

Agency Use

Permit No.: MTR04

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM  
NOI-04

**Notice of Intent (NOI)  
Storm Water Discharges Associated with MS4s  
MTR040000**

The NOI-04 form must be completed by the owner or operator of a permitted Small Municipal Separate Storm Sewer System (MS4) eligible for coverage under the Montana Department of Environmental Quality's (DEQ) General Permit for Storm Water Discharges Associated with Small MS4s. **Please read the attached instructions before completing this form.** You must print or type legibly; forms that are not legible, not complete, or unsigned will be returned. You must maintain a copy of the completed NOI-04 form for your records.

**Section A – NOI-04 Status** (If no prior NOI-04 was submitted, DEQ will assign a permit number)

Permit Number: M T R 0 4 0 0 0 A     New     Resubmitted     Renewal     Modification

**Section B – Applicant Information**

Small MS4 Name: CITY OF GREAT FALLS  
 Contact Person, (name, title): Paul Skubinna, Public Works Director  
 Mailing Address: PO Box 5021  
 City, State, and Zip Code: GREAT FALLS, MT 59403  
 Phone Number, Email Address: 406-727-8390  
 Applying as a Co-permittee?     Yes: \_\_\_\_\_     No  
*(If, yes provide Co-permittee MS4 name in the blank provided. Each co-permittee must submit a separate complete NOI.)*

**Section C – Small MS4 Information**

MS4 Boundary Description: SEE ATTACHMENT 1  
 Residential Population: 60,442  
 Approximate Square Miles: 22-25

Link to storm water website and current version of the Storm Water Management Program (SWMP) describing implemented Best Management Practices (BMPs) greatfallsmt.net/publicworks/storm-water  
*(New applicants may skip this requirement if a SWMP or website has not been established)*

Attach an organizational chart identifying the primary SWMP coordinator and positions responsible for implementing requirements of the permit.     Attached     Not Attached

MAP: Include reference to a topographic map extending at least one mile beyond MS4 boundaries that identifies applicable boundaries, drainage patterns, receiving surface water bodies, and all outfalls or point source discharges.

Electronic GIS     Hard copy PDFs     Link to  
 Shapefiles emailed to: \_\_\_\_\_ attached herein    online maps: LINK greatfallsmt.net/publicworks/storm-water  
[DEQMPDESDataManagement@mt.gov](mailto:DEQMPDESDataManagement@mt.gov)

## Section D – Outfall Descriptions and Locations for Monitoring

Identify current monitoring locations and receiving waters: *(If applying as a new MS4 without established monitoring, skip this section)*

Outfall Name	Latitude	Longitude	Monitoring Purpose (select all that apply)	Name of Receiving Water
	See		<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
	Attached		<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	

## Section E – Additional Information

Is the MS4 sharing responsibility? If yes, attach written acceptance and explanation of shared obligation(s).  Yes  No

Does the MS4 maintain a list of permits/approvals received or applied for from state or federal agencies?  Yes  No

I certify that all point source discharges of storm water have been tested or evaluated for the presence of non-storm water discharges that are not covered by an MPDES permit. *(Attach a description of any analytical testing or sampling based on the NOI-04 instructions.)*

## Section F – Certification

### 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 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. [75-5-633, MCA].

Name (Type or Print)

C.V. Anderson

Title (Type or Print)

Deputy City Manager

Phone Number

406-455-8417

Signature

*(Handwritten Signature)*

Date Signed

18 APR 22



## **Notice of Intent (NOI-04) Instructions**

### **General Permit for Storm Water Discharges Associated with Small Municipal Separate Storm Sewer Systems (MS4s) MTR040000**

The NOI-04 form must be completed by the owner/operator of the operation eligible for coverage under DEQ's General Permit for Storm Water Discharges Associated with Small (MS4s). Corresponding documents and related forms are available on DEQ's website at: [deq.mt.gov/water/assistance](http://deq.mt.gov/water/assistance) or from DEQ by calling (406) 444-5546.

You must provide a complete NOI application package before DEQ can authorize your proposed activity. A complete package includes all requested information on the NOI-04 form, submittal of applicable fees, and completed certification by the appropriate signatory.

**Fee Information** can be found in Montana DEQ's Fee Rules (ARM 17.30.201)

Please type or print legibly; applications that are not legible or incomplete will be returned. Responses must be self-explanatory and must not refer exclusively to attached maps, plans, or documents. You must maintain a copy of the general permit and completed NOI-04 form for your records. The completed form and fee can be submitted as follows:

- Online Submission: Fees, Applications, and Compliance Tracking System (FACTS) at [svc.mt.gov/deq/factspermitting](http://svc.mt.gov/deq/factspermitting)
- Mail-in Submission: Montana Department of Environmental Quality, Water Protection Bureau, PO Box 200901 Helena, MT 59620-0901

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### **SPECIFIC ITEM INSTRUCTIONS**

#### **Section A – NOI-04 Status**

**Permit Number:** Leave this blank if this is your first submission under the general permit. Otherwise, provide your MPDES permit number (beginning with MTR04) previously assigned by DEQ.

- New: Check this box if this is the first NOI submission for this operation under the General Permit.
- Resubmitted: If your previously submitted NOI was returned to you as deficient or incomplete, check resubmitted
- Renewal: Check this box if your operation is currently covered under the 2017-General Permit and you wish to continue coverage
- Modification: Check this box if there is a change in the operation or site information. (This does not apply to permit transfers.)

#### **Section B – Applicant Information**

**Contact Person:** Give the legal name of the person that operates, controls, or supervises the MS4 program. The applicant contact person must be thoroughly familiar with the Storm Water Management Program (SWMP) and the facts reported in this form. DEQ must be able to contact this person for additional information. Complete the contact information as requested (mailing address, city, state, zip code, phone number, and email address).

**Co-Permittee Status:** Permittees may apply as co-permittees. Co-permittee authorizations are when multiple Small MS4s apply for coverage under a single permit authorization number. They shall be jointly responsible for compliance under the General Permit. Each co-permittee must submit a separate application package to obtain authorization.

