

At: 8005



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Rec'd 04/28/2023

# INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2507  
(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: Bob Tiffin Position: President

Owner Company Name: Belmont Homes Landfill, Inc

Owner Street (P.O. Box): 700 County Road 864

Owner City: Golden State: MS Zip: 38847

Owner Phone Number: (256) 356-0206 Owner Email: BelmontHomesLandfill@gmail.com

### OPERATOR INFORMATION (if different than owner)

Operator Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Operator Company Name: \_\_\_\_\_

Operator Street (P.O. Box): \_\_\_\_\_

Operator City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Operator Phone Number: (\_\_\_\_) \_\_\_\_\_ Operator Email: \_\_\_\_\_

O-C

# FACILITY INFORMATION

Facility Name: Belmont Homes Landfill Inc

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

SIC Code: 4 9 5 3 Refuse Systems

Receiving Stream: Unnamed intermittent stream of Redbud 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: 700 County Road 864

City: Golden

County: Tishomingo

Zip: 38847

Latitude: 34 degrees 28 minutes 43 seconds

Longitude: 88 degrees 12 minutes 49 seconds

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

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):

Solid Waste Class I Rubbish - SW0710020516

How will sanitary sewage be collected and treated? Septic System

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

None

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.



04/25/2023

Signature<sup>1</sup> (Must be signed by operator when different than owner)

Date Signed

Bob Tiffan

President

Printed Name<sup>1</sup>

Title

<sup>1</sup>This 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**