the waste containment areas. The *animal confinement area* includes but is not limited to open lots, housed lots, feedlots, confinement houses, stall barns, free stall barns, milkrooms, milking centers, cowyards, barnyards, medication pens, walkers, animal walkways, and stables. The *manure storage area* includes but is not limited to lagoons, runoff ponds, storage sheds, stockpiles, under house or pit storage, liquid impoundments, static piles, and composting piles. The *raw materials storage area* includes but is not limited to feed silos, silage bunkers, and bedding materials. The *waste containment area* includes but not limited to settling basins, and areas within berms and diversion which separate uncontaminated storm water. Also include in the definition of production area is any egg washing or egg processing facility, and any area used in storage, handling, treatment, or disposal of mortalities.

“*Land application area*” means land under control of a AFO owner or operator, whether it is owned, rented, or leased, to which manure, litter or process wastewater from the production area is or may be applied.

### **Section I - Supplemental Information:**

Use the space provided to expand upon any information requested in the application or information you wish to bring to the attention of the reviewer. Attach additional sheets, if necessary. For applicants requesting a modification to an existing authorization or site-specific NMP (aka Form NMP), provide an explanation of the requested modification.

***Section J – Sage Grouse:***

Visit with the Montana Sage Grouse Habitat Conservation Program (Program) to determine if the operation is within sage grouse habitat designated as a core area, general habitat or connectivity area. Projects within sage grouse habitat must be submitted to the Program through their website for consultation. Any recommendations and mitigations determined by the Program are provided in a consultation letter by the Program. If the project is outside of sage grouse habitat, no consultation is required.

***Section K – Certification***

The NOI Form certification must be completed by the applicant (owner/operator) responsible for the authorization as identified in Section C. Certification of this NOI is certification that the applicant will comply with the applicable terms of the CAFO General Permit.

The NOI-CAFO Form and other forms for water discharge permitting or authorization are available at DEQ's website. If you have any questions concerning how to fill out this form, or other forms related to the Montana Pollutant Discharge Elimination System (MPDES) discharge permitting program, please contact DEQ at (406) 444-5546. Mail the package to the address provided in Section J.