

INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 2338 ____

(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)

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OPERATOR INFORMATION (if different than owner)

Operator Contact Name: Eddie Willis

Operator Company Name: PM of Texas - Gulfport Division

Operator Street (P.O. Box): 10588 Joe Boardman Jr Rd

Operator City: Gulfport State: MS Zip: 39503

Operator Phone Number: 228 896-3894 Operator Email: eddie@pgmoftexas.com

THE APPLICANT IS.



INDUSTRIAL STORWANDENON CONTROLLED (USER)

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Operator Street At St. Bogo

FACILITY INFORMATION

Facility Name: PGM of Texas - Gulfport Division			
Nature of Business (Include 4-digit Standard Industrial Classification Code (SIC) and description): SIC Code: 5093			
	Yes No		
Has a TMDL been established for the receiving stream segment?	Yes No		
Physical Site Address: Street: 10588 Joe Boardman Jr. Rd. City: Gulfport			
County: Harrison zip: 39503			
Latitude: 30 degrees 26 minutes 30.7 seconds Longitude: 89 degrees 02 minutes	13.2 seconds		
Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation): GoogleEarth			
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. N/A			
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 PECILIATIONS/PECILIPEMENTS

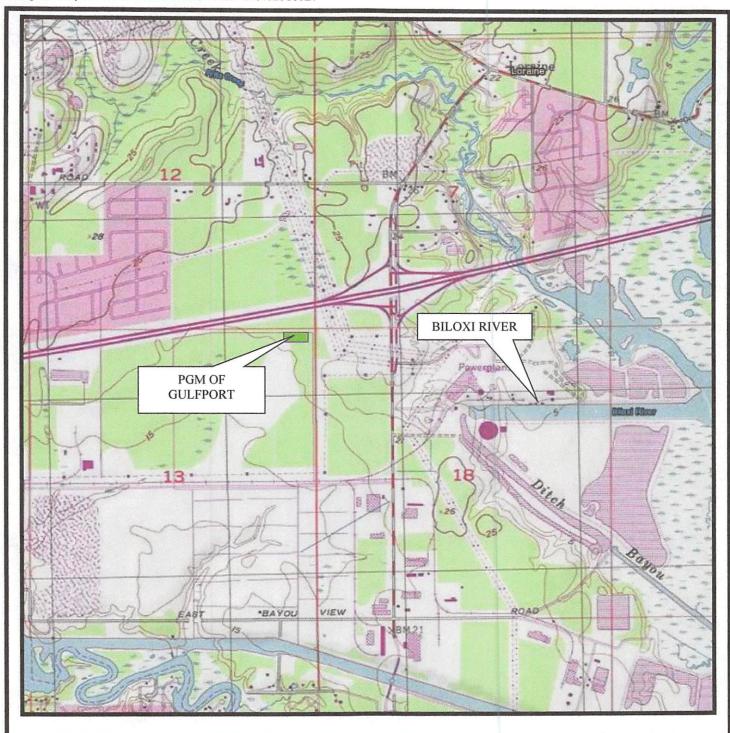
REGUERITIONS/REQUIREMENTS		
Is this notice for a facility that will require other permits?	☐ Yes	■ No
If yes, check which one(s): Air, Hazardous Waste, P. Martin Individual NPDES, or list Other(s):	retreatment,	, □ Water State Operating,
How will sanitary sewage be collected and treated? Routed	to POT	W via buried pipe.
Indicate any local storm water ordinance with which the facilit approval.	y must comp	ply and submit any documentation of
None. Minimal exposure to storm water.	,	
Is treatment of storm water provided at any outfall?	□Yes	■ No
•		
If yes, please describe:		
CERTIFICAT	ION	
I certify under penalty of law that this document and all attachments waccordance with a system designed to assure that qualified personnel p submitted. Based on my inquiry of the person or persons who manage gathering the information, the information submitted is to the best of n am aware that there are significant penalties for submitting false informations.	roperly gathe the system, or ny knowledge	red and evaluated the information r those persons directly responsible for and belief, true, accurate and complete. I
		3/9/21
ac a		$\frac{1}{2}$ Date Signed
Signature ¹ (Must be signed by operator when different than owner)		Date Signed
Allen Hickman		CEO
Printed Name ¹		Title
 This application shall be signed according to the General Permit, ACT 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 execut 	٠.	

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



James Environmental Management, Inc.

Georgetown, TX

SITE LOCATION MAP

USGS Topographic Map

PGM OF GULFPORT
GULFPORT, MISSISSIPPI

20146

FIGURE 1

DATE 01/21 MH

SCALE: 1"=2000'

