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INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 25 1 ________

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 I	NFORMATION	
Owner Contact Name: Rickie Robertson	Positio	n: President/Owner
Owner Company Name: Robertson Fabric	ation Inc	
Owner Street (P.O. Box): 5905 Highway 49)E S	
Owner City: Greenwood		Zip: 38930
	Owner Email: robfab1@be	ellsouth.net

OPERATOR INFORMATION (if different than owner)

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

FACILITY INFORMATION		
Facility Name: Robertson Fabrication Inc		
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and descri SIC Code: <u>3 4 4 4</u> Sheet Metal Work	ption):	
Receiving Stream: Pelucia Creek, Yazoo 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: 5905 Highway 49E S	d	
County: Leflore 28930	0	
Latitude: <u>33</u> degrees <u>28</u> minutes <u>15.52</u> seconds Longitude: <u>90</u> degrees <u>12</u> minut		
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 sampl performed, provide a summary for each parameter, including sampling dates and the minimum 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? If yes, check which one(s):	_	🔳 No t, 🔲 Water State Opera	ating,
How will sanitary sewage be collected and treated? Sen	it to local F	νοτω	
Indicate any local storm water ordinance with which the fa approval. None	acility must com	ply and submit any doc	umentation of
Is treatment of storm water provided at any outfall? If yes, please describe:	🗌 Yes	No No	

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

Rickie Robertson

Printed Name¹

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.

Chief, Environmental Permits Division MS Department of Environmental Quality, Office of Pollution Control P.O. Box 2261 Jackson, MS 39225
Jackson, 1415 39225

<u>|z</u>]Z3 Date Signed

President/Owner Title



August 2, 2023

Florance Bass, P.E., Chief 401/Stormwater Branch Environmental Permits Division Mississippi Department of Environmental Quality PO Box 2261 Jackson, MS 39225



Re: Robertson Fabrication, Inc. Richland Corporate Office & Terminal NOI for coverage under the Industrial Stormwater and SWPPP Greenwood, Mississippi

Ms. Bass:

Attached for your review and issuance, on behalf of Robertson Fabrication Inc., operating at 5905 Highway 49E South, Greenwood, Mississippi, is a completed NOI form and site specific Storm Water Pollution Prevention Plan for the existing property located in Greenwood, Mississippi. Two signed copies of the Baseline NOI forms and one signed copy of an initial SWPPP for this facility are enclosed.

Thank you for your assistance and please call me, Pat Edgens with FC&E Engineering at 601-824-1860, if you have any questions or need additional information.

Sincerely,

Patrick Edgens FC&E Engineering, LLC

Enclosures

cc: Rickie Robertson, President/Owner, Robertson Fabricators, Inc.



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

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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: Rickie Robertson	_ Position:	President/Owner
Owner Company Name: Robertson Fabrication Inc		
Owner Street (P.O. Box): 5905 Highway 49E S		
	MS	Zip: 38930
Owner Phone Number: (662-458-9158 Owner Email: robfab	1@bell	south.net

OPERATOR INFORMATION (if different than owner)

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

FACILITY INFORMATION		
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Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and descrip SIC Code: <u>3 4 4 4</u> Sheet Metal Work	tion):	
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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: 5905 Highway 195 Greenwood		
Street: 5905 Highway 49E S	1	
County: Leflore 28930)	
Latitude: <u>33</u> degrees <u>28</u> minutes <u>15.52</u> seconds Longitude: <u>90</u> degrees <u>12</u> minute	33.55 s 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.		
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DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits? If yes, check which one(s): Air, Hazardous Waste, Individual NPDES, or list Other(s):		🔳 No t, 🗌 Water State Op	erating,
How will sanitary sewage be collected and treated?	nt to local P	OTW	
Indicate any local storm water ordinance with which the f approval. None	acility must com	ply and submit any d	ocumentation of
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Rickie Robertson

Printed Name¹

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- 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

z | 23 Date Signed

President/Owner Title