#### **Section C – Small MS4 Information**

**MS4 Boundary Description:** Provide a short description of the boundary covered under the General Permit.

**Residential Population:** Provide the residential population according to the most recent U.S. Census data.

**Approximate Square Miles:** Provide an approximation of square miles located within the MS4 boundary.

**Link to Website and SWMP:** Provide a link to the MS4's storm water website and current version of the written SWMP online. The written SWMP must include a description of BMPs and measurable goals the MS4 is implementing to comply with the six minimum control measures of the General Permit.

**Organizational Chart:** Attach a one-page organizational chart describing the persons and positions that comprise the storm water management team and their responsibility for implementation of the SWMP.

**MAP:** Include reference to a topographic map of the area extending at least one mile beyond the MS4 boundaries. The map must be legible and show the operation boundaries and receiving water(s). It must be of sufficient detail so that the exact boundaries, by street or other demarcation, can be determined. It must show the city, town, county, or district boundaries or service area, as applicable. Counties must also indicate the unincorporated boundaries. For any MS4s that are partially within an urbanized area, the map must show the urbanized area boundaries. Multiple maps may be submitted if all requested information is detailed collectively. Indicate the chosen method of submittal in the checkboxes provided. NOI-04 forms submitted with incomplete or illegible maps will be considered incomplete and returned with instructions to provide an appropriate map.



### **Section D – Outfall Descriptions and Locations for Monitoring**

**Identify current monitoring locations and receiving waters:** Provide a list of all monitoring locations (outfalls) and their latitude, longitude, monitoring purpose (in accordance with the General Permit), and receiving water name. Latitude and longitude coordinates must be accurate. DEQ prefers the location be specified in decimal degrees, accurate to the fourth decimal place. If the preferred decimal degrees are not used, the coordinates must be provided in degrees, minutes, and seconds, accurate to the nearest second. Geographic information may be obtained at [nris.msl.mt.gov/](http://nris.msl.mt.gov/) and [deq.mt.gov/water/resources](http://deq.mt.gov/water/resources).

### **Section E – Additional Information**

**Shared Responsibility:** A small MS4 may share responsibility to implement the minimum control measures of the General Permit with another entity to satisfy their MPDES permit obligations. Shared obligation must be in writing and maintained as part of the permittee's SWMP. Indicate whether the MS4 is sharing responsibility in the provided checkboxes. If yes, specify other entities being relied on to satisfy some, or any, of the permit obligations and attach the required written agreement. DEQ recommends MS4s with shared obligations enter into a legally binding agreement to minimize uncertainty about compliance with the General Permit.

**Permits and Construction Approvals:** Small MS4s must maintain a list of all permits and construction approvals received or applied for from state or federal regulatory agencies and have documents available upon request. If you answer no to this question, a list must be composed upon submission of this NOI.

**Certification for the Presence of Non-Storm Water Discharges:** By checking the box, you certify all point source discharges of storm water within the MS4 boundaries have been tested or evaluated for the presence of non-storm water discharges (other than potential non-storm water discharges listed in ARM 17.30.1111(6)(c)(iii)) that are not covered by an MPDES permit. Attach a description of any analytical testing or sampling including who performed the analysis (such as a contracted laboratory of firm), the test method used, date of testing, and location of the outfall(s) tested.

### **Section F - Certification**

This is certification that the applicant will comply with the terms and conditions of the General Permit. Certification must be completed by the person responsible for authorization as summarized below:

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

## **Attachment 1**

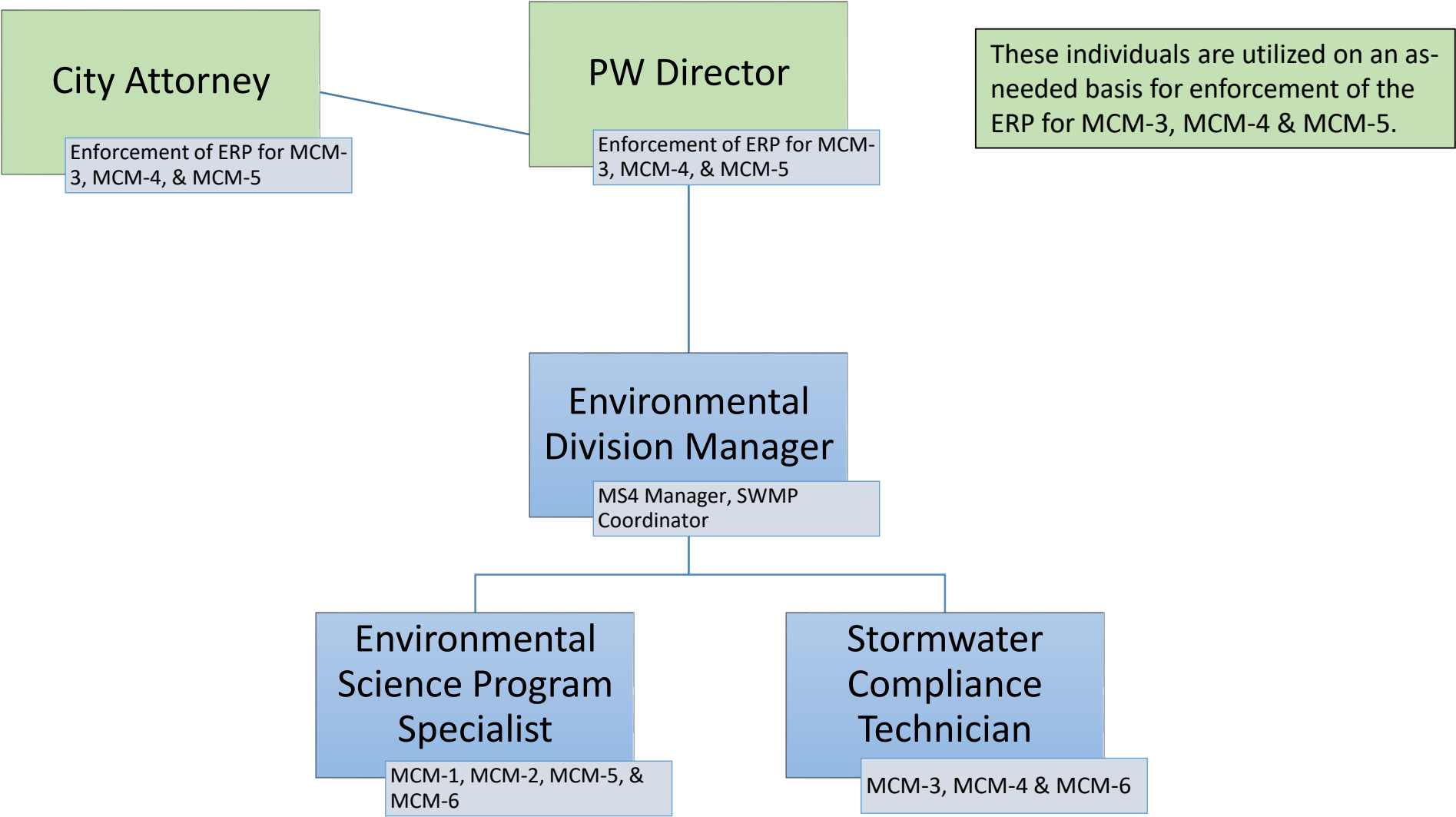
### **Small MS4 Description(narrative):**

