



ENGINEERING
AND SCIENCE

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April 7, 2023

Ms. Krystal Rudolph, P.E.
Environmental Permits Division
Mississippi Department of Environmental Quality
515 E. Amite Street
Jackson, MS 39202

**Re: Industrial Stormwater Notice of Intent
Waste Pro of Mississippi, Cleveland Hauling Facility**

Dear Ms. Rudolph:

On behalf of Waste Pro of Mississippi, Allen Engineering and Science is submitting the Industrial Stormwater Notice of Intent for the facility in Cleveland, Mississippi. Along with the ISNOI is a Stormwater Pollution Prevention Plan and a Site Location map for the facility.

If you have any questions or require any additional information, please do not hesitate to contact me at rsumrall@allenes.com or 601-812-6520.

Sincerely,
Allen Engineering and Science, Inc.

Richard Sumrall, P.E.
Senior Engineer

RECEIVED

APR 07 2023

DEPT. OF ENVIRONMENTAL QUALITY



650 1-49

AI: 83726

MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER

GENERAL NPDES PERMIT MSR00 26 05

(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: Allan Howell Position: District Manager
Owner Company Name: Waste Pro of Mississippi, Cleveland Hauling Facility
Owner Street (P.O. Box): 3939 Highway 61 North
Owner City: Cleveland State: MS Zip: 38732
Owner Phone Number: (662)-843-0110 Owner Email: ahowell@wasteprousa.com

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: _____ Position: _____
Operator Company Name: _____
Operator Street (P.O. Box): _____
Operator City: _____ State: _____ Zip: _____
Operator Phone Number: (____) _____ Operator Email: _____

DC

FACILITY INFORMATION

Facility Name: Waste Pro of Mississippi, Cleveland Hauling Facility

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

SIC Code: 4212 Solid Waste Hauling Facility

Receiving Stream: Unnamed Tributary of Lead Bayou

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: 3939 Highway 61 North City: Cleveland

County: Bolivar Zip: 38732

Latitude: 33 degrees 47 minutes 29 seconds Longitude: 90 degrees 43 minutes 07 seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): Google Earth

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):

How will sanitary sewage be collected and treated? City Sewer

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

N/A

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.



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

04/06/2023

Date Signed

Chris Lockwood

Printed Name¹

Regional Vice President

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