## Transmitted via Certified Mail, Return Receipt Requested



4/30/2020

Chief, Environmental Permits Division MS Department of Environmental Quality Office of Pollution Control P.O. Box 2261 Jackson, MS 39225

RE:

G20 Technologies LLC Permit #MSR000971

DECEIVE MAY 5 2020

MDEC

Dear Sir/Madam:

Enclosed please find the application Baseline Notice of Intent (BNOI) renewal for the G2O Technologies LLC facility in Monticello, MS.

Also attached is the Letter of Signatory Authority and the associated maps for the facility.

Please contact me at 601-587-7481 if you require anything more.

Sincerely,

Stanley Stephens Plant Manager

CC: Charita Redding



## **BASELINE NOTICE OF INTENT (BNOI)**

# FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 0 9 7 1 (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 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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

OPERATOR (PLEASE CHECK ONE OR BOTH)

**☑** OWNER

THE APPLICANT IS:

Operator Phone Number: ( )

OWNER INFORMATION			
Owner Contact Name: Stanley Stephens	Position: Plant Manager		
Owner Company Name: G2O Technologies LLC	g		
Owner Street (P.O. Box): 107 Cytec Road			
	State: MS Zip: 39654		
Owner Phone Number: (601 ) 587-7481	Owner Email: stanley.stephens@geosc.com		
OPERATOR INFOR	MATION (if different than owner)		
Operator Contact Name:	Position:		
Operator Company Name:			
Operator Street (P.O. Box):			
Operator City:	State:Zip:		

Operator Email:

### **FACILITY INFORMATION**

Facility Name: G20 Technologies			
Nature of Business (Include 4-digit Standard Industri	al Classification Code (SI	C) and description):	
SIC Code: 2 8 1 9			
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: 107 Cytec Road	City: Montice	ello	
County: Lawrence	<b>Zip:</b> 39654		
Latitude: 90 degrees 7 minutes 30 seconds	Longitude: 31 degrees	s 37 minutes 30 seconds	
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Previous Permit			
Attach a copy of any existing laboratory data for each sperformed, provide a summary for each parameter, incamazimum values.	torm water outfall. If mu luding sampling dates and	litiple sampling has been d the minimum, average and	
Is this a SARA Title III, Section 313 facility utilizing water free, please attach a list of water priority chemicals present	priority chemicals at thresent at the facility.	shold amounts? 🗌 Yes 🗹 No	

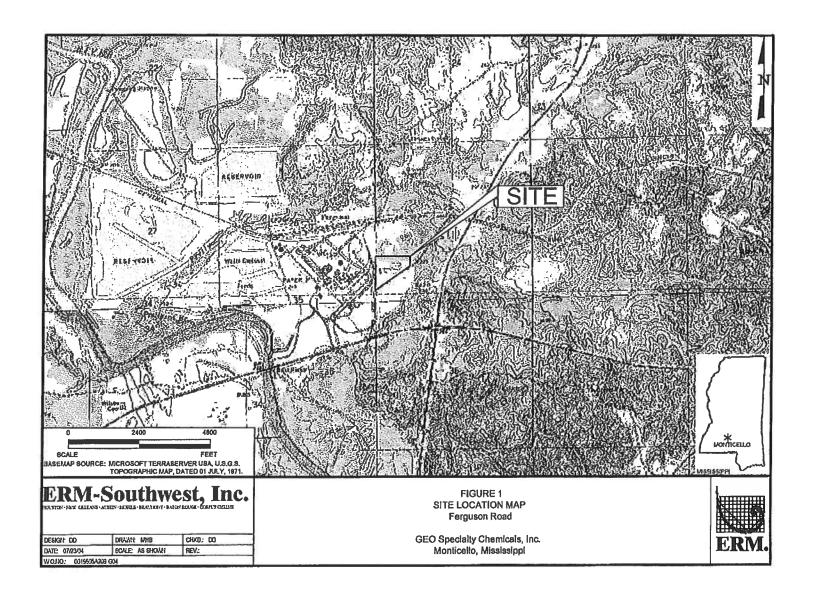
## DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