Great Falls existing storm drainage system is comprised of approximately 111 miles of storm mains, detention/retention ponds and various ditches and culverts. The water is discharged into one of three (3) receiving waters via outfalls along each water body. The system includes multiple retention BMPs that result in infiltration to ground water; however, the City does not discharge significant portions of run-off to groundwater through structures engineered to specifically infiltrate ground water.

### **Location of the Small MS4 (narrative) to include geographical details of the MS4:**

Great Falls is a regulated MS4 located in four townships (T20N-3E, T20N-4E, T21N-3E, and T21N-R4E) in North Central Montana. According to the Koppen climate classification, Great falls is a cold semi-arid climate.

# SWMP Organizational Chart



Outfall Name	Latitude	Longitude	Monitoring Purpose	Name of Receiving Water
LNJ	47.525439	-111.300025	Storm Event	Missouri River
EXPO	47.510717	-111.320431	Storm Event	Missouri River
VERDE UP	47.484633	-111.310389	Storm Event	Missouri River
VERDE DN	47.484608	-111.310461	Storm Event	Missouri River
WHITEBEAR	47.462600	-111.605747	Storm Event	Missouri River
SUN DN	47.491992	-111.325078	Storm Event	Sun River
SUN	47.509319	-111.376153	Storm Event	Sun River
SAND 2	47.463000	-111.246503	Storm Event	Sand Coulee Creek
BLACK	47.536028	-111.212406	Storm Event	Missouri River









# ANALYTICAL SUMMARY REPORT

August 17, 2018

Great Falls City of  
PO Box 5021  
Great Falls, MT 59403

Work Order: B18080853      Quote ID: B683 - Stormwater

Project Name: MS4 Stormwater Sampling

Energy Laboratories Inc Billings MT received the following 1 sample for Great Falls City of on 8/8/2018 for analysis.

Lab ID	Client Sample ID	Collect Date	Receive Date	Matrix	Test
B18080853-001	10	08/07/18 11:00	08/08/18	Aqueous	Metals by ICP/ICPMS, Tot. Rec. Chemical Oxygen Demand Mercury, Total Recoverable Oil & Grease, Gravimetric Nitrogen, Nitrate + Nitrite Nitrogen, Total Kjeldahl Nitrogen, Total (TKN+NO3+NO2) Metals Digestion by E200.2 Preparation for COD testing HACH 8000 Mercury Digestion by E245.1 E365.1 Digestion, Total P TKN preparation E351.2 Preparation for TSS A2540 D Separatory Funnel Liquid Liquid Ext. SW3510C 608-Organochlorine Pesticides and PCBs Phosphorus, Total Solids, Total Suspended

The analyses presented in this report were performed by Energy Laboratories, Inc., 1120 S 27th St., Billings, MT 59101, unless otherwise noted. Any exceptions or problems with the analyses are noted in the Laboratory Analytical Report, the QA/QC Summary Report, or the Case Narrative.

The results as reported relate only to the item(s) submitted for testing.

If you have any questions regarding these test results, please call.

Report Approved By:



**CLIENT:** Great Falls City of  
**Project:** MS4 Stormwater Sampling  
**Work Order:** B18080853

**Report Date:** 08/17/18

## CASE NARRATIVE

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Tests associated with analyst identified as ELI-G were subcontracted to Energy Laboratories, 400 W Boxelder Rd, Gillette, WY, EPA Number WY00006.





### LABORATORY ANALYTICAL REPORT

Prepared by Billings, MT Branch

**Client:** Great Falls City of  
**Project:** MS4 Stormwater Sampling  
**Lab ID:** B18080853-001  
**Client Sample ID:** 10

