

AI: 77477



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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SEP 01 2021

Dept. of Environmental Quality

# INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2455  
(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:	<u>Mike McLaughlin</u>	Position:	<u>Facility Owner</u>
Owner Company Name:	<u>Scranton Manufacturing Company, Inc. dba McLaughlin Family Company, Inc. - New Way</u>		
Owner Street (P.O. Box):	<u>101 State Street</u>		
Owner City:	<u>Scranton</u>	State:	<u>IA</u> Zip: <u>51462</u>
Owner Phone Number:	<u>(713) 652-3396</u>	Owner Email:	<u>mmclaughlin@newwaytrucks.com</u>

### OPERATOR INFORMATION (if different than owner)

Operator Contact Name:	<u>Jimmie Veach</u>	Position:	<u>Director of Manufacturing</u>
Operator Company Name:	<u>Scranton Manufacturing Company Inc. dba McLaughlin Family Companies, Inc. - New Way</u>		
Operator Street (P.O. Box):	<u>1 Wolverine Dr.</u>		
Operator City:	<u>Booneville</u>	State:	<u>MS</u> Zip: <u>38829</u>
Operator Phone Number:	<u>662 340-5764</u>	Operator Email:	<u>jveach@newwaytrucks.com</u>

FACILITY INFORMATION

Facility Name: New Way Trucks - Wolverine

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

SIC Code: 3713 Manufacturing, Trucks and Bus Bodies

Receiving Stream: Tuscumbia 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: 1 Wolverine Dr. City: Booneville

County: Prentiss Zip: 38829

Latitude: 34 degrees 40 minutes 54 seconds Longitude: 88 degrees 32 minutes 17 seconds

Google Earth Map Interpolation

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):

AI Number 77477; Air -2340-00054; Pretreatment permit need being evaluated

How will sanitary sewage be collected and treated? Direct drain flow to POTW

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


The City of Booneville MS has not issued any local storm ordinances

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

08-25-2021  
Date Signed

Jimmie Veach  
Printed Name<sup>1</sup>

Director of Manufacturing  
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