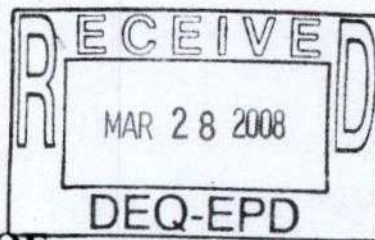


AT # 35238  
Gnp20080001



**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ)  
BASELINE NOTICE OF INTENT (BNOI)**

**FOR COVERAGE UNDER BASELINE STORM WATER  
GENERAL NPDES PERMIT MSR00 1839**  
(NUMBER TO BE ASSIGNED BY STATE)

**INSTRUCTIONS**

Applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or 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 BNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5 and 6 of the Baseline Storm Water 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 INFORMATION REQUESTS MUST BE ANSWERED** (answer "NA" if not applicable)

THE APPLICANT IS  OWNER  OPERATOR (PLEASE CHECK ONE OR BOTH)

**OWNER INFORMATION**

Owner Contact Name: Scott Hannon Position: Managing Member

Owner Company Name: Triangle Maintenance Service, LLC

Owner Street (P.O. Box): P.O. Box 2313

Owner City: Columbus State: MS Zip: 39704

Owner Phone Number (Include Area Code): 662-245-1555

**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 (Include Area Code): \_\_\_\_\_



## FACILITY INFORMATION

**Facility Name:** Triangle Maintenance Service, LLC; Recycling Center

**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:** Un-named creek which drains to Tennessee Tombigbee Waterway

**Physical Site Address (if not available indicate the nearest named road):**

**Street:** 2044 Highway 182 West **City:** Columbus

**County:** Lowndes **Zip:** 39701

**Indicate Any Association or Generic SWPPP:** SWPPP Attached

**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, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or Other(s):

How will sanitary sewage be collected and treated? On-site wastewater treatment facility

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

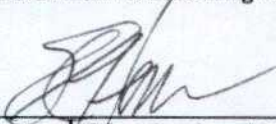
N/A

Is treatment of storm water provided at any outfall? If so, please describe:

Outfall No. 1: Grass lined swale with well drained sandy soil base (for filtration of storm water); Outfall No. 2: None required or provided; Outfall No. 3: 300 foot wooded buffer strip (for overland flow treatment)

**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)

3/24/08

Date Signed

Scott Hannon

Printed Name<sup>1</sup>

Managing Member

Title

<sup>1</sup>This application shall be signed according to the General Permit, ACT 13, T-4, 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: **Environmental Permits Division, Office of Pollution Control  
P.O. Box 10385  
Jackson, MS 39289-0385**