

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 3 63 (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 ISNOI must include a Storm Water Pollution Prevention Plan (SWPPP) with the minimum components found in ACTs 5-8 of the Industrial Stormwater 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 (PI | LEASE CHECK ONE OR BOTH) |
|---|---|
| OWNER INFORMATION | |
| Owner Contact Name: Dave Olson | Environmental, Health, Position: Safety & Security Director |
| Owner Company Name: Fastenal Company | |
| Owner Street (P.O. Box): 2001 Theurer Boulevard | |
| Owner City: Winona Sta | ate: <u>MN</u> Zip: <u>55987</u> |
| Owner Phone Number: (507) 453-8288 Owner Email: dalson | @fastenal.com |
| OPERATOR INFORMATION (if different | than owner) |
| Operator Contact Name: Michael Schrader | Position: Operations Manager |
| Operator Company Name: Fastenal Company | |
| Operator Street (P.O. Box): 359 Old Jackson Road | |
| Operator City: Madison State: N | /ISzip:_39110 |
| Operator Phone Number: (601) 691-7785 Operator Email: msc | chrade@fastenal.com |

FACILITY INFORMATION

| Facility Name: MS100 Fastenal Distribution Center | |
|--|--------------------------|
| Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and desc | - |
| SIC Code: 4 2 2 5 General Warehousing and Storage | |
| Receiving Stream: Little Bear Creek | |
| Is receiving stream on MDEQ's 303(d) List? | ⊠ Yes □ No |
| Has a TMDL been established for the receiving stream segment? | ĭ Yes ☐ No |
| Physical Site Address: | |
| Street: 359 Old Jackson Road city: Madison | |
| County: Madison zip: 3911 | 0 |
| Latitude: 32 degrees 32 minutes 5.04 seconds Longitude: -90 degrees 5 min | utes <u>23.5</u> seconds |
| Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GPS of plant entrance *Madison Cou | |
| Attach a copy of any existing laboratory data for each storm water outfall. If multiple samperformed, provide a summary for each parameter, including sampling dates and the minimaximum values. | |
| Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshold amount of the section and the s | ınts? ⊠Yes □No |

| Water Priority Chemicals on Site | | | |
|----------------------------------|-----------|----------------------------|--|
| Chemical | CAS No. | Description | |
| Sulfuric Acid | 7664-93-9 | Industrial truck batteries | |

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, Pretro | eatment, Water State Operating, |
| N/A | |
| How will sanitary sewage be collected and treated? Municipal | System |
| Indicate any local storm water ordinance with which the facility mapproval. | ust comply and submit any documentation of |
| N/A | |
| Is treatment of storm water provided at any outfall? | Yes ⊠No |
| If yes, please describe: N/A | |
| | |
| | |
| | |
| CERTIFICATION | 1 |
| certify under penalty of law that this document and all attachments were accordance with a system designed to assure that qualified personnel proper ubmitted. Based on my inquiry of the person or persons who manage the stathering the information, the information submitted is to the best of my known aware that there are significant penalties for submitting false information mprisonment for knowing violations. | rly gathered and evaluated the information ystem, or those persons directly responsible for lowledge and belief, true, accurate and complete. |
| | |
| Signature' (Must be signed by operator when different than owner) | 25.13.50 |
| ignature' (Must be signed by operator when different than owner) | Date Signed |
| Michael Schaose | RECTOURL OF BOXTECUS |
| | |
| This application shall be signed according to the General Permit, ACT 16, - For a corporation, by a responsible corporate officer. | Γ-9, as follows: |
| - 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

