

AI# 71303  
Gnp 20170001



RECEIVED  
FEB 23 2017  
Dept. of Environmental Quality

**BASELINE NOTICE OF INTENT (BNOI)**  
**FOR COVERAGE UNDER THE BASELINE STORM WATER**  
**GENERAL NPDES PERMIT MSR00 2300**  
(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)

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

**OWNER INFORMATION**

Owner Contact Name: Roger Lacoste Position: owner  
Owner Company Name: SAM Recycling  
Owner Street (P.O. Box): 5044 Hwy 100 West  
Owner City: BAY ST. LOUIS State: MS Zip: 39520  
Owner Phone Number: (228) 493-5510 Owner Email: Rogerlacoste@yahoo.com

**OPERATOR INFORMATION (if different than owner)**

Operator Contact Name: Same Position: \_\_\_\_\_  
Operator Company Name: \_\_\_\_\_  
Operator Street (P.O. Box): \_\_\_\_\_  
Operator City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Operator Phone Number: ( ) \_\_\_\_\_ Operator Email: \_\_\_\_\_

**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,    Pretreatment,    Water State Operating,  
 Individual NPDES, or list Other(s):

\_\_\_\_\_

How will sanitary sewage be collected and treated? \_\_\_\_\_

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

\_\_\_\_\_

Is treatment of storm water provided at any outfall?       Yes       No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**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.

*Roger Lucoste*  
Signature (Must be signed by operator when different than owner)

2-18-17  
Date Signed

Roger Lucoste  
Printed Name

owner  
Title

<sup>1</sup>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