AI #56063
GNP20110001

MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY (MDEQ)
BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER BASELINE STORM WATER
GENERAL NPDES PERMIT MSR00 2 0 4 L
New
(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator (legal entity that controls the facility's operation, rather than the plant/site manager or 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 INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

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

OWNER INFORMATION

Owner Contact Name: _William T megryza_ Position: _owner_

Owner Company Name: _Newton Recycling Services_

Owner Street (P.O. Box): _291 Industrial Park Drive_

Owner City: _Newton, ms 39345_ State: _MS._ Zip: _39345_

Owner Phone Number (Include Area Code): _601-352-5027_

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: _Michael Norwood_ Position: _manager_

Operator Company Name: _Newton Recycling Services_

Operator Street (P.O. Box): _291 industrial Park Drive_

Operator City: _Newton_ State: _MS_ Zip: _39345_

Operator Phone Number (Include Area Code): _601-683-6500_

November, 2005

RECEIVED

JUL 2 5 2011

Dept of Environmental Quality

FACILITY INFORMATION

Facility Name: Newton Recycling services

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

SIC Code: 3399 scrap steel and metal Industry

Receiving Stream: Potarchisto creek

Physical Site Address (if not available indicate the nearest named road):

Street: 291 Industrial Park Drive   **City:** Newton

County: Newton   **Zip:** 39345

Indicate Any Association or Generic SWPPP: Generic SWPPP

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.

Is this notice for a facility that will require other permits? ☐ Yes ☒ No If yes, circle which one(s): Air, Hazardous Waste, Pretreatment, Water State Operating, Individual NPDES, or Other(s):

_____

How will sanitary sewage be collected and treated? _City of Newton_

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

None

Is treatment of storm water provided at any outfall? If so, please describe:

_No_

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.

Randy Vesey
Michael Norwood
Signature[1] (Must be signed by operator when different than owner)

Randy Vesey
Michael Norwood
Printed Name[1]

_7/20/2011_
Date Signed

Manager
Title

[1]This application shall be signed according to the General Permit, ACT 13, T-4, 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: Environmental Permits Division, Office of Pollution Control
P.O. Box 10385
Jackson, MS 39289-0385

3