

AI #64320  
GnP20130001



RECEIVED  
JUL 24 2013  
Dept of Environmental Quality

**BASELINE NOTICE OF INTENT (BNOI)**  
**FOR COVERAGE UNDER THE BASELINE STORM WATER**  
**GENERAL NPDES PERMIT MSR00 2143**  
(NUMBER TO BE ASSIGNED BY STATE)

**INSTRUCTIONS**

Applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or 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 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. 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 INFORMATION REQUESTS MUST BE ANSWERED** (answer "NA" if not applicable)

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

**OWNER INFORMATION**

Owner Contact Name: Roy W. Dowling, Ph.D., CIH Position: Sr. Dir. Corp. EH&S  
Owner Company Name: Martin Transport, Inc.  
Owner Street (P.O. Box): P.O. Box 17867  
Owner City: Shreveport State: LA Zip: 71138  
Owner Phone Number (Include Area Code): (318) 687-3771

**OPERATOR INFORMATION (if different than owner)**

Operator Contact Name: Phil Creel Position: Terminal Manager  
Operator Company Name: Hattiesburg Truck Terminal  
Operator Street (P.O. Box): 7604 Highway 49  
Operator City: Hattiesburg State: MS Zip: 39402  
Operator Phone Number (Include Area Code): (601) 584-1003

## FACILITY INFORMATION

**Facility Name:** Hattiesburg Truck Terminal

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

**SIC Code:** 4 2 1 2 Local trucking without storage

**Receiving Stream:** Bouie River

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

Yes  No

**If yes, has a TMDL been established for the receiving stream segment?**

Yes  No

**Physical Site Address:**

**Street:** 7604 Highway 49

**City:** Hattiesburg

**County:** Forrest

**Zip:** 39402

**Latitude:** 31 degrees 24 minutes 27.4 seconds

**Longitude:** 89 degrees 23 minutes 45.6 seconds

**Method Used to Determine Lat & Long** (GPS (Please GPS Plant Entrance) or Map Interpolation): GPS terminal 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, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or list Other(s):

n/a

How will sanitary sewage be collected and treated? On-site septic system

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

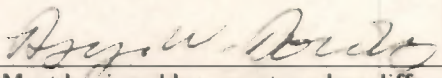
None

Is treatment of storm water provided at any outfall? If so, please describe:

No treatment of storm water is 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<sup>1</sup> (Must be signed by operator when different than owner)

7/16/2013  
Date Signed

Roy W. Dowling, Ph.D., CIH  
Printed Name<sup>1</sup>

Sr Director Corporate EH&S  
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