A1:79480



INDUSTRIAL STORMWATER NOTICE OF INTENT (ISNOI)

FOR COVERAGE UNDER THE INDUSTRIAL STORMWATER GENERAL NPDES PERMIT MSR00 24 44

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)

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

OWNER INFORMATION			
Owner Contact Name: Curtis Carr	Position:	VP, Safety & Risk Management	
Estas Evarass Linas			
Owner Street (P.O. Box): 3901 W Broad Street			Contraction of the second
Owner Company Name: LStes Express Enres Owner Street (P.O. Box): 3901 W Broad Street Owner City: Richmond State	"VA	_{zip:} 23230	
Owner Phone Number: (804 353-1900 Owner Email: Curtis.c	arr@est	es-express.com	_

OPERATOR INFO	RMATION (if different than owner)
Operator Contact Name: NA	Position: NA
Operator Company Name: NA	· · · · · · · · · · · · · · · · · · ·
Operator Street (P.O. Box): NA	
Operator City: NA	State: NANA
Operator Phone Number: (NA_)	Operator Email: NA
•	RECEIVED

MAY O 3 REC'D

Dept. of Environmental Quality

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DOCUMENTATION OF COMPLIANCE WITH OTHER REGULATIONS/REQUIREMENTS

ent, 🔲 Water State Operating,
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al system
comply and submit any documentation of
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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 knowledges.

Signature' (Must be signed by operator when different than owner)

Curtis E. Carr

Printed Name¹

¹This application shall be signed according to the General Permit, ACT 16, 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

Date Signed

VP, Safety & Risk Management

Title

FACILITY INFORMATION	
Facility Name: Estes Express Lines	
Nature of Business (Include 4-digit Standard Industrial Classification Code (S SIC Code: 4213 Trucking, Except Loca	IC) and description):
Receiving Stream: Unnamed tributary to Ric	chland Cre
Is receiving stream on MDEQ's 303(d) List?	🗌 Yes 🔳
Has a TMDL been established for the receiving stream segment?	🗆 Yes 🗔
County: Rankin z Latitude: <u>32</u> degrees <u>14</u> minutes <u>58.2</u> seconds Longitude: <u>90</u> degrees	ip: <u>39218</u> ees <u>8</u> minutes <u>47.3</u> seco
ditc Method Used to Determine Lat & Long (GPS of plant entrance) or Map Interpolation):	h between dock and shop
Attach a copy of any existing laboratory data for each storm water outfall. If n performed, provide a summary for each parameter, including sampling dates a	
maximum values.	
maximum values. Is this a SARA Title III, Section 313 facility utilizing water priority chemicals at th If yes, please attach a list of water priority chemicals present at the facility.	reshold amounts? 🔳 Yes 🛽

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