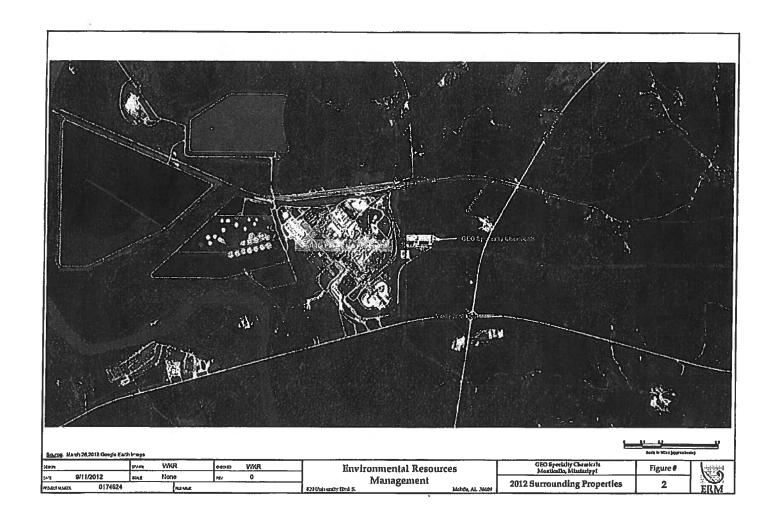
Is this notice for a facility that will require other permits?	✓ Yes	□No				
If yes, check which one(s): Air, Hazardous Waste, P. Individual NPDES, or list Other(s):	retreatment	, Water State Operating,				
MSU085011, Other - MS-GW-16684						
How will sanitary sewage be collected and treated? Septic Tank  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:						
CERTIFICATI	ON					
I certify under penalty of law that this document and all attachments we accordance with a system designed to assure that qualified personnel prosubmitted. Based on my inquiry of the person or persons who manage the gathering the information, the information submitted is to the best of my am aware that there are significant penalties for submitting false information personment for knowing violations.	operly gather he system, or y knowledge s	ed and evaluated the information those persons directly responsible for and belief, true, accurate and complete. I				
HI H		1 /				
Mould Midieus	_	4/30/20				
Signature (Must be signed by operator when different than owner)	Ι	Oate Signed				
Stanley Stephens	)	Plant Manager				
Printed Name <sup>1</sup>	ī	Title				
This application shall be signed according to the General Permit, ACT 1 - 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						

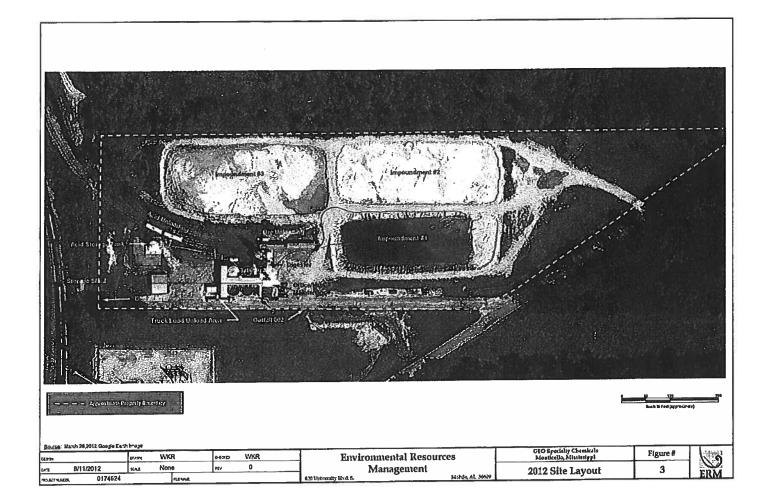
After signing please mail to: Chief, Environmental Permits Division

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control

P.O. Box 2261 Jackson, MS 39225







CERTIFIED MAIL, RETURN RECEIPT REQUESTED

4/24/2020

Mississippi Department of Environmental Quality Office of Pollution Control P.O. Box 10385 Jackson, MS 39289-0385

RE:

GEO Specialty Chemicals - Monticello Facility DELEGATED AUTHORITY

Dear Sir/Madam:

Pursuant to Signatory Requirements and relative State issued Permits, I hereby delegate the signatory authority for all reports and other information required to the Monticello facility Plant Manager.

If you have any questions, please contact the Director of Safety, Regulatory, Charita Redding, at 478-472-1174.

Sincerely,

Derek Linder

Vice President Manufacturing

G20 Technologies

CC:

Stanley Stephens Charita Redding