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FEB 18 2016

Dept. of Environmental Quality

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER

GENERAL NPDES PERMIT MSR00 0 0 5 4
(NUMBER TO BE ASSIGNED BY STATE) 11

INSTRUCTIONS

Applicant must be the owner or operator (i.e., legal entity that controls the facility's operation, or the plant/site manager, not the environmental consultant). Submittals with this BNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5 and 6 of the Baseline Storm Water General Permit. ALL FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

THE APPLICANT IS: [X] OWNER [X] OPERATOR (PLEASE CHECK ONE OR BOTH)

OWNER INFORMATION

Owner Contact Name: Charlie Peacock Position: Director of Proc.
Owner Company Name: Peco Foods, Inc.
Owner Street (P.O. Box): 1020 Lurlene Wallace Blvd. North
Owner City: Tuscaloosa State: Alabama Zip: 35403
Owner Phone Number: (205) 345-4711 Owner Email: cpeacock@pecofoods.com

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Tony Pierce Position: Plant Manager
Operator Company Name: Peco Foods, Inc.
Operator Street (P.O. Box): Post Office Box 419
Operator City: Canton State: MS Zip: 39046
Operator Phone Number: (601) 855-5018 Operator Email: tpierce@pecofoods.com

## FACILITY INFORMATION

Facility Name: Peco Foods, Inc.

Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description):

SIC Code: 2 0 1 5 Poultry Processing

Receiving Stream: Bear Creek

Is receiving stream on MDEQ's 303(d) List?

Yes  No

Has a TMDL been established for the receiving stream segment?

Yes  No

Physical Site Address:

Street: 1039 West Fulton Street

City: Canton

County: Madison

Zip: 39046

Latitude: 32 degrees 36 minutes 38 seconds

Longitude: 90 degrees 03 minutes 07 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS of Plant Entrance

Attach a copy of any existing laboratory data for each storm water outfall. If multiple sampling has been performed, provide a summary for each parameter, including sampling dates and the minimum, average and maximum values.

Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amounts?  Yes  No  
If yes, please attach a list of water priority chemicals present at the facility.

**DOCUMENTATION OF COMPLIANCE WITH OTHER  
REGULATIONS/REQUIREMENTS**

Is this notice for a facility that will require other permits?     Yes     No

If yes, check which one(s):     Air,     Hazardous Waste,     Pretreatment,     Water State Operating,  
 Individual NPDES, or list Other(s):

MSP090721

How will sanitary sewage be collected and treated? Municipal Sanitary Sewer

Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.

N/A

Is treatment of storm water provided at any outfall?     Yes     No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**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 gathered and evaluated 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<sup>1</sup> (Must be signed by operator when different than owner)

2/15/2016

Date Signed

Charlie Peacock

Printed Name<sup>1</sup>

Director of Processing

Title

<sup>1</sup>This application shall be signed according to the General Permit, ACT 14, T-9, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, the mayor, or ranking elected official.

After signing please mail to:

Chief, Environmental Permits Division  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, MS 39225

Attachment to Baseline Notice of Intent (BNOI) – Baseline Storm Water

Facility: Peco Foods, Inc.

Location: 1039 West Fulton Street, Canton, Mississippi 39046

Section 313 Chemicals On Site:

- 1) Ammonia – CAS 7664-41-7