AI #7356
GNP2018000l

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED
NOV 19 2018
Dept. of Environmental Quality

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2361

(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: Tommy Boyanton **Position:** Owner

Owner Company Name: TB Enterprises of MS, Inc.

Owner Street (P.O. Box): P.O. Box 217

Owner City: Florence **State:** MS **Zip:** 39073

Owner Phone Number: (601) 941-0768 **Owner Email:** tommy.boyanton@gmail.com

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Tommy Boyanton **Position:** Owner

Operator Company Name: TB Enterprises of MS, Inc.

Operator Street (P.O. Box): 5 Sylvanus St

Operator City: Walnut Grove **State:** MS **Zip:** 39189

Operator Phone Number: (601) 941-0768 **Operator Email:** tommy.boyanton@gmail.com

FACILITY INFORMATION

Facility Name: TB Enterprises of MS, Inc.

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

SIC Code: 2 4 4 8 Wood pallets and skids

Receiving Stream: Tuscolameta 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: 5 Sylvanus St. **City:** Walnut Grove

County: Leake County **Zip:** 39189

Latitude: 32 **degrees** 35 **minutes** 25.6 **seconds** **Longitude:** 89 **degrees** 27 **minutes** 44.8 **seconds**

Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): plant entrance

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

NA

How will sanitary sewage be collected and treated? Through an underground carriage system specifically c

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

NA

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.

Tommy Boyanton
Signature[1] (Must be signed by operator when different than owner)

6-14-18
Date Signed

Tommy Boyanton
Printed Name[1]

Owner
Title

[1]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