**Report Date:** 08/17/18  
**Collection Date:** 08/07/18 11:00  
**Date Received:** 08/08/18  
**Matrix:** Aqueous

Analyses	Result	Units	Qualifiers	RL	MCL/ QCL	Method	Analysis Date / By
<b>PHYSICAL PROPERTIES</b>							
Solids, Total Suspended TSS @ 105 C	ND	mg/L		10		A2540 D	08/09/18 08:50 / bre
<b>AGGREGATE ORGANICS</b>							
Oxygen Demand, Chemical (COD)	18	mg/L		5		E410.4	08/13/18 13:46 / ks
<b>NUTRIENTS</b>							
Nitrogen, Nitrate+Nitrite as N	1.14	mg/L		0.01		E353.2	08/10/18 11:10 / mjm
Nitrogen, Kjeldahl, Total as N	0.6	mg/L		0.5		E351.2	08/14/18 14:44 / ks
Nitrogen, Total	1.7	mg/L		0.5		Calculation	08/14/18 16:33 / ks
Phosphorus, Total as P	0.161	mg/L		0.005		E365.1	08/10/18 15:08 / ks
<b>METALS, TOTAL RECOVERABLE</b>							
Copper	ND	mg/L		0.002		E200.8	08/11/18 02:02 / car
Lead	ND	mg/L		0.0003		E200.8	08/11/18 02:02 / car
Mercury	ND	mg/L		0.0001		E245.1	08/13/18 09:47 / jag
Selenium	0.002	mg/L		0.001		E200.8	08/11/18 02:02 / car
Zinc	ND	mg/L		0.008		E200.8	08/11/18 02:02 / car
<b>ORGANIC CHARACTERISTICS</b>							
Oil & Grease (HEM)	1	mg/L		1		E1664A	08/15/18 08:54 / eli-g
<b>PESTICIDES</b>							
Aroclor 1016	ND	ug/L		0.20		E608.3	08/15/18 04:22 / jem
Aroclor 1221	ND	ug/L		0.20		E608.3	08/15/18 04:22 / jem
Aroclor 1232	ND	ug/L		0.20		E608.3	08/15/18 04:22 / jem
Aroclor 1242	ND	ug/L		0.20		E608.3	08/15/18 04:22 / jem
Aroclor 1248	ND	ug/L		0.20		E608.3	08/15/18 04:22 / jem
Aroclor 1254	ND	ug/L		0.20		E608.3	08/15/18 04:22 / jem
Aroclor 1260	ND	ug/L		0.20		E608.3	08/15/18 04:22 / jem
Aroclor 1262	ND	ug/L		0.20		E608.3	08/15/18 04:22 / jem
Aroclor 1268	ND	ug/L		0.20		E608.3	08/15/18 04:22 / jem
Surr: Decachlorobiphenyl	69.0	%REC		60-140		E608.3	08/15/18 04:22 / jem
Surr: Tetrachloro-m-xylene	63.0	%REC		60-140		E608.3	08/15/18 04:22 / jem

- The sample extract received a Sulfuric Acid Clean-up (EPA Method 3665) and a Sulfur Clean-up (EPA Method 3660) prior to analysis.

**Report** RL - Analyte reporting limit.  
**Definitions:** QCL - Quality control limit.

MCL - Maximum contaminant level.  
ND - Not detected at the reporting limit.



# QA/QC Summary Report

Prepared by Billings, MT Branch

**Client:** Great Falls City of  
**Project:** MS4 Stormwater Sampling

**Report Date:** 08/17/18  
**Work Order:** B18080853

Analyte	Count	Result	Units	RL	%REC	Low Limit	High Limit	RPD	RPDLimit	Qual
<b>Method: A2540 D</b> <span style="float: right;">Batch: 124303</span>										
<b>Lab ID: MB-124303</b>		Method Blank								
Solids, Total Suspended TSS @ 105 C		ND	mg/L	0.7						Run: BAL #SD-15_180809A 08/09/18 08:50
<b>Lab ID: LCS-124303</b>		Laboratory Control Sample								
Solids, Total Suspended TSS @ 105 C		94.0	mg/L	10	94	80	120			Run: BAL #SD-15_180809A 08/09/18 08:50
<b>Lab ID: B18080735-001ADUP</b>		Sample Duplicate								
Solids, Total Suspended TSS @ 105 C		22.0	mg/L	10				0.0	5	Run: BAL #SD-15_180809A 08/09/18 08:50
<b>Lab ID: B18080802-001ADUP</b>		Sample Duplicate								
Solids, Total Suspended TSS @ 105 C		35.0	mg/L	10				0.0	5	Run: BAL #SD-15_180809A 08/09/18 08:50

**Qualifiers:**

RL - Analyte reporting limit.

ND - Not detected at the reporting limit.





# QA/QC Summary Report

Prepared by Billings, MT Branch

**Client:** Great Falls City of

**Report Date:** 08/17/18

**Project:** MS4 Stormwater Sampling

**Work Order:** B18080853

Analyte	Count	Result	Units	RL	%REC	Low Limit	High Limit	RPD	RPDLimit	Qual	
<b>Method: E200.8</b>							Analytical Run: ICPMS207-B_180810A				
<b>Lab ID: QCS</b>	4	Initial Calibration Verification Standard									08/11/18 00:47
Copper		0.0539	mg/L	0.010	108	90	110				
Lead		0.0499	mg/L	0.010	100	90	110				
Selenium		0.0494	mg/L	0.0050	99	90	110				
Zinc		0.0530	mg/L	0.010	106	90	110				
<b>Method: E200.8</b>							Batch: 124331				
<b>Lab ID: MB-124331</b>	4	Method Blank									08/11/18 01:20
Copper		ND	mg/L	0.0008							
Lead		ND	mg/L	0.00008							
Selenium		ND	mg/L	0.0002							
Zinc		ND	mg/L	0.006							
<b>Lab ID: LCS1-124331</b>	4	Laboratory Control Sample									08/11/18 01:25
Copper		0.105	mg/L	0.0050	105	85	115				
Lead		0.102	mg/L	0.0010	102	85	115				
Selenium		0.104	mg/L	0.0010	104	85	115				
Zinc		0.110	mg/L	0.010	110	85	115				
<b>Lab ID: B18080735-001BMS1</b>	4	Sample Matrix Spike									08/11/18 01:50
Copper		0.108	mg/L	0.0050	107	70	130				
Lead		0.108	mg/L	0.0010	108	70	130				
Selenium		0.103	mg/L	0.0010	103	70	130				
Zinc		0.113	mg/L	0.010	113	70	130				
<b>Lab ID: B18080735-001BMSD</b>	4	Sample Matrix Spike Duplicate									08/11/18 01:54
Copper		0.108	mg/L	0.0050	107	70	130	0.6	20		
Lead		0.106	mg/L	0.0010	105	70	130	2.4	20		
Selenium		0.103	mg/L	0.0010	103	70	130	0.4	20		
Zinc		0.112	mg/L	0.010	112	70	130	0.8	20		

**Qualifiers:**

RL - Analyte reporting limit.

