

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 (NUMBER TO BE ASSIGNED BY STATE)

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). The owner or operator that receives coverage is responsible for permit compliance. File at least 60 days prior to the commencement of the regulated industrial activity.

Submittals with this ISNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5-8 of the Industrial Stormwater General Permit. In addition, a United States Geological Survey (USGS) quadrangle map (or a copy) showing site location and extending at least 1/2 mile beyond the site's property boundary is required. If a copy is submitted, provide the name of the quadrangle map that is found in the upper right hand corner. Maps can be obtained from the MDEQ, Office of Geology at 601-961-5523.

ALL FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

THE APPLICANT IS: OWNER	■ OPERATOR (PLEASE CHECK ONE OR BOTH)	
OWNER INFORMATION		
Owner Contact Name: Anson Morris	Position: General Site Manager	
Owner Company Name: Brookhaven Pellets, LLC		
Owner Street (P.O. Box): W L Behan Road		
Owner City: Brookhaven	State: MS zip: 39601	
Owner Phone Number: (601-551-0024	Owner Email: amorris@brookhavenpellet.com	
OPERATOR INFORMATION (if different than owner)		
Operator Contact Name: Anson Morris	Position: General Site Manager	
Operator Company Name: Brookhaven Pellets, LLC		
Operator Street (P.O. Box): W L Behan Road		
Operator City: Brookhaven	State: MS Zip: 39601	
Operator Phone Number: 601-551-0024	Operator Email: amorris@brookhavenpellet.com	

RECEIVED

SEP 0 6 2022

DEPT. OF ENVIRONMENTAL QUALITY



FACILITY INFORMATION

Facility Name: Brookhaven Pellets Facility		
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 2499 Wood Products, Not Elsewhere Classified		
Receiving Stream: Unnamed tributary of East Bogue Chitto		
No		
No		
Physical Site Address: NAL Bohon Bood Prookboyon MS		
Street: W L Behan Road City: Brookhaven, MS		
nds		
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Google Earth		
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

To this paties form a famility that will require other normity?	Yes □No
Is this notice for a facility that will require other permits?	ies 🗀 140
If yes, check which one(s): Air, Hazardous Waste, Pretre Individual NPDES, or list Other(s):	atment, Water State Operating,
How will sanitary sewage be collected and treated? City of Bro	okhaven Municipal System
Indicate any local storm water ordinance with which the facility mu approval.	st comply and submit any documentation of
N/A	
Is treatment of storm water provided at any outfall? If yes, please describe: riprap-lined ditch outfalls	Yes No
If yes, please describe:	
CERTIFICATION	1
I certify under penalty of law that this document and all attachments were paccordance with a system designed to assure that qualified personnel proper submitted. Based on my inquiry of the person or persons who manage the significant the information, the information submitted is to the best of my kn am aware that there are significant penalties for submitting false information imprisonment for knowing violations.	rly gathered and evaluated the information ystem, or those persons directly responsible for owledge and belief, true, accurate and complete. I
Sylon Wants	9-1-2022
Signature ¹ (Must be signed by operator when different than owner)	Date Signed
Anson Morris	General Site Manager
Printed Name ¹	Title
¹ This application shall be signed according to the General Permit, ACT 16, ' - For a corporation, by a responsible corporate officer For a partnership, by a general partner For a sale proprietorship, by the proprietor.	T-9, as follows:

- 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