



# INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2484  
(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: Tommy Irwin Position: Mayor

Owner Company Name: City of Corinth

Owner Street (P.O. Box): 300 Childs Street

Owner City: Corinth State: MS Zip: 38834

Owner Phone Number: 662 286-6644 Owner Email: tommy@cityofcorinthms.com

### OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Clayton Mills Position: Public Works Director

Operator Company Name: City of Corinth

Operator Street (P.O. Box): 300 Childs Street

Operator City: Corinth State: MS Zip: 38834

Operator Phone Number: 662 415-0855 Operator Email: cm\_@bellsouth.net

re-received via email 10.10.22

## FACILITY INFORMATION

Facility Name: Corinth Class II Rubbish Landfill

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

SIC Code: 4 9 5 3 Refuse Systems

Receiving Stream: Turner Creek

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: West Linden Street City: Corinth

County: Alcorn Zip: 38834

Latitude: 34 degrees 56 minutes 18 seconds      Longitude: 88 degrees 31 minutes 60 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS-W Linden St 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, check which one(s):  Air,  Hazardous Waste,  Pretreatment,  Water State Operating,  Individual NPDES, or list Other(s):

Industrial Stormwater

How will sanitary sewage be collected and treated? NA

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: \_\_\_\_\_

**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)

5/31/22  
Date Signed

Clayton Mills  
Printed Name<sup>1</sup>

Public Works Director  
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