

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2 0 9 8

(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	RINFORMATION	
Owner Contact Name: Steve Garrett	President President	
Owner Contact Name: Stove Sarrott Owner Company Name: Lawrence County Board of Supervisors		
Owner Street (P.O. Box): P.O. Box 116	60	
Owner City: Monticello	State: MS Zip: 39654	
Owner Phone Number: (601) 587 - 3003	Owner Email: jwilliamson@co.lawrence.ms.us	

OPERATOR INFORMATION (if different than owner)		
Operator Contact Name: Steve Garrett	President President	
Operator Company Name: Lawrence County Board of Supervisors		
Operator Street (P.O. Box): P.O. Box 11		
Operator City: Monticello	State: MS Zip: 39654	
Operator Phone Number: 601-587-3003	Operator Email: jwilliamson@co.lawrence.ms.us	

FACILITY INFORMATION

Facility Name: Lawrence County Class I Rubbish Site		
Nature of Business (Include 4–digit Standard Industrial Classification Code (SIC) and description): SIC Code: 4 9 5 3 Solid Waste Landfill		
Receiving Stream: Pearl River		
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: 791 Ferguson Mill Road City: Silver Cre	eek	
County: Lawrence zip: 3966	_{zip:} 39663	
Latitude: 31 degrees 37 minutes 15 seconds Longitude: 90 degrees 04 minute	es 15 seconds	
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation):	ation	
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 amount If yes, please attach a list of water priority chemicals present at the facility.	ts?	

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits?		
If yes, check which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or list Other(s):		
How will sanitary sewage be collected and treated? N/A		
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?		
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 ¹ (Must be signed by operator when different than owner) Date Signed		
Steve Garrett Printed Name! Title		

¹This application shall be signed according to the General Permit, ACT 16, 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