

AI # 49954  
GNP 2016001

Recovery

Nathan



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

RECEIVED  
JUN 13 2016  
Dept. of Environmental Quality

**BASELINE NOTICE OF INTENT (BNOI)**  
**FOR COVERAGE UNDER THE BASELINE STORM WATER**  
**GENERAL NPDES PERMIT MSR00 2202**  
(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: David Daut Position: Regional Director  
Owner Company Name: CHEP Recycled Pallet Solutions LLC  
Owner Street (P.O. Box): 13100 Northwest Freeway  
Owner City: Houston State: TX Zip: 77040  
Owner Phone Number: (720) 474-6704 Owner Email: David.Daut@chep.com

**OPERATOR INFORMATION (if different than owner)**

Operator Contact Name: Mike Milton Position: Service Center Mgr  
Operator Company Name: CHEP Recycled Pallet Solutions LLC  
Operator Street (P.O. Box): 1325A Boling Street  
Operator City: Jackson State: MS Zip: 39209  
Operator Phone Number: (601) 292-6670 Operator Email: Mike.Milton@chep.com

## FACILITY INFORMATION

Facility Name: CHEP - Jackson Service Center

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

SIC Code: 2 4 4 8 Manufacturing and Repair of Wood Pallets

Receiving Stream: Town 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: 1325A Boling Street

City: Jackson

County: Hinds

Zip: 39209

Latitude: 32 degrees 20 minutes 45 seconds

Longitude: 90 degrees 14 minutes 27 seconds

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

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):

How will sanitary sewage be collected and treated? City of Jackson Wastewater Collection System

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

City of Jackson 122-301 through 122-309. No approval process for industrial activity without construction.

Is treatment of storm water provided at any outfall?       Yes       No

If yes, please describe: Some stormwater will flow to a grassed swale at the front of the building.

**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)

6-5-16

Date Signed

David Daut  
Printed Name<sup>1</sup>

Regional Director  
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