



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 8
1595 WYNKOOP STREET
DENVER, COLORADO 80202-1129

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

NOTE: For all questions with a **red border** an answer is required.

A. PREVIOUS PERMIT

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

Yes

No

1a. If the answer to Question 1 is yes, what is the permit number?

1b. If the answer to Question 1 is yes, what is the current status of that permit?

Effective

Administratively Extended

Expired

n/a

B. FACILITY INFORMATION

Facility Name

Street Address

City, State, Zip

Phone Number

Facility Owner

Street Address

City, State, Zip

Phone Number

Authorized Official

Street Address

City, State, Zip

Phone number

Other Contact(s)

Phone Number(s)

C. CATEGORY OF COVERAGE

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

DISCHARGE (DIS)

NO DISCHARGE (NODIS)

If discharging, what frequency?

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

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

1. Is the discharge from this facility located in Indian country?

Yes (If "yes, select the reservation below)

No

Region 8 Reservations (27 federally recognized tribes on 26 Indian reservations)

Blackfeet Indian Reservation of Montana

Crow Creek Reservation

Flandreau Santee Reservation

Fort Belknap Indian Reservation

Fort Peck Reservation

Lower Brule Reservation

Northwestern Band of Shoshone Nation

Pine Ridge Reservation

Rosebud Indian Reservation

Southern Ute Reservation

Standing Rock Reservation

Uintah & Ouray Reservation

Wind River Reservation

Cheyenne River Reservation

Crow Reservation of Montana

Flathead Reservation

Fort Berthold Indian Reservation

Lake Traverse Reservation

Northern Cheyenne Indian Reservation

Paiute Indian Reservation

Rocky Boy's Reservation

Skull Valley Reservation

Spirit Lake Reservation

Turtle Mountain Indian Reservation

Ute Mountain Reservation

Yankton Sioux Reservation

2. Is the facility tribally owned?

Yes

No

3. Is the facility tribally operated?

Yes

No

3a. If the answer to Question 3 is yes, what tribe 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

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

1. 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.).

Outfall 001

Outfall 002

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

H. SYSTEM USERS

1. Does your system receive any non-domestic/industrial wastes?

Yes (If "yes" answer questions below)

No

2. What is the total estimated average daily waste inflow, in MGD, from all non-domestic industrial sources?

3. Non-Domestic waste sources:

Provide information on any businesses (industrial or commercial) that discharge to the lagoon facility.

For example: casinos; hospitals; dialysis treatment; dental facilities; dairy product manufacturing (milk, ice cream, yogurt); food manufacturing (bakeries, beverage bottling, meat processing); metal finishers; machine shops; laundry facilities; refineries; drinking water plants; leather tanning & finishing; RV dump stations; car washes; etc.

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

Yes

No

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.

4b. How many days per month is septage dumped, from how many septic companies

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

Yes

No

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 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 coliforms) which are routinely performed by a contract laboratory or consulting firm. For each pollutant listed, provide the name, mailing address, and the phone number of the contract laboratory doing the analysis.

Analyses Performed

Laboratory

Mailing Address

Phone Number

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:

3. Provide the following plant design and treatment data:

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 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

No

Don't know

6a. If yes, give the years when it was dredged and the approximate quantity removed.

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, 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.

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. FORM PREPARER

1. What is the full name (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?

N. CERTIFICATION

1. 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 of the general permit, 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."

Signature: _____

Name:

Title:

Date:

Electronic Signature Information: If you wish to electronically submit this form, click "Fill & Sign" to create a digital signature in lieu of a scanned and mailed copy. Follow instructions provided by the Adobe software to complete the certification.

Upon review of the submitted eNOI, the Director may request additional information.

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

SUPPLEMENTARY INFORMATION (text information)

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. 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: