FOR DEPT. USE ONLY

Application Number
Date Received

NOTICE OF INTENT TO OBTAIN COVERAGE UNDER NDPDES GENERAL PERMIT FOR DISCHARGES ASSOCIATED WITH THE TREATMENT OF DOMESTIC WASTEWATER

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WATER QUALITY
SFN 61369 (08-2026)

GENERAL INFORMATION

1. Legal Name of Organization Responsible for Facility		2. Telephone Number	
3. Mailing Address	4. City	5. State/Province	6. Zip Code
7. Name of Facility	8. Contact Person Name	9. Contact Telephone Number	
10. Contact Mailing Address	11. City	12. State/Province	13. ZIP Code
14. Average Population Served	15. Location of Treatment System ¼ ¼ SEC. TWP. RGE.		16. County

17. Does the facility receive any industrial waste? ☐ NO ☐ YES	18. Approximate number of industrial discharges into system:

19. Does any individual facility which discharges industrial waste to the POTW discharge 25,000 gallons per day or more to the POTW?

☐ NO ☐ YES

20. If yes, identify the industrial waste discharger and the discharge volume per day:
a) b) c)

21. Check any facility in the service area of your treatment plant:

☐ Concrete Ready-mix	☐ Hospitals, medical clinics, dentists	☐ Metal finishing	☐ Petroleum refining
☐ Dairy Products	☐ Leather tanning & finishing	☐ Metal molding & casting (foundry)	☐ Transportation equipment cleaning
☐ Electroplating	☐ Meat products & processing	☐ Oil & gas extraction	

22. Estimated percentage of influent flow that is domestic:	23. Estimated percentage of influent flow that is industrial:

24. Does the treatment system receive any hauled-in waste (including septage haulers)? ☐ NO ☐ YES 24a. If yes, describe the kinds of waste received and if any such waste is subject to local or federal regulations:	25. Does the facility have a monitoring plan for accepting hauled waste? ☐ No ☐ YES 25a. Describe: 26. Does the facility have a dedicated hauled waste discharge location? ☐ No ☐ Yes 26a. If no, where is hauled waste discharged into the facility?
27. How many days per month is septage dumped?	
28. How many septic companies dump septage?	

TYPE OF TREATMENT (c and d must be completed for POTWs):

29a. SEWAGE LAGOON		29b. Wastewater Treatment Technology Level Description
CELL NUMBER	CELL SIZE IN ACRES	DESCRIBE
29c. Disinfection Technology (POTWs only)		
29d. Wastewater Treatment Technology Unit Operations (POTWs only)		

DISCHARGE POINT LOCATION *(Complete either Latitude and Longitude OR Section, Township, and Range):*

30. Point ID	31. Latitude		32. Longitude			33. County
	34. 1/4	35. 1/4	36. SEC.	37. TWP.	38. RGE.	
	39. Design Flow Rate (MGD):		40. Receiving Stream:			
41. Point ID	42. Latitude		43. Longitude			44. County
	45. ¼	46. ¼	47. SEC.	48. TWP.	49. RGE.	
	50. Design Flow Rate (MGD):		51. Receiving Stream:			
52. Point ID	53. Latitude		54. Longitude			55. County
	56. ¼	57. ¼	58. SEC.	59. TWP.	60. RGE.	
	61. Design Flow Rate (MGD):		62. Receiving Stream:			

EFFLUENT CHARACTERISTICS

63. Discharge Point:				
64. Actual Average Flow (MGD):	65. BOD5 (mg/L):	66. TSS (mg/L):	67. NH3-N (mg/L):	68. E. Coli (CFU/100mL):
69. Discharge Point:				
70. Actual Average Flow (MGD):	71. BOD5 (mg/L):	72. TSS (mg/L):	73. NH3-N (mg/L):	74. E. Coli (CFU/100mL):
75. Discharge Point:				
76. Actual Average Flow (MGD):	77. BOD5 (mg/L):	78. TSS (mg/L):	79. NH3-N (mg/L):	80. E. Coli (CFU/100mL):

SIGNATURE

RETURN COMPLETED NOI TO:

North Dakota Dept. of Env. Quality
Division of Water Quality, 3rd floor
4201 Normandy Street
Bismarck, ND 58503-1324

Telephone: (701) 328-5210

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 inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted, 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.

81. Printed Name of Applicant(s)	82. Title
83. Signature of Applicant(s)	84. Date

(Attach additional pages if needed)

Instructions

Submission of this Notice of Intent is notice that the applicant identified on the application intends to discharge treated domestic wastewater in the state of North Dakota.

General Information

1. **Legal Name of Organization Responsible for Facility.** List the individual, company, organization or entity for which the legal responsibility falls.

2. **Telephone Number.** Provide a valid telephone number of organization responsible for facility.

3 through 6. **Mailing Address.** Provide a valid mailing address for organization responsible for facility.

7. **Name of Facility.** Provide the name of the facility.

8. **Contact Person Name.** Provide name of the main contact for the facility.

