Al: 64442 MS12002534

Operator Phone Number: 662 507-8225



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2534 (NUMBER TO BE ASSIGNED BY STATE) RECEIVE

RECEIVED

	INSTRUCTIONS APR 24 2024		
Applicant must be the owner or operator (i.e., manager, not the environmental consultant). permit compliance. File at least 60 days prior	legal entity that controls the facility's operation, or the plant/site. The owner or operator that receives coverage is responsible for to the commencement of the regulated industrial activity.		
components found in ACTs 5-8 of the Industr Geological Survey (USGS) quadrangle map (of the site's property boundary is required. If a found in the upper right hand corner. Maps of	orm Water Pollution Prevention Plan (SWPPP) with the minimum ial Stormwater General Permit. In addition, a United States or a copy) showing site location and extending at least 1/2 mile beyond copy is submitted, provide the name of the quadrangle map that is can be obtained from the MDEQ, Office of Geology at 601-961-5523. [UST BE COMPLETED] (enter "NA" if not applicable)		
THE APPLICANT IS: OWN	ER OPERATOR (PLEASE CHECK ONE OR BOTH) NER INFORMATION		
Owner Contact Name: Mr. Ronnie Raines	Position: General Manager		
Owner Company Name: Liberty Tire Rec	cycling LLC		
Owner Company Name: Liberty Tire Recommendation of the Company Name: 2058 Mississ	ippi 145		
Owner City: Saltillo	State: MS Zip: 38866		
Owner Phone Number: (62) 507-8225	State: MS Zip: 38866 Owner Email: rraines@libertytire.com		
OPERATOR INFORMATION (if different than owner)			
Operator Contact Name: Mr. Ronnie Ra	Position: General Manager		
Operator Company Name: Liberty Tire Operator Street (P.O. Box): 2058 Missi	Recycling LLC		
Operator Street (P.O. Box): 2058 Miss	issippi 145		
Operator City: Saltillo	State: MS Zip: 38866		

Operator Email: rraines@libertytire.com

FACILITY INFORMATION

Facility Name: Liberty Tire Recycling LLC			
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 5 0 9 3 Scrap and Waste Materials			
Receiving Stream: Sand 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: 2058 MS-145 City: Saltillo			
County: Lee zip: 38866			
Latitude: 34 degrees 24 minutes 16 seconds Longitude: -88 degrees 41 minut	tes 6 seconds		
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

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Is this notice for a facility that will require other permits?	es No
If yes, check which one(s): Air, Hazardous Waste, Pretreat Individual NPDES, or list Other(s):	ment, Water State Operating,
Facility has permit for scrap tire recycling	
How will sanitary sewage be collected and treated? On-site septic s	ystem
Indicate any local storm water ordinance with which the facility must approval.	t comply and submit any documentation of
No ordinance requirements beyond General Permit	
Is treatment of storm water provided at any outfall?	es 🔲 No
If yes, please describe: Stormwater flows to basin areas that allow settling	of sediment solids (if present), prior to discharge
	· ·
CERTIFICATION	
I certify under penalty of law that this document and all attachments were pre accordance with a system designed to assure that qualified personnel properly submitted. Based on my inquiry of the person or persons who manage the syst gathering the information, the information submitted is to the best of my know am aware that there are significant penalties for submitting false information, imprisonment for knowing violations.	gathered and evaluated the information em, or those persons directly responsible for ledge and belief, true, accurate and complete. I
Romi D. Raines	4-18-2024
Signature ¹ (Must be signed by operator when different than owner)	Date Signed
Ronnie D. Raines	General Manager
 ¹This application shall be signed according to the General Permit, ACT 16, T-9 For a corporation, by a responsible corporate officer. For a partnership, by a general partner. 	, as follows:

- 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