ND - Not detected at the reporting limit.



# QA/QC Summary Report

Prepared by Billings, MT Branch

**Client:** Great Falls City of  
**Project:** MS4 Stormwater Sampling

**Report Date:** 08/17/18  
**Work Order:** B18080853

Analyte	Count	Result	Units	RL	%REC	Low Limit	High Limit	RPD	RPDLimit	Qual	
<b>Method: E245.1</b> Analytical Run: HGCV202-B_180813A											
<b>Lab ID: ICV</b>		Initial Calibration Verification Standard									08/13/18 09:21
Mercury		0.00192	mg/L	0.00010	96	90	110				
<b>Method: E245.1</b> Batch: 124341											
<b>Lab ID: MB-124341</b>		Method Blank									Run: HGCV202-B_180813A 08/13/18 09:30
Mercury		ND	mg/L	0.00005							
<b>Lab ID: LCS-124341</b>		Laboratory Control Sample									Run: HGCV202-B_180813A 08/13/18 09:32
Mercury		0.00183	mg/L	0.00010	92	85	115				
<b>Lab ID: B18080652-001BMS</b>		Sample Matrix Spike									Run: HGCV202-B_180813A 08/13/18 09:37
Mercury		0.00192	mg/L	0.00010	96	70	130				
<b>Lab ID: B18080652-001BMSD</b>		Sample Matrix Spike Duplicate									Run: HGCV202-B_180813A 08/13/18 09:39
Mercury		0.00196	mg/L	0.00010	98	70	130	2.3	30		

**Qualifiers:**

RL - Analyte reporting limit.

ND - Not detected at the reporting limit.





# QA/QC Summary Report

Prepared by Billings, MT Branch

**Client:** Great Falls City of  
**Project:** MS4 Stormwater Sampling

**Report Date:** 08/17/18  
**Work Order:** B18080853

Analyte	Count	Result	Units	RL	%REC	Low Limit	High Limit	RPD	RPDLimit	Qual
<b>Method: E351.2</b>								Analytical Run: FIA204-B_180814A		
<b>Lab ID: ICV</b>		Initial Calibration Verification Standard								08/14/18 14:38
Nitrogen, Kjeldahl, Total as N		9.59	mg/L	0.50	96	90	110			
<b>Method: E351.2</b>								Batch: 124443		
<b>Lab ID: MB-124443</b>		Method Blank					Run: FIA204-B_180814A			08/14/18 14:39
Nitrogen, Kjeldahl, Total as N		ND	mg/L	0.1						
<b>Lab ID: LCS-124443</b>		Laboratory Control Sample					Run: FIA204-B_180814A			08/14/18 14:40
Nitrogen, Kjeldahl, Total as N		9.39	mg/L	0.50	94	90	110			
<b>Lab ID: B18080891-001AMS</b>		Sample Matrix Spike					Run: FIA204-B_180814A			08/14/18 14:46
Nitrogen, Kjeldahl, Total as N		10.8	mg/L	0.50	96	90	110			
<b>Lab ID: B18080891-001AMSD</b>		Sample Matrix Spike Duplicate					Run: FIA204-B_180814A			08/14/18 14:48
Nitrogen, Kjeldahl, Total as N		10.6	mg/L	0.50	94	90	110	1.9	10	

**Qualifiers:**

RL - Analyte reporting limit.

ND - Not detected at the reporting limit.



# QA/QC Summary Report

Prepared by Billings, MT Branch

**Client:** Great Falls City of  
**Project:** MS4 Stormwater Sampling

**Report Date:** 08/17/18  
**Work Order:** B18080853

Analyte	Count	Result	Units	RL	%REC	Low Limit	High Limit	RPD	RPDLimit	Qual
<b>Method: E353.2</b> Analytical Run: FIA203-B_180810B										
<b>Lab ID: ICV</b>	Initial Calibration Verification Standard									
Nitrogen, Nitrate+Nitrite as N		0.561	mg/L	0.010	99	90	110			08/10/18 09:57
<b>Method: E353.2</b> Batch: R305472										
<b>Lab ID: MBLK</b>	Method Blank									
Nitrogen, Nitrate+Nitrite as N		ND	mg/L	0.007				Run: FIA203-B_180810B		08/10/18 09:58
<b>Lab ID: LFB</b>	Laboratory Fortified Blank									
Nitrogen, Nitrate+Nitrite as N		0.997	mg/L	0.010	100	90	110	Run: FIA203-B_180810B		08/10/18 09:59
<b>Lab ID: B18080853-001CMS</b>	Sample Matrix Spike									
Nitrogen, Nitrate+Nitrite as N		2.16	mg/L	0.010	102	90	110	Run: FIA203-B_180810B		08/10/18 11:11
<b>Lab ID: B18080853-001CMSD</b>	Sample Matrix Spike Duplicate									
Nitrogen, Nitrate+Nitrite as N		2.17	mg/L	0.010	103	90	110	0.6	10	08/10/18 11:12

**Qualifiers:**

RL - Analyte reporting limit.

ND - Not detected at the reporting limit.





