AI #69701 GnP20160001





BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2 2 7 2 (NUMBER TO BE ASSIGNED BY STATE)

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 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 FORM BLANKS MUST BE COMPLETED (enter "NA" if not applicable)

OWNER INFORMATION

Owner Contact Name: Alan McCord	Position:	Position: Site Manager		
Owner Company Name: Boots Smith Energy Group)			
Owner Street (P.O. Box): P.O. Box 691				
Owner City: Sandersville	State: MS	Zip: 39477		
Owner Phone Number: (601) 319-7371	Owner Email: <u>AMcCord@bootssm</u>	nith.net		

OPERATOR INFORMATION (if different than owner)

Operator Contact Name:	Position:
Operator Company Name: Boots Smith Energy C	Group
Operator Street (P.O. Box): P.O. Box 691	

FACILITY INFORMATION

Nature of Business (Include 4-digit Standard Industrial Classification)	ation Code (SIC) and description):	
SIC Code: 1 3 8 9 Oil and Gas Services, Secondary S	SIC; 4213 Oil Field Hauling	
Receiving Stream: Bogue Homo 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: 915 North Front Street	_ City: Sandersville	
County: Jones	Zip: 39477	
Latitude: 31 degrees 47 minutes 33 seconds Longitude	de: 89 degrees 01 minutes 25 seconds	
Method Used to Determine Lat & Long (GPS of plant entrance) or Map In	nterpolation): Map Interpolation	
Method Used to Determine Lat & Long (GPS of plant entrance) or Map In Attach a copy of any existing laboratory data for each storm wate performed, provide a summary for each parameter, including sammaximum values.	er outfall. If multiple sampling has been	

Sarah Title III, Section 313 Water Priority Chemicals

Chemical Name	CAS#		
Xylene	1330-20-7		
Hydrochloric Acid	7647-01-0		

DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits?	☐ Yes	✓ No
If yes, check which one(s): Air, Hazardous Waste, Individual NPDES, or list Other(s):	Pretreatment,	☐ Water State Operating,
How will sanitary sewage be collected and treated? City of S	andersville Se	ewer
Indicate any local storm water ordinance with which the facil approval.	ity must comp	oly and submit any documentation of
none, existing operation		
Is treatment of storm water provided at any outfall? If yes, please describe:	☐ Yes	✓ No
CERTIFICAT	TION	
I certify under penalty of law that this document and all attachments accordance with a system designed to assure that qualified personnel submitted. Based on my inquiry of the person or persons who manag gathering the information, the information submitted is to the best of am aware that there are significant penalties for submitting false informationment for knowing violations.	properly gather e the system, or my knowledge	red and evaluated the information those persons directly responsible for and belief, true, accurate and complete. I
Signature (Must be signed by operator when different than owner)		Date Signed
Jason Smith Printed Name		Duner

This 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

Page 3 of 3 Revised: 11/10/15