



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 1171
 (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: Peter Flynn Position: Hub Director HTS Americas
 Owner Company Name: Imerys Minerals USA, Inc.
 Owner Street (P.O. Box): 917 Francis St. W
 Owner City: Jacksonville State: AI Zip: 36265
 Owner Phone Number: (704) 300-3863 Owner Email: peter.flynn@calderys.com

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Daniel McCarty Position: Plant Manager
 Operator Company Name: Imerys Minerals USA, Inc.
 Operator Street (P.O. Box): 10033 Imc Road
 Operator City: Aberdeen State: MS Zip: 39730
 Operator Phone Number: 662 369-6411 Operator Email: daniel.mccarty@imerys.com

2 - received via email 3.19.21

FACILITY INFORMATION

Facility Name: Imerys Minerals USA, Inc.

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

SIC Code: 1459 Clay, Ceramic, and Refractory Minerals, Not Elsewhere Classified

Receiving Stream: All drainage goes to an unnamed tributary of the James Creek and an unnamed tributary of the Tom Bigbee 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: 10033 Imc Road

City: Aberdeen

County: Monroe

Zip: 39730

Latitude: 33 degrees 46 minutes 05 seconds

Longitude: 88 degrees 34 minutes 21 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

<p>Is this notice for a facility that will require other permits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check which one(s): <input checked="" type="checkbox"/> Air, <input type="checkbox"/> Hazardous Waste, <input type="checkbox"/> Pretreatment, <input type="checkbox"/> Water State Operating, <input type="checkbox"/> Individual NPDES, or list Other(s):</p> <p><u>N/A</u></p>	
<p>How will sanitary sewage be collected and treated? <u>N/A</u></p>	
<p>Indicate any local storm water ordinance with which the facility must comply and submit any documentation of approval.</p> <p><u>N/A</u></p>	
<p>Is treatment of storm water provided at any outfall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please describe: <u>N/A</u></p>	

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.


 Signature¹ (Must be signed by operator when different than owner)

3-18-21
 Date Signed

Daniel McCarty
 Printed Name¹

Plant Manager
 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