# QA/QC Summary Report

Prepared by Billings, MT Branch

**Client:** Great Falls City of  
**Project:** MS4 Stormwater Sampling

**Report Date:** 08/17/18  
**Work Order:** B18080853

Analyte	Count	Result	Units	RL	%REC	Low Limit	High Limit	RPD	RPDLimit	Qual	
<b>Method: E365.1</b> Analytical Run: FIA202-B_180810D											
<b>Lab ID: ICV</b>		Initial Calibration Verification Standard									08/10/18 14:59
Phosphorus, Total as P		0.502	mg/L	0.0050	100	90	110				
<b>Method: E365.1</b> Batch: 124344											
<b>Lab ID: MB-124344</b>		Method Blank									Run: FIA202-B_180810D 08/10/18 15:01
Phosphorus, Total as P		ND	mg/L	0.004							
<b>Lab ID: LCS-124344</b>		Laboratory Control Sample									Run: FIA202-B_180810D 08/10/18 15:02
Phosphorus, Total as P		0.191	mg/L	0.0050	96	90	110				
<b>Lab ID: B18080891-001AMS</b>		Sample Matrix Spike									Run: FIA202-B_180810D 08/10/18 15:10
Phosphorus, Total as P		0.388	mg/L	0.0050	105	90	110				
<b>Lab ID: B18080891-001AMSD</b>		Sample Matrix Spike Duplicate									Run: FIA202-B_180810D 08/10/18 15:11
Phosphorus, Total as P		0.382	mg/L	0.0050	102	90	110	1.6	10		

**Qualifiers:**

RL - Analyte reporting limit.

ND - Not detected at the reporting limit.



# QA/QC Summary Report

Prepared by Billings, MT Branch

**Client:** Great Falls City of  
**Project:** MS4 Stormwater Sampling

**Report Date:** 08/17/18  
**Work Order:** B18080853

Analyte	Count	Result	Units	RL	%REC	Low Limit	High Limit	RPD	RPDLimit	Qual
<b>Method: E410.4</b> <span style="float: right;">Batch: 124398</span>										
<b>Lab ID: MB-124398</b>		Method Blank								Run: SPEC3_180813B <span style="float: right;">08/13/18 13:45</span>
Oxygen Demand, Chemical (COD)		ND	mg/L	3						
<b>Lab ID: LCS-124398</b>		Laboratory Control Sample								Run: SPEC3_180813B <span style="float: right;">08/13/18 13:45</span>
Oxygen Demand, Chemical (COD)		24.8	mg/L	5.0	102	90	110			
<b>Lab ID: B18080669-001BMS</b>		Sample Matrix Spike								Run: SPEC3_180813B <span style="float: right;">08/13/18 13:46</span>
Oxygen Demand, Chemical (COD)		46.7	mg/L	5.0	102	90	110			
<b>Lab ID: B18080669-001BMSD</b>		Sample Matrix Spike Duplicate								Run: SPEC3_180813B <span style="float: right;">08/13/18 13:46</span>
Oxygen Demand, Chemical (COD)		46.8	mg/L	5.0	103	90	110	0.3	10	

**Qualifiers:**

RL - Analyte reporting limit.

ND - Not detected at the reporting limit.



# QA/QC Summary Report

Prepared by Gillette, WY Branch

**Client:** Great Falls City of  
**Project:** MS4 Stormwater Sampling

**Report Date:** 08/15/18  
**Work Order:** B18080853

Analyte	Result	Units	RL	%REC	Low Limit	High Limit	RPD	RPDLimit	Qual
<b>Method:</b> E1664A									Batch: 180815A
<b>Lab ID:</b> MBLK1808150839 Oil & Grease (HEM)	Method Blank ND	mg/L	0.8						Run: BAL-ACCU-124_180815A 08/15/18 08:50
<b>Lab ID:</b> LCS1808150839 Oil & Grease (HEM)	Laboratory Control Sample 38	mg/L	5.0	96	78	114			Run: BAL-ACCU-124_180815A 08/15/18 08:50
<b>Lab ID:</b> LCSD1808150839 Oil & Grease (HEM)	Laboratory Control Sample Duplicate 37	mg/L	5.0	93	78	114	2.7	18	Run: BAL-ACCU-124_180815A 08/15/18 08:51
<b>Lab ID:</b> G18080189-015AMS Oil & Grease (HEM)	Sample Matrix Spike 39	mg/L	5.0	93	78	114			Run: BAL-ACCU-124_180815A 08/15/18 08:52

**Qualifiers:**

RL - Analyte reporting limit.

ND - Not detected at the reporting limit.





# QA/QC Summary Report

Prepared by Billings, MT Branch

**Client:** Great Falls City of  
**Project:** MS4 Stormwater Sampling

**Report Date:** 08/17/18  
**Work Order:** B18080853

Analyte	Result	Units	RL	%REC	Low Limit	High Limit	RPD	RPDLimit	Qual
<b>Method: E608.3</b>							Batch: 124391		
<b>Lab ID: MB-124391</b>	Method Blank		Run: AECD.I_180814A				08/15/18 02:33		
Aroclor 1016	ND	ug/L	0.080						
Aroclor 1221	ND	ug/L	0.080						
Aroclor 1232	ND	ug/L	0.080						
Aroclor 1242	ND	ug/L	0.080						
Aroclor 1248	ND	ug/L	0.080						
Aroclor 1254	ND	ug/L	0.080						
Aroclor 1260	ND	ug/L	0.080						
Aroclor 1262	ND	ug/L	0.080						
Aroclor 1268	ND	ug/L	0.080						
Surr: Decachlorobiphenyl			0.010	91	60	140			
Surr: Tetrachloro-m-xylene			0.010	75	60	140			
- The sample extract received a Sulfuric Acid Clean-up (EPA Method 3665) and a Sulfur Clean-up (EPA Method 3660) prior to analysis.									
<b>Lab ID: AR3262-124391</b>	Laboratory Control Sample		Run: AECD.I_180814A				08/15/18 03:00		
Aroclor 1232	1.40	ug/L	0.080	70	10	215			
Aroclor 1262	1.96	ug/L	0.080	98	60	140			
Surr: Decachlorobiphenyl			0.010	94	60	140			
Surr: Tetrachloro-m-xylene			0.010	71	60	140			
- The sample extract received a Sulfuric Acid Clean-up (EPA Method 3665) and a Sulfur Clean-up (EPA Method 3660) prior to analysis.									
<b>Lab ID: B18080853-001EMB</b>	Sample Matrix Spike		Run: AECD.I_180814A				08/15/18 04:49		
Aroclor 1232	3.58	ug/L	0.20	72	10	215			
Aroclor 1262	4.29	ug/L	0.20	86	60	140			
Surr: Decachlorobiphenyl			0.010	70	60	140			
Surr: Tetrachloro-m-xylene			0.010	77	60	140			
- The sample extract received a Sulfuric Acid Clean-up (EPA Method 3665) and a Sulfur Clean-up (EPA Method 3660) prior to analysis.									
<b>Method: E608.3</b>							Analytical Run: R305806		
<b>Lab ID: 1660CK5</b>	Continuing Calibration Verification Standard						08/14/18 21:59		
Aroclor 1016	1.03	ug/L	0.080	103	75	125			
Aroclor 1260	1.08	ug/L	0.080	108	75	125			
Surr: Decachlorobiphenyl			0.010	96	75	125			
Surr: Tetrachloro-m-xylene			0.010	114	75	125			
<b>Lab ID: 1660CK5</b>	Continuing Calibration Verification Standard						08/15/18 05:44		
Aroclor 1016	0.987	ug/L	0.080	99	75	125			
Aroclor 1260	1.02	ug/L	0.080	102	75	125			
Surr: Decachlorobiphenyl			0.010	92	75	125			
Surr: Tetrachloro-m-xylene			0.010	109	75	125			

