

MAR - 1 2011

Dept of Environmental Qual

AE #55244
Gnp20110001

BASELINE NOTICE OF INTENT (BNOI)
FOR COVERAGE UNDER THE BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 2018
(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: John Uttech Position: Sr. VP
Owner Company Name: Wis-Pak, Inc.
Owner Street (P.O. Box): 860 West Street
Owner City: Watertown State: WI Zip: 53094
Owner Phone Number (Include Area Code): (920) 262-6300

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Bill Hoffart Position: Facility Manager
Operator Company Name: Wis-Pak of Hattiesburg
Operator Street (P.O. Box): 2 WL Runnels Industrial Drive
Operator City: Hattiesburg State: MS Zip: 39401
Operator Phone Number (Include Area Code): (601) 544-7200

FACILITY INFORMATION

Facility Name: Wis-Pak of Hattiesburg

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

SIC Code: 2 0 8 6 Bottled and Canned Soft Drinks and Carbonated Waters

Receiving Stream: Unnamed ditch to Priests Creek to Leaf River

Is receiving stream on MDEQ's 303(d) List?

☐ Yes ☒ No

If yes, has a TMDL been established for the receiving stream segment?

☐ Yes ☐ No

Physical Site Address:

Street: 2 WL Runnels Industrial Drive

City: Hattiesburg

County: Forrest

Zip: 39401

Latitude: 31 degrees 16 minutes 00 seconds

Longitude: -89 degrees 15 minutes 90 seconds

Method Used to Determine Lat & Long (GPS (Please GPS Plant Entrance) or Map Interpolation): 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

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 list Other(s):

Individual NPDES

How will sanitary sewage be collected and treated? Transferred to city of Hattiesburg POTW

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

City of Hattiesburg ordinance 2947

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

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.

Bill Hoffart 2-25-2011
Signature¹ (Must be signed by operator when different than owner)

25 February, 2011

Date Signed

Bill Hoffart BILL HOFFART
Printed Name¹

Facility Manager
Title

¹This application shall be signed according to the General Permit, ACT 14, 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