MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

BASELINE NOTICE OF INTENT (BNOI)

FOR COVERAGE UNDER THE BASELINE STORM WATER GENERAL NPDES PERMIT MSR00 _ _ _ _

(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: John C. Nelson **Position:** Owner/President

Owner Company Name: Northgate Land and Timber, LLC

Owner Street (P.O. Box): 406 Hemphill Street

Owner City: Hattiesburg **State:** MS **Zip:** 39401

Owner Phone Number: (601) 582-7662 **Owner Email:** johnnelsonconstruction @comcast.net

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: same as above (SAA) **Position:** SAA

Operator Company Name: SAA

Operator Street (P.O. Box): SAA

Operator City: SAA **State:** SAA **Zip:** SAA

Operator Phone Number: (____) SAA **Operator Email:** SAA

FACILITY INFORMATION

Facility Name: Northgate Land and Timber Mulching/Chipping Operation

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

SIC Code: 2 4 9 9 chipping and mulching of woody/vegetative debris and untreated lumber

Receiving Stream: unnamed tributaries of Myers Creek and Jacobs 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: Highway 98 South **City:** Hattiesburg

County: Forrest County **Zip:** 39401

Latitude: 31 **degrees** 13 **minutes** 55.7 **seconds** **Longitude:** 89 **degrees** 14 **minutes** 3.1 **seconds**

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

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):**

A notification of the proposed operation is being submitted to Ms. Jennifer Milner-MDEQ-Solid Waste Div.

How will sanitary sewage be collected and treated? There will be a portable sanitary facility onsite.

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

None that we are aware of.

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

If yes, please describe: Sieve trap upstream of outfalls for floating woody debris.

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.

John C Nelson

Signature[1] (Must be signed by operator when different than owner)

4/15/20

Date Signed

John C. Nelson John C Nelson

Printed Name[1]

President/Owner

Title

[1]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