MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 _2561___
(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: _____ Position: _____

Owner Company Name: _____

Owner Street (P.O. Box): _____

Owner City: _____ State: _____ Zip: _____

Owner Phone Number: (____)_____ Owner Email: _____

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: _____

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

SIC Code: ___ ___ ___ ___   _____

Receiving Stream: _____

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: _____ **City:** _____

County: _____ **Zip:** _____

Latitude: ____ degrees ____ minutes ____ seconds   Longitude: ____ degrees ____ minutes ____ seconds

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

_____

How will sanitary sewage be collected and treated? _____

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

_____

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[1] (Must be signed by operator when different than owner)   **Date Signed**

_____   _____
Printed Name[1]   **Title**

[1]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