9. **Contact Telephone Number.** Provide a valid phone number for the main contact for the facility.

10 through 13. **Contact Mailing Address.** Provide a valid mailing address for the main contact for the facility.

14. **Average Population Served.** Provide the average population the facility serves.

15. **Location of Treatment System.** Provide the physical location of the treatment system. (*See Figure 1*).

16. **County.** Provide the county that the treatment systems is located in.

17. **Does the facility receive any industrial waste?** Indicate if the facility accepts any industrial waste.

18. **Approximate number of industrial discharges into system.** If answered “Yes” to 17, indicate how many industrial users discharge into the system.

19. **Does any individual facility discharge 25,000 gallons per day or more?** If answered “Yes” to 17, indicate if any industrial facility discharge greater than or equal to 25,000 gallons per day to the facility.

20. **Identify the industrial waste discharger and the discharge volume per day.** If answered “Yes” to 19, list all individual industrial facilities and how many gallons it discharges to the facility per day.

21. **Check any facility in the service area of your treatment plant.** Indicate what types of facilities are being serviced by the treatment facility.

22. **Estimated percentage of influent flow that is domestic.** Indicate what percentage (estimate) of influent flow is domestic waste.

23. **Estimated percentage of influent flow that is industrial.** Indicate what percentage (estimate) of influent flow is industrial waste.

24 through 24a. **Does the treatment system receive any hauled-in waste?** Indicate if the system accepts hauled waste and then describe what kinds of waste the system is receiving through waste haulers. If "No" skip to 29a.

25 through 25a. **Does the facility have a monitoring plant for accepting hauled waste?** If answered "Yes" to 24, indicate if the facility an implemented monitoring plan for accepting hauled waste and describe the plan in 25a.

26 through 26a. **Does the facility have a dedicated hauled waste discharge location?** If answered “Yes” to 24, indicate if the facility has a specific location dedicated to accepting hauled waste. If not, describe where hauled waste is discharged into the facility.

27. **How many days per month is septage dumped?** If answered "Yes" to 24, indicate how many days in a month-long period that hauled waste is accepted at the facility.

28. **How many septic companies dump septage?** Indicate how many septic companies dump into the facility.

29. **Type of Treatment.** To answer "a" list the number of facultative lagoon cells the facility has and how large each cell is in acres.

    To answer "b" select the level of wastewater technology from the drop down box used at the facility.

    In addition, if the facility is a POTW, answer “c” and “d”. For "c" selected the disinfection technology from the drop down box that is used at the facility.

    For "d" select the wastewater treatment technology unit operations from the drop down box that is used at the facility.

30. **Point ID.** Identify your discharge point (*e.g.* 001)

31 through 32. **Latitude and Longitude.** Provide the latitude and longitude in decimal degrees of the discharge point.

33. **County.** Provide the county in which the discharge point is located.

34 through 38. **Township, Range, Section, and Quarter Section.** Provide the numerical township, range, and section of the discharge point. Provide the quarter section in the ABCD format. (*See Figure 1*).

39. **Design Flow Rate.** Enter the design flow rate in million of gallons per day.

40. **Receiving Stream.** Provide the name of the receiving body of water (*e.g.* Red River, unnamed tributary to Cherry Creek, wetlands, etc.)

41 through 62. Refer to instructions for 30 through 40.

63. **Discharge Point.** Label the discharge point using the same label as identified in 30, 41 & 52.

64. **Actual Flow.** List the average flow discharged from that discharge point during the previous permit cycle.

65. **Biochemical Oxygen Demand (BOD5).** Report the maximum BOD5 result recorded over the previous permit cycle.

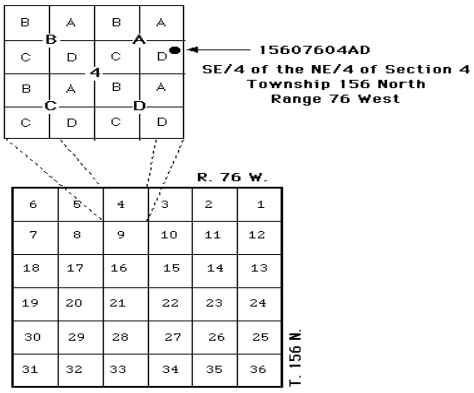

Figure 1: ABCD Quarter Section format

66. **Total Suspended Solids (TSS).** Report the maximum TSS result recorded over the previous permit cycle in mg/l.

67. **Ammonia as N (NH3-N).** Report the maximum NH3-N result recorded over the previous permit cycle in mg/l.

68. ***Escherichia coli (E. coli)*.** Report the maximum *E. coli* result recorded over the previous permit cycle in # of organisms per 100ml.

69 through 80. Refer to instructions for 63 through 68.

81. **Printed name.** Printed name of the signatory. Must be a responsible corporate officer, general partner, principle executive officer, or ranking elected official.

82. **Title.** Title of signatory.

83. **Signature.** Wet ink signature of signatory

84. **Date.** Date Notice of Intent was signed.