

AI #49954
GMP20140001



BASELINE NOTICE OF INTENT (BNOI)
FOR COVERAGE UNDER THE BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 2 2 0 2
(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: Sean Hayes Position: Regional Manager
Owner Company Name: Pallet Companies LLC
Owner Street (P.O. Box): 13100 Northwest Freeway
Owner City: Houston State: TX Zip: 77040
Owner Phone Number (Include Area Code): 601-212-9945

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Mike Milton Position: Service Cntr Mngr
Operator Company Name: Pallet Companies LLC
Operator Street (P.O. Box): 1325A Boling St
Operator City: Jackson State: MS Zip: 39209
Operator Phone Number (Include Area Code): 601-292-6670

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FACILITY INFORMATION

Facility Name: Jackson Service Center

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

SIC Code: 2 4 4 8

Receiving Stream: Town Creek

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: 1325A Boling St

City: Jackson

County: Hinds

Zip: 39209

Latitude: 32 degrees 20 minutes 45 seconds

Longitude: 90 degrees 14 minutes 27 seconds

Method Used to Determine Lat & Long (GPS (Please GPS 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, circle 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 of Jackson Wastewater Collection System

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

City of Jackson 122-301 through 122-309. No approval process for industrial activity without construction.

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

Some stormwater will flow to a grassed swale at the front of the building.

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.

Sean Hayes
Signature (Must be signed by operator when different than owner)

12-11-14
Date Signed

Sean Hayes
Printed Name

601-212-9945
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

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