

**DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES**  
**NOTICE OF INTENT (NOI)**

to Obtain Coverage Under the General Permit for  
Wastewater Treatment Facilities Discharging to Waterbodies with Only a (9) or (9), (10) Beneficial Use

Submit form to: SD Department of Agriculture and Natural Resources  
Surface Water Quality Program  
523 East Capitol Avenue  
Pierre, SD 57501

**Type of Coverage:**

☐ New      ☐ Renewal – Permit Coverage Number: \_\_\_\_\_

**1. Facility Information:**

Name of the Facility: \_\_\_\_\_  
Facility Contact Person: \_\_\_\_\_ Facility Contact Title: \_\_\_\_\_  
Facility Contact Phone: \_\_\_\_\_ Facility Contact Email: \_\_\_\_\_  
Facility Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Facility Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Facility Phone Number: \_\_\_\_\_  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ Source (GPS, Google, etc.): \_\_\_\_\_  
Legal: Quarter(s): \_\_\_\_\_ Section(s): \_\_\_\_\_ Township(s): \_\_\_\_\_ Range(s): \_\_\_\_\_

Is facility located on Tribal lands? ☐ Yes ☐ No

**2. Owner Information:**

Owner: \_\_\_\_\_  
Owner Contact Person: \_\_\_\_\_  
Owner Contact Phone: \_\_\_\_\_ Owner Contact Email: \_\_\_\_\_  
Owner Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Type of Ownership: ☐ Private ☐ Federal ☐ State ☐ Municipal ☐ Other (state type): \_\_\_\_\_

**3. Contractor Information:**

Is a contractor responsible for any operation or maintenance activities at the facility? ☐ Yes ☐ No If yes, fill out the following information.

Contractor Company (if applicable): \_\_\_\_\_  
Contractor Contact Name: \_\_\_\_\_  
Contractor Contact Phone: \_\_\_\_\_ Contractor Contact Email: \_\_\_\_\_  
Contractor Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date Contract is Valid through: \_\_\_\_\_

Description of Contractor Responsibilities:

#### 4. Coverage Applicability

If any of the following questions are answered with **Yes**, general permit coverage is not applicable for this facility. Contact SD DNR for the appropriate permit application.

Do any Standard Industrial Classification (SIC) codes apply to this facility other than **4952-Sewerage System**: ☐ Yes ☐ No

Is the collection system a **combined** storm and sanitary sewer system? ☐ Yes ☐ No

Does the facility treat **non-domestic** wastewater? ☐ Yes ☐ No

Does the facility use a **mechanical** system or a **package plant** to treat wastewater? ☐ Yes ☐ No

Does the facility discharge **continuously**? ☐ Yes ☐ No

Is the facility classified as a **major**? ☐ Yes ☐ No

#### 5. Discharge information:

List all activities which require the facility to obtain a discharge permit:

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Describe the discharge and the type of wastewater from each outfall. Include all overflows, bypasses, or seasonal discharges from lift stations, lagoons, holding pond, etc:

Outfall	Description (e.g. NE lagoon, secondary lagoon w/aeration, finishing pond, discharge structure, etc):	Latitude	Longitude	Receiving Waterbody
001				
002				
003				
Additional Outfalls (provide a description, lat./long coordinates, and receiving waterbody):				

**NOTE:** Include a map, showing the facility and discharge locations. This map should extend to 1 square mile beyond the property boundaries of the facilities and each of its discharge facilities.

#### 6. Wastewater Treatment Facility Information:

Year system was originally constructed: \_\_\_\_\_

List any modifications and the year(s) of any additions or modifications since originally constructed:

Year	Modification/Addition Description
If necessary, attach additional modification information to the NOI	

Design Information:

Flow (MGD):                      Average Design                      Flow (MGD):                      Peak Design

Organic Capacity: \_\_\_\_\_ Organic Capacity: \_\_\_\_\_  
 \_\_\_\_\_

**Operational Information:**

Average influent flow (MGD): \_\_\_\_\_  
 Average effluent flow (MGD): \_\_\_\_\_

Facility Information (For each applicable cell or wetland, provide the surface area and capacity):

Feature	Surface Area (acres)	Capacity (million gallons)
Cell 1		
Cell 2		
Cell 3		
Cell 4		
Cell 5		
Wetland 1		
Wetland 2		

Can any part of the treatment facility be bypassed? ☐ Yes ☐ No If yes, indicate the bypass in the wastewater flow diagram

**Sludge Information:**

Is sludge expected to be removed or disposed from this facility in the next 5 years? ☐ Yes ☐ No If yes, SD DANR will follow up with the applicant on sludge disposal requirements.

**7. Collection System Information:**

Number of miles of collection system: \_\_\_\_\_

List the name and population served for each entity (e.g. municipality, sanitary district, unincorporated area, etc.) served:

Entity	Population

Does the collection system have lift stations? ☐ Yes ☐ No If yes, fill out the lift station information.

**Lift Station Information:**

Lift Station ID	Location	Area Served

If necessary, attach additional lift station information to the NOI.

**Waste Contributions:**

Does this facility receive industrial wastes? ☐ Yes ☐ No  
 Does this facility receive septage wastes? ☐ Yes ☐ No

**8. Discharge Characteristics**

Is the facility currently submitting Discharge Monitoring Reports (DMRs) to SDDANR? ☐ Yes ☐ No, If no, fill out the NOI Appendix A-Monitoring Data.

Indicate any discharge sample analyses which are performed by a contract laboratory or consulting firm:

Laboratory/Firm	Contact Information	Parameters Analyzed

## 9. Other Information

Please check all other Environmental Permits which are held by the facility. Include permit numbers in the space provided.

- ☐ NPDES or SWD (Discharges to Surface Water) \_\_\_\_\_
- ☐ UIC (Underground Injection of Fluids) \_\_\_\_\_
- ☐ RCRA (Hazardous Wastes) \_\_\_\_\_
- ☐ Air Quality (PSD, Title V, etc) \_\_\_\_\_
- ☐ Other (Specify) \_\_\_\_\_
- ☐ Other (Specify) \_\_\_\_\_

Does this NOI substantially duplicate an application or NOI by the same applicant which was denied by SDDANR or USEPA within the past five years and which has not been reversed by a court of competent jurisdiction? ☐ Yes ☐ No

List other information which you feel should be brought to the attention of SDDANR in regard to the issuance of permit coverage under the General Permit:

- 10. NOI Certification** (NOI must be signed by the authorized chief elected official or executive officer of the facility)  
*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.*

Authorized Representative Name:	
Authorized Representative Signature:	
Authorized Representative Title:	

Date:	
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A **Completed NOI** contains the following information (please check):

- ☐ NOI form (5 pages)
- ☐ Certification of Applicant (2 pages)
- ☐ Facility Map with discharge location(s)
- ☐ Wastewater Flow Diagram
- ☐ NOI Appendix A-Monitoring Data (if applicable)
- ☐ Additional information to complete NOI questions (if applicable)

For Office Use Only			
Is the Receiving Waterbody and Downstream Uses a 9 or 9, 10? <input type="checkbox"/> Yes <input type="checkbox"/> No			
NOI Reviewer comments:			
Facility Eligible for General Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date NOI Received:		Date Coverage is Effective:	
<b>NOI Reviewer:</b>		<b>Review Date:</b>	

**BEFORE THE SECRETARY OF**

**IN THE MATTER OF THE  
APPLICATION OF**

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**APPLICANT**

**STATE OF** \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I have read and understand South Dakota Codified Law Section 1-41-20 which provides:

(1) *The applicant is unsuited or unqualified to perform the obligations of a permit holder based upon a finding that the applicant, any officer, director, partner, or resident general manager of the facility for which application has been made:*

- (a) *Has intentionally misrepresented a material fact in applying for a permit;*  
 (b) *Has been convicted of a felony or other crime involving moral turpitude;*  
 (c) *Has habitually and intentionally violated environmental laws of any state or the United States which have caused significant and material environmental damage;*  
 (d) *Has had any permit revoked under the environmental laws of any state or the United States;*

*(e) Has otherwise demonstrated through clear and convincing evidence of previous actions that the applicant lacks the necessary good character and competency to reliably carry out the obligations imposed by law upon the permit holder; or*

*All applications filed pursuant to Titles 34A and 45 shall include a certification, sworn to under oath and signed by the applicant, that he is not disqualified by reason of this section from obtaining a permit. In the absence of evidence to the contrary, that certification shall constitute aprima facie showing of the suitability and qualification of the applicant. If at any point in the application review, recommendation or hearing process, the secretary finds the applicant has intentionally made any material misrepresentation of fact in regard to this certification,*

*consideration of the application may be suspended and the application may be rejected as provided for under this section.*

*Applications rejected pursuant to this section constitute final agency action upon that application and may be appealed to circuit court as provided for under chapter 1-26."*

I certify pursuant to 1-41-20, that as an applicant, officer, director, partner, or resident general manager of the activity or facility for which the application has been made that I; a) have not intentionally misrepresented a material fact in applying for a permit; b) have not been convicted of a felony or other crime of moral turpitude; c) have not habitually and intentionally violated environmental laws of any state or the United States which have caused significant and material environmental damage; (d) have not had any permit revoked under the environmental laws of any state or the United States; or e) have not otherwise demonstrated through clear and convincing evidence of previous actions that I lack the necessary good character and competency to reliably carry out the obligations imposed by law upon me. I also certify that this application does not substantially duplicate an application by the same applicant denied within the past five years which denial has not been reversed by a court of competent jurisdiction. Further;

*"I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct."*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Applicant (print)

\_\_\_\_\_  
Applicant (signature)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (signature)

My commission expires: \_\_\_\_\_

(SEAL)

**PLEASE ATTACH ANY ADDITIONAL INFORMATION NECESSARY TO DISCLOSE ALL  
FACTS AND DOCUMENTS PERTAINING TO  
SDCL 1-41-20 (1) (a) THROUGH (e).  
ALL VIOLATIONS MUST BE DISCLOSED, BUT WILL NOT AUTOMATICALLY  
RESULT IN THE REJECTION OF AN APPLICATION**

**DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES**

**NOTICE OF INTENT (NOI)**

to Obtain Coverage Under the General Permit for  
Wastewater Treatment Facilities Discharging to Waterbodies with Only a (9) or (9), (10) Beneficial Use  
**Appendix A-Monitoring Data**

Pollutant	Minimum Value	Average Value	Maximum Value	Number of Samples	Analytical Method
Five-Day Biochemical Oxygen Demand (BOD <sub>5</sub> ), mg/L					
Total Suspended Solids (TSS), mg/L					
Temperature, °C					
pH, s.u.					
<i>Escherichia coli</i> ( <i>E.coli</i> ), #/100 mL					
Ammonia (as N), mg/L					
Total Nitrogen (as N), mg/L					
Total Phosphorous (as P), mg/L					
Oil and Grease, mg/L					
*					
*					
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\* If the facility has monitored the discharge for parameters not mentioned, please specify the parameter (including unit of measurement) and fill in the sample values.