

## FACILITY INFORMATION

Facility Name: Yazoo Recycling Services, Inc.

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

SIC Code: 3399 Scrap steel & Metal industry

Receiving Stream: Old Yazoo River

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: 301 Bridge St.

City: Yazoo City

County: Yazoo

Zip: 39194

32: 844783 N

90. 4171685 W

Latitude: \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ seconds

Longitude: \_\_\_\_ degrees \_\_\_\_ minutes \_\_\_\_ seconds

Method Used to Determine Lat & Long (GPS of plant entrance) or 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.

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## 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.

  
Signature<sup>1</sup> (Must be signed by operator when different than owner)

8-4-2020  
Date Signed

Patton Veazey  
Printed Name<sup>1</sup>

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

