UT#10344 Gnegollowol



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Dapt of Environmental Quality

## **BASELINE NOTICE OF INTENT (BNOI)**

### FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 2051

(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: Todd Martin	Position	Position: Executive Vice Pres	
Owner Company Name: Utility Optimization Group, LLC			
Owner Street (P.O. Box): 6917 Stennis Boulevard			
Owner City: Moss Point	State: MS	Zip: 39562	
Owner Phone Number (Include Area Code): (228) 475-33	60		
OPERATOR INFORMATIO	N (if different than own	er)	
Operator Contact Name: (Same As Above)	Position	nt:	

Operator Company Name:

Operator Phone Number (Include Area Code):

Operator Street (P.O. Box):

Operator City: \_\_\_\_\_\_State: \_\_\_\_Zip: \_\_\_\_\_

## **FACILITY INFORMATION**

Facility Name: Utility Optimization Group, LLC		
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) an	d description):	
SIC Code: 3 4 4 3 Fabricated Plate Work (Boiler Shops)		
Receiving Stream: Bangs Lake		
Is receiving stream on MDEQ's 303(d) List?	☐ Yes ☑ No	
If yes, has a TMDL been established for the receiving stream segment?	☐ Yes ☐ No	
Physical Site Address:		
Street: 6917 Stennis Boulevard City: Moss Point		
County: Jackson Zip: 39	Zip: 39562	
Latitude: 30 degrees 23 minutes 0 seconds Longitude: 88 degrees 29	minutes 36seconds	
Method Used to Determine Lat & Long (GPS (Please GPS Plant Entrance) or Map Interpolation):	GPS - Main Office	
Attach a copy of any existing laboratory data for each storm water outfall. If multip performed, provide a summary for each parameter, including sampling dates and th maximum values.		
Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at threshol If yes, please attach a list of water priority chemicals present at the facility.	d amounts? ☑Yes ☐N	

# DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

Is this notice for a facility that will require other permits?	es 🗆 No
If yes, circle which one(s) Air, Hazardous Waste, Pretreatment, Walist Other(s):	ter State Operating, Individual NPDES, or
How will sanitary sewage be collected and treated? Sanitary Sewage	e is discharged to county POTW
Indicate any local storm water ordinance with which the facility musapproval.	t comply and submit any documentation of
N/A	
Is treatment of storm water provided at any outfall? If so, please de	scribe:
N/A - No storm water is treated at the facility.	
CERTIFICATION  I certify under penalty of law that this document and all attachments were praccordance with a system designed to assure that qualified personnel properl submitted. Based on my inquiry of the person or persons who manage the sy gathering the information, the information submitted is to the best of my kno am aware that there are significant penalties for submitting false information imprisonment for knowing violations.	y gathered and evaluated the information stem, or those persons directly responsible for wledge and belief, true, accurate and complete.
Josep MI	9/15/11
Signature (Must be signed by operator when different than owner)	Date Signed
Todd Martin, Executive Vice President  Printed Name <sup>1</sup>	Executive Vice President Title
<ul> <li>This application shall be signed according to the General Permit, ACT 14, T</li> <li>For a corporation, by a responsible corporate officer.</li> <li>For a partnership, by a general partner.</li> <li>For a sole proprietorship, by the proprietor.</li> <li>For a municipal, state or other public facility, by principal executive off</li> </ul>	-9, as follows:
After signing please mail to:  Chief, Environmental Permits Division MS Department of Environmental Quality, P.O. Box 2261 Jackson, MS 39225	Office of Pollution Control