**Qualifiers:**

RL - Analyte reporting limit.

ND - Not detected at the reporting limit.



# Work Order Receipt Checklist

Great Falls City of

B18080853

Login completed by: Kathi Renier  
Reviewed by: BL2000\cindy  
Reviewed Date: 8/11/2018

Date Received: 8/8/2018  
Received by: keh  
Carrier name: Return-UPS Ground

- Shipping container/cooler in good condition? Yes  No  Not Present
- Custody seals intact on all shipping container(s)/cooler(s)? Yes  No  Not Present
- Custody seals intact on all sample bottles? Yes  No  Not Present
- Chain of custody present? Yes  No
- Chain of custody signed when relinquished and received? Yes  No
- Chain of custody agrees with sample labels? Yes  No
- Samples in proper container/bottle? Yes  No
- Sample containers intact? Yes  No
- Sufficient sample volume for indicated test? Yes  No
- All samples received within holding time?  
(Exclude analyses that are considered field parameters such as pH, DO, Res Cl, Sulfite, Ferrous Iron, etc.) Yes  No
- Temp Blank received in all shipping container(s)/cooler(s)? Yes  No  Not Applicable
- Container/Temp Blank temperature: 2.0°C On Ice
- Water - VOA vials have zero headspace? Yes  No  No VOA vials submitted
- Water - pH acceptable upon receipt? Yes  No  Not Applicable

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## Standard Reporting Procedures:

Lab measurement of analytes considered field parameters that require analysis within 15 minutes of sampling such as pH, Dissolved Oxygen and Residual Chlorine, are qualified as being analyzed outside of recommended holding time.

Solid/soil samples are reported on a wet weight basis (as received) unless specifically indicated. If moisture corrected, data units are typically noted as –dry. For agricultural and mining soil parameters/characteristics, all samples are dried and ground prior to sample analysis.

---

## Contact and Corrective Action Comments:

None



Trust our People. Trust our Data.

# Chain of Custody & Analytical Request Record

www.energylab.com

Page 1 of 2

### Account Information (Billing Information)

Company/Name City of Great Falls, Public Works  
 Contact Paul Skubinna  
 Phone (406) 727-8390  
 Mailing Address 1005 25th Ave. NE P.O. BOX 5021  
 City, State, Zip Great Falls, MT, 59403  
 Email pskubinna@greatfalls.net  
 Receive Invoice  Hard Copy  Email  Hard Copy  Email  
 Purchase Order Quote 81335  
 Bottle Order

### Report Information (if different than Account Information)

Company/Name City of Great Falls, Public Works  
 Contact Michael Upton  
 Phone (406) 727-8390  
 Mailing Address 1005 25th Ave. NE P.O. BOX 5021  
 City, State, Zip Great Falls, MT, 59403  
 Email jdoll@greatfallsmt.net  
 Receive Report  Hard Copy  Email  
 Special Report/Formats  
 LEVEL IV  NELAC  EDD/EDT (contact laboratory)  Other

### Comments

Use DEQ 7 RRV's

### Project Information

Project Name, PWSID, Permit, etc. MS4 Stormwater Sampling  
 Sampler Name Justin Doll  
 Sampler Phone (406) 727-8390  
 Sample Origin State Montana  
 EPA/State Compliance  Yes  No  
 MIMING CLIENTS, please indicate sample type.  
 \*If one has been processed or refined, call before sending.  
 Byproduct 11 (9/2 material)  Unprocessed ore (NOT ground or refined)\*

### Matrix Codes

- A - Air
- W - Water
- S - Soils
- V - Vegetation
- B - Bioassay
- O - Other
- DW - Drinking Water

### Analysis Requested

Analysis Requested	Requested	Received
TS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHOSPHOROUS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NITROGEN TOTAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COPPER TOTAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LEAD TOTAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ZINC TOTAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OIL/GREASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>

See Attached

All turnaround times are standard unless marked as RUSH.

Energy Laboratories MUST be contacted prior to RUSH sample submittal for charges and scheduling - See Instructions Page

Sample Identification (Name, Location, Interval, etc.)	Collection Date	Collection Time	Number of Containers	Matrix (See Codes Above)	Analysis Requested		Received by Laboratory (print)	Date/Time	Signature
					Requested	Received			
1 10	8-7-18	11:00 AM	6	W	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Justin Doll	8-7-18 16:00	Justin Doll
2					<input type="checkbox"/>	<input type="checkbox"/>			
3					<input type="checkbox"/>	<input type="checkbox"/>			
4					<input type="checkbox"/>	<input type="checkbox"/>			
5					<input type="checkbox"/>	<input type="checkbox"/>			
6					<input type="checkbox"/>	<input type="checkbox"/>			
7					<input type="checkbox"/>	<input type="checkbox"/>			
8					<input type="checkbox"/>	<input type="checkbox"/>			
9					<input type="checkbox"/>	<input type="checkbox"/>			
10					<input type="checkbox"/>	<input type="checkbox"/>			

RUSH

TAT

31808 0853-1

Requisitioned by (print) Justin Doll  
 Requisitioned by (print)  
 Shipped By  
 Cooler ID(s)  
 Custody Seals Y N C B  
 Intact Y N  
 Receipt Temp °C  
 Temp Blank Y N  
 On Ice Y N  
 Payment Type CC Cash Check  
 Amount \$  
 Receipt Number (cash/check only)  
 Signature  
 Date/Time  
 Received by Laboratory (print)  
 Date/Time  
 Signature  
 Amount \$

In certain circumstances, samples submitted to Energy Laboratories, Inc. may be subcontracted to other certified laboratories in order to complete the analysis requested. This serves as notice of this possibility. All subcontracted data will be clearly notated on your analytical report.





Trust our People. Trust our Data.

# Chain of Custody & Analytical Request Record

www.energylab.com

### Account Information (Billing information)

Company/Name City of Great Falls, Public Works  
 Contact Paul Skubinna  
 Phone (406) 727-8390  
 Mailing Address 1005 25th Ave. NE P.O BOX 5021  
 City, State, Zip Great Falls, MT, 59403  
 Email pskubinna@greatfalls.net  
 Receive Invoice  Hard Copy  Email  Hard Copy  Email  
 Purchase Order Quote 81335  
 Bottle Order

### Report Information (if different than Account Information)

Company/Name City of Great Falls, Public Works  
 Contact Michael Upton  
 Phone (406) 727-8390  
 Mailing Address 1005 25th Ave. NE P.O BOX 5021  
 City, State, Zip Great Falls, MT, 59403  
 Email jdoll@greatfallsmt.net  
 Receive Report  Hard Copy  Email  
 Special Report/Formats:  
 LEVEL IV  NELAC  EDD/EDT (contact laboratory)  Other

### Comments

Use DEQ 7 RRVs

### Project Information

Project Name, PWSID, Permit, etc. MS4 Stormwater Sampling  
 Sampler Name Justin Doll  
 Sampler Phone (406) 727-8390  
 Sample Origin State Montana  
 EPA/State Compliance  Yes  No  
 MINING CLIENTS, please indicate sample type.  
 If ore has been processed or refined, call before sending.  
 Byproduct 11 (e)2 material  Unprocessed ore (NOT ground or refined)\*

**Matrix Codes**

- A - Air
- W - Water
- S - Solids
- V - Vegetation
- B - Bioassay
- O - Other
- DW - Drinking Water

**Analysis Requested**

MERCURY	<input checked="" type="checkbox"/>
SELENIUM	<input checked="" type="checkbox"/>
PCBS	<input checked="" type="checkbox"/>

All turnaround times are standard unless marked as RUSH.  
 Energy Laboratories MUST be contacted prior to RUSH sample submittal for charges and scheduling - See Instructions Page

Sample Identification (Name, Location, Interval, etc.)	Collection		Matrix (see Code Library)	Number of Containers
	Date	Time		
1 10	8-7-18	11:05 AM	W	6
2				
3				
4				
5				
6				
7				
8				
9				
10				

See Attached

1318080853-1

**Custody Record MUST be signed**

Relinquished by (print) Justin Doll  
 Relinquished by (print) Justin Doll  
 Date/Time 8-7-18 16:00  
 Date/Time 8-7-18 10:00  
 Signature [Signature]  
 Signature [Signature]

Received by (print) \_\_\_\_\_  
 Received by Laboratory (print) \_\_\_\_\_  
 Date/Time \_\_\_\_\_  
 Date/Time 8-7-18 10:00  
 Signature [Signature]

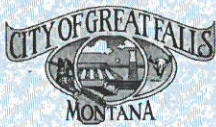
Amount \$ \_\_\_\_\_  
 Payment Type \_\_\_\_\_  
 CC \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Check \_\_\_\_\_  
 Receipt Number (cash/check only) \_\_\_\_\_

In certain circumstances, samples submitted to Energy Laboratories, Inc. may be subcontracted to other certified laboratories in order to complete the analysis requested. This serves as notice of this possibility. All subcontracted data will be clearly notated on your analytical report.

VENDOR NUMBER	VENDOR NAME	CHECK NUMBER	CHECK DATE	CHECK AMOUNT
1129	DEPT OF ENVIR QUALITY, WATER PROTECT,	465125	04/29/2022	\$7,000.00

INVOICE DATE	INVOICE NUMBER	DESCRIPTION	INVOICE AMOUNT
04/29/2022	MTR04/2022	MS4 PERMIT RENEWAL, MTR04	\$7,000.00

THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW



**City of Great Falls**  
P.O. Box 5021  
Great Falls, MT 59403  
(406) 455-8424

US Bank  
300 Central Ave  
Great Falls, MT 59403  
(406) 454-9317  
93-38/929

Vendor Number	Check Number	Check Date
1129	465125	04/29/2022

VOID 90 DAYS FROM DATE OF ISSUE

\*\*\* Seven Thousand Dollars And Zero Cents \*\*\*

\$7,000.00

Pay To The Order Of  
DEPT OF ENVIR QUALITY, WATER PROTECT,  
DEPT OF ENVIRONMENTAL QUALITY  
WATER PROTECTION BUREAU  
PO BOX 200901  
HELENA, MT 59620-0901

*Melissa Kink*  
Authorized Signature

MP

*[Signature]*  
Authorized Signature

MP

BORDER CONTAINS MICROPRINTING



⑈00465125⑈ ⑆092900383⑆ 150